

Wayne Aging At Home survey

The Town of Wayne wants to make our community a welcoming and livable place for our older residents. This anonymous survey will help the Wayne Aging At Home Committee know what actions to take in order to connect Wayne residents with services and resources as they age in town. We will be presenting our survey results to the community in the spring. Thank you for helping us by providing your input.

If you prefer, you can take this survey online at:

<https://www.surveymonkey.com/r/WayneAAHsurvey>

1. How would you rate Wayne as a place for people to live?

Please check one

Excellent

Good

Fair

Poor

2. Do you feel valued as an older resident of Wayne?

Please check one

Yes

Most of the time

Not usually

No

3. Please rate the following as you think of Wayne:

Please mark each item S for satisfied or U for unsatisfied

Accessibility of public buildings

Elevators and ramps when needed

Parking spaces near places I go

Parking spaces for people with mobility limitations

Clear easy to read signs

Public parks with places to sit

Paths wide enough for a wheelchair, walker, or other mobility device

Path and street lighting

Sidewalks in good enough condition for a wheelchair

Streets that are safe to cross

Accessible public restrooms

4. How important is it for you to remain in Wayne as you age?

Please check one.

____Very important

____Important

____Not important

5. About how often do you spend time with family, friends, or neighbors in Wayne?

Please check one

____About once a day or more

____Several times a week

____Once a week or so

____Every two or three weeks

____About once a month

____Less than once a month

6. If you would like to socialize more, what prevents you?

Please check all that apply:

____My health or trouble moving around

____No one to go with me

____I find out too late

____Not much to do here

____Events are at times I am not available

____Too expensive

____Lack of transportation

7. In the past 12 months, have you needed help with any of the following tasks? **Please check each task you needed help with.**

____Filling out forms or preparing taxes

____Household chores or routine house maintenance

____Home repair or modifications

____Yard work or gardening

____Snow removal

____Doing errands like shopping, banking, picking up medications, or returning books to the library

____Taking medications or remembering to take them

____Preparing meals

____Using a computer, a phone, or the internet.

8. If you needed help, were you able to find the help you needed?
For each task you needed help with, please mark the item with Y if you got the help you needed or N if you couldn't get the help you needed. If you didn't need help with a task, you can leave that blank.

- ____ Filling out forms or preparing taxes
- ____ Household chores or routine house maintenance
- ____ Home repair or modifications
- ____ Yard work or gardening
- ____ Snow removal
- ____ Doing errands like shopping, banking, picking up medications, or returning books to the library
- ____ Taking medications or remembering to take them
- ____ Preparing meals
- ____ Using a computer, a phone, or the internet.

9. People sometimes modify their homes to let them stay there as they get older. Which of these changes would you like to make or plan to make?

You may check as many or as few as you want.

- ____ A ramp or wider doorways
- ____ Putting a bedroom, bathroom, or kitchen on the first floor
- ____ Adding grab bars, handrails, or nonslip flooring
- ____ Better lighting
- ____ Installing a medical emergency response system
- ____ Movable stair chair to second floor

What else?

10. If you move in the next few years, what do you think you would look for: **Please answer each item with Yes or No**

- ____ a smaller or more accessible home
- ____ a place closer to friends or family
- ____ a less expensive place to live
- ____ a place nearer to medical care and shopping
- ____ a place near public transportation
- ____ a warmer climate
- ____ someone to share a house or apartment with
- ____ an assisted living home

11. How often do you get some sort of physical exercise?

Please check one

- ____ Several times a week
- ____ Once or twice a week
- ____ Every other week
- ____ Rarely

12. How do you usually travel around Wayne and nearby?

Please check all ways you travel

- ____ I drive
- ____ Family or friends drive me
- ____ I have a volunteer driver or a driver from an agency
- ____ I walk
- ____ I use a wheelchair or scooter or other mobility device

13. How easy is it for you to travel around Wayne's downtown (the Ladd Center, the Church, the Library, the Stores, and the School)?

Please check one answer.

- ____ Very easy
- ____ Easy
- ____ Difficult
- ____ Very difficult

14. If it is not easy to travel around Wayne's downtown (the Ladd Center, the Church, the Library, the Stores, and the School), what would make travel easier?

Please check as many answers as you want to.

- ____ Sidewalks
- ____ Curb cuts (ramps)
- ____ Well-marked crosswalks
- ____ A crosswalk traffic light
- ____ Better lighting

What else would help?

15. How likely is it that you will need the following services in the next five years? **Please mark each item V for Very likely, L for likely, or N for not likely.**

- ____ Personal care at home
- ____ Housecleaning
- ____ Caregiver support
- ____ Wellness or fitness classes
- ____ Home maintenance
- ____ Home delivered meals
- ____ Safety checks
- ____ Library outreach
- ____ Home modifications

16. How old are you?

- ____ 60-65
- ____ 65-70
- ____ 70-75
- ____ 75-80
- ____ 80-85
- ____ More than 85
- ____ I am under 60 and need some help in day to day living

17. Please describe your level of mobility (your ability to walk and get around): **Please check one.**

- ____ I can easily walk unassisted
- ____ I walk unassisted but with difficulty
- ____ I use a cane or walker when walking
- ____ I use a wheelchair or other wheeled device

18. How many times a month do you go:

- ____ to medical appointments?
- ____ for a walk or to an exercise program?
- ____ to do errands like banking or shopping?
- ____ to socialize
- Other

19. What do you enjoy doing for others? Please let us know.

20. Is there anything else you would like to tell us?

**When you have completed the survey, please mail it to:
Stan Davis, 409 North Wayne Rd, Wayne ME 04284
OR call Stan at 685-9639 to have your survey picked up,
OR you may drop off your survey at the town office.**



For more information, visit the Wayne Aging at Home Facebook page at:
<https://www.facebook.com/Aging-At-Home-249298378767775/>