

[Will separate sections by domains]

1. Where do you live in South Portland?

- Willard Beach Area
- Ferry Village
- Streets off and around Ocean Street from Broadway to Cape Elizabeth
- Knightville-Millcreek, Streets from Antoine to Ocean between Broadway and Highland
- Streets and areas along Broadway to Western Avenue (Pleasantdale, Ligonias, Cash Corner)
- Area and streets off Highland Avenue (includes Stanwood Park)
- Western City, including Redbank and Brick Hill
- Streets and Areas off Route One (Thorton Heights, Sunset Park)

2. In what year were you born?

3. In what language do you speak most often?

4. What is your gender?

- Female
- Male

5. With whom do you live?

- Spouse or Partner
- Family Member
- Friend
- Care Giver
- Community Housing
- Alone

6. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

7. If you were to get sick, do you have someone to check on and help you? [Note: Needs better wording]

- Yes
- No
- Need to establish contacts.
- Other (please specify)

8. Please select your current housing type from the list below.

- Own/Rent Home
- Apartment
- Condominium
- Other (please specify)
- Senior Housing
- Assisted Living

9. What percentage of your monthly income is spent on heat, rent or mortgage, property taxes, or property insurance (combined)? [Note for Workgroup: trying to understand level of cash-poor]

- 25% or less
- 26-50%
- 51-74%
- 75% or more

10. If provided the opportunity, [and if applicable] would you prefer to live in a smaller home?

- Yes
- No

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

- | | |
|--|--|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Moving items |
| <input type="checkbox"/> Ceiling light bulbs | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Snow Removal from sidewalks, driveway, roof | <input type="checkbox"/> Ramps, Grab Bars, Non-slip Materials in Bath/Shower |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Heating |

12. Do you need help with any of the following? (Check all that apply.)

- Preparing Meals
- Personal Care (Dressing, Bathing, etc)
- Cleaning
- Laundry
- Paying Bills (Paperwork)
- Shopping
- Obtaining Books/Audio form Library
- Other (please specify)

13. Are you currently able to drive?

- Yes
- No

14. Have any of the following prevented you from leaving your home in the past 6 months? (Check all that apply.)

- NOT APPLICABLE
- No reliable vehicle
- Bus fare too costly
- Gas, Parking, or Insurance too costly
- Taxi or Private Transportation too costly
- Other (please specify)
- No one to drive me
- No bus service in my area
- Unfamiliar with transportation options
- Do not feel safe when traveling outside my home.
- Health reasons

15. Do you depend on any of the following for transportation? (Check all that apply.)

- Relative(s)
- Walk
- Friend or Neighbor
- Taxi/Private Transportation
- Other (please specify)
- South Portland Bus Service
- Regional Transportation (RTP)
- Independent Transportation Network (ITN)
- Volunteers (Opportunity Alliance, Southern Maine Area on Aging)

16. Do any of the following apply to you about the South Portland Bus System? (Check all that apply.)

- I feel unsafe taking public transportation.
- Schedule/Times do not meet my needs
- I am not aware of the bus route and/or schedule.
- Public transportation takes too long.
- Service is not reliable.
- Bus stops are not convenient for me.
- I do not wish to use the service.
- I use the bus service with no issues.

17. Does the community where you live have the following?

	YES	NO	NOT SURE
Accessible and convenient public transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special transportation for those with disabilities or seniors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well-maintained sidewalks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enforced speed limits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public parking and spaces to park.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
well lit, safe streets, and intersections for all users: pedestrians, bikers, drivers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audio-visual pedestrian crossings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs to help you with winter safety at your home: weatherization, sand for walkways?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How do you currently socialize with people, community, and experience entertainment? [Needs better wording]

- Watch TV
- Listen to radio
- Talk with friends by phone.
- Go to church/synagogue/mosque
- Other (please specify)
- Use Internet/Social Media
- Gather with friends/family for meals, games, etc.
- Errands, Appointments, Walks

19. How often do you do any of the following?

	Daily	At Least weekly	At least monthly	A few times a year.
Talk with friends by phone or internet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk with neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visits in my home or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go out socially	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

20. How do you normally get information about community services and events? (Check All That Apply)[Need to structure the answer options with space after each for text]

- | | |
|---|--|
| <input type="radio"/> Newspapers (If so, please tell us which papers you read in Box below) | <input type="radio"/> Radio |
| <input type="radio"/> Word of Mouth | <input type="radio"/> Newsletter by Mail |
| <input type="radio"/> Church Bulletin/Newsletter | <input type="radio"/> Facebook |
| <input type="radio"/> Flyers/Posters | <input type="radio"/> Text Messages |
| <input type="radio"/> Television | <input type="radio"/> Twitter |
| <input type="radio"/> Other (please specify) | |

21. If you would like to socialize more, what prevents you?

- | | |
|--|--|
| <input type="radio"/> N/A | <input type="radio"/> Not much to do |
| <input type="radio"/> Mobility issues | <input type="radio"/> Events/Schedule not convenient |
| <input type="radio"/> No one to go with | <input type="radio"/> Too costly |
| <input type="radio"/> Find out about events too late | <input type="radio"/> Lack of transportation |
| <input type="radio"/> Other (please specify) | |

22. Do you feel safe in your current living situation?

- Yes
- No
- Other (please specify)

23. How lonely do you feel living in this neighborhood?

- | | |
|--|---|
| <input type="radio"/> Extremely lonely | <input type="radio"/> Not so lonely |
| <input type="radio"/> Very lonely | <input type="radio"/> Not at all lonely |
| <input type="radio"/> Somewhat lonely | |

24. Do you feel safe in your community?

- Yes
- No
- Other (please specify)

25. Are your needs supported in the South Portland community?

- Yes
- No
- Other (please specify)

26. Check all answers that apply to you:

- Overall, most people show me an acceptable level of courtesy and respect as I move about South Portland.
- The businesses that I frequent provide me with a chair to sit in if there are long lines.
- The businesses that I frequent provide me with wheelchair/scooter if needed.
- The businesses that I frequent treat seniors well.

27. If you have been treated in a rude or disrespectful way, the behavior came from:

- Business/shop staff
- Youth
- Adult
- Other (please specify)
- Family Member
- Public Service Provider (Bus driver, taxi driver, city staff, other)
- I am always treated with respect.

28. Do you generally vote in elections?

- Yes
- No

29. Are you presently employed?

- Yes, Full-time
- Yes, Part-time
- No
- Other (please specify)

30. Would you be interested in paid work if available?

- Yes
- No

31. Do you currently volunteer?

- No
- Yes (Please tell us what you do in Other)
- Other (please specify)

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