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
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
E. Civic Participation and Employment

11. Are you interested in volunteer opportunities?
   □ Yes □ No

12. What programs or community activities would you be interested in?
   □ WRITE IN TEXT BOX

F. Housing

13. Please select your current housing from the list below (Select One).
   □ Single Family Home □ Condominium □ Apartment □ Senior Housing
   □ Assisted Living □ Other

14. 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)

15. Do you need help with home repair labor or cost?
   □ Yes □ No
G. Social Participation

16. 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

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)?

- Sidewalks 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 we missed that we should have asked?

- TEXT BOX