



Saskatchewan Seniors Impact Survey

The Saskatchewan Seniors Mechanism (SSM), Alzheimer Society of Saskatchewan, and the Saskatchewan Red Cross are partners in a collaborative project to reduce social isolation of older adults in south and central Saskatchewan. To assess the impact of our combined efforts, the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) at the University of Regina is conducting an evaluation of the project.

If you are 55 years of age or older, we are asking for your help in assessing the level of isolation experienced by older adults. This short survey contains a few background questions about you, and four statements that you will be asked to rank according to your experience.

All responses will be kept confidential.

1. Please indicate your age:

- 54 years and under 55 to 59 years 60 to 64 years 65 to 69 years
- 70 to 74 years 75 to 79 years 80 to 84 years 85 years and older
- Prefer not to answer

2. Please indicate your gender: Male Female Other

3. What community do you live in?

4. Do you live alone? Yes No **If no**, how many others live with you?

What is their relationship to you?

5. Are you a care partner? Yes No Prefer not to answer

If yes: What is their relationship to you?

How long have you been a care partner?

Care partner means a family member or friend (unpaid) who provides full-time or part-time care, or has primary or shared responsibility for coordinating and overseeing the care of another person.



Please turn over...

For the questions below, please check one:

	None of the Time	Little of the Time	Some of the Time	Most of the Time	All of the Time
6. Do you feel you have support and help when you need it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you feel connected to family and friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you feel valued by your family, friends and acquaintances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Rarely	One or two times a month	3 or more times a month	One or two times a week	Three or more times a week
9. How often do you participate in activities outside your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Do you experience barriers when trying to participate in community activities or socialize outside your home?

Yes No Sometimes

If so, what are the barriers?

11. What are some things your community could do to assist you or others to participate in community activities or socialize outside your home?

12. Is there anything you would like to add?