

25-29 Area Plan Community Needs Assessment Survey Assistance Guide

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General Information

This guide is intended as a support for those providing assistance to community members taking the Multnomah County 25-29 Community Needs Assessment Survey. This information is particularly oriented for staff completing the online survey over the phone, virtually, or in person with a respondent in the style of an interview.

Conducting the Survey by Phone, Virtually, or In Person

- Determine how best to complete the survey with the participant:
 - You can complete the survey in Qualtrics for the participant by asking them the questions over the phone and entering their answers.
 - You can complete the survey in Qualtrics for the participant by asking them the questions through a virtual meeting (Google Meet/Zoom/Skype) and entering their answers.
 - You can offer to present your screen to the participant if they can see the video. They can read the questions and have you enter the answers or you can read the questions and have them follow along.
 - You can complete the survey in Qualtrics for the participant by asking them the questions in person and entering the answers together online.
- Transitions between sections are a good time to ask if the participant needs a short break.
- Follow the survey guide below as you move through the survey online in Qualtrics.
 - Text in the standard or **bolded** black font is the same as what is in the survey and typically should be read to the participant.
 - Text in **{Red}** is information to help you administer the survey, it should not necessarily be read to the participant.
 - Text in **Blue** is information/text that should be typically told/read to the participant. This information/text has been added or changed from what is in the online version to better align with administering the survey over the phone, virtually, or in person.

Navigating the Survey in Qualtrics

- You navigate the survey in Qualtrics using the “Previous” and “Next” buttons at the bottom of each page. Use “Previous” to go back and edit any of the participant’s answers if needed until you are done with the survey.
- You are not able to save and close the survey and then come back to it. The only way to take a break from the survey is to leave the tab open and, if walking away, lock your computer to protect people’s privacy. The survey does not save your place if you close the tab or turn off your computer.
- The survey uses a complex skip logic that determines what questions are asked or skipped based on previous answers. The online survey will do this automatically. Sometimes a question may be asked even when it does not seem applicable to the participant based on their previous answers. This may also happen because a previous question was not answered. Directions for which questions to skip are included in this document in **{}**.
- If a participant does not want to answer a question, feels like the question is not relevant to them, or does not understand/know how to answer the question, you should skip the question unless there is an answer option such as “Do not know” or “Don’t want to answer”.
- At the end of the survey, you can access the separate Compensation Form.

How to Ask Different Survey Question Types

- **{Multiple Choice}** - Participant chooses one answer option.
 - Read the question and each option offered under the question before the participant answers. Confirm the answer option selected before moving on to the next question.
- **{Select all that Apply}** - Participant chooses one or more answer option(s).
 - Read the question and then try to read each option offered under the question before the participant answers. If a participant selects one, please continue reading until the end of the list to allow them to select as many as they wish.
- **{Grid}** - Participant checks as many statements (columns) as they agree with for each item listed (row), much like if each row was its own select all that apply questions with the columns as the possible response options.
 - Read the overall grid introduction and directions. Then ask each row as if it was an independent select all that apply question.
- **{Free Response}** - If a question or answer option is paired with this instruction, it is an open-ended question and the participant can give any answer they wish.
 - Allow a short period of time for participants to think of their answer after you ask the question. If there is silence or no immediate answer, you can ask if they understood the question, clarify that it is open-ended and that they can say whatever they want, or

prompt them appropriately (such as rephrasing the question). Do not pressure them to provide a response.

- When entering text, try to use the participant's exact words as much as possible. Use quotations "" around their exact words. You can also paraphrase or summarize their comments. Ask them to repeat or confirm what they said if needed.
- {Free Response} questions, participants can provide long answers. It is recommended to take notes or paraphrase their relevant comments if they provide long answers. However, if you think a comment or story is particularly relevant, it is encouraged to use as much of their exact words as possible and identify that those are their words using quotation marks. There is no character limit to these responses.
- {Free Response} answer options are an opportunity for the participant to add a comment about the question or to add an answer option that was not available. These free response answer options can be used in addition to any of the other answer options selected.

