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SAY BECAUSE
YOUR OPINION
MATTERS!**

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Seniors Today: Building a Better Tomorrow

Creating an environment for healthy, active and positive aging on the North Shore

The Lionsview Senior's Planning Society is an independent, not for profit agency serving North Shore seniors. Through the *Seniors Today: Building a Better Tomorrow* project, the society is reaching out to a diverse range of seniors using a survey approach endorsed by the World Health Organization to gather input on what seniors need to remain healthy, happy, independent and connected to each other and their community. Data from the survey will be used to inform and influence planning and service delivery to North Shore seniors.

This survey is organized by topic:

- General information
- Housing
- Transportation
- Outdoor spaces & public buildings
- Civic participation & employment
- Social participation
- Communication & information
- Community support & health services
- Respect & social inclusion

Please answer all questions as accurately as possible. If you do not wish to answer a question, please leave it blank. This survey will take approximately 20 minutes to complete. All information will remain confidential and will not be used for purposes other than this survey

When you have completed this survey, you may return it

By mail to: Lionsview Seniors' Planning Society, 600 West Queens Road
North Vancouver, V7N 2L3 (Attn: Jane)

In person at: John Braithwaite Centre, 145 -1st Street West (Attn: Claudine)
Silver Harbour Centre, 144 - 22nd Street East - Reception
St. John's Anglican Church, 220 - 8th Street West - Office
North Shore Disability Resource Centre, 3158 Mountain Highway (Attn: Monique)



**LIONSVIEW SENIORS'
PLANNING SOCIETY**
A Strong Voice for Seniors on the North Shore

**United Way
Seniors Staying Strong**



SECTION 1:
General information

1. **Are you...** *Please check one*

- Male Female

2. **Please indicate your age** *Please check one*

- 55-59 70-74 85-89
 60-64 75-79 90+
 65-69 80-84

3. **Where do you live on the North Shore?** *Please check one*

- City of North Vancouver
 District of North Vancouver
 District of West Vancouver
 I do not live on the North Shore, but spend time here
 Don't know/not sure

To help clarify which region you live in, please write your postal code here _____

SECTION 2:
Housing

4. **Please indicate which of the following best describes your living arrangements**
Please check all that apply

- I live alone
 I live with my spouse/partner
 I live with roommate(s)
 I live with my children
 Other _____

5. **Where do you live?** *Please check one*

- Home/condo/apartment that I own
 Home/condo/apartment that I rent
 Home/condo/apartment that my family owns or rents
 Retirement home (e.g. Summerhill, Hollyburn House, etc.)
 Seniors 55+ complex
 Assisted-living (e.g. Kiwanis Manor, Cedar Garden, Churchill House, Lynn Valley House)
 Care facility/nursing home
 Subsidized housing
 Other: _____

6. Do you agree or disagree with the following statements? Please check one response for each statement

	Strongly agree	Somewhat agree	Disagree	Don't know
There are a wide range of housing options on the North Shore for seniors				
There are enough affordable housing options on the North Shore for seniors				
I am well-informed about the available housing options				

7. Do you plan to move to more suitable housing within the next...

Please indicate the one that best reflects your plans

- 1 year
 2-3 years
 4-5 years
 Beyond 5 years
 I have no long-term plans for moving

If you aren't planning on moving, please skip to question #9

8. If you do plan on moving within the North Shore, what type of housing do you think you will need? Please check one

- Smaller house that I will rent
 Smaller house that I will buy
 Apartment/condo/townhouse that I will rent
 Apartment/condo/townhouse that I will buy
 Retirement home (e.g. Summerhill, Hollyburn House, etc.)
 Seniors 55+ complex
 Assisted-living (e.g. Kiwanis Manor, Cedar Garden, Churchill House, Lynn Valley House)
 Subsidized housing
 Care facility/nursing home
 Do not plan to move within the North Shore
 Other _____

9. When it comes to deciding where to live, how important are the following?

Please check one response for each criterion

	Very important	Somewhat important	Not very important	Not at all important
To be near friends and/or family				
To be close to parks or green space (quiet area)				
To be near public transit				
To be near retail stores				
To be near my health practitioner				
To be near a library				
To be near the hospital				
To be near my church/place of worship				
To be near a community centre				
To be near... <i>please write in below:</i>				
To be near... <i>please write in below:</i>				

Comments: *Please write down any comments you might have on your housing needs*

**SECTION 3:
Transportation**

10. Please indicate your level of mobility (your ability to walk/get around)

Please check all that apply

- I can walk with ease unassisted
- I walk unassisted but with difficulty
- I use a cane or walker when walking
- I use a scooter
- I use a wheelchair
- Other _____

11. How often do you do the following or go to the following? Please check one response for each item

	At least once a day	At least once per week	At least once per month	Less than once a month	Never
Grocery shopping					
Shopping for non-grocery items					
Doctor or health practitioner					
Local community centre					
Walk or other exercise					
A class (e.g. crafts, exercise, English)					
Church or religious group					
Visit friends or family					
Cultural events (e.g. plays, concerts)					
Hospital/clinic					
Library					
Planned excursions/outings with a group of seniors					
Restaurant					

