Additional file 1. Survey Instrument

Thank you for completing this anonymous survey. Your participation is completely voluntary. You may skip any questions you do not want to answer.

DRIVING The following questions are about your thoughts and preparation

surrounding **driving** decisions.

	Not	at all			Very
How confident are you in your transportation options (besides driving yourself)?	1	2	3	4	5
How open are you to:					
Discussing with your family how you will decide when to stop driving?	1	2	3	4	5
Having a family member decide when you should stop driving?	1	2	3	4	5
Having a physician decide when you should stop driving?	1	2	3	4	5

Has a family member or friend talked with you about your driving (about safety concerns or future plans to stop driving)?

Where have you learned about driving safety for older adults? (Check all that apply)

- □ Family
- □ Friends
- \Box Physician or other healthcare provider
- □ Medical insurance providers
- □ Automobile insurance providers

- □ AARP
- □ Personal experience
- □ Seminars
- □ Other: ____
- □ I haven't learned about it

ADVANCE CARE PLANNING

The following questions are about your thoughts and preparation surrounding the kinds of **medical care** you want at the end of life.

	Not at all				
How confident are you about:					
What it means to have an "advance directive", also known as a "living will"?	1	2	3	4	5
The process of appointing a medical decision maker, like a durable medical power of attorney?	1	2	3	4	5
How open are you to:					
Discussing your options for future medical care with your family, friends, or physician?	1	2	3	4	5
Establishing an "advance medical directive" or "living will"?	1	2	3	4	5
Have you already discussed your values and preference care with your family, friends, or physician?	ces for fu	iture medi	^{cal} □	l Yes	□ No
Have you already written a formal "advance medical known as a "living will"?	directive	", also		l Yes	□ No
Who has provided the majority of your advance care p (Check all that apply)	olanning	advice so	far?		
 Family Friends Physician or other healthcare provider 		□ Semin □ Person □ Other:	al exper		

□ Attorney/Lawyer

FINANCES

The following questions are about your thoughts and preparation surrounding future **financial** decisions.

	Not at a	ıll			Very
How confident are you about:					
Your financial options in the future?	1	2	3	4	5
Your current financial situation?	1	2	3	4	5
How open are you to:					
Discussing your current financial situation with someone?	1	2	3	4	5
Establishing a financial plan with someone?	1	2	3	4	5

Have you already talked about your finances with your family or friends? \Box Yes \Box No

Who has provided the majority of your financial advice so far? (Check all that apply)

- □ Family
- □ Friends
- □ Physician or other healthcare provider
- □ Financial advisor

□ Attorney/Lawyer	
□ Seminars	
□ Personal experience	

Other:

HOUSING

The following questions are about your thoughts and preparation surrounding **housing** decisions.

How many years have you been living at Windsor Gardens?

Who helped you	decide to move to	Windsor Gardens?
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	Not Involved			Very Invo	olved
Family members	1	2	3	4	5
Friends	1	2	3	4	5
Physician/healthcare provider	1	2	3	4	5
Other:	1	2	3	4	5

How much did these **factors** influence your decision to move to Windsor Gardens?

	No Influence			trong Influen	ce
	•				
Financial concerns	1	2	3	4	5
Health concerns	1	2	3	4	5
Convenience	1	2	3	4	5
Desire for community environment	1	2	3	4	5
Other:	1	2	3	4	5

ROLE OF THE PHYSICIAN

The following questions are about what you think about the role of your physician (or other primary care provider, like a nurse practitioner or physician assistant).

In the **past**, how involved has your physician been in helping you make decisions about these topics?

	Not Involved			Very Involved		
Driving	1	2	3	4	5	
Advance Care Planning	1	2	3	4	5	
Finances	1	2	3	4	5	
Housing	1	2	3	4	5	

In the **future**, how involved would you like your physician to be in helping you make decisions about these topics?

	Not Involved			Very Invo	lved
Driving	1	2	3	4	5
Advance Care Planning	1	2	3	4	5
Finances	1	2	3	4	5
Housing	1	2	3	4	5

When did you last visit your physician or other primary care provider?

 \Box Within the past month

 \Box 6 to 12 months ago

 \Box 1 to 6 months ago

□ Over 12 months ago

PERSONAL INFORMATION

Age:_____ years

Gender \Box Male \Box Female

Race (Check all that apply)

□ White

 \Box African American

□ Asian

□ American Indian/Alaskan Native

□ Pacific Islander

Unknown

□ Other:_____

Ethnicity

- □ Hispanic
- □ Non-Hispanic

Current employment

- □ Full-time employment
- \square Part-time employment
- □ Volunteer work (unpaid)
- □ Retired: ______ years ago

Marital Status

- MarriedNot married, living with a partnerSeparated or divorced
- □ Widowed
- □ Never married, single

Highest degree/level of education

- \Box Less than high school
- □ High school diploma or GED
- □ Bachelor's degree
- □ Master's degree
- Doctoral degree (MD, JD, PhD)

Thank you for your participation, time and feedback! Please feel free to leave any comments below.