

Dunedin: Shaping Our Future Together

1. PROJECT DESCRIPTION

THANK YOU FOR CONSIDERING TAKING PART IN THE ONLINE SURVEY BEING CONDUCTED BY THE DUNEDIN COMMITTEE ON AGING IN COLLABORATION WITH THE UNIVERSITY OF SOUTH FLORIDA DEPARTMENT OF SOCIOLOGY.

Researchers at the University of South Florida study many topics. To do this, we need the help of people who agree to take part in studies such as this one. Research studies include only people who choose to take part. We are asking you to take part in a study called:

DUNEDIN: SHAPING OUR FUTURE TOGETHER (USF RESEARCH STUDY #18878)

The person in charge of this study is Dr. Sara Green. This person is called the Principal Investigator. However, other research staff may be involved and can act on behalf of the person in charge.

PURPOSE OF THE STUDY: The purpose of this study is to learn about the experiences, concerns and future plans of different kinds of people who live in Dunedin in order to assist the city in planning development. We are particularly interested in the concerns and future plans of people in different age groups in the areas of: housing; work, retirement and financial security; transportation, information, environment and emergency preparedness; health, health care and caregiving; and community and social life.

STUDY PROCEDURES: If you decide to take part in this study, you will simply answer the questions on the survey. Your name will not be associated with your answers. No one will be able to contact you about the survey or your answers in the future. Your answers will be combined with those of other people who take the survey. We will use the combined answers of all participants over the age of 18 to prepare a report for Dunedin city officials for planning purposes only. We may also publish the results of the study using combined answers. Your individual answers will never be reported or published. We will keep your answers private and confidential.

TOTAL NUMBER OF PARTICIPANTS: Everyone in Dunedin who is over the age of 18 will have a chance to participate. We anticipate that over 1000 individuals will complete the survey.

ALTERNATIVES: You do not have to participate in the study. Your participation is completely voluntary. You can stop answering questions on the survey and exit the survey website at any time.

BENEFITS: We do not know if you will receive any personal benefits by taking part in this research study. We hope it will help you to think about and make plans for your future. Your participation will also help Dunedin city officials better understand the experiences and concerns of people like you who live in Dunedin and may assist them in planning development.

RISKS OR DISCOMFORT: This research is considered to be minimal risk. That means that the risks associated with taking part in this study are the same as what you face every day. Sometimes, answering questions about your experiences and concerns can make you think about things that might be upsetting. If at any time, you decide that you would rather not participate, you can stop answering the survey questions and exit the survey. **YOU CAN OBTAIN INFORMATION ABOUT EMERGENCY MENTAL HEALTH SERVICES BY DIALING 211.**

COMPENSATION: You will receive no payment or other compensation for taking part in this study. There will be no costs to you as a result of being in this study other what it usually costs you to use the internet. You may use your own computer, tablet or smart phone or you may use the public computers at the Dunedin Public Library or the Hale Senior Center to take the survey if you choose.

PRIVACY AND CONFIDENTIALITY: We will keep your answers private and confidential.

THANK YOU FOR BECOMING A PARTICIPANT IN THIS STUDY!!

2. INSTRUCTIONS

THE SURVEY TAKES ABOUT 30 MINUTES TO COMPLETE. IT MUST BE COMPLETED AT ONE TIME.

Because we are not collecting your name or other identifying information, once you exit the survey, there is no way for you to start again where you left off. You can start over, but your previous answers will be lost.

At the end of each page, there will be a "NEXT" button. PRESS THIS BUTTON TO CONTINUE.

THE DUNEDIN COMMITTEE ON AGING AND THE UNIVERSITY OF SOUTH FLORIDA DEPARTMENT OF SOCIOLOGY ARE VERY GRATEFUL TO YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

LET'S SHAPE THE FUTURE OF DUNEDIN TOGETHER!

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3. General Information

Information in this section is very important because it will help us be sure that the needs and concerns of all kinds of people are considered. We want to be sure that people like you have their say. The FIRST THREE QUESTIONS IN THIS SECTION ARE MANDATORY. YOU WON'T BE ABLE TO MOVE ON TO THE REST OF SURVEY UNLESS YOU ANSWER QUESTIONS 1-3.

