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

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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 do you get South Portland community information? (Select Primary Source)
   - Newspapers
   - Radio
   - Television
   - Flyers/Posters
   - Newsletter/Mail
   - Church Bulletin/Newsletter
   - Word of Mouth
   - Internet
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
- Other
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