The City of South Portland recognizes the contributions our senior residents have made to this community. We would like to have your feedback to support you in the future. Please take a few minutes to provide your answers and return the completed survey using in the included stamped, addressed envelope. We greatly appreciate your time. ...The South Portland Senior ad hoc Workgroup

Demographics:

What is your South Portland Voting District? (Circle one)

1 2 3 4 5 (If you aren’t sure, please see map on Page 5)

What is your year of birth? _______ What is your primary language?
________________________

What is your gender? _______ Today’s Date: ___________________________

Survey Questions:

1. Are you able to enter the businesses/buildings you need to in South Portland? (Circle one)
   Yes No

2. Are you able to use outdoor spaces in South Portland? (Circle one)
   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, unsafe sidewalks, or and intersections

4. Please indicate your primary source for South Portland community information: (Check one)
   _____ Newspapers  _____ Radio
   _____ Internet  _____ Flyers/Posters
   _____ Television  _____ Church Bulletin/Newsletter
   _____ Word of Mouth  _____ Facebook/Social Media
   _____ Newsletter/Mail  _____ Not Interested
   _____ Other (Please Specify) ________________________________________

Page 1 of 5
5. If you get sick, do you have someone to check on you? (Circle one)
   Yes  No

6. Do you need help with personal care (meals, bathing, dressing, toileting)? (Circle one)
   Yes  No

7. Do you have someone to help with personal care (meals, bathing, dressing, toileting), if needed? (Circle one)
   Yes  No

8. Are you able to pay for necessary and basic monthly expenses (food, housing, utilities, etc.)? (Circle one)
   Yes  No

9. In the last month, have you gone to bed hungry due to lack of food? (Circle one)
   Yes  No

10. Do you feel safe: (Circle one for each below.)
    At Home?
    Yes  No
    In the Community?
    Yes  No

11. Are you interested in volunteer activities? (Circle one)
    Yes  No

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

13. Please indicate your current housing from the list below: (Check one)
    _____ Single Family Home  _____ Senior Housing
    _____ Condominium  _____ Assisted Living
    _____ Apartment  _____ Other

Page 2 of 5
14. Do you need help with any of the following home repair or maintenance services? (Check all that apply)
   _____ Snow removal: steps, sidewalks, driveways, roof
   _____ Heat/Cooling
   _____ Ramps, grab bars, non-slip materials in bath/shower, railings on steps
   _____ Carpentry/Painting
   _____ Plumbing/Electrical
   _____ Other _________________________________________________________

15. Do you need help with home repair: (Circle one for each below.)
<table>
<thead>
<tr>
<th>Labor?</th>
<th>Cost?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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 _________________________________________________________

17. What is your primary mode of transportation? (Check one)
   _____ My vehicle
   _____ Friends/Family
   _____ South Portland Bus
   _____ Independent Transportation Network (ITN)
   _____ Taxi/Private
   _____ Volunteers
   _____ N/A

18. Does the lack of transportation prevent you from going places? (Circle one)
   Yes    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 and street lighting
_____ Affordable ride services
_____ Seating with Arms
_____ Wheelchair ramps
_____ Other

20. Is there anything else we should know?

Please use this map to determine your voting district for the first demographic question on Page 1.