12. How often do you use the following modes of transportation? Please check one response for each item

	At least once a day	At least once per week	At least once per month	Less than once a month	Never
My own personal vehicle					
Taxi					
City Bus					
Go Bus					
HandyDART Bus					
Shuttle (e.g. The Hub)					
Scooter					
Friends/family driving me					
Walking					
Bicycle					

13. Please rate the following based on your general experience on the North Shore

Please check one response per item

	Very satisfied	Somewhat Satisfied	Not very satisfied	Not at all satisfied	No opinion
General condition of the roads					
Ease of driving on North Shore (traffic not too heavy)					
Traffic signage is adequate					
Affordability of public transportation					
Availability of public transportation (buses come often enough)					
Bus drivers are considerate of seniors					

14. Generally speaking, do you feel safe when you drive at night?

Please check one only

Yes

No

Don't drive

Not sure

15. Generally speaking, do you feel you have sufficient time to cross the street at cross walks? Please check one only

Yes

No

Comments:

Please write down any comments you might have on your transportation needs

SECTION 4:
Outdoor spaces & public buildings

16. Please rate the following based on your general experience on the North Shore
Please check one response for each item

	Very satisfied	Somewhat Satisfied	Not very satisfied	Not at all satisfied	No opinion
General condition of sidewalks					
Enough parks and green space areas					
Ease of access to the parks					
Pedestrian signage is adequate					
Enough path and street lighting at night					
Enough police patrols for outdoor safety					
Feeling safe as you walk at night					

17. Please rate the following when thinking about buildings and public spaces on the North Shore *Please check one response for each item*

	Very satisfied	Somewhat Satisfied	Not very satisfied	Not at all satisfied	No opinion
Enough parking spaces in general					
Enough parking spaces for people with disabilities					
Enough wheelchair ramps for public buildings					
Public buildings have enough accessibility elements (e.g. handrails, stairs not too steep/high, etc.)					
Enough public toilets					
Public toilets have enough accessibility elements (e.g. handrails, handicapped stalls, etc.)					

Comments: Please write down any comments you might have on the North Shore's public spaces and buildings

**SECTION 5:
Civic participation & employment**

18. What is your current employment status? Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> I am employed full-time | <input type="checkbox"/> Disability pension |
| <input type="checkbox"/> I am employed part-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> I am self-employed | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Not employed, but looking for work | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Not employed by choice | |

19. On average, how many hours a week do you spend volunteering (rounded to the hour)? Please check one

- | | |
|------------------------------|--------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 7-8 |
| <input type="checkbox"/> 1-3 | <input type="checkbox"/> More than 9 |
| <input type="checkbox"/> 4-6 | |

20. Do you think there are enough volunteer opportunities for older people on the North Shore? Please check one

- Yes No Don't know

**21. Are you looking for volunteer opportunities within the community?
Please check one**

- Yes, I want to volunteer as much as I can
 Yes, but only if it is something I really enjoy
 No, I'm not interested
 No, I do enough volunteering already
 Undecided

**22. How often would you say you don't have enough money to pay your monthly bills?
Please check one**

- Every month
 At least once every three months
 At least once every six months
 At least once each year
 Never

Comments: *Please write down any comments you might have on your civic participation and/or employment/financial needs*

**SECTION 6:
Social participation**

23. Do you feel a sense of community with your friends/fellow seniors on the North Shore? *Please check one*

- Very strong sense of community
- Somewhat strong sense of community
- Not a very strong sense of community
- No sense of community at all

24. Do you have family or friends on the North Shore who provide you with a support network? (These are people you could turn when you need help)
Please check one

- Yes No Not sure/don't know

25. What prevents you from socializing more often? *Please check all that apply*

- | | |
|--|--|
| <input type="checkbox"/> Nothing – I feel I socialize enough | <input type="checkbox"/> Safety concerns |
| <input type="checkbox"/> Mobility issues | <input type="checkbox"/> My schedule is too busy |
| <input type="checkbox"/> No one to go with | <input type="checkbox"/> Too costly |
| <input type="checkbox"/> Find out about events too late | <input type="checkbox"/> My health |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Lack of opportunities |
| <input type="checkbox"/> Noise level concerns | <input type="checkbox"/> Other _____ |

Comments: *Please write down any comments you might have on any of your social participation needs*

**SECTION 7:
Communication & information**

26. How informed are you about community events? Please check one

- | | |
|--|--|
| <input type="checkbox"/> Very informed | <input type="checkbox"/> Not very informed |
| <input type="checkbox"/> Somewhat informed | <input type="checkbox"/> Not at all informed |

27. How do you stay up to date with current events?

Please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> National paper (e.g. National Post) | <input type="checkbox"/> Friends and family |
| <input type="checkbox"/> Vancouver Sun or Province | <input type="checkbox"/> Notices in the mail |
| <input type="checkbox"/> North Shore News/other local paper | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Farsi paper/magazine | <input type="checkbox"/> Internet/E-mail |
| <input type="checkbox"/> Other non-English paper/magazine | <input type="checkbox"/> Other: _____ (please specify) |
| <input type="checkbox"/> Television | |
| <input type="checkbox"/> Radio station | |