Survey Terms

- **What qualifies as being homebound?** Homebound is understood as unable to leave one's housing, typically due to illness, but can also be due to lack of needed support.
- **What qualifies as receiving care?** If a person needs assistance to complete self care or daily living activities, such as showering, dressing, shopping for food, accessing transportation.
- **What is the difference between being a Veteran and serving in the military?** They are different because some people who have served in the military do not identify as Veterans.

Other Frequently Asked Questions

- **Am I able to save and close the survey and then come back to it?**
No. The only way to take a break from the survey is to leave the tab open and, if walking away, locking your computer. The survey does not save your place if you close the tab or turn off your computer.
- **What do I do if someone decides they do not wish to complete the survey after starting it?**
Confirm that they do not wish to finish the survey, address that any answers they have already provided will be recorded, and skip to the end of the survey to select "Done." If they did not complete the vast majority of the survey, make sure they understand that they will not be able to receive compensation without completing the survey.
How much of the survey must they complete to qualify for the incentive?
Encourage them to complete the survey in full. Skip questions that the survey taker chooses not to answer, but try, within reason, to complete the survey with each participant. If they completed the vast majority of the survey, skip the rest of the questions and complete the compensation form. If they did not complete the survey, skip to the end of the survey and submit it. Do not fill out the compensation form.

Survey Guide

Introduction

{Start with a short introduction of yourself and some informal chatting to build some rapport with the caller. Let the participant know that you have to read them some information about the survey to make sure they know what it is about before you ask them if they will agree to participate and that this is a required part of the process before you can begin.}

Multnomah County Aging, Disability & Veteran Services Division (ADVSD) invites people age 50+ (older adults or elders as defined by their community), people age 18+ with disabilities, veterans, and caregivers to share your experiences and expertise to improve services, prioritize funding, and uncover new or existing needs.

Your answers on this confidential survey will contribute to the development of Multnomah County's Area Plan on Aging for 2025-2029. Multnomah County writes a new plan every four years as is required in the federal Older Americans Act. This plan will outline the needs expressed by the community and actions that will be taken to address them through programs, services, and policy. A summary of the survey results and the Area Plan will be available on Multnomah County's website by April 2025.

Important Things to Know:

- **All responses are confidential** so your name will not be connected to your answers.
- **This survey should take you between 30 and 45 minutes to complete.** Only one survey can be completed per person and a maximum of two surveys per household.
- **You will receive a \$20 gift card as a thank you for your time and contribution.** To receive your gift card, please fill out the form through the DONE button at the end of this survey and one will be mailed to you or available for pick up. Only one survey per person and a maximum of two per household are allowed.
- The information you provide to receive your gift card will not be connected to your survey responses. We hope this survey will also let you know about resources and services available in our community.
- **This survey is available in 13 languages.** If you take the survey in English, you can still answer the questions in another language. If you would like to take this survey in a language that is not currently available, please call the Aging and Disability Resource Connection (ADRC) at 503.988.3646 for help.

If you need any help with the survey, please call the ADRC at the number above.

The survey will begin with some general questions about yourself. Next, the survey is divided into 7 parts: food and nutrition, health, caregiving, transportation, information and assistance, legal assistance and elder rights protection, and services for older Native Americans. The survey will end with more questions about yourself. These answers will help us better understand the experience of

who is responding and make sure our services meet the needs of everyone. Most parts of the survey have about 5 questions. The final part will be about 15 questions.

Your responses to this survey are confidential. You can choose not to answer any question by skipping it or stop at any time during the survey. For some questions, you must click on an arrow to see all the response options.

{Ask if they understand or have any questions about what you have read before asking if they agree to participate in the survey. Emphasize that the survey may take a longer time (45-60 mins) and that it is okay to take breaks if needed.}

Do you agree to take this survey? {Multiple Choice}

- Yes, I agree to take the survey
{If the participant agrees to participate, select “Yes”. Thank the participant and repeat that the information they provide on the survey and for receiving the gift card will be confidential.}
- No, I do not agree to take the survey
{If the participant does not agree to participate. Make sure they understand that this will end the survey and they will not be eligible for a gift card. If the participant still does not wish to participate in the survey, select “No” and select “Next” at the bottom of the page. This will send you to the survey disqualification page and end the survey. See disqualification page at end of this guide. Do not fill out the compensation form. Thank the participant and end the survey/call.}

{if yes: continue to question 1; if no: skip to end of survey}

Understanding the many backgrounds and experiences of people in our community helps us make sure our services meet the needs of everyone. Please answer the following questions about yourself.

