

## Yukon Seniors' Supportive Living Facility Survey

The goal of this survey is to gather data about the needs of Yukon seniors about their quality of life and future housing requirements. **If you have a spouse or partner, please have them complete their own copy of this survey.**

This survey asks for information that some individuals may feel uncomfortable sharing. Please be assured that we will treat all responses as confidential. With a few exceptions that will help us to ensure the integrity of the survey responses, if you are uncomfortable answering the questions in this survey, you may leave the answer field(s) blank.

This survey takes roughly 25 minutes to complete. Your response will be used to help assess the demand for and affordability of a supportive living facility for seniors in the Yukon.

Please return your completed survey to Elder Active or the Golden Age Society in the Sport Yukon building at 4061 4 Ave. in Whitehorse.

### Please, tell us a little bit about yourself.

#### 1. What is your age?

- 54 or younger
- 55 to 59
- 60 to 63
- 64 to 66
- 67 to 70
- 71 to 73
- 74 to 76
- 77 to 79
- 80 to 82
- 83 to 85
- 86 to 88
- 89 to 91
- 92+

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### 2. I live...

*(Choose the option that best describes your current living situation)*

- ... in a condo or mobile home that I own
- ... in a condo/apartment that I rent
- ... in a house that I own
- ... in a house that I rent
- ... in a facility for seniors
- ... in a long-term care facility
- ... with family in their home
- ... with a friend/friends in their home
- Other: \_\_\_\_\_

In addition to our survey for seniors, we have a survey for family members. To make sure we don't double-count certain data, we need to use an anonymous identifier.

### 3. Please enter the first letter of your first name. (If you have a spouse or partner that shares the same letter, please use the last letter of your first name.)

\_\_\_\_\_

### 4. Please enter the last four digits of your primary telephone number.

\_\_\_\_\_

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### Quality of Life

#### 5. How important are the following to you?

	<i>Very un- important</i>	<i>Un- important</i>	<i>Important</i>	<i>Very Important</i>	<i>N/A Does not apply</i>
Intellectual stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to physical recreation activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to healthcare and emergency services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companionship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking in comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility (the ability to get around the house)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility (the ability to get around town)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy and satisfying meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A well-maintained home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A clean home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-hour emergency on-call service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A smoke-free environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room for crafts and hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**6. How accurately do the following statements describe your CURRENT living situation?**

	<i>Not accurate at all</i>	<i>Not very accurate</i>	<i>A little accurate</i>	<i>Very accurate</i>	<i>N/A Does not apply</i>
I am able to be involved in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have privacy when I want it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my own decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My pets live with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I smoke when and where I want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have difficulty making ends meet, financially.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am bored where I live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe where I live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to move around my home with ease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to go places outside of my home with ease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat healthy, delicious meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have no problems keeping my home clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel independent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have no problems maintaining my home and yard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am lonely where I live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have good access to healthcare and emergency services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have good access to physical recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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activities.					
I feel intellectually stimulated.	<input type="checkbox"/>				
I am able to meet most of my needs.	<input type="checkbox"/>				
I have someone to call if there is a health emergency.	<input type="checkbox"/>				

**Supportive Living**

The Vimy Heritage Housing Society, a not-for-profit society consisting of representatives from several Yukon seniors organizations, has been actively working toward developing a supportive living facility for Yukon seniors.

Supportive living is a combination of private rental housing and shared services intended as a cost-effective way to help people live as independently as possible while respecting their changing needs. Each tenant has their own apartment, while meals are served in a restaurant-style environment. The facility design gives tenants the option of socializing with the other tenants in the common areas, or in their private quarters. Just like any other apartment complex, the tenants come and go as they please.

Supportive living is not long-term care and on-site nursing care is not provided.

7. The proposed supportive living facility will offer three types of private rental suites. The suites would each have a living room-type space with a private washroom(s) and adjoining bedroom(s). **Which of the following would best meet your needs?**
- 600 ft<sup>2</sup> one-bedroom suite
  - 650 ft<sup>2</sup> one-bedroom suite with a den
  - 840 ft<sup>2</sup> two-bedroom with two-bathroom suite
  - None of the above
  - Other: \_\_\_\_\_

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### 8. Meals

The proposed supportive living facility will provide lunch and supper every day. Meals are prepared by qualified chefs, in accordance with nutritional standards. Dietary needs and restrictions will be accommodated. The meals are served in a "restaurant-style" environment. The menus contain two or more main course options, based on input from the facility's tenants. Based on this description, how would access to this service affect your quality of life?

- It would make it better.
- It would be about the same.
- It would make it worse.
- Not applicable.

### 9. Room Cleaning

The proposed supportive living facility will provide once-weekly light housekeeping, including a bed linen and towel laundry service. Based on this description, how would access to this service affect your quality of life?

- It would make it better.
- It would be about the same.
- It would make it worse.
- Not applicable.

### 10. Community and Activities

The proposed supportive living facility will contain a large multi-purpose room that can be used for crafts, hobbies, and other activities. Group social/recreational activities are directed and coordinated by the building's tenants. Based on this description, how would access to this service affect your quality of life?

- It would make it better.
- It would be about the same.
- It would make it worse.
- Not applicable.

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### 11.Safety and Security

The proposed supportive living facility will have a 24-hour emergency response system. Based on this description, how would access to this service affect your quality of life?

- It would make it better.
- It would be about the same.
- It would make it worse.
- Not applicable.

### 12.Accessibility/Mobility

The suites and common areas in the proposed supportive living facility will be designed around the mobility needs of seniors, including those using mobility aids. Based on this description, how would access to this service affect your quality of life?

- It would make it better.
- It would be about the same.
- It would make it worse.
- Not applicable.

