

Supporting Aging in Place in Terrace Bay

1. Information Letter and Consent

* 1. We would like to invite you to participate in a study that we are conducting called Supporting Aging in Place in Terrace Bay. This research is being led by Dr. Elaine Wiersma, Centre for Education and Research on Aging & Health (CERAH) at Lakehead University, and colleagues Dr. Rhonda Koster (School of Outdoor Recreation, Parks, and Tourism) and Dr. Rebecca Schiff (Department of Health Sciences). Our research purpose is to explore perceptions of aging in place from the perspectives of various community members, specifically focusing on what assets and needs the community has related to aging in place. This research study is being conducted in partnership with the township of Terrace Bay to assist in local planning and decision-making for an aging population, and is funded by the Social Sciences and Humanities Research Council of Canada (SSHRC) and the township of Terrace Bay.

We are inviting you to fill out a survey about aging in place in Terrace Bay. The link is below. The survey should take you 20-30 minutes to complete. Only the research team from Lakehead University will have access to the surveys. A report will be generated for the township of Terrace Bay that will include only anonymous and non-identifiable information.

Filling out the survey is completely voluntary. You do not have to do this. All of the information you write on the survey will be anonymous and confidential. Only Dr. Wiersma's research team will be able to read and access the surveys and comments. The information on the survey and comments will be stored for 5 years, and then destroyed. It will be kept on a password protected computer and paper copies will be kept in a locked filing cabinet in a locked office. There are no foreseeable harms or risks to completing the survey. The information we collect can benefit Terrace Bay in planning for the future and for aging in place, along with various housing options.

You can contact Dr. Elaine Wiersma at ewiersma@lakeheadu.ca or 807-766-7294.

This research study has been reviewed by the Lakehead University Research Ethics Board. If you have any questions related to the ethics of the research and would like to speak to someone other than the researcher, please contact Sue Wright at the Research Ethics Board at 807-343-8283 or research@lakeheadu.ca.

Thank you for your consideration in participating in our research.

- ☐ I have reviewed and agree to the above information and would like to proceed to the survey.
- ☐ No, I am not interested in participating.

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2. My Health

1. Please read the following statements and indicate how frequently these apply to you.

	Never	Rarely	Sometimes	Usually	Always
I am physically active and do a variety of physical activities that I enjoy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep my mind active through a variety of hobbies and interests, such as reading.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have health conditions that limit my mobility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have health conditions that limit my daily activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (please specify)

2. Please respond to the following statements.

	No	Yes
I have talked with my doctor about my pre-existing medical condition and what services and supports I may need as I age.	<input type="radio"/>	<input type="radio"/>
I am aware of my family's medical history.	<input type="radio"/>	<input type="radio"/>
I have talked with my doctor about what I can do now to maintain my health and how my health needs might change as I age.	<input type="radio"/>	<input type="radio"/>
I have written down my wishes for care in the event I become incapable of giving my consent.	<input type="radio"/>	<input type="radio"/>
I have access to a primary care provider.	<input type="radio"/>	<input type="radio"/>

3. I am aware of electronic tools, such as medication reminders and health management systems that will allow me to remain healthy.

- ☐ Yes, I use regularly
- ☐ I know about these tools, but do not use them.
- ☐ No, I do not know.

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3. Health Care Access

1. Please read the following statements and indicate how frequently these are true.

	Never	Rarely	Sometimes	Usually	Always	I don't know
I can see my primary care provider when I need to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to an optometrist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to audiologists or hearing specialists if I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to dentists and dental checkups when I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can access allied health professionals if I need them (e.g., physiotherapy, occupational therapy, speech therapy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can access specialists when I need to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal support services (ie., home care) are available in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

2. Please read the following statements and indicate how much you agree or disagree with them.

	Never	Rarely	Sometimes	Usually	Always
I am worried that I am not able to manage my current health status or conditions in Terrace Bay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried that I will not be able to manage my potential future health status or conditions in Terrace Bay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (please specify)

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4. My Home

The following questions ask you to think about the home you live in now. Do you plan to live there when you are 70 or 80 years of age or older? Do you own or rent? If you rent, your ability to make changes to your home to support your needs may be limited. Consider what you can do to age in your place as a renter or homeowner.

1. I live close to my family.

- ☐ Yes
- ☐ I live close to some of my family members but not all of them
- ☐ No
- ☐ Comments

2. I live close to my friends.

- ☐ Yes
- ☐ I live close to some of my friends, but not all.
- ☐ No

3. Please read the following statements and indicate how you feel about them.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My home is in a location where I will not feel isolated in my later years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thought about current and future costs of staying in my home (e.g. mortgage or rent, taxes, repairs, maintenance) and whether I can afford to live there as I age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can afford to pay for services (e.g. house cleaning, yard maintenance) to maintain my home, if needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I find myself living alone now or in the future, I could manage it on my	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

own.

I recognize safety risks in my home and have taken steps to fix them.