1. Do you consent to participate in the research project "Dunedin: Shaping our Future Together" by answering the questions on this anonymous, online survey?

- Yes
- No

2. Do you live in Dunedin?

- Yes, year round
- Yes, part of the year
- No

3. In what year were you born? (enter 4-digit birth year; for example, 1976)

4. How often do you participate in activities in Dunedin?

- Extremely often
- Very often
- Moderately often
- Slightly often
- Not at all often

5. Of all the purchases your household makes, about how many are made in Dunedin?

- All of them
- Most of them
- About half of them
- Some of them
- None of them

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6. How long have you lived in the state of Florida (full time or part time)?

- not applicable, I don't live in Florida
- less than 5 years
- 5 through 9 years
- 10 through 19 years
- 20 years or more

7. About how long have you lived in Dunedin (full or part time)?

- Not applicable, I don't live in Dunedin
- less than 5 years
- 5 through 9 years
- 10 through 19 years
- 20 years or more

8. How much longer do you expect to reside in Dunedin?

- Not applicable, I don't live in Dunedin
- less than 5 years
- 5 through 9 years
- 10 through 19 years
- 20 years or more

9. Are you:

- Male
- Female

Other (please specify)

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

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership, civil union or cohabiting with significant other
- Single, never married

Other (please specify)

11. Do you have any children?

- Yes
- No

12. In which age group are you?

- Less than 25 years old
- 25 to 44 years old
- 45 to 64 years old
- 65 to 84 years old
- 85 or over years old

13. Do you identify with any of the following religions? (Please select all that apply.)

	Yes	No
Protestantism	<input type="radio"/>	<input type="radio"/>
Catholicism	<input type="radio"/>	<input type="radio"/>
Christianity	<input type="radio"/>	<input type="radio"/>
Judaism	<input type="radio"/>	<input type="radio"/>
Islam	<input type="radio"/>	<input type="radio"/>
Buddhism	<input type="radio"/>	<input type="radio"/>
Hinduism	<input type="radio"/>	<input type="radio"/>
Native American	<input type="radio"/>	<input type="radio"/>
Inter/Non-denominational	<input type="radio"/>	<input type="radio"/>
Spiritual but not religious	<input type="radio"/>	<input type="radio"/>
No religion	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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14. Are you White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific islander, Latin/Hispanic or some other race or ethnicity?

	Yes	No
White	<input type="radio"/>	<input type="radio"/>
Black or African-American	<input type="radio"/>	<input type="radio"/>
American Indian or Alaskan Native	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>
Latino/a or Hispanic	<input type="radio"/>	<input type="radio"/>
Some other race (please specify)	<input type="text"/>	

15. Do you consider yourself to be heterosexual, homosexual, bisexual or something else?

- Heterosexual
- Homosexual
- Bisexual
- Prefer not to specify

Other (please specify)

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

- Less than high school degree
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Associate degree
- Bachelor degree
- Graduate degree

Other (please specify)

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17. Are you currently serving in the U.S. military or are you a veteran of U.S. military service?

	Yes	No
I am currently serving in the U.S. military	<input type="radio"/>	<input type="radio"/>
I am a veteran of U.S. military service	<input type="radio"/>	<input type="radio"/>

18. In what language do you speak most often when you are at home? (please select one)

- English
- French
- German
- Greek
- Italian
- Spanish
- Vietnamese
- American Sign Language (ASL)
- Other (please specify)

19. Were you born in Florida?

- Yes
- No

20. Were you born in the United States?

- Yes
- No

21. Were either of your parents born in the United States?

- Yes
- No

22. Do you yourself have a disability or impairment (or a difference that other people consider to be a disability or impairment)?

- Yes
- No

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23. Does someone in your immediate family (spouse or domestic partner, mother, father, sister, brother, son, daughter) have a disability or impairment (or a difference that other people consider to be a disability)

Yes

No

4. Current and Future Concerns and Preparations for the Future

24. Current Well-being and Concerns: The following questions attempt to measure how happy you feel generally in most parts of your life.

