



The purpose of this survey is to gain feedback for a new initiative in Teaneck called **Community Begins at Home**. Through a grant from NJ Division of Disability Services' Inclusive Healthy Communities program, The Bright Side Family is partnering with the Township of Teaneck in an effort to understand and address the challenges of Teaneck residents who are aging with disabilities.

Upon completion, return this survey by email to: CBAH@agefriendlyteaneck.org or by mail to: **Age-Friendly Teaneck, 60 Bergen Ave, Teaneck, NJ 07666**. Thank you for participating!

1. Please describe your relationship.

- Self, I have a disability (or previously had a disability)
- I am a family member or caregiver of someone with a disability
- I am helping the person with a disability answer the survey by interpreting these questions (i.e. vision-impairment, language barrier, or other reason)

2. Do either you or the person with a disability live in Teaneck and is over the age of 50?

- Yes
- No; if no, please, STOP here

If you answered **No** to Question 2, please discontinue this survey.

If you answered **Yes** to Question 2, you may proceed forward.

All further questions should be answered from the perspective of the person with a disability.

3. Age at last birthday

- | | |
|--|--|
| <input type="checkbox"/> 50-59 years old | <input type="checkbox"/> 80-89 years old |
| <input type="checkbox"/> 60-69 years old | <input type="checkbox"/> 90-99 years old |
| <input type="checkbox"/> 70-79 years old | <input type="checkbox"/> 100+ years old |

4. Which of the following best describes your disability? Check all that apply.

- Vision
- Hearing
- Cognitive or learning
- Memory
- Behavioral or mental
- Physical or mobility. Please specify _____
- Other. Please specify _____

5. Are there any physical impediments that prevent you from functioning safely and independently within your home? Check all that apply.

- Lack of accessible entryways
- Lack of accessible bathroom
- Narrow hallways
- Lack of hand holds in bathrooms or hallways
- No adaptive assistance or ramps for stairs
- Need for outdoor maintenance such as leaf, snow, or ice removal
- Environmental threats such as mold. Please describe _____
- Lack of other adaptive equipment. Please describe _____
- Disrepair. Please describe _____
- Other. Please describe _____
- My home is free from physical impediments

6. Do you receive assistance (such as from a home health aide or family member) in navigating your home?

- No
- Yes. Please describe the assistance _____

7. In the chart below, check whether you have difficulty or require resources to accomplish each of these activities safely and indicate how often. Resources can include help from another person, medical equipment, or other devices/modifications.

| Do you have difficulty or require resources? | If yes, how often? | | | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | NO | YES | | Rarely | Occasionally | Sometimes | Often | Always |
| Bathing or showering | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dressing | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toileting | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Getting in/out of a bed/chair | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walking | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooking | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Picking up around the house | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleaning your home | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shopping | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minor home maintenance | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining your property | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Do you have access to medical and dental care?

- Yes
- No. If no, please provide the impediments to accessing medical and dental care.

- Uninsured/Underinsured
- Lack of accessibility (distance, ramps, etc.)
- Cost
- Lack of homebound services
- Transportation
- I am not aware of medical and dental resources in the community

9. Do you find that your community/neighborhood is safe for you to navigate?

- Yes
- No. If no, please provide the impediments to safety in your community. Check all that apply
 - Unsafe or uneven sidewalks
 - Difficult to access crosswalks
 - Crosswalk signals are not adaptive (with adequate sound cues or length of time to cross)
 - Insufficient lighting
 - Fear of crime
 - Other _____

10. Do you have difficulty participating in Teaneck Township meetings?

- Yes. If yes, check all the reasons that apply:
 - Lack of accessibility (ramps, elevators, handrails)
 - Venue lacks accommodations or technology (aids for vision or hearing)
 - My language is not used or accommodated
 - I am not aware of most Township meetings
 - Lack of transportation or safe walking/chair access from my home
 - Physical safety or sense of feeling unwelcome in the environment
 - Other. Please describe _____
- No, I have no difficulties
- Not applicable, I'm not interested

11. Do you have difficulty participating in attending community events and celebrations?

- Yes. If yes, check all the reasons that apply:
 - Lack of accessibility (ramps, elevators, handrails)
 - Venue lacks accommodations or technology (aids for vision or hearing)
 - My language is not used or accommodated
 - I am not aware of most community events and celebrations
 - Lack of transportation or safe walking/chair access from my home
 - Physical safety or sense of feeling unwelcome in the environment
 - Other. Please describe _____
- No, I have no difficulties
- Not applicable, I'm not interested

