

Survey on the needs of females above the age of 60 in SLO County

This is a confidential survey being conducted by the SLO County Community Foundation on the needs of women and girls within the county. Please answer all questions (1-13) to the best of your ability. Remember that this is confidential and you are able to skip any question that you do not feel like answering or that does not apply to you. Thank you for your participation.

1. Gender: _____ Don't know

2. Age: _____ Don't know

3. In which area of San Luis Obispo County do you reside?

North Coast (Los Osos and north)

South County (Avila, Pismo Beach, and south)

North County (Paso Robles, Atascadero, etc.)

Not a resident of SLO County

City of San Luis Obispo

Don't know

4. Please rank the top five issues, using only the options from the list below, that you believe need to be addressed in order to improve the lives of women and girls in San Luis Obispo County:

1. Affordable, Adequate Childcare
2. Basic Needs (Food, Clothing, Housing, Employment)
3. Domestic Violence
4. Education
5. Elderly needs
6. Financial Literacy
7. Fragmentation of Services
8. Hopelessness
9. Lack of Mentors
10. Lack of Opportunities

11. Lack of Role Models
12. Pay Inequality
13. Peer Pressure
14. Poverty
15. Resources
16. Self Esteem
17. Sexual Assault
18. Substance abuse
19. Teenage Pregnancy
20. Traditional Gender Roles
21. Transportation
22. Violence (in general)

First: #
Second: #
Third: #
Fourth: #
Fifth: #

Don't know

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5. On a scale from 1-10 (1 being poor and 10 being excellent), how would you rate the overall quality of life here in San Luis Obispo County for you and your household?
Circle choice

1 2 3 4 5 6 7 8 9 10
 Don't know

6. What is your current living situation?

- | | |
|--|---|
| <input type="checkbox"/> Live alone in own home | <input type="checkbox"/> Live in assisted living/ senior center |
| <input type="checkbox"/> Live with significant other in own home | <input type="checkbox"/> Live in a skilled nursing facility |
| <input type="checkbox"/> Live with family in own home | <input type="checkbox"/> Other |
| <input type="checkbox"/> Live with family in their home | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Live in a house with roommates | |

7. Do you feel you have reasonable access to any help you may need in the following areas:
Circle yes, no, or Don't know

a)	Affordable housing?	Yes	No	Don't know
b)	Domestic violence?	Yes	No	Don't know
c)	Drug/Alcohol treatment?	Yes	No	Don't know
d)	Education?	Yes	No	Don't know
e)	Financial management?	Yes	No	Don't know
f)	Food/meals?	Yes	No	Don't know
g)	Health care?	Yes	No	Don't know
h)	Legal assistance?	Yes	No	Don't know
i)	Mental health services?	Yes	No	Don't know
j)	Personal safety?	Yes	No	Don't know
k)	Transportation?	Yes	No	Don't know

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8. What are the barriers, if any, preventing you from getting the help you may need? *Check all that apply*

- | | |
|---|--|
| <input type="checkbox"/> Finances | <input type="checkbox"/> Intimidated and/or hesitant to ask for help |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Staff/family barriers | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Don't know how to access services | |
| <input type="checkbox"/> Don't know what services are available | |

9. How secure do you feel in the following areas?

a) Physically (personal safety in your home, neighborhood, and community)

- | | |
|---|--|
| <input type="checkbox"/> Extremely secure | <input type="checkbox"/> Slightly secure |
| <input type="checkbox"/> Very secure | <input type="checkbox"/> Not secure at all |
| <input type="checkbox"/> Secure | <input type="checkbox"/> Don't know |

b) Emotionally (sense of mental well being and connection to family, friends, and community)

- | | |
|---|--|
| <input type="checkbox"/> Extremely secure | <input type="checkbox"/> Slightly secure |
| <input type="checkbox"/> Very secure | <input type="checkbox"/> Not secure at all |
| <input type="checkbox"/> Secure | <input type="checkbox"/> Don't know |

c) Financially (ability to pay for normal living expenses now and into the near future, and have control over your own finances)

- | | |
|---|--|
| <input type="checkbox"/> Extremely secure | <input type="checkbox"/> Slightly secure |
| <input type="checkbox"/> Very secure | <input type="checkbox"/> Not secure at all |
| <input type="checkbox"/> Secure | <input type="checkbox"/> Don't know |

10. What would you consider your race/ethnicity to be?

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Don't know |

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11. Estimated total annual household income that includes: employment, family support, spousal support, social security, pensions, and investment income

- | | |
|---|---|
| <input type="checkbox"/> Less than 10,000 | <input type="checkbox"/> 75,000-99,999 |
| <input type="checkbox"/> 10,000-14,999 | <input type="checkbox"/> 100,000-149,999 |
| <input type="checkbox"/> 15,000-24,999 | <input type="checkbox"/> 150,000-199,000 |
| <input type="checkbox"/> 25,000-34,999 | <input type="checkbox"/> 200,000 or above |
| <input type="checkbox"/> 35,000-49,999 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 50,000-74,999 | |

12. What is the highest level of education that you have attained?

- | | |
|--|---|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> 4 year college degree (BA, BS) |
| <input type="checkbox"/> High school degree/GED | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Doctoral degree |
| <input type="checkbox"/> 2 year college degree
(Associates) | <input type="checkbox"/> Professional degree (MD, JD) |
| | <input type="checkbox"/> Don't know |

[The following question was included for a senior project. Results were not used in the report.]

13. How would you classify your political beliefs?

- | | |
|---|---|
| <input type="checkbox"/> Extremely Liberal | <input type="checkbox"/> Slightly Conservative |
| <input type="checkbox"/> Liberal | <input type="checkbox"/> Conservative |
| <input type="checkbox"/> Slightly Liberal | <input type="checkbox"/> Extremely Conservative |
| <input type="checkbox"/> Moderate; "middle of the road" | <input type="checkbox"/> Don't Know |