

National Survey of Older Americans Act Participants (NSOAAP)

2024 Rotating Module

Topic: Preferences and Needs Related to Community Living

CAREGIVER VERSION

Most older adults want to remain living in their homes and communities as they age. These next questions are about your care receiver's desire to remain living in their home and the types of home modifications and community supports that can help make this possible.

1. How important is it for your care receiver to be able to stay in their current home for as long as possible?

- Very important
- Somewhat important
- Not important

2. Is the following statement often, sometimes, or never true?

"My care receiver worries about being able to afford living where they currently live for another year."

- Often true
- Sometimes true
- Never true

3. Is there a place or organization in your care receiver's community that feels welcoming for people their age to socialize, exercise, and/or participate in activities?

- Yes
- No
- Don't know

➔ If Yes, does your care receiver go there?

- Yes
- No

4. Does your care receiver have any of the following in their home?

a. Grab bars in the bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for your care receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
b. Shower bench/chair	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for your care receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
c. Ramp into home/no stairs for entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for your care receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
d. Door frames wide enough for a wheelchair (i.e., 36 inches)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for your care receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
e. Roll in shower (i.e., no step or barrier when using a wheelchair or walker)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for your care receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
f. Raised toilet seat height (i.e., chair height)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for your care receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
g. Lever door handles (i.e., can be opened with a simple pull-down motion)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for your care receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
h. Main floor bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for your care receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> Don't know
i. Main floor bedroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for your care receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
j. Stair lift	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for your care receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

5. How much consideration has your care receiver given to what modifications may be necessary for their home for them to be able to stay there as they age?

- A lot
- Some
- Little
- None

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0023). Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary under the statutory authority of the Older Americans Act (OAA) Section 202(f). This information collection gathers cross-sectional survey data of OAA participants. The Administration for Community Living uses the information reported to assess OAA program participants issues associated with aging. Data will be kept private to the extent allowed by law. There are no assurances of confidentiality.

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2024 Rotating Module

Topic: Preferences and Needs Related to Community Living

NON-CAREGIVER VERSION

Most older adults want to remain living in their homes and communities as they age. These next questions are about your desire to remain living in your home and the types of home modifications and community supports that can help make this possible.

1. How important is it for you to be able to stay in your current home for as long as possible?

- Very important
- Somewhat important
- Not important

2. Is the following statement often, sometimes, or never true?

"I worry about being able to afford living where I currently live for another year."

- Often true
- Sometimes true
- Never true

3. If you are or become unable to do these things on your own, do you have someone in your life who can help you with the following tasks?

a. Household chores	<input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably yes <input type="checkbox"/> Probably no <input type="checkbox"/> Definitely no
b. Grocery shopping	<input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably yes <input type="checkbox"/> Probably no <input type="checkbox"/> Definitely no
c. Personal care (such as bathing, helping to dress)	<input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably yes <input type="checkbox"/> Probably no <input type="checkbox"/> Definitely no

d. Managing your finances	<input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably yes <input type="checkbox"/> Probably no <input type="checkbox"/> Definitely no
e. Managing your medications	<input type="checkbox"/> Definitely yes <input type="checkbox"/> Probably yes <input type="checkbox"/> Probably no <input type="checkbox"/> Definitely no

4. Is there a place or organization in your community that feels welcoming for people your age to socialize, exercise, and/or participate in activities?

- Yes
- No
- Don't know

➔ If Yes, do you go there?

- Yes
- No

5. Do you have any of the following in your home?

a. Grab bars in the bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
b. Shower bench/chair	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
c. Ramp into home/no stairs for entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

d. Door frames wide enough for a wheelchair (i.e., 36 inches)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
e. Roll in shower (i.e., no step or barrier when using a wheelchair or walker)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
f. Raised toilet seat height (i.e., chair height)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
g. Lever door handles (i.e., can be opened with a simple pull-down motion)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
h. Main floor bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
i. Main floor bedroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
j. Stair lift	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, would this be helpful for you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

6. How much consideration have you given to what modifications may be necessary for your home for you to be able to stay there as you age?

- A lot
- Some
- Little
- None

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