12. Do you have difficulty visiting the Richard Rodda Community Center?

- Yes. If yes, check all the reasons that apply:
 - Lack of accessibility (ramps, elevators, handrails)
 - Venue lacks accommodations or technology (aids for vision or hearing)
 - My language is not used or accommodated
 - I am not aware of most programs at the Richard Rodda Community Center
 - Lack of transportation or safe walking/chair access from my home
 - Physical safety or sense of feeling unwelcome in the environment
 - Other. Please describe _____
- No, I have no difficulties
- Not applicable, I'm not interested

13. Do you have difficulty visiting the Teaneck Public Library?

- Yes. If yes, check all the reasons that apply:
 - Lack of accessibility (ramps, elevators, handrails)
 - Venue lacks accommodations or technology (aids for vision or hearing)
 - My language is not used or accommodated
 - I am not aware of most programs at the Teaneck Public Library
 - Lack of transportation or safe walking/chair access from my home
 - Physical safety or sense of feeling unwelcome in the environment
 - Other. Please describe _____
- No, I have no difficulties
- Not applicable, I'm not interested

14. Do you have difficulty visiting community parks?

- Yes. If yes, check all the reasons that apply:
 - Lack of accessibility (ramps, elevators, handrails)
 - Venue lacks accommodations or technology (aids for vision or hearing)
 - My language is not used or accommodated
 - I am not aware of community park options
 - Lack of transportation or safe walking/chair access from my home
 - Physical safety or sense of feeling unwelcome in the environment
 - Other. Please describe _____
- No, I have no difficulties
- Not applicable, I'm not interested

15. Do you have difficulty accessing or having availability to exercise equipment or facilities?

- Yes. If yes, check all the reasons that apply:
 - Lack of accessibility (ramps, elevators, handrails)
 - Venue lacks accommodations or technology (aids for vision or hearing)
 - My language is not used or accommodated

- I am not aware of exercise facilities or how to use some exercise equipment
- Lack of transportation or safe walking/chair access from my home
- Physical safety or sense of feeling unwelcome in the environment
- Other. Please describe _____
- No, I have no difficulties
- Not applicable, I'm not interested

16. How often are you able to leave your home, either with or without assistance?

- Several times per week
- Once per week
- A couple of times per month
- Less than once a month
- Almost never

17. In the chart below, check how often do you participate in the following activities.

| Activity | Several times per week | Once per week | A couple of times per month | Less than once a month | Almost never |
|--------------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| Family events outside the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hobbies outside the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community events | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visiting friends or neighbors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel or getaways | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor's or other appointments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. What best describes who lives with you?

- Live alone
- Spouse or partner
- Non-relatives
- Multigenerational home with children or other family members
- Other _____

19. Residence?

- Own
- Rent
- Other

20. What best describes your dwelling?

- Apartment
- Single-family home
- Multi-family home or townhome
- Other _____

21. Do you believe it will be possible for you to remain in Teaneck in as you age?

- Yes
- No. If no, please specify reason. Check all that apply.
 - I need a more affordable place to live
 - My current home would require too many repairs or modifications (i.e. needs ramp)
 - I would like to downsize but cannot find a suitable option in Teaneck
 - Transportation options are too limited
 - The community's walkways and business districts are too difficult for me to navigate
 - I do not feel welcome and supported here

22. Tell us what changes you'd like to see in Teaneck to ensure that you can fully engage in community life.

Demographic questions (optional) Answer from the perspective of the person with a disability.

A. Gender

- Male
- Female
- Non-binary
- Prefer not to disclose

B. Race or Ethnicity, check all that apply if you are multiethnic or mixed race

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- Hispanic, Latino, or Spanish origin
- Middle Eastern or North African
- White or Caucasian
- Other _____
- Prefer not to disclose

C. Household annual income

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$199,999
- \$200,000 +

D. Current employment status

- Retired or on disability
- Unemployed
- Employed part-time or per diem
- Employed full-time

E. Highest level of education

- High school degree or equivalent (GED)
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Professional degree or Doctorate

This survey is intended to be anonymous. If you'd like us to contact you to talk about resources that may be useful to you based off your answers, please provide a phone number and/or email address where you can be reached.

Name _____

Email or phone _____

The Bright Side Family is a non-profit organization that has been in the community for over 30 years. Our vision through Age-Friendly Teaneck is to maintain a more livable community for people of all ages and all abilities. We are partnering with various departments within the Township of Teaneck as well as hipcil, a nonprofit agency run by and for people with disabilities, to bring "Community Begins at Home" into our neighborhoods. Through this new initiative, we hope to address the challenges and barriers faced by Teaneck residents who are aging with a disability. Results from this survey will provide important information to educate and become a more inclusive community. The initiative is made possible through a grant of the Inclusive Healthy Community (IHC) program through NJ Division of Disability Services.