### 13.Maintenance

Maintenance of the building and grounds are managed by the facility, although tenants are welcome to have and manage their own gardens (subject to the final facility design). Based on this description, how would access to this service affect your quality of life?

- It would make it better.
- It would be about the same.
- It would make it worse.
- Not applicable.

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### 14. Bundled Services

The cost of rent, utilities, room cleaning, and meal services will be bundled into one monthly payment. How will the simplification of your monthly living expenses affect your quality of life?

- It would make it better.
- It would be about the same.
- It would make it worse.
- Not applicable.

### 15. Based on the description of services provided above, would you be interested in living in a Seniors Supportive Living Facility? *(Select the answer that best applies.)*

- Yes, I would be interested in moving into one now. *(Please go to question 18.)*
- Yes, I'm interested, but I don't need this service now. *(Please go to question 16.)*
- No, I'm not interested. *(Please go to question 17.)*

### 16. WHEN do you think you would want to move into a Seniors Supportive Living Facility? *(Enter the appropriate number of years.)*

\_\_\_\_\_ years from now.

### 17. If you answered "No" to Question 15, why are you not interested in living in a Seniors Supportive Living Facility?

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**Financial Wellbeing**

Please be advised that this information is treated as CONFIDENTIAL and will not be shared with third-parties, the project proponents, or used for any purpose other than to be aggregated with other responses to assess the affordability of a Supportive Living Facility for seniors.

All responses are optional.

**18. What is your PERSONAL MONTHLY INCOME from all sources after taxes?**

- Below \$2,000/month
- \$2,001 to \$2,500/month
- \$2,501 to \$3,000/month
- \$3,001 to \$3,500/month
- \$3,501 to \$4,000/month
- \$4,001 to \$4,500/month
- \$4,501 to \$5,000/month
- \$5,001 to \$5,500/month
- \$5,501 to \$6,000/month
- Above \$6,000/month

**19. What is the estimated value (if any) of...**

...your personal savings and investments?	\$
...any homes/land/property you own (other than property used for business purposes)?	\$
...all vehicles owned in your name?	\$
...business investments?	\$
...all other significant assets that you plan to sell (furnishings, artwork, jewelry, instruments, tools and equipment, electronics, etc.)?	\$

**Total Assets** \$ \_\_\_\_\_

**20. How much do you owe, personally? (Mortgages, loans, personal loans, etc.)**

\$ \_\_\_\_\_

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**21. For how many years do you plan to live off of your pensions, CPP and OAS, and assets and savings?**

- Fewer than 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- 21 to 25 years
- 26 years or more
- I don't plan to live off of my savings

**22. Do you split your housing expenses with someone else?**

- Yes (Please enter only the % of the total that *you* pay toward your housing expenses in the next question)
- No (Please proceed to the next question)

**23. On average, how much do *you* spend each MONTH on...**

**If you share these expenses with someone else, please**

...food?	\$
...mortgage or rent (including condo or pad fees, if applicable)?	\$
...home heating?	\$
...electricity?	\$
...water, sewer, and garbage?	\$
...home cleaning?	\$
...home and yard maintenance?	\$
...home insurance?	\$
...in-home care/support (not including cleaning or maintenance)?	\$
...property taxes?	\$
<b>Monthly Total</b>	<b>\$</b>

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**Suite and Service Pricing**

**24. When considering your current monthly living expenses against the monthly rent of the supportive living facility, which unit(s) would you be interested in (if any)?**

The proposed suite pricing combines the cost of rent, building maintenance, security services, weekly light housekeeping, linen and towel service, and lunch and supper every day. PLEASE

	<i>Interested</i>	<i>Not Interested</i>
<b>a) For one person per unit</b>		
One-bedroom suite (\$2,450/month)	<input type="checkbox"/>	<input type="checkbox"/>
One-bedroom suite with a den (\$2,650/month)	<input type="checkbox"/>	<input type="checkbox"/>
Two-bedroom with two-bathroom suite (\$2,800/month)	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Interested</i>	<i>Not Interested</i>
<b>b) For two people per unit</b>		
One-bedroom suite (\$3,450/month or \$1,725 each)	<input type="checkbox"/>	<input type="checkbox"/>
One-bedroom suite with a den (\$3,650/month or \$1,825 each)	<input type="checkbox"/>	<input type="checkbox"/>
Two-bedroom with two-bathroom suite (\$3,800/month or \$1,900 each)	<input type="checkbox"/>	<input type="checkbox"/>

**25. Do you have any comments with respect to suite pricing?**

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Other Services for Seniors

26. Do you use any of the following services?

- HomeCare Program
  - Meals on Wheels
  - Seniors' Home and Yard Maintenance Program
- Yes (Please go to question 27.)
- No (Please go to question 28.)

27. How much did the use of these programs affect your interest in a supportive living facility?

<i>Greatly decreased my interest</i>	<i>Somewhat decreased my interest</i>	<i>Neither increased or decreased my interest</i>	<i>Somewhat increased my interest</i>	<i>Greatly increased my interest</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional thoughts...

28. Is there anything you'd like to share with respect to the development of a supportive living facility that this survey may not have addressed?

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**Getting in touch.**

**29. Would you like the Vimy Heritage Housing Society to be in touch?**

*(Check all that apply.)*

- Yes, I would like to reserve a suite.
- Yes, I would like to be kept up-to-date about the development of the supportive living facility.
- No, thanks.
- Other: \_\_\_\_\_

*For confidentiality reasons, you may separate this page from your survey and submit it separately if you prefer.*

**If you would like the Vimy Heritage Housing Society to be in touch, please include your contact information.**

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Thank you.**

Thank you for taking the time to help us with this survey. If you have any questions regarding the Vimy Heritage Housing Society project, please contact:

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