	Extremely	Very much	Moderately	A little	Not at all
Are you happy with your physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you happy with the quality of your sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you happy with your ability to perform daily living activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel depressed or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel able to enjoy life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel you have a purpose in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel in control of your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Current Well-being and Concerns (continued): The following questions attempt to measure how happy you feel generally in most parts of your life.

	Extremely	Very much	Moderately	A little	Not at all
Do you feel happy with yourself as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you happy with your looks and appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel able to live your life the way you want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you confident in your own opinions and beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel able to do the things you choose to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel able to grow and develop as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you happy with yourself and your achievements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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26. Current Well-being and Concerns (continued): The following questions attempt to measure how happy you feel generally in most parts of your life.

	Extremely	Very much	Moderately	A little	Not at all
Are you happy with your personal and family life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you happy with your friendships and personal relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you comfortable about the way you relate and connect with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you happy with your sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to ask someone for help with a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you happy that you have enough money to meet your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you happy with your opportunity for exercise/leisure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you happy with access to health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you happy with your ability to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. FUTURE CONCERNS: When you think about the changes that might happen in your life over the next ten years, how CONCERNED are you about each of the following aspects of your health and well being?

	Extremely concerned	Very concerned	Moderately concerned	A little concerned	Not at all concerned
Maintaining your physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing sleep problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining your ability to perform daily living activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming depressed or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to enjoy life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a purpose in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying optimistic about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying in control of your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. FUTURE CONCERNS (continued): When you think about the changes that might happen in your life over the next ten years, how CONCERNED are you about each of the following aspects of your health and well being?

	Extremely concerned	Very concerned	Moderately concerned	A little concerned	Not at all concerned
Being happy with yourself as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining your looks and appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to live your life the way you want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to express your own opinions and beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to do the things you choose to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing to grow and develop as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being happy with yourself and your achievements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. FUTURE CONCERNS (continued): When you think about the changes that might happen in your life over the next ten years, how CONCERNED are you about each of the following aspects of your health and well being?

	Extremely concerned	Very concerned	Moderately concerned	A little concerned	Not at all concerned
Your personal and family life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friendships and personal relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to relate and connect with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to ask someone for help with a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having enough money to meet you needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having opportunity for exercise/leisure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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30. In general, when you think about the changes that might happen in your life over the next ten years, how **CONCERNED** are you about each of the following general aspects of your personal and community life?

	Extremely concerned	Very concerned	Moderately concerned	A little concerned	Not at all concerned
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work, retirement and/or financial security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food security	<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"/>
Access to information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climate change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and access to health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting the assistance you might need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being a burden on your family and/or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiving responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of community and social life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

31. How prepared do you feel for the changes that may occur in your life over the next 10 years?

- Extremely well prepared
- Very well prepared
- Moderately prepared
- A little prepared
- Not at all prepared

32. Overall, how prepared do you feel the City of Dunedin is to meet the challenges of the future?

- Extremely well prepared
- Very well prepared
- Moderately prepared
- A little prepared
- Not at all prepared

33. To what extent is being prepared for the future the responsibility of individuals, families, communities or governments?

	Strongly agree	Moderately agree	Slightly agree	Moderately disagree	Strongly disagree
Being prepared for the future is the responsibility of the individual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being prepared for the future is the responsibility of the nuclear family (parents and their children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being prepared for the future is the responsibility of the extended intergenerational family (grandparents, grandchildren, aunts, uncles, cousins, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being prepared for the future is the responsibility of communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being prepared for the future is the responsibility of the government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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34. Have you made any of the following plans for the future?