28. Do you have access to the internet? Please check one

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

29. If you do use the Internet, where do you usually use it? Please check one

- | |
|---|
| <input type="checkbox"/> At home |
| <input type="checkbox"/> Outside of my home (community centre, library, friend/family etc.) |
| <input type="checkbox"/> I do not use the Internet |

30. Do you use email? Please check one

- | | |
|---|--|
| <input type="checkbox"/> Yes, every day | <input type="checkbox"/> No, but I'd like to |
| <input type="checkbox"/> Yes, fairly often | <input type="checkbox"/> No |
| <input type="checkbox"/> Sometimes/occasionally | |

Comments: *Please write down any comments you might have on any of your information or communication needs*

**SECTION 8:
Community support & health services**

31. Which of the following best describes your situation? Please check one

- I take prescription medication and I can afford it
- I take prescription medication and I can mostly afford it
- I take prescription medication but I struggle to afford it
- I don't take all the prescription medication that I should because I cannot afford it
- I don't take prescription medication at all because I can't afford it
- I am not on prescription medication

32. Are you aware of Fair PharmaCare? Please check one

- Yes, I am aware and am very familiar with the program
- Yes, I am aware and am somewhat familiar with the program
- Yes, I am aware, but don't know much or anything about it
- No, I am not aware of Fair PharmaCare

**33. In the last 12 months, have you needed help with any of the following?
Please check one response for each task below**

	I have not needed any help	I have needed help and help WAS accessible	I have needed help but help WAS NOT accessible
Filling out forms			
House cleaning			
Laundry			
Income tax preparation			
Yard care/gardening			
Grocery shopping			
Transportation to & from events			
Transportation to & from health facilities			
Home repair & maintenance			
Preparing meals/meal delivery			
Garbage removal			
Mail			

	I have not needed any help	I have needed help and help WAS accessible	I have needed help but help WAS NOT accessible
Banking			
Personal care			
Nursing care			
Respite care			
Taking medication			
Picking up medication from the pharmacy			
Other: _____			

34. In the past 12 months, have you had a slip, trip or fall? Please check one

- Yes
- No, but am concerned that I might have a slip/trip/fall in the next 12 months
- No

35. Do you have a family doctor or a nurse practitioner on the North Shore? Please check one

- Yes
- No, but would like one
- No
- Don't know

36. Generally speaking, do you think Lions Gate Hospital is better, same or worse than other hospitals on the Lower Mainland? Please check one

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse
- Don't know

Comments: *Please write down any comments you might have on any of your community support/health care needs*

**SECTION 9:
Respect & social inclusion**

37. Do you feel you are valued and respected as a senior on the North Shore?
Please check one

- Always
 Rarely
 Frequently
 Never
 Occasionally

38. On the North Shore, if you have ever been treated in a rude or disrespectful way due to your age, did the behaviour come from... Please check all that apply

- Business/shop staff
 Family members
 Youth/teenage
 Public service provider
 Children
 Other: _____
 Adults
 Have never been treated rudely

39. As you think about your future senior years, are you worried by any of the following? Please check one response per item

	Very worried	Somewhat worried	Not worried
Growing old alone			
Declining health			
Moving into more suitable housing			
Financial concerns (e.g. paying your monthly bills)			
Difficulty physically getting around			
Finding transportation to get around			
Falling			
Losing my driver's license			
Losing my independence			
No one to take care of me			
Illness/incapacitation			
Not being busy enough			
Death			

Other _____			
-------------	--	--	--

40. Are you aware of income security provisions (e.g. GIS, disability allowance)?
Please check one

- Yes No

Comments: *Please write down any comments you might have on any issues around respect for seniors or social inclusion*

41. How satisfied are you with government when it comes to taking care of your needs?
Please check one answer for each level of government

	Very satisfied	Somewhat Satisfied	Not very satisfied	Not at all satisfied	No opinion
Federal government					
Provincial government					
Municipal government					

42. Overall, do you feel that there is a high or low level of awareness of the needs of seniors on the North Shore? *Please check one*

- Very good awareness Not enough awareness
 Somewhat good awareness Don't know

43. Finally, people belong to all different backgrounds. Which of the following best describes your background? *Please check all that apply*

- | | |
|---|--|
| <input type="checkbox"/> Aboriginal/First Nations | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> European | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> Iranian | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Filipino | |

FINAL COMMENTS

44. Do you have any concerns that have not been addressed? If so, please state them here:

TWO LAST ITEMS...

Do you wish to be involved in future planning meetings for North Shore seniors?

Yes

No

Do you wish to be *entered into the draw to receive a \$50 gift certificate from a local business?*

Yes

No

If you answered 'yes' to either question, please complete the information below.

Name:

E-mail:

Telephone number:

Thank you!

***Your opinions are much appreciated &
will help make the North Shore more age-friendly.***