

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 either on paper or online at (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

A. Buildings and Outdoor Spaces

1. Are you able to access all the businesses you need to?

Yes No

2. Are you able to access all the outdoor spaces you need to?

Yes No

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

Accessible and convenient transportation Well-maintained sidewalks Public parking and spaces to park Well-lit, safe streets and intersections for all users.

B. Communication and Information

4. What is your main source for South Portland community information? (Select One)

Newspapers Radio Television Flyers/Posters

Newsletter/Mail Church
Bulletin/Newsletter Word of Mouth Internet

Facebook Not Interested Other (Please specify) _____

C. Community Support and Health

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

Yes No

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

Yes No

7. Are you able to meet necessary and basic monthly expenses (food, housing, utilities)?

Yes No

8. In the last month, have you gone to bed hungry?

Yes No

D. Respect and Social Isolation

9. Do you feel isolated or lonely at home?

Yes No

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

Yes No

G. Social Participation

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

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Mobility Issues | <input type="checkbox"/> Health Issues | <input type="checkbox"/> No one to go with | <input type="checkbox"/> Find out about events too late |
| <input type="checkbox"/> Not much to do | <input type="checkbox"/> Events/schedule not convenient | <input type="checkbox"/> Too costly | <input type="checkbox"/> Lack of transportation |

Other

H. Transportation

17. What is your primary mode of transportation?

WRITE IN TEXT BOX

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

- Yes (If Yes, Why TEXT BOX) No

19. What are some of the services that would help you get around your community to use public services or shopping (Check all that apply)?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Sidewalks cleared of ice and snow | <input type="checkbox"/> Better maintained streets | <input type="checkbox"/> More designated parking | <input type="checkbox"/> More street parking and lights |
| <input type="checkbox"/> Doors that are easier to open. | <input checked="" type="checkbox"/> Wheelchair ramps | <input type="checkbox"/> Handrails | <input type="checkbox"/> Seating with Arms |

Other

20. Is there anything we missed that we should have asked?

TEXT BOX