LIFELONG RICHMOND SURVEY

THIS SURVEY IS FOR RICHMOND RESIDENTS ONLY. Please fill out only once. We are working to determine Richmond residents' needs and how are needs being addressed in the areas of access to health care and social activities, transportation, safety, housing, and community involvement. Thank you for your participation. Your answers are confidential. If you wish to talk more about it or join in our effort, please provide your name, and contact information on the last page.
Deadline for submission is March 1, 2024. THANK YOU!

ABOUT YOU and WHERE YOU LIVE

1. Do you live in Richmond year-round?

YES NO

2. What is your current age?

- Less than 50 years old
- 50-64 years old
- 65-80 years old
- Over 80 years old

3. Tell us about yourself (check all that apply)

- I have a pet (or pets)
- I am a veteran
- I am disabled
- I own my own home

4. Where do you live?

- Single family dwelling
- Apartment
- Mobile home
- Extended family's home
- Other (please specify)

5. About your living situation (please check all that apply)

- I live alone
- I am the primary caregiver for someone else
- I have a 911 address sign at the end of my driveway, if needed, for emergency services
- I have a working / active smoke detector on each floor
- I have a working / active carbon monoxide detector
- I need help with home chores (e.g. yard work, shoveling snow, changing lightbulbs)
- I will need modifications to stay in my home as I get older (e.g. ramp, grab bar, wider doors, extra lighting)

6. Is your home warm enough in the winter?

YES NO

7. Do you need help with ..... (check all that apply)

- Paying for fuel? (check if yes)
- Installing storm windows or banking (check if yes)
- Bringing firewood/pellets into your home (check if yes)
- Small chores around the house (check if yes)
- Other (please specify)

HOW DO YOU GET FROM HERE TO THERE

8. How do you get around? (check all that apply)

- Drive myself
- Spouse or partner takes me
- Family/friends take me
- Walk
- Ride a bike
- Take a taxi / cab
- Special transportation services (i.e., RCAM)
- I am homebound
- Other (please specify)

AT HOME IN RICHMOND

9. How do you find out what's happening in Richmond? (choose all that apply)

- Town website
- Senior Center
- Facebook
- Posters
- Church
- Word of mouth
- Additional comments?

10. Computer/internet use (please check all that apply)

- I use a computer / tablet or smartphone
- I have sufficient internet access

11. What types of activities would you participate in, more often, if they were easily available in Richmond? (check all that apply)

- Solitary activities (e.g. walk, run, bike, swim, fish, snowshoe, etc.)

- Group activities (e.g. exercise class, tennis, golf, kayaking, hiking, etc.)
- Attend lectures, workshops or skill-building classes
- Cards, cribbage, board games, bingo, arts & crafts, garden club, library
- Morning coffee / lunch, potlucks or other group meals

12. Would you be interested in any of the following volunteer opportunities? (check all that apply)

- Teaching a class or skill workshop?
- Volunteering to aid others in your community?
- Participate in local government (select, planning or appeals boards, cemetery, warrant, or playground committees, etc.)
- Participate in community organizations (library, historical society, garden club)
- Single day event e.g. roadside cleanup, painting, community garden, resource fair, potluck
- Other (please specify)

13. <u>If these services were available</u>, would you like help with any of the following? (check all that apply)

- Daily or weekly phone check-in
- Small chores or handyman help
- Help filling out forms or tax prep
- Help with food shopping
- Food pantry
- Pet food pantry
- Other, please describe

THE PUBLIC PLACES YOU VISIT

14. Please describe your level of mobility (ability to walk and get around)

- I walk unassisted
- I walk unassisted with difficulty
- I use a cane or walker
- I use a wheelchair

15. Have you encountered any public places in Richmond that need accessibility improvements (seating, nearby parking, easy open doors, public restrooms, improved lighting, wheelchair or walker access, better signs, other)? Please describe where and what is needed:

16. What outdoor spaces would you like to see developed in Richmond (e.g. walking path, butterfly garden, community garden)?

HEALTH AND WELLNESS FOR YOU AND YOUR FAMILY

17. When you need health services (medical, dental, eye doctor, specialist), do you need help with any of the following? (check all that apply)

- Making an appointment with a provider?
- Getting to your appointment?
- Obtaining any medication and/or medical equipment that is needed and/or prescribed?
- Do you have a written Advance Medical Directive? YES NO

18. Are you worried about any of the following? (check all that apply)

- Do you have a problem with falls or fear of falling?
- Do you feel safe in your home?
- Do you feel safe in Richmond?

19. If offered, would you attend a Health & Wellness Resource Fair to learn how to live independently & healthy in Richmond?

YES NO

AS YOU AGE ....

20. Do you feel that older residents are respected in Richmond

YES Some of the Time NO

21. When you get older, where do you want to live? (check all that apply)

- In my current home
- Move in with family
- Have someone move in with me
- Move to an apartment
- Move to a senior community
- Move to assisted living facility
- Move to a warmer climate

22. What is the ONE thing that would improve Richmond for you?

_____

_____

Name (optional)

_____

Contact information (optional)

THANK YOU FOR YOUR ANSWERS AND DESIRE TO MAKE RICHMOND A MORE WONDERFUL COMMUNITY FOR ALL!

Please drop your survey at the Town Office, Library or mail to Richmond Senior Center, 314 Front St, Richmond, ME 04357

If you wish to have your survey picked up, please call 207-737-2161