1. What is your age? {Multiple Choice}

- 17 or under
- 18-49
- 50-54
- 55-59
- 60-64
- 65-74
- 75-84
- 85 or above

{if 17 or under is selected: skip to end of survey; if other responses selected: continue to question 2}

2. Are you a veteran or someone who served in the military? {Multiple Choice}

- Yes

- No

3. Are you the family member of a veteran or someone who served in the military?
{Multiple Choice}

- Yes
- No
- Don't know

4. Do you identify as having a disability? **{Multiple Choice}**

- Yes
- No
- Don't know

{if yes: continue to question 5; if no: skip to question 6}

5. Is your disability visible or invisible? (Select all that apply) **{Select all that Apply}**

- Visible
- Invisible (it may not be seen or recognized by others)
- Don't know

6. What zip code do you live in? *The zip code should be five numbers. For example: 12345
{Free Response}

Nutrition

Having the food and nutrition people need is important for their overall health and well-being. The information you share will help us improve food and nutrition services in Multnomah County.

7. We would like to know more about your experiences with the following nutrition services available in Multnomah County. Please select the boxes for each of the four statements you agree with for all the services listed below. (Select all that apply) **{Grid}**

	I know this service exists	I know how to get this service if I need it	I currently use or have used this service	I would benefit from this service now or in the next 5 years
Group meals at dining sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepared meals delivered to your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally sensitive nutrition planning and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store to Door (a volunteer grocery shopping and delivery service to your home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next two questions have to do with congregate meals. Congregate meals (group meals at dining sites) usually happen with another group activity such as a game or class.

8. Are you comfortable eating a meal in a group setting? **{Multiple Choice}**
- No, I am not comfortable
 - Yes, I am comfortable
 - Don't know
9. Would combining the meal with a group activity make you more or less likely to participate in the meal? **{Multiple Choice}**
- Less likely
 - More likely
 - No difference: Neither less nor more likely
 - Don't know
10. How often do you not have enough food to eat? **{Multiple Choice}**
- Never

- Monthly
- Weekly
- Daily
- Don't know

{if monthly/weekly/daily/don't know selected: open text below; if never selected: skip to question 11}

You selected that you do not always have enough food to eat on the previous question. Please consider contacting the Aging and Disability Resource Connection (ADRC) at 503.988.3646 or going to their website at <https://www.adrcforegon.org/consumersite/> if you would like help with food resources.

11. What else would you like us to know about food needs for you and your community?
{Free Response}

Health

Having the health and wellness activities people need is important for their overall health and well-being. The information you share will help us improve health services in Multnomah County.

12. We would like to know more about your experiences with the following health services available in Multnomah County. Please select the boxes for each of the four statements you agree with for all the services listed below. (Select all that apply) **{Grid}**

	I know this service exists	I know how to get this service if I need it	I currently use or have used this service	I would benefit from this service now or in the next 5 years
Classes for healthy aging and managing chronic conditions (Tai Chi, diabetes prevention)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation and outings (fitness classes, games, cooking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering opportunities and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calls or visits to make sure people are safe and well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Would you be more or less likely to participate in a health and wellness class if the instructor has something in common with you? (Examples: their gender, race, or cultural background) **{Multiple Choice}**

- Less likely
- More likely
- No difference; Neither less nor more likely
- Don't know

{if more likely selected: continue to question 14 & 15; if other responses selected: skip to question 16}

14. What would you like to have in common with an instructor? (Select all that apply): **{Select all that Apply}**

- Age
- Primary language
- Race/ethnicity
- Gender
- Sexual orientation
- Sex
- Ability status
- Veteran status
- Identity not listed (please describe below):_____ **{Free Response}**

15. How would the commonalities you selected make you more likely to participate in a health and wellness related class? (Select all that apply): **{Select all that Apply}**

- It would make me feel more respected
- It would make me feel more comfortable
- It would make me feel safer
- It would make me feel better listened to
- Another reason (please describe):_____ **{Free Response}**

16. What else would you like us to know about health and wellness needs for you and your community? **{Free Response}**

Caregiving

Having support is important for caregivers' overall health and well-being. The information you share will help us improve caregiver support services in Multnomah County.