	Yes	No	I don't know what this is
Saved for retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made other financial plans for retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eaten healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten routine health screenings or checkups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten regular exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established and maintained good relationships with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Established and maintained friendships and social contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a durable power of attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a designated health care surrogate or durable medical power of attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a living will or advanced directive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussed your wishes regarding life supports with your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtained health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

5. Housing

35. Which of the following best describes the place you are living right now?

- Single family residence
- Multifamily complex (not age restricted)
- Age restricted multifamily complex (55+) but doesn't provide meals and other services
- Facility or residence that provides meals and other services
- Homeless shelter or homeless

Other (please specify)

36. Do you rent or own the place where you live?

- Own with a mortgage
- Own free and clear (no mortgage)
- Rent

Neither (please specify)

37. How many people currently live in your household?

38. How many people living in your household are currently 17 or younger?

39. How many people living in your household are currently 65 years or older?

40. How difficult or easy is it for you to find housing that you can afford in your city, town or community?

- Very difficult
- Difficult
- Somewhat difficult
- Fairly easy
- Very easy

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41. How often have you moved (changed houses, apartments or other places of residence)?

- I moved more than once during the last year
- I moved once during the last year
- I moved at least once during the last five years, but not during the last year
- I moved at least once during the last ten years, but not during the last five years
- I have lived in the same house, apartment or other residence for more than ten years

42. How many of your neighbors do you know?

- All of them
- Most of them
- About half of them
- A few of them
- None of them

43. Imagine your life 10 YEARS from now. How important will EACH of the following be in your decision about where to live?

	Very important	Somewhat important	Unimportant
Living near near good schools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living close to shopping, restaurants and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living close to a recreation center or community center.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living close to family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living near close friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living in a place on or near the water.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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44. Imagine your life 10 YEARS from now. How important will EACH of the following be in your decision about where to live?

	Very important	Somewhat important	Unimportant
Cost.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older/historic home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy efficiency or being "green".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large enough to share with family members or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small enough to take care of without help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>		

45. Imagine your life 10 YEARS from now. How important will EACH of the following be in your decision about the kind of neighborhood you want to live in?

	Very important	Somewhat important	Unimportant
Having rules and/or deed restrictions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOT having rules and/or deed restrictions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peace and quiet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors who socialize regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors who help each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors of all ages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors of different races and ethnic groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors of my own race and/or ethnicity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A neighborhood with good public transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A neighborhood with shops, restaurants, grocery stores and other services within walking distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A neighborhood where diversity is appreciated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A neighborhood where people share my interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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46. Imagine your life 10 YEARS from now. How important will EACH of the following be in your decision about the kind of neighborhood you want to live in?

	Very important	Somewhat important	Unimportant
Good jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good services for the elderly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organized volunteer opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good public services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good health care facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Area not likely to be affected by natural disasters (hurricanes, floods, sink holes, wild fires, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Areas least affected by climate change (warmer temperatures, rising sea levels, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

47. Imagine your life 10 YEARS from now. How interested do you think you might be in EACH of the following?

	Very interested	Somewhat interested	Not interested
Having a small apartment attached to the main house or on the property in which relatives can live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a small apartment attached to the main house or on the property that I can rent to help cover living expenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside area to produce some of your own food (space for a vegetable garden, landscaping with edible plants, raising chickens in the back yard, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

48. Imagine your life 10 YEARS from now. How likely do you think it is that you will move from your current place of residence?

- Extremely likely
- Very likely
- Somewhat likely
- Unlikely
- Very unlikely

49. Imagine your life 10 YEARS from now. How likely is it that you will be living in the following types of housing?

	Very likely	Somewhat likely	Not at all likely
Single family residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multifamily complex (not age restricted)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age restricted multifamily complex (55+) but doesn't provide meals and other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility or residence that provides meals and other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless shelter or homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Work, Retirement and Financial Security

50. Are you currently working for pay?

- Yes, I work full time
- Yes, I work part time
- No

51. Are you currently looking for work or for a better job?

- Yes
- No

52. Are you currently receiving income from retirement benefits (Social Security or a pension)?

- Yes, I currently receive income from retirement benefits
- No, I haven't started receiving income from retirement benefits

53. How much total combined money did all members of your HOUSEHOLD earn last year?

- \$0 to \$9,999
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or above

54. If you are currently working, which of the following best describes the kind of work you do?

- Not applicable, I'm not currently working
- Blue collar
- White collar, business
- Professional
- Homemaker

Other (please specify)

55. If you are not currently working or if you have retired from your previous occupation, which of the following best describes the kind of work you did most of your working life?

