



Arlington Council on Aging (CoA) LGBT (Lesbian, Gay, Bisexual, Transgender)  
 SURVEY 2016 (Please return to CoA in person, via email or mail)

We encourage you to take a few moments to complete this survey. Our hope is to gather information regarding the needs and interests of LGBT older adults in the Arlington Area so that we may work with you to move forward in addressing some of these needs through programs and services at the CoA and Senior Center.

 Note: This survey is for LGBT Older Adults (over 60 years of age).

**This is 100% anonymous.** The back page has an *optional* section for your contact info.

**Part I: General Demographics: 10 questions to help us know who is in our community:**

	Question	Additional Details
1	What town are you from?	
2	What is your age?	
3	What is your living situation? <i>Circle any that apply</i>	<ul style="list-style-type: none"> <li>• live with spouse/partner</li> <li>• live with room mate</li> <li>• live alone                      • with a pet(s)</li> <li>• senior housing                • assisted living</li> </ul>
4	Your gender?	M                  F                  Transgender
5	Your racial/ethnic background?	
6	Are you currently caregiving for a loved one?    yes                  no	If yes what is your relationship to this person(s): _____
7	Are you currently receiving any home care or elder services?	Yes                          No If yes, what kind? _____
8	How did you hear about this survey?	<ul style="list-style-type: none"> <li>• agency newsletter                      • Friend</li> <li>• Local Paper_____                      • Other_____</li> </ul>
9	How many people are you 'Out' to?	<p>CIRCLE ALL THAT APPLY</p> <ul style="list-style-type: none"> <li>• Family                      • Neighbors</li> <li>• Friends:                  a few    most    all    none</li> <li>• My doctor                  • co-workers</li> <li>• Others:</li> <li>• I am not out to anyone</li> </ul>
10	Transportation:	<ul style="list-style-type: none"> <li>• I drive                  • Public transportation only</li> <li>• Ride share                  • This is a problem for me</li> </ul>

**Part II:** Circle any that apply in both columns:

What are your current concerns?

Concerns
Social Isolation / Loneliness
Housing (Assisted Living etc)
Health Care / Insurance
Financial Planning
Home Care / Assistance
Spirituality
Fear of LGBT Discrimination
Relationship / Partnership
Transportation:
Other:

What programs would you like?

Programs
LGBT Community Meal Group
Bereavement Support Group
LGBT Caregiver Support Group
Healthy Aging Workshops
Information on Home Care Options
LGBT Friendly Visitor
Volunteer Opportunities
Adult Coming Out Support group
Educational Programs
Such as:
Other:

**Part III:** Your availability for an LGBT Community Program/Volunteering

Times	I am available: (check all that apply)	Day(s) of the week you are available	My overall preference is: (check one)
Weekday mornings			
Weekday afternoons			
Early evenings			
Weekend mornings			
Weekend afternoons			

**Part IV:** Would you feel comfortable participating in programs at the CoA that are LGBT-Friendly (i.e. open to everyone) or would you feel safer in a program designed just for LGBT seniors?

**Part V:** Any other comments, suggestions or questions we should have asked?

**Optional Contact info:** Name:

Phone: