

City of South Portland

Senior Ad Hoc Committee



We honor the people who made South Portland great. We would like to have your feedback in order to support our senior residents today and in the years to come in the City of South Portland. We ask that you take ## Minutes to provide your responses 1 time either on paper **or online ??? (LINK)**. We greatly appreciate your time.

Voting District:

Provide Map in Cover Letter/List
Polling Places in Survey

Birth Year:

Year

Gender:

Answer

Primary Language:

Answer

Date:

November xx, 2017

1. Are you able to enter the businesses/buildings you need to in South Portland?

- Yes No

2. Are you able to use outdoor spaces in South Portland?

- Yes No

3. Do you experience any of the following in South Portland? (Check all that apply)

- Inaccessible or inconvenient transportation Poorly-maintained sidewalks Limited or poorly maintained parking lots or parking spaces Poorly-lit streets, sidewalks, or and intersections

4. How to you get South Portland community information? (Select Primary Source)

- Newspapers Radio Television Flyers/Posters

- Newsletter/Mail Church Bulletin/Newsletter Word of Mouth Internet

Facebook Not Interested Other (Please specify) _____

5. If you get sick, do you have someone to check on you?

Yes No

6. Do you need help with personal care (meals, bathing, dressing, toileting)?

Yes No

7. Do you have someone to help with personal care (meals, bathing, dressing, toileting), if needed?

Yes No

8. Are you able to pay for necessary and basic monthly expenses (food, housing, utilities)?

Yes No

9. In the last month, have you gone to bed hungry due to lack of food?

Yes No

10. Do you feel safe:

At Home In the Community

11. Do you feel respected and treated well in your home and community?

Yes No

12. What type of volunteer activities interest you?

TEXT BOX N/A

13. What programs or community activities would you be interested in?

WRITE IN TEXT BOX

14. Please indicate your current housing from the list below (Select One).

-
- Single Family Home Condominium Apartment Senior Housing

-
- Assisted Living Other

15. Do you need help with any of the following home repair or maintenance services?
(Check all that apply)

-
- Snow removal, sidewalks, driveways, roof Heat/Cooling Ramps, grab bars, non-slip materials in bath/shower Carpentry/Painting

-
- Plumbing/Electrical Other (TEXT BOX)

16. Do you need help with home repair:

-
- Labor Costs [] N/A

17. If you would like to socialize more, what prevents you? (Check all that apply)

-
- Mobility Issues Health Issues No one to go with Find out about events too late
 Not much to do Events/schedule not convenient Too costly Lack of transportation

-
- Other

18. What is your primary mode of transportation?

-
- My vehicle Friends/Family South Portland Bus Independent Trans Network (ITT)
 Taxi/Private Volunteers N/A

19. Do you have difficulty leaving your home to go places?

-
- Yes (If Yes, Why
TEXT BOX) No

19. What would help you to get around South Portland to use public services or shopping (Check all that apply)?

-
- Sidewalks/Parking Areas cleared of ice and snow Better maintained streets More designated parking More street parking and lights
- Doors that are easier to open. Wheelchair ramps Handrails Seating with Arms

Other

20. Is there anything else we should know?

TEXT BOX