- Not applicable, I'm currently working
- Blue collar
- White collar, business
- Professional
- Homemaker
- Other (please specify)

56. How willing is your employer to accommodate workers with disabilities?

- Not applicable, I'm not currently working
- Very willing
- Somewhat willing
- Unwilling
- I don't know

Other (please specify)

57. Have you ever lost or been turned down for a job because of your race, ethnicity or skin color, age, disability, impairment or chronic health condition, gender, sexual orientation, caregiving responsibilities or immigration status?

	Yes	Maybe	No
Race, ethnicity or skin color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability, impairment or chronic health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiving responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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58. Have you ever been over looked for a raise or promotion because of your race, ethnicity or skin color, age, disability, impairment or chronic health condition, gender, sexual orientation, caregiving responsibilities or immigration status?

	Yes	Maybe	No
Race, ethnicity or skin color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability, impairment or chronic health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiving responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

59. If you are not yet retired, how likely are you to do each of the following?

	Very likely	Likely	Somewhat likely	Unlikely	Very unlikely
I will stop working before age 62	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will stop working as soon as I reach the age of 62 and can draw some Social Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will stop working as soon as I reach full retirement age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will work past full retirement age for as long as I am able	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will volunteer after I retire from my current job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will start my own business after I retire from my current job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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60. In the current economy, many people are having trouble making ends meet. Please tell us how you are doing in each of the following areas:

	All of the time	Most of the time	Sometimes	Rarely	Never
Enough money for basics (food, housing, utilities, clothing).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enough money for transportation (car, gas and/or public transportation).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enough money to pay for health care, prescriptions and health insurance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enough money to pay for recreational activities, entertainment and things I want to buy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Transportation, Information and Emergency Preparedness

CONGRATULATIONS! YOU'RE MORE THAN HALF WAY THROUGH THE SURVEY. KEEP UP THE GOOD WORK.

61. How often do you use the following types of transportation?

	Daily	Weekly	Monthly	Once a year or so	Never
Car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride with someone or car-pool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taxi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSTA Bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSTA North County Connector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSTA DART or another service for individuals with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jolly Trolley	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Power wheelchair or scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motorcycle or scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Golf cart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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62. If you were no longer able to drive (due to disability, loss of license or another reason), how likely would you be to use each of the following forms of transportation?

	Very likely	Somewhat likely	Not at all likely
Ask for a ride in a spouse or family member's car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask for a ride in a friend's car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taxi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSTA Bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSTA North County Connector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSTA DART or another service for individuals with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jolly Trolley	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Power wheelchair or scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motorcycle or scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Golf cart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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63. How often do you use the following sources for information and/or as a way to feel socially connected?

	Daily	Weekly	Monthly	A few times a year	About once a year	Never
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newspaper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking with family, friends, neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newsletters, fliers, bulletins or posters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media (Face book, Twitter, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community center or other community group/organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City of Dunedin website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City of Dunedin television station (channel 15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe the other source

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64. If you are told to evacuate, how likely would you be to evacuate to the following locations?

	Very likely	Likely	Somewhat likely	Unlikely	Very unlikely
A friend or family member's home in my community (a stronger home or a home on higher ground)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A friend for family member's home in a community outside of the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A shelter that doesn't allow pets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A shelter that allows pets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A special needs shelter that allows only people with disabilities or health conditions and a companion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An integrated shelter that has provisions for people with disabilities but is not limited to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A hotel or motel in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A hotel or motel in a community outside the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe the other location

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65. Please indicate the degree to which you agree or disagree with each of the following statements?

	Strongly agree	Moderately agree	Slightly agree	Moderately disagree	Strongly disagree
The news media does a good job of keeping people informed about approaching natural disasters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The news media is alarmist when it comes to hurricanes. They exaggerate the danger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The news media does a good job of providing me with information on hurricane preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could evacuate quickly in case of a mandatory evacuation order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A training course on hurricane preparation and evacuation would be useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. If a direct hit were predicted for your community, how likely would you be to evacuate for each of the following storm strengths?