17. Do you provide help or care to a family member, a friend, or someone who has a health condition or disability? This can include help with preparing meals, shopping, bathing, dressing, driving the person in your car, or helping them remember things. This person does not need to live with you. **{Multiple Choice}**

- Yes
- No

{if yes: continue to question 18 & 19; if no: skip to question 20}

18. Are you paid for the help or care you provide? **{Multiple Choice}**

- Yes
- No

19. Who do you provide help or care for? (Select all that apply) **{Select all that Apply}**

- Someone 60 years of age or older
- Someone with Alzheimer's or dementia
- A grandchild or other minor
- An adult with a disability
- Someone not listed above (please describe below): **{Free Response}**

20. How likely is it that you will provide unpaid care to a family member, a friend, or someone who has a health condition or disability in the next 5 years? **{Multiple Choice}**

- Not at all likely
- Somewhat likely
- Very likely
- Don't know

21. We would like to know more about your experiences with the following caregiving and family support services available in Multnomah County. Please select the boxes for each of the four statements you agree with for all the services listed below. (Select all that apply) **{Grid}**

	I know this service exists	I know how to get this service if I	I currently use or have used this	I would benefit from this service
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		need it	service	now or in the next 5 years
Help finding and getting services for caregivers and the person they are caring for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help paying for short breaks from caregiving or things to help caregivers provide care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and education for caregivers to reduce their stress and help them take better care of their loved ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer support groups for caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. What else would you like us to know about caregiving needs for you and your community? {Free Response}

Transportation

Having the transportation people need is important for their overall health and well-being. The information you share will help us improve transportation services in Multnomah County.

23. We would like to know more about your experiences with the following transportation services available in Multnomah County. Please select the boxes for each of the four statements you agree with for all the services listed below. (Select all that apply) {Grid}

	I know this service exists	I know how to get this service if I need it	I currently use or have used this service	I would benefit from this service now or in the next 5 years
Help finding and scheduling rides with transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free or reduced cost rides on public transportation (TriMet Max and Bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free or reduced cost rides for those with disabilities and other special transportation needs (TriMet Lift)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free group shuttle rides or private door-to-door rides (Ride Connection & Cab Rides)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Do you experience any of the following as barriers to your transportation? (Select all that apply) {Select all that Apply}

- Cost of transportation
- Cost of tickets or monthly pass
- Working with my mobility device (scooter, chair, walker)
- Lack of language assistance
- Route availability
- Bringing my personal items on transit
- Worry for physical or personal safety
- Public transportation barriers (like schedules, card or ticketing system)
- Someone to drive me
- Someone to accompany me
- Other barriers (please describe below) {Free Response}
- I do not have barriers to my transportation

{if I do not have barriers is selected: skip to question 25; if any other response is selected: open text below}

You selected that you experience barriers to transportation on the previous question. Please consider contacting the Aging and Disability Resource Connection (ADRC) at 503.988.3646 or going to their website at <https://www.adrcoforegon.org/consumersite/> if you would like help with transportation resources.

25. Would you be interested in a companion program where someone could be with you when you use transportation services? If yes, what kind of help would you like from the companion? (Select all that apply) {Select all that Apply}

- Language
- Mobility
- Navigation
- Safety
- Other: (please describe below) **{Free Response}**
- I am not interested in a transportation companion program

{if I am not interested is selected: skip to question 27; if any other response is selected: continue to question 26}

26. Would you be more or less likely to use transportation services if you had someone with you? {Multiple Choice}

- Less likely
- More likely
- No difference; Neither less nor more likely
- Don't know

27. What else would you like us to know about transportation resources or needs for you and your community? {Free Response}

Information and Referral (ADRC)

Knowing where to find information is important for getting the help you need. The experiences you share will help us improve information and referral services (ADRC) in Multnomah County.

