

THE AGE-FRIENDLY COMMUNITY PROJECT

BETHEL, MAINE

SURVEY - FALL 2015

1. What is your gender? Male Female
2. What is your age? under 50 50-64 65-79 80 or above
- 3a. Town of residence? _____ 3b. Your zip code? _____
4. How long have you lived here?
 less than 5 years 5-14 years 15-29 years 30 years or more
5. Do you live here year-round? Yes No, I'm a seasonal resident.
6. Are you now working? full-time part-time retired
- 7a. What type of home is your primary residence?
 Single family home Apartment Condominium
Other: _____
- b. How many other adults (over 18) live in your home? _____
8. Do you rent or own your primary residence? Rent Own Other
9. How important is it for you to be able to live independently in your home as you age?
 Very important Somewhat important
 Not very important Not sure
10. Do you think you will need to make any of the following modifications/ improvements to your home as you age? (Check all that apply)
 Easier access into or within your home such as a ramp or wider doorways
 Putting a bedroom, bathroom, or kitchen on the first floor
 Installing grab bars or handrails
 Installing a medical emergency response system
Other: _____

11. How likely is it that you will WANT TO move to a different home as you age?
 Very likely Somewhat likely Not very likely Not sure
12. How likely is it that you will NEED TO move to a different home as you age?
 Very likely Somewhat likely Not very likely Not sure
13. What factors would impact your decision to move? (Check all that apply)
 Looking for a different home size that meets your needs
 Maintaining your current home is too expensive
 Needing help with health care or household tasks
 Needing more accessible transportation
 Looking for an area that has a lower cost of living
 Other: _____
14. How important is it to you to remain in your community as you age?
 Very important Somewhat important Not very important
 Not sure
15. How would you rate your community as a place for people to live as they age?
 Very good Good Fair Poor
16. How important is it to you to remain socially active as you age?
 Very important Somewhat important Not very important
17. How important is it to you to remain physically active as you age?
 Very important Somewhat important Not very important
18. Do you have a physical limitation, handicap, disability, or chronic disease that limits your participation in self care, house work, and/or other activities?
 Yes No
19. How often do you access information on the internet?
 Daily 3-6 times a week Once or twice a month Never

20. How important do you think it is to have the following in your community?

(Please mark one response per item.)	Very Important	Somewhat Important	Not Very Important
a. Affordable housing options	_____	_____	_____
b. Housing options that are equipped with age friendly features such as ramps, wider doorways, and single level living	_____	_____	_____
c. Affordable home repair/modification services for low income and older adults	_____	_____	_____
d. Seasonal services such as lawn work or snow removal for older adults or those with disabilities	_____	_____	_____
e. Transportation services for older adults, people who don't drive anymore, or those with disabilities	_____	_____	_____
f. Home care services including health, personal care, and housekeeping	_____	_____	_____
g. Programs for older adults that promote social activities in a convenient and safe place	_____	_____	_____
h. Programs for older adults that encourage physical exercise	_____	_____	_____
i. A community center	_____	_____	_____
j. Low-cost, daily, local/regional transportation	_____	_____	_____
k. Programs for older adults that foster life-long learning	_____	_____	_____
l. Intergenerational programs	_____	_____	_____
m. Easily accessible sources of information regarding services for older adults	_____	_____	_____

20, continued. How important do you think it is to have the following in your community?

(Please mark one response per item.)	Very Important	Somewhat Important	Not Very Important
n. Specialists, including gerontologists, available to conduct assessments in the community on a regular basis.	_____	_____	_____
o. Medical equipment available through a loan program at no cost to seniors	_____	_____	_____
p. Affordable meal programs available to all seniors in the community, regardless of health status	_____	_____	_____
q. Public buildings with ramps, non-slip flooring, and accessible washrooms	_____	_____	_____
r. Well-maintained public parking, located near public buildings	_____	_____	_____
s. Morning call system for house-bound seniors	_____	_____	_____
t. Access to healthy, affordable food	_____	_____	_____

21. How well do you think this community provides for its seniors in the following areas?

(Please mark one response per item.)	Very well	Fair	Poorly
a. Affordable housing options	_____	_____	_____
b. Transportation options	_____	_____	_____
c. Accessible buildings and recreation areas	_____	_____	_____
d. Educational and social opportunities	_____	_____	_____
e. Accessibility to medical services	_____	_____	_____
f. Home health care and support services	_____	_____	_____
g. Opportunities to volunteer	_____	_____	_____
h. Access to healthy and affordable food	_____	_____	_____

22. What do you consider the most critical issue that needs improvement to make this community more age-friendly?

23. What are the three most important services that need to be available to allow you to continue to live in this community?

1.

2.

3.

24. Please rank these attributes of an age-friendly community in order of their importance to you from 1 to 9, with "1" being most important, etc.

___ Outdoor Spaces and Buildings

___ Transportation

___ Housing

___ Respect and Social Inclusion

___ Social Participation

___ Communication & Information

___ Community Support & Health Services

___ Food Issues

___ Civic Participation & Employment Opportunities

25. What was your annual household income before taxes in 2014?

Less than \$10,000 \$10,000 to \$19,999 \$20,000 to \$29,999
 \$30,000 to \$49,999 \$50,000 to \$74,999 \$75,000 or more

26. What have we left out? What other comments or suggestions would you like to make?

If you would like to be on our mailing list (e-mail or snail mail),
please contact Nancy Davis
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THANK YOU VERY MUCH FOR YOUR PARTICIPATION!