	I would definitely evacuate	I would very likely evacuate	I would probably evacuate	I would probably not evacuate	I would definitely not evacuate
Tropical storm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category 1 hurricane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category 2 hurricane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category 3 hurricane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category 4 hurricane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category 5 hurricane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Health and Healthcare

67. The following sentences are statements about the way people sometimes feel about health issues and health care. You may agree with some of them and disagree with others. Please tell us whether you strongly agree, moderately agree, slightly agree, moderately disagree or strongly disagree with each statement.

	Strongly agree	Moderately agree	Slightly agree	Moderately disagree	Strongly disagree
If I become sick, I have the power to make myself well again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Often, I feel that no matter what I do, if I'm going to get sick, I will get sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I see an excellent doctor regularly, I am less likely to have a health problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It seems that my health is greatly influenced by accidental happenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can only maintain my health by consulting health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am directly responsible for my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people play a big part in whether I stay healthy or become sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whatever goes wrong with my health is my own fault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm sick, I just have to let nature run it's course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. The following sentences are statements about the way people sometimes feel about health issues and health care (continued):

	Strongly agree	Moderately agree	Slightly agree	Moderately disagree	Strongly disagree
Health professionals keep me healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I stay healthy, I'm just plain lucky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My physical well-being depends on how well I take care of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel ill, I know it's because I have not been taking care of myself properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The type of care I receive from other people is what is responsible for how well I recover from an illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even when I take care of myself, it's easy to get sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I become ill, it's a matter of fate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can pretty much stay healthy by taking good care of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following doctor's orders to the letter is the way for me to stay healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

70. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

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71. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

72. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

73. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

74. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

75. Do you have serious difficulty dressing or bathing?

- Yes
- No

76. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

77. Do you currently have a chronic or long-term health issue (things like heart disease, cancer, diabetes, etc.)

- Yes
- No

78. Do you currently have chronic pain (pain that is constant, interferes with your ability to carry on with your normal activities has lasted for more than a year and is not relieved by over the counter medications)?

- Yes
- No

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79. At some times in our lives, we may need some help with various activities in order to live life to the fullest. Do you currently need help with any of the following activities?

	I don't need any help with this activity	I need a little help with this activity	I need quite a bit of help with this activity	I am totally dependent on help from others for this activity
Heavy chores (yard work, spring cleaning, minor house repairs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light housekeeping (washing dishes, dusting, vacuuming, laundry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing finances (managing money, paying bills, dealing with banks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing meals	<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"/>
Using transportation (driving or using public transportation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing, dressing or eating (feeding yourself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. Are you getting all the help you need with activities like shopping, banking, transportation, yard work, housekeeping, laundry, bathing, dressing, etc.?

- Not applicable. I don't need or receive any help with these activities
- I need more help than I'm getting
- I get about the right amount of help
- I need less help than I'm getting

Other (please specify)

81. How satisfied are you with the quality of the help you are getting with activities like shopping, banking, transportation, yard work, housekeeping, laundry, bathing, dressing, etc.?

- Not applicable, I'm not getting help with any of these activities
- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

82. Do any of the people who help you live with you?

- Not applicable. I'm don't get any help from anyone.
- No, the people who help me don't live with me
- Yes, someone who helps me lives with me

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83. If you began to need help with activities of daily living (things like bathing, dressing, eating, getting around inside the home etc.), how likely is it that you would do each of the following in order to get the help that's needed?

	Very likely	Somewhat likely	Not at all likely
Move in with a relative who would provide care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay in your current home and have a relative move in to provide care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay in your current home and have a relative look in on you to provide the care you need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay in your current home and pay someone to provide the care you need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Move to another state to be nearer relatives who could care for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Move to a retirement residence in which care is available as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Move to a nursing home in which care is provided around the clock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make changes to your current home to make it easier to get around (widening doorways, adding a ramp, adding grab bars, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>		

9. Caregiving

HOORAY!! YOU'RE ALMOST THROUGH. IT WILL TAKE JUST A FEW MORE MINUTES TO GET TO THE END.