28. We would like to know more about your experiences with the following information and referral services and community organizations available in Multnomah County. Please select the boxes for each of the four statements you agree with for all the services listed below. (Select all that apply) **{Grid}**

	I know this service exists	I know how to get this service if I need it	I currently use or have used this service	I would benefit from this service now or in the next 5 years
Someone to help me find or apply for resources and services <u>when I need them</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone who provides <u>ongoing help</u> to find, apply, and manage my resources and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Aging and Disability Resource Connection; ADRC (a call center and website to help you find resources and services for your needs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Please select the service providers you know about (Select all that apply): {Select all that Apply}	
Asian Health & Service Center	<input type="checkbox"/>
Cascade Aids Project	<input type="checkbox"/>
Ecumenical Ministries of Oregon	<input type="checkbox"/>
El Programa Hispano Catolico	<input type="checkbox"/>
Filipino Bayanihan Center	<input type="checkbox"/>
Friendly House / Elder Pride Services	<input type="checkbox"/>
The Community for Positive Aging (formerly Hollywood Senior Center)	<input type="checkbox"/>
Immigrant and Refugee Community Organization (IRCO)	<input type="checkbox"/>

Impact NW	<input type="checkbox"/>
Meals on Wheels	<input type="checkbox"/>
Native American Rehabilitation Association of the NW (NARA)	<input type="checkbox"/>
Native American Youth & Family Center (NAYA)	<input type="checkbox"/>
Somali American Council of Oregon	<input type="checkbox"/>
Stone Soup PDX	<input type="checkbox"/>
Urban League of Portland	<input type="checkbox"/>
YWCA of Greater Portland	<input type="checkbox"/>

30. Where do you get your information about services and events? (Select all that apply)

{Select all that Apply}

- Aging and Disability Resource Connection (ADRC)
- Community or Cultural Center
- Senior Center
- Church, Mosque, Temple, or other faith community
- Food pantry
- Family, friends or neighbors
- Health care provider
- Meal or food delivery program
- Nextdoor (online community)
- Social Media (Facebook)
- YouTube
- Radio
- Television
- Newspaper
- Other (please describe below): **{Free Response}**

31. What else would you like us to know about information resources or needs for you and your community? {Free Response}

Legal Assistance and Elder Rights Protection

Having the legal assistance and elder rights protection people need is important for their overall health and well-being. The information you share will help us improve legal assistance and elder rights protection services in Multnomah County.

Some of the following questions are related to elder abuse. In the state of Oregon, elder abuse can include but is not limited to physical harm, not being allowed to see friends or family, being tricked into giving someone else control of finances, having personal belongings taken away, or being unwilling to care for one's own basic needs.

32. We would like to know more about your experiences with the following legal assistance and elder rights protection services available in Multnomah County. Please select the boxes for each of the four statements you agree with for all the services listed below. (Select all that apply) {Grid}

	I know this service exists	I know how to get this service if I need it	I currently use or have used this service	I would benefit from this service now or in the next 5 years
Help with common legal issues by phone or in-person appointments such as family law, government benefits, senior issues (Legal Aid Services of Oregon; Senior Law Project)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with protecting yourself or others from abuse and neglect (Multnomah County Adult Protective Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Are you confident you can recognize elder abuse? {Multiple Choice}

- No, I am not confident
- Yes, I am confident
- Don't know

If you or someone you know has been affected by elder abuse, please contact Multnomah County Adult Protective Services at 503.988.4450 or Aging & Disability Resource Connection (ADRC) at 503.988.3646 or going to their website at <https://www.adrcoforegon.org/consumersite/> for assistance.

34. What else would you like us to know about legal assistance and elder rights protection

needs for you and your community? **{Free Response}**

Older Native Americans

Addressing specific community challenges is important for overall health and well-being. The information you share will help us improve services for older Native Americans in Multnomah County.

35. Do you identify as Native American or provide care for someone who does? {Multiple Choice}

- Yes, I identify as Native American
- Yes, I provide care for someone that identifies as Native American
- Yes, I both identify as Native American and provide care for someone that identifies as Native American
- No, neither applies
- Don't know

{if no is selected: skip to question 39; if any other response is selected: continue to questions 36, 37, & 38}

36. We would like to know more about your experiences with the following service providers available in Multnomah County. Please select the boxes for each of the four statements you agree with for all the services listed below. (Select all that apply) {Grid}

	I know this service provider exists	I know how to get services from this provider if I need them	I currently use or have used this service provider	I would benefit from services from this provider now or in the next 5 years
Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American Rehabilitation Association of the NW (NARA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American Youth & Family Center (NAYA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Do you feel the Indian Health Service is well connected with other services and programs available to you? {Multiple Choice}

- Yes

- No
- Don't know

38. What else would you like us to know about you and your community's experiences with Native American service providers? {Free Response}

Demographics and Identity

Understanding the many backgrounds and experiences of people in our community is important for providing inclusive and culturally competent services. The questions below help us make sure our services work for everyone. You are not required to answer every question. Please only respond to the questions you feel comfortable answering.

