

**LGBT Needs Assessment Survey**  
**City of Los Angeles Department of Aging**  
**2016-2020 Area Plan**

1. Do you identify as LGBT (Lesbian-Gay-Bisexual-Transgender)
  - a. Lesbian
  - b. Gay
  - c. Bisexual
  - d. Transgender
  - e. Other: \_\_\_\_\_
  - f. Heterosexual (End interview. This survey is for members of the LGBT community)
  
2. What is your age
  - a. Under 50 (This ends our interview. This survey is for the older adult community)
  - b. 50 – 54
  - c. 55 – 59
  - d. 60 – 64
  - e. 65 – 69
  - f. 70 – 74
  - g. 75 and over
  
3. What is your gender?
  - a. Male
  - b. Female
  - c. Transgender
  
4. What is your racial/ethnic background?
  - a. Alaska Native/Native American
  - b. Asian: Chinese
  - c. Asian: Japanese
  - d. Asian: Korean
  - e. Asian: Vietnamese
  - f. Asian: Other
  - g. Black/African American
  - h. Hispanic/Latino: Mexican/Mexican American
  - i. Hispanic/Latino: Cuban
  - j. Hispanic/Latino: Puerto Rican
  - k. Hispanic/Latino: Central American
  - l. Hispanic/Latino: Other
  - m. Native Hawaiian/Pacific Islander
  - n. White
  - o. Multi-racial
  - p. Other

5. What is your living situation?
  - a. Live alone
  - b. Live with spouse/partner
  - c. Live with son/daughter
  - d. Live with other family/relatives
  - e. Live with non-relatives
  - f. Other
6. Do you usually have enough money to pay for your regular expenses?
  - a. Yes
  - b. No
7. During the past year, have you faced social discrimination due to ageism, homophobia or heterosexism?
  - a. Yes
  - b. No
8. During the past year, have you faced antigay or gender discrimination by social services providers (agencies offering food stamps, meals, in-home support)?
  - a. Yes
  - b. No
9. If yes to question 8, did it impede your access to services?
  - a. Yes
  - b. No
10. Have you faced antigay or gender discrimination related to senior housing?
  - a. Yes
  - b. No
11. Do you feel socially accepted in community or senior centers that are not identified as “Gay Friendly” or “LGBT Friendly”
  - a. Yes
  - b. No
12. Would you feel more comfortable using services if the service provider was identified as “Gay Friendly” or “LGBT Friendly”?
  - a. Yes
  - b. No

13. Please check all the items that concern you:

<b>Concern</b>	<b>Now</b>	<b>In the Next 4 years</b>	<b>Not at all / Does not apply</b>
a. Planning for my future care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A serious fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Loneliness/Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finding services/benefits to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Having enough food to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Getting medical care that I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Understanding my health care options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Paying for medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Paying doctor/hospital bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Getting legal help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Ability to continue driving safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Being taken advantage of or abused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Getting transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Paying energy/utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Paying for housing/ finding affordable & safe housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Dealing with Alzheimer's or other dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Staying socially active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Caring for spouse/partner/adult relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Finding a reliable person to do in home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>u. Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>v. Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How would you rate the City of Los Angeles in providing the following to its LGBT residents:

	Excellent	Very Good	Good	Fair	Poor
a. Affordable LGBT affirming elder housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Culturally Competent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. LBGT Senior Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Personal Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. During the past year, have you received any social services such as Congregate Meals, Home Delivered Meals, Transportation or Case Management from a senior or adult community center in the City of Los Angeles?

- a. Yes (go to question 16)
- b. No (This concludes the interview)

16. If yes to question 15, how would you rate the services you received?

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor

17. If yes to question 15, were you helped by the services you received?

- a. Yes (go to question 18)
- b. No (This concludes the Interview)

18. How were you helped by the services provided?

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Conclude Interview

Office Use Only

Survey Interviewer	
Date	
Location	