84. At the present time, how often do you spend time helping others with activities of daily living (things like bathing, dressing, fixing meals, laundry, transportation, shopping, banking, etc.)? I am helping:

	Never	About once a month	About once a week	Several times each week	Every day
My minor child (under 18), step child or foster child who has a disability or impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My adult child (18 or over), step child or foster child who has a disability or impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse who has a disability or impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parent or parent-in-law who has a disability or impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another family member who has a disability or impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A neighbor or friend who has a disability or impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person for whom I work as a volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person for whom I work as a paid caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

85. How do you feel about the amount of help you are getting for your caregiving tasks?

- Not applicable. I'm not caring for anyone at the present time.
- I'm getting about the right amount of help
- I could use more help
- I'm getting more help than I need. People think I need more help than I actually do

Other (please specify)

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86. Caregiving Experiences: If you are currently caring for a someone who needs help with activities of daily living (things like bathing, dressing, fixing meals, laundry, transportation, shopping, banking, etc.), please tell us the extent to which you have experienced the following because of your caregiving activities DURING THE LAST 6 MONTHS:

	Not at all during the last 6 months	A little during the last 6 months	Some during the last 6 months	A lot during the last 6 months	Not applicable, I'm not providing care for anyone
Had financial problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed days at work or school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found it difficult to concentrate on your own activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to change your personal plans like taking a new job or going on vacation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cut down on leisure time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found your household routine was upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had less time to spend with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglected other family members' needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced family frictions and arguments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced frictions with neighbors, friends or relatives outside of your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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87. Caregiving Experiences (continued)

	Not at all during the last 6 months	A little during the last 6 months	Some during the last 6 months	A lot during the last 6 months	Not applicable, I'm not providing care for anyone
Became embarrassed because of behavior of the relative you care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt guilty because you were not doing enough to help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt guilty because you felt responsible for causing your family member's disability or health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resented the person for whom you provide care because s/he made too many demands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt trapped by your caregiving role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were upset by how much your family member had changed from his or her former self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worried about how your behavior with your family member might make the illness or disability worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worried about what the future holds for the person for whom you provide care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found the stigma of the illness or disability upsetting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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88. Caregiving Experiences (continued): If you are currently caring for a someone who needs help with activities of daily living (things like bathing, dressing, fixing meals, laundry, transportation, shopping, banking, etc.), please tell us the extent to which you have experienced the following because of your caregiving activities DURING THE LAST 6 MONTHS:

	Not at all during the last 6 months	A little during the last 6 months	Some during the last 6 months	A lot during the last 6 months	Not applicable, I'm not providing care for anyone
Had opportunities to do things (travel, eat out, attend events, etc) that you wouldn't otherwise have had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you learned important skills because of your caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt like a more confident person because of your caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are financially better off because of caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found work through caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt physically stronger because of your caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you had made friends because of your caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt like a better person because of your caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you learned to focus on what is really important and let the little things go	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you have developed stronger, deeper relationships with your family because of your caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt more comfortable around people with disabilities and illnesses because of your caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found joy in your relationship with the person in your care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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89. To what extent do you agree or disagree that paying for assistance with activities of daily living (such as bathing, dressing, eating, getting around at home, etc.) for people who can't do these things for themselves is the responsibility of individuals, families, communities and/or the government?

Strongly agree Moderately agree Slightly agree Moderately disagree Strongly disagree

Paying for assistance with activities of daily living is the responsibility of the individual who needs the help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying for assistance with activities of daily living is the responsibility of the nuclear family (parents, children, siblings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying for assistance with activities of daily living is the responsibility of the extended, intergenerational family (grandparents, grandchildren, aunts, uncles, cousins, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying for assistance with activities of daily living is the responsibility of communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying for assistance with activities of daily living is the responsibility of the government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

10. Community and Social Life

90. Over the LAST YEAR, how often did you participate in the following activities?

	One or more times a week	One or more times a month	One or more times a year	Never
Spent time with someone who does not live with you (you went to see them or they came to see you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone to the movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked on a hobby, read a book for fun, watched TV, played computer games, listened to music, etc (for an hour or more at one time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged in a sport or another outdoor activity such as golf, swimming, sailing, fishing, tennis, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone shopping for fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eaten out in a restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91. Over the LAST YEAR, how often did you participate in the following activities?