Your answers to these questions will only be used in aggregate form. This means answers are grouped together and individual responses will not be shared. We aggregate data to protect your privacy and make sure that this information is used respectfully. By looking at grouped responses, we can find patterns that may exist across different populations. This information will help inform how we provide equitable services within our county.

39. Do you identify as an immigrant or refugee? {Multiple Choice}

- Yes
- No
- Don't know

40. Do you identify as being homebound (unable to leave your home)? {Multiple Choice}

- Yes
- No
- Don't know

41. Are you currently experiencing homelessness or unhoused? {Multiple Choice}

- Yes
- No
- Don't know

{if no or don't know is selected: skip to question 42; if any other response is selected: open text below}

You selected that you are experiencing houselessness or homelessness on the previous question. Please consider contacting the Aging and Disability Resource Connection (ADRC) at 503.988.3646 or going to their website at <https://www.adrcforegon.org/consumersite/> if you would like help with housing resources.

42. Including yourself, how many people live in your home? {Multiple Choice}

- 1
- 2
- 3
- 4

- 5 or more
- Don't know

{if 1 in household is selected: continue to question 43 then skip to question 48; if don't know is selected: skip to question 48}

43. What is your household annual income? {Multiple Choice}

- \$15,060 or less
- \$15,061-\$37,650
- \$37,651-\$60,240
- \$60,241 or above
- Don't know

{if 2 in household is selected: continue to question 44 then skip to question 48}

44. What is your household annual income? {Multiple Choice}

- \$20,440 or less
- \$20,441-\$51,100
- \$51,101-\$81,760
- \$81,761 or above
- Don't know

{if 3 in household is selected: continue to question 45 then skip to question 48}

45. What is your household annual income? {Multiple Choice}

- \$25,820 or less
- \$25,821-\$64,550
- \$64,550-\$103,280
- \$103,281 or above
- Don't know

{if 4 in household is selected: continue to question 46 then skip to question 48}

46. {If 4} What is your household annual income? {Multiple Choice}

- \$31,200 or less
- \$31,201-\$78,000
- \$78,001-\$124,800
- \$124,801 or above
- Don't know

{if 5+ in household is selected: continue to question 47}

47. {If 5+} What is your household annual income? {Multiple Choice}

- \$36,580 or less
- \$36,581-\$91,450
- \$91,451-\$146,320
- \$146,321 or above
- Don't know

48. Please select the term below that you most closely identify with. **{Multiple Choice}**

- Elder
- Older adult
- Senior
- Senior citizen
- Honored citizen
- Honored community member
- Other (please describe below)
- None of these

49. Which of the following categories best describes your racial or ethnic identity?

(Select all that apply) **{Select all that Apply}**

- Asian
- Black and African American
- Hispanic and Latino/a/e/x
- Native American and Alaska Native
- Native Hawaiian and Pacific Islander
- Middle Eastern/North African
- White
- Prefer to self-describe (please describe below)_____

50. What is your primary language? **{Multiple Choice}**

- English
- Español {Spanish}
- 繁體中文 {Chinese Traditional}
- 简体中文 {Chinese Simplified}
- 한국어 {Korean}
- Tiếng Việt {Vietnamese}
- العربية {Arabic}
- Россия {Russian}
- Soomaali {Somali}
- Oromoo {Oromo}
- नेपाली {Nepali}
- ဗမာ {Burmese}
- ቋንቋ {Ahmaric}
- فارسی {Farsi}
- {Tagalog}

- {Romanian}
- {Thai}
- {Lao}
- українська {Ukrainian}
- American Sign Language (ASL)
- Other (please describe below)