☐☐☐☐☐

The features in my home will adequately support my mobility and health needs over the next 10 to 15 years (e.g. entryways and doorways that can be accessed by a walker, bathroom walls that can support the installation of handrails, etc.)

☐☐☐☐☐

I can afford to make changes as needed to my home to help me to age in place (e.g. night lights in the stair areas, solid handrails on both sides of the staircase and a grab bar in the tub area).

☐☐☐☐☐

If my health changes and I need to use a wheelchair or another mobility device, I can afford to modify my home to accommodate my needs (e.g. widen doorways, build a ramp, or install a walk-in bathtub).

☐☐☐☐☐

I have thought about reducing my belongings and/or moving to a smaller home.

☐☐☐☐☐

There are people and companies I would be able to ask or hire to modify my home if I needed.

☐☐☐☐☐

I am aware of the different funding options to renovate my home if I needed.

☐☐☐☐☐

I would consider moving if my home does not meet my

☐☐☐☐☐

needs as I get older.

Additional Comments

4. I have spoken to my landlord to find out if changes can be made to my current home.

- ☐ Yes
- ☐ No
- ☐ Not applicable--I own my home.

5. If I am no longer able to remain in my current home, I am aware of other available housing options in my community.

- ☐ Very aware
- ☐ Somewhat aware
- ☐ Not at all aware
- ☐ There are no other housing options in my community.

6. Do you have any additional comments about your home?

5. My Transportation

Think about the type(s) of transportation you use now. Do you plan to continue travelling in the same way when you are older?

1. I use the following transportation modes. (Please check all that apply).

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> My own vehicle | <input type="checkbox"/> HandiTrans |
| <input type="checkbox"/> Carpool | <input type="checkbox"/> Kasper |
| <input type="checkbox"/> Get a ride with family or friends. | <input type="checkbox"/> Walk |

2. Please respond to the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am aware of alternate means of transportation if needed (e.g. walk, bus, HandiTrans, volunteer driving programs and carpool).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have access to alternate means of transportation if needed (e.g. walk, bus, HandiTrans, volunteer driving programs and carpool).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have family or friends I can ask to drive me if I am no longer able to drive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thought about what it costs to run and maintain my own vehicle compared to the cost of other means of transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of delivery and/or online shopping services I can use if I am not able to travel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thought about my future transportation needs and would be willing to relocate so I can continue to have access to the services I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can afford alternative means of transportation (e.g., Kasper, HandiTrans).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments

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6. My Finances

Think about the state of your finances and your source(s) of income now. What will they be like when you are 70 or 80 years of age or older?

1. Please indicate how strongly you agree or disagree with the following statements based on your life circumstances.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am able to live comfortably within my current income.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have money set aside for unexpected expenses such as health-related supports and major home repairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone I trust that I can consult for financial advice when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thought about my retirement and the kind of lifestyle I would like to have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how much money is required to sustain the kind of lifestyle I want in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my living arrangements changed, I could manage financially.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments

2. I have thought about the following supports and services I may need to purchase as I age:

	Not at all		Somewhat		A lot
Cleaning services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yard maintenance (including gardening, lawn care, and snow removal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal care support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Are you retired?

☐ Yes

☐ No

4. I plan to retire debt-free (e.g., pay off mortgage and credit cards).

☐ Very likely

☐ Unlikely

☐ Likely

☐ Very unlikely

☐ Neither likely nor unlikely

5. I plan to have my retirement income based on more than one source (e.g. personal savings, Canada Pension Plan (CPP), Registered Retirement Savings Plan (RRSP), Old Age Security (OAS), other pensions, investments and/or employment income).

☐ Yes

☐ No

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7. My Connections

Think about your social life as it is now. What will it look like when you are older?

1. Please read the following statements and indicate how strongly you agree with them.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My family lives close to me and I can rely on them for support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends I can rely on for support if needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have someone I can talk to when I need to do so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends I enjoy spending time with, and I nurture the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends who are of different ages who I can rely on, some of whom are younger than I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have developed social networks in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have considered how I would like to stay connected to my community as I get older.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I volunteer as a way to contribute to my community and to provide social contact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable with technology and regularly connect with friends and family through technology, such as Skype, FaceTime or social media.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. My Safety

Think about some of the things you do now to protect yourself and reduce the potential for various types of injury, harm or abuse. Might you have other safety concerns when you are older? What could you do to reduce the risk of these occurring?

1. Please read the following statements and indicate how strongly you agree with them.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel safe in my home and my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to protect myself from fraud, abuse and neglect (including emotional, physical and financial abuse and neglect).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know falling is a risk, and I know what I can do to decrease this risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep my home uncluttered by removing scatter rugs and other tripping hazards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep my walkways clear of snow and ice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need help keeping my walkways clear of snow and ice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have considered using a home monitoring system, personal emergency response system or a fall detection system to help keep me safe at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Supporting Aging in Place in Terrace Bay

9. My Supports and Services

1. Please read the following statements and indicate how strongly you agree with them.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have thought about what services and supports I may need to remain in my home in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to go to find information if I have questions about my care needs or community services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have talked to family and friends about help I may need in the future, so they can prepare accordingly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thought of using devices such as a medication reminders and a personal response service to help me care for myself or a loved one at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a caregiver (or if I become a caregiver in the future), I know what resources and respite services are available to help me in this role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I am a caregiver, I have a plan for self-care to help maintain my own health and well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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10. My Community

Think about the community you live in now. How close are you to a grocery store, a drugstore, a coffee shop, the library or a restaurant? How much farther do you travel to reach medical offices, a dentist or a hospital? And how far do you travel to visit family and friends? What features are important to have in your community when you are older, and will your current community meet your future needs?