	One or more times a week	One or more times a month	One or more times a year	Never
Spent time at a beach or park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a concert or music festival	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visited a museum or art gallery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone to a street festival or parade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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92. Over the LAST YEAR, how often did you participate in the following activities?

	One or more times a week	One or more times a month	One or more times a year	Never
Attended a sporting event (baseball game, football game or another spectator sport)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended classes or training sessions for fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone to a community center, recreation center or senior center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visited the public library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in private club, interest group or networking group activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. Over the LAST YEAR, how often did you participate in the following activities?

	One or more times a week	One or more times a month	One or more times a year	Never
Attended a fund raising event or participated in a fund raising activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in a political rally, protest or a community advocacy activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in local civic activities (attended a city council meeting, citizens advisory committee meeting, round table discussion, town hall meeting, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended religious services or other related activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in community service or volunteer activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

94. In the LAST 10 YEARS, did you vote in national, state-wide or local elections?

	Always (every time there was an election)	Most of the time	Sometimes	Seldom	Never (in the last ten years, I haven't voted in this type of election)
In national elections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In state-wide elections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In local elections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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95. Do you have close relatives who live within 10 miles of your current home?

Yes

No

96. Is there someone who does not live with you (a friend, neighbor or relative who is not a member of your household):

	Yes	Maybe	No
Who would take care of your apartment or house if you were out of town?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who listens to you if you need to talk about your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who would help you with household tasks if you needed it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With whom you spend time in social activities like going out to eat, seeing a movie, just hanging out, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who would baby sit for your children, elderly relatives or pet with special care needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With whom you discuss personal worries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whose advice you would consider in making important decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From whom you could borrow money if you really needed it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who would provide transportation if you were temporarily unable to drive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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97. Below are some ways that people sometimes feel about or act toward people with disabilities. Please tell us how strongly you agree or disagree with each of the following statements about how most people in your community feel or act.

	Strongly Agree	Moderately Agree	Slightly Agree	Moderately Disagree	Strongly Disagree
Most young men and women in my community would be reluctant to date a person with a disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people in my community feel nervous and/or awkward when they meet someone with a disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people in my community feel sad when they meet someone with a disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people in my community would treat a person with a disability just as they would anyone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people in my community think less of a person who has a disability than they do of other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people in my community would willingly accept a person with a disability as a close friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most employers in my community will hire a person with a disability if he or she is qualified for the job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people feel that having a disability is a sign of person failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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98. Overall, how satisfied or dissatisfied do you feel with each of the following aspects of your current living situation in Florida?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Your city, town or community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The type of housing in which you live (single family, apartment, mobile home, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of the building in which you live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The availability of shopping and services near your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The people you live with (or living alone if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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99. Please indicate the degree to which you agree or disagree with the following statements:

	Strongly agree	Moderately agree	Slightly agree	Moderately disagree	Strongly disagree
Dunedin city government is effective in solving problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dunedin is a city that is prepared to meet the challenges of the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people can find affordable transportation in Dunedin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people can find healthy food that is affordable in Dunedin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for people with disabilities to get around in Dunedin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in Dunedin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel lonely in Dunedin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel included in the social life of Dunedin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in Dunedin value diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a strong sense of community in Dunedin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good parks and recreation centers in Dunedin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are plenty of interesting activities in Dunedin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dunedin values the arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am satisfied with my experiences in Dunedin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. What changes would most improve Dunedin?

101. What do you like least about Dunedin?

102. What do you like most about Dunedin?

11. THE END

YOU MADE IT! THANK YOU FOR GIVING YOUR TIME TO HELP US SHAPE OUR FUTURE TOGETHER!