



MOUNTAIN VIEW COMMUNITY SURVEY

As a member of the World Health Organization's global network of Age-Friendly Cities, the City of Mountain View is committed to meet the needs of a diverse community. Please help us understand better the priorities of the 55+ population by completing this anonymous questionnaire.

For more information on Age-Friendly Cities, visit:

<http://mountainview.gov/depts/cs/rec/senior/agefriendly.asp>

What is your Zip Code: _____

How long have you been living in Mountain View? _____ years

Age:

55-64

65-74

75+

Check one

Gender:

Male

Female

Check one

Most of the time, do you live?

Alone

With one other person

With more than one person

Check one

Do you have one or more pets?

Yes

No

Check one

Besides the people you may live with, do you have close family in the Bay Area?

Yes

No

Check one

Are you working for an income? Check one

No

Part-time

Full-time

During the last year, have you worked as a volunteer? Check one

Regularly

A few times

Never

What would you say about the Internet? Check one or more

I do not want to use it

I would like to use it, but I do not know how

I use it at home on a computer or a tablet

I use it on public computers

At Mountain View Senior Center

At Mountain View Library

Elsewhere: _____

I use apps on my smart phone

Do you plan to move away from Mountain View in the future? Check one

Yes

No

Maybe

If Yes or Maybe, why? Check one or more

To move closer to family members

To relocate to a more affordable place

To move to an assisted living facility

For some other reasons:

Are there features that make your home difficult to live in? Check one or more

A full flight of stairs without elevator

A few steps

Narrow doorways

No grab bars or railings

No, everything is fine

Other issues:

What prevents you from modifying your home to make it more suitable to your needs?

Check one or more

- I have a landlord who may not agree
- The cost
- I do not know about permits and permissions
- Other: _____

Do you have trouble maintaining your home?

Check one

- Yes
- No

If Yes, what kind of trouble?

Check one or more

- Housekeeping
- Landscaping
- Correcting small problems (changing light bulbs, unclogging drains, other: _____)
- Bigger problems with plumbing, roofing, electricity.
- Other type of house-related trouble: _____

If you do have some of those house-related problems, what prevents you from solving them?

Check one or more

- I have a landlord who may not agree
- The cost
- I do not know about permits and permissions
- Other obstacle: _____

Have you recently had problems with processes or paperwork when trying to obtain important services (medical or banking documents, DMV, etc.)?

Check one

- Yes
- No

If Yes, can you give us some details, including if you were able to get some accommodation?

Where do you look for help or information when facing a problem?

Check one or more

- I ask family members, friends, or neighbors
- I ask someone at Mountain View Senior Center
- I call a helpline (Which one: _____)
- I search on the Internet
- Other: _____

What type of transportation do you use?

Check all that apply

Every day or several times a week Sometimes Never

- A personal/family car
- I depend on friends and family to drive me
- VTA bus or light rail
- Caltrain
- Taxi
- Uber or Lyft
- VTA ACCESS Paratransit (formerly Outreach)
- Road Runners
- Avenidas
- Door-to-door assisted ride
 - RoadRunners (El Camino Hospital)
 - Avenidas
 - Other: _____
- Walking
- A personal bicycle/tricycle
- A mobility scooter
- A motorized wheelchair
- The free Mountain View Community Shuttle
- Other: _____

If you do not use the Mountain View community shuttle, why is that?

Check one or more

- I do not need public transportation
- I have never heard of it
- I do not know where it stops
- Stops are not close to home or where I want to go:
- Where, for example? _____
- It does not run when I need it.
- When would that be? _____
- Too infrequent/wait is too long
- Getting information about it is too complicated:
- Why? _____
- Other reason: _____

What difficulties have you experienced getting around Mountain View? Check one or more

- Crosswalks safety.
Any ones in particular? _____

- Sidewalks inadequate/nonexistent/poorly lighted.
Where? _____
- Public transportation cost.
Which service? _____
- Public bus stops too far from home/where I want to go.
Where? _____
- Parking
Where? _____

Overall, would you say transportation limits you?	Sometimes	Often	Never
Seeing friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running errands/shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending events (movies, conferences, concerts, place of worship, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to work or volunteer activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			

- Have you considered a plan for when you may no longer be able to drive?** Check one
- Yes
 - No
 - Not Applicable

- Do you use delivery services from any of the following?** Check one or more
- Pharmacies
 - Major e-commerce sites:
 - Amazon
 - Walmart
 - eBay
 - Other: _____
 - Local groceries:
 - Safeway
 - Whole Foods
 - Instacart
 - Other: _____

- Other food sources:
- Meals on Wheels
- Local restaurants
- Grubhub
- Munchery
- Other: _____

During the last year, have you been to:	Regularly	Once or a few times	Never
Mountain View Senior Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountain View Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountain View Center for the Performing Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Castro Street event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountain View's Farmers' Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountain View City Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A neighborhood meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A neighborhood/block social gathering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A neighborhood park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoreline Amphitheatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoreline at Mountain View Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuesta Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rengstorff Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One of Mountain View's trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there public or private places (parks, buildings, businesses, etc.) you do not go to because of accessibility issues (absence of benches, lack of public restrooms, no elevator, etc.)? Check one

Yes

No

If Yes:

Place(s):

Reason for not going:

How often do you:	Once a week or more	Sometimes	Never
Walk or hike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice some other physical activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you eat a balanced diet, including protein, grain, fruit, and vegetables?

Check one

- Pretty much every day
- Most of the time
- Rarely

Where do you get information about local events, activities, or services?

Check one or more

Friends and family

Flyers At Mountain View Senior Center

At Mountain View Library

At Mountain View City Hall

Elsewhere: _____

Newspapers: *San Jose Mercury News*

Palo Alto Daily Post

Los Altos Town Crier

Mountain View Voice

Other: _____

Street Banners

Internet (besides newspapers' websites):

Mountain View Senior Center website or Facebook page

Mountain View Library website

Google searches

Facebook

Other social networks: _____

Subscribed e-mail lists

Other: _____

Do you consider yourself isolated?

Check one

Yes

No

Not sure

If Yes, what do you think could be done at the City level to help you feel less isolated?

In case of natural disaster, do you have an emergency plan to survive three days at home without power, water, and assistance?

Check one

Yes

No

Overall, do you consider Mountain View to be an Age-Friendly City?

Check one

Yes

No

Not sure

What do you think could make it more Age-Friendly?

Thank you for your input.

Please encourage other qualifying Mountain View residents to complete this survey.

Call or visit the Senior Center at 266 Escuela Avenue to locate paper copies, return surveys, or for additional survey return option, 650-903-6330.

An online version is also available at this address: www.mountainview.gov/agefriendlysurvey

For items you think of after completing the survey, please e-mail items to senior.center@mountainview.gov.