1. Please read the following statements and indicate how strongly you agree with them.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I am comfortable getting around in my community and will continue to be in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my community and know where to report concerns about how to make my community safer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know what activities are available to me in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am interested in the activities available to me in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community is designed to help older adults to live safely, enjoy good health and stay involved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I need (or will need) to move to another community that is better designed to help older adults live safely, enjoy good health, and stay involved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate how frequently you use/attend the following programs and services in Terrace Bay.

	Never	Once in a while (once a year to once a month)	Occasionally (once a month to once a week)	Regularly (once a week or more)
Grocery shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping (other than for food)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal services such as hairdressers, manicures, pedicures, massage, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and fitness programs/facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Seniors' Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local churches or places of worship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The community centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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11. Housing Options

1. Please read the following statements and indicate how strongly you agree or disagree with them.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
As I get older, I would prefer to stay in my own home or existing accommodation with appropriate supports and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As I get older, I would consider moving in with a family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As I get older, I would consider moving in with a friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As I get older, I would consider moving in with 3 to 4 other people who I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As I get older, I would consider moving into a seniors' apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As I get older, I would consider moving into supportive housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be/am comfortable living on my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate how much you know about the following housing options.

	I don't know anything about this.	I have heard about this but I don't know what it is.	I know a little bit.	I have explored this and know a lot about it.
Co-housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naturally occurring retirement communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supportive Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-operative housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home sharing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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12. My Partner and Me

Think about your relationship with your partner or spouse as it is now. What changes might you anticipate as you age and your needs change?

My Partner and Me

1. Do you have a spouse or partner currently?

☐ Yes

☐ No

2. Please read the following statements and indicate how strongly you agree or disagree with them.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My partner and I have discussed what we want to be able to do financially as we age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner and I have discussed where we want to live as we age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner and I have discussed if and how we want to live together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner and I have discussed how aging or changing needs could affect our relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner and I have discussed what amount of caregiving we are willing to take on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner and I have discussed how aging or changing needs can impact our living arrangements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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13. Demographic Information

We would like to learn a little bit more about you. Please answer the following questions.

* 1. Where do you live?

- ☐ Terrace Bay
- ☐ Schreiber
- ☐ Rossport
- ☐ Other (please specify)

* 2. What is your age?

- ☐ Under 40
- ☐ 40-49
- ☐ 50-59
- ☐ 60-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85+

* 3. Which of the following best describes your current relationship status?

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ In a domestic partnership
- ☐ Single, but cohabiting with a partner
- ☐ Single, never married

4. Which of the following categories best describes your employment status?

- ☐ Employed, working full-time
- ☐ Employed, working part-time
- ☐ Not employed, looking for work
- ☐ Not employed, NOT looking for work
- ☐ Retired
- ☐ Not able to work due to disabilities

Other (please specify)

5. What is the highest level of school you have completed or the highest degree you have received?

- ☐ Less than high school
- ☐ High school diploma
- ☐ College diploma
- ☐ Some university but no degree
- ☐ Undergraduate degree
- ☐ Graduate degree

* 6. How long have you lived in your present home?

* 7. How long have you lived in your present community? (Terrace Bay, Schreiber, Rossport, Jackfish, or other)

8. Do you spend a month or more consecutively in a year away from Terrace Bay (e.g., going south for the winter, going to camp for the summer)?

- ☐ Yes
- ☐ No
- ☐ We have gone away for more than a month, but this is not an annual occurrence.

* 9. Do you rent or own the place where you live?

- ☐ Own
- ☐ Rent
- ☐ Neither (please specify)

* 10. How many people including yourself live in your household permanently?

* 11. Who, if anyone, currently lives with you in your household? Please include permanent residents only. (Please select all that apply.)

- ☐ Child
- ☐ Grandchild
- ☐ Parent
- ☐ Grandparent
- ☐ Spouse or partner
- ☐ Roommate or friend
- ☐ None of the above
- ☐ Other (please specify)

12. Do you have any children under 18?

- ☐ Yes
- ☐ No

* 13. How many people including yourself living in your household are currently 65 years or older?

Supporting Aging in Place in Terrace Bay

14.

Thank you for participating in our survey! For more information, please contact Elaine Wiersma at ewiersma@lakeheadu.ca or Emily Shandruk at eshandruk@lakeheadu.ca. We will provide summaries to all who have participated and will be doing a community presentation in fall 2020.