51. What is your gender? (Select all that apply) {Select all that Apply}

- Woman
- Man
- Non-binary
- Agender/No gender
- Genderfluid
- Genderqueer
- Two Spirit
- Questioning/Exploring
- Not listed, my gender is (please describe below): _____
- I have a gender identity not listed here that is specific to my ethnicity (please describe below): _____
- Don't know what this question is asking

52. Do you identify as transgender? {Multiple Choice}

- Yes
- No
- Questioning/Exploring
- Don't know
- Don't know what this question is asking

53. What is your sex? {Multiple Choice}

- Female
- Male
- Intersex
- Don't know
- Not listed, my sex is (please describe below): _____

54. What is your sexual orientation? {Multiple Choice}

- Lesbian
- Gay
- Bisexual
- Straight or heterosexual
- Asexual spectrum
- Queer
- Pansexual

- Questioning/Exploring
- Not listed, my sexual orientation is (please describe below): _____
- Don't know what this question is asking

55. It is important that people feel their identities, including a person's primary language, race/ethnicity, gender, sexual orientation, sex, ability status, and veteran status are respected. We would like to know more about how your identities influence your experience with the services you receive. {Grid}	Disagree	Agree	Don't know
My identity is respected by those who provide services to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My identity limits the availability of services to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My identity negatively impacts the quality of services I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My identity prevents service providers from listening to my needs, concerns, or requests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important to me to receive services from those who share parts of my identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

{if disagree to my identity is respected by those who provide services to me is selected: continue to question 56; if agree or don't know is selected: skip to question 57}

56. In a previous question, you disagreed that your identity is respected by those who provide services to you. Please tell us which identity or identities you are referring to. (Select all that apply) **{Select all that Apply}**

- Age
- Primary language
- Race/ethnicity
- Gender
- Sexual orientation
- Sex
- Ability status
- Veteran Status
- Identity not listed (please describe below):

{if agree to my identity limits the availability of services to me is selected: continue to question 57; if disagree or don't know is selected: skip to question 58}

57. In a previous question, you agreed that your identity limits the availability of services that you receive. Please tell us which identity or identities you are referring to. (Select all that apply) **{Select all that Apply}**

- Age

- Primary language
- Race/ethnicity
- Gender
- Sexual orientation
- Ability status
- Veteran status
- Identity not listed (please describe below):_____ **{Free Response}**

{if agree to my identity negatively impacts the quality of services I receive is selected: continue to question 58; if disagree or don't know is selected: skip to question 59}

58. In a previous question, you agreed that your identity negatively impacts the quality of services that you receive. Please tell us which identity or identities you are referring to. (Select all that apply) **{Select all that Apply}**

- Age
- Primary language
- Race/ethnicity
- Gender
- Sexual orientation
- Ability status
- Veteran status
- Identity not listed (please describe below):_____ **{Free Response}**

{if agree to my identity prevents service providers from listening to my needs, concerns, or requests is selected: continue to question 59; if disagree or don't know is selected: skip to question 60}

59. In a previous question, you agreed that your identity prevents service providers from listening to your needs, concerns, or requests. Please tell us which identity or identities you are referring to. (Select all that apply) **{Select all that Apply}**

- Age
- Primary language
- Race/ethnicity
- Gender
- Sexual orientation
- Ability status
- Veteran status
- Identity not listed (please describe below):_____ **{Free Response}**

{if agree to it is important to me to receive services from those who share parts of my identity is selected: continue to question 60; if disagree or don't know is selected: skip to question 61}

60. In a previous question, you agreed that it is important that you receive services from those who share parts of your identity. Please tell us which identity or identities you are referring to. (Select all that apply) **{Select all that Apply}**

- Age
- Primary language
- Race/ethnicity
- Gender
- Sexual orientation
- Ability status
- Veteran status
- Identity not listed (please describe below): **{Free Response}**

61. Is there anything else you would like us to know about how your personal identity makes a difference in how you seek or receive services? **{Free Response}**

62. Do you have any ideas on how to improve services for people who might have greater needs or more difficulty getting services due to their race/ethnicity, ability status, age, gender, sexual orientation, and other identities? **{Free Response}**

63. This is the last question of the survey. Is there anything else you would like us to know? **{Free Response}**

End of Survey

{If they completed the survey, make sure they complete the compensation form online or on paper if the survey was also done on paper.} Thank you for taking our survey! To show our appreciation, **we will gather some information for you to receive your gift card:**

{If they did not complete the survey.} Thank you for considering our survey! Since you did not agree to participate or are underage and did not complete the survey, you can exit now.

