



Town-based Survey of Senior Population Needs 2025

Much has changed since the pandemic and your Columbia County Office for the Aging (CCOFA) wants to be sure that today's services meet current and anticipated Senior Citizen needs. This survey will be used by the CCOFA to identify unmet needs and necessary service modifications to meet that goal. It will also provide town and other county agencies with a better understanding of their senior population. You may skip questions or stop the survey at any time. You will have the ability to save your responses and if you have any questions, please contact the CCOFA at (518) 828-4258.

General Information

Town of Residence:

- | | | | | |
|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> Ancram | <input type="radio"/> Austerlitz | <input type="radio"/> Canaan | <input type="radio"/> Chatham | <input type="radio"/> Claverack |
| <input type="radio"/> Clermont | <input type="radio"/> Copake | <input type="radio"/> Gallatin | <input type="radio"/> Germantown | <input type="radio"/> Ghent |
| <input type="radio"/> Greenport | <input type="radio"/> Hillsdale | <input type="radio"/> Hudson | <input type="radio"/> Kinderhook | <input type="radio"/> Livingston |
| <input type="radio"/> New Lebanon | <input type="radio"/> Stockport | <input type="radio"/> Stuyvesant | <input type="radio"/> Taghkanic | |

Village of Residence: _____

Age Range: ☐ 60-69 ☐ 70-79 ☐ 80-84 ☐ 85+

Home: ☐ Own ☐ Rent ☐ Unhoused
☐ Other _____

Building type: ☐ Single family ☐ Multifamily ☐ Apartment ☐ Mobile Home

Living Arrangements: (SELECT ALL THAT APPLY)
☐ Alone ☐ With Spouse/Partner ☐ Need Housing
☐ With Children, Siblings, Other Family ☐ With Friends or roommate
☐ Assisted Living ☐ Nursing Home ☐ Senior Housing

Residency: ☐ Full-time ☐ Seasonal ☐ Weekend

Work Status: ☐ Full time ☐ Part time ☐ Volunteer ☐ Retired
☐ Other _____

Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor



For each item below, please indicate how much of a problem each task is and who provides assistance, if any, for each task.

Category: Home

Statement or task	Please check the box that best describes your situation.						Assistance provided by
	No Problem	Minor Problem	Moderate Problem	Major Problem	Possible Future Problem	N/A	1. Family/Friend 2. Private Service 3. Public Service 4. N/A
I have...							
Housing to suit my needs							
Enough money to pay mortgage, rent, and insurance							
Enough money to pay for heat							
I have the ability to...							
Change lightbulbs							
Clean inside my home							
Maintain garbage removal							
Maintain electric/plumbing							
Manage outdoor fall cleanup							
Manage snow removal							
Manage outdoor spring cleanup							
Summer maintenance							
Manage general building/home repair							
Manage pet needs							
Other home maintenance: _____							



For each item below, please indicate how much of a problem each task is and who provides assistance, if any, for each task.

Category: Food

Statement or task	Please check the box that best describes your situation.						Assistance provided by
	No Problem	Minor Problem	Moderate Problem	Major Problem	Possible Future Problem	N/A	Please specify type of service(s)/assistance used (e.g., food pantry, public bus, taxi, family/friend, etc.) for each category below. Put N/A if service(s)/assistance is not used.
I am well nourished							N/A
Ability to get to and from grocery stores							
Availability of essential products							
Ability to cover the cost of essential products							
Availability of delivery services							
Ability to cover the cost of delivery services							
Other: _____							



For each item below, please indicate how much of a problem each task is and who provides assistance, if any, for each task.

Category: Transportation

Statement or task	Please check the box that best describes your situation.						If you use a service, who is the primary sponsor for it?
	No Problem	Minor Problem	Moderate Problem	Major Problem	Possible Future Problem	N/A	1. OFA 2. Healthcare Consortium 3. Medicare 4. Other State program 5. Other Town program 6. Private 7. Do not Know
I feel safe...							
Driving on high-speed highways							N/A
Driving in town & nearby							N/A
Having a friend drive							N/A
Using to/from Hospital services							
Using medical appointment services							
Using non-medical appointment services							
Ability to cover the cost of...							
Car maintenance							
Local bus service							
OFA Services							
Uber / Taxi							



For each item below, please indicate how much of a problem each task is and who provides assistance, if any, for each task.

Category: Transportation continued

Statement or task	Please check the box that best describes your situation.						If you use a service, who is the primary sponsor for it?
	No Problem	Minor Problem	Moderate Problem	Major Problem	Possible Future Problem	N/A	1. OFA 2. Healthcare Consortium 3. Medicare 4. Other State program 5. Other Town program 6. Private 7. Do not Know
Available Transportation for:							
Hospital							
Medical Appointments							
Non-Medical Appts							
Shopping							
Nutrition sites/clubs/groups							
House of Worship							
Other_____							



For each item below, please indicate how much of a problem each task is and who provides assistance, if any, for each task.

Category: Medical Services

Statement or task	Please check the box that best describes your situation.						If you do use a service now, where is it located?	If you do use a service now, who primarily provides assistance?
	No Problem	Minor Problem	Moderate Problem	Major Problem	Possible Future Problem	N/A	1. Columbia County 2. Albany County 3. Greene County 4. Dutchess County 5. Other	1. Office for the Aging 2. NY Connects 3. Family/Friend 4. Other
Availability of...								
Doctor								
Clinic								
Urgent Care								
Hospital								
Pharmacy								
Prescriptions								
Physical Therapy								
Dentist								
Eye Care								
Finding and applying for best coverage by...								
Medicare								
Medicaid								
Private Insurance								



For each item below, please indicate how much of a problem each task is and who provides assistance, if any, for each task.

Category: Personal

Statement or task	Please check the box that best describes your situation.						Who primarily provides assistance, if any?
	No Problem	Minor Problem	Moderate Problem	Major Problem	Possible Future Problem	N/A	
I have the ability to...							Please specify type of service(s)/assistance used (e.g., hired aid, family/friend, etc.) for each category below. Put N/A if service(s)/assistance are not used.
Cook for myself							
Do my laundry							
Bathe myself							
Dress myself							
Groom myself							
Take my medications							
Move without cane/walker							
Use stairs							
Exercise							
Find and obtain...							
Legal Advice							
Financial Advice							
Estate Advice							



For each item below, please indicate how much of a problem each task is and who provides assistance, if any, for each task.

Category: Socialization

Statement or task	Please check the box that best describes your situation.						Please Estimate How Often
	No Problem	Minor Problem	Moderate Problem	Major Problem	Possible Future Problem	N/A	1. Daily 2. Weekly 3. Monthly 4. Every 3 months 5. Every 6 months 6. Annually 7. Other____ 8. Never
I keep up with...							
Regular telephone chats							
Attending a house of worship							
Family gatherings							
Visits from friends							
Visits to friends							
Senior groups							
Attending town events							
Going to a movie							
Going out to dinner							
Using a library							
I feel...							
Isolated or lonely							
Fearful or afraid							



For each item below, please indicate how much of a problem each task is and who provides assistance, if any, for each task.

Category: Communication

Statement or task	IF YOU DO OR DO NOT USE A DEVICE, Please Check the Box that best describes your situation.					
	No Problem	Minor Problem	Moderate Problem	Major Problem	Possible Future Problem	Device/service unavailable to me
Comfort with using...						
Landline Phone						
Cell Phone						
TV						
iPad / Tablet						
Computer						
Virtual home monitoring system						
Affordability of...						
Landline Phone						
Cell Phone						
TV						
iPad / Tablet						
Computer						
Internet						
Cable						
Virtual home monitoring system						



Do you have...	Yes	No
Do you have a dedicated advocate?		
Do you have a will?		
Do you have a power of attorney?		
Do you have a health care proxy?		
Do you have a Do Not Resuscitate (DNR)?		
Do you have a financial plan?		
Do you have an estate plan?		

Is there any issue / problem / suggestion you have, that has not been addressed in this survey?