Multnomah County Community Needs Assessment: Compensation Form

Did you complete all or most of the questions in the Multnomah County Community Needs Assessment Survey? {Multiple Choice}

- Yes
- No

Information

To thank you for your time and contribution we would like to offer you a \$20 gift card. To get your thank you gift card, please fill out the form below. Your personal information will remain confidential and only be used to receive your gift card. The information will not be connected to your responses in the Community Needs Assessment Survey. You can choose to have your gift card mailed to you or pick it up in person.

Gift cards are intended for people who are residents of Multnomah County or receive services in Multnomah County, and people age 50+ (older adults or elders as defined by their community), people age 18+ with disabilities, veterans, and caregivers. You must have a Multnomah County address to receive compensation. Please make sure to click "Done" when you are finished completing this form. You can choose between three gift cards: Fred Meyer, Safeway/Albertsons, and Target. Only physical gift cards will be awarded (no online or virtual cards).

If you prefer to receive your gift card by mail, you should receive it within four weeks of completing the survey. We are unable to track or replace gift cards. Only one gift card per person is allowed and no more than two gift cards can be given per household (exceptions for registered care settings).

If you prefer to pick up your gift card in person, you will be able to choose from multiple dates, locations, and times listed below. You can pick up your gift card from 10am to 12pm and 1pm to 3pm on the following dates and locations.

- Date: Tuesday, November 5th
Location: ADVSD Central Office; 209 SW 4th Ave., Portland, OR 97204
- Date: Wednesday, November 6th
Location: ADVSD Mid-County Office; 11982 NE Glisan Street, Portland, OR 97220
- Date: Thursday, November 7th
Location: ADVSD Southeast Offices; 4610 SE Belmont St, 2nd Floor, Portland, OR 97215
- Date: Tuesday, November 12th
Location: ADVSD East Area Office; 600 NE 8th St, Rm 100, Gresham, OR 97030
- Date: Wednesday, November 13th
Location: ADVSD North/Northeast Office; 5325 NE Martin Luther King Blvd, Portland, OR 97211

If you have any questions about the gift cards, please call the Aging and Disability Resource Connection (ADRC) at 503.988.3646 for help.

Name **{Free Response}**

Street Address **{Free Response}**

City **{Free Response}**

Zip Code **{Free Response}**

Email **{Free Response}**

Phone number (optional, but recommended) **{Free Response}**

What type of gift card would you like? **{Multiple Choice}**

- Fred Meyer
- Safeway/Albertsons
- Target

Would you like to pick up your gift card in person or have it mailed to your address? **{Multiple Choice}**

- I would like it mailed to my address
- I would like to pick it up in person

Confirmation Emails for Gift Cards

{You can let people know they should receive one of these emails to confirm how they would like to receive their gift cards}

Pick Up

[Subject] Survey and Gift Card Confirmation

[Text] Thank you for completing the survey! You chose to pick up your gift card in person. The information you provided in this form will be used to confirm your identity when you pick up the card. You can pick up your gift card from 10am to 12pm and 1pm to 3pm on any of the following dates and locations:

- Date: Tuesday, November 5th
Location: ADVSD Central Office; 209 SW 4th Ave., Portland, OR 97204
- Date: Wednesday, November 6th
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- Date: Wednesday, November 13th
Location: ADVSD North/Northeast Office; 5325 NE Martin Luther King Blvd, Portland, OR 97211

If you do not pick up your gift card, we will attempt to mail it to you with the information you provided in the form. If you have any questions about the gift cards, please call the Aging and Disability Resource Connection (ADRC) at 503.988.3646 for help.

Mail

[Subject] Survey and Gift Card Confirmation

[Text] Thank you for completing the survey! You chose to receive your gift card by mail at the address you provided. You should receive it within four weeks of completing the survey. We are unable to track or replace gift cards. If you have any questions about the gift cards, please call the Aging and Disability Resource Connection (ADRC) at 503.988.3646 for help.