

Please tell us a bit about yourself. Select *all* that apply

6. What is your gender? Male Female Would rather not say Other: _____
7. Including you, how many are in your household? 1 person/only me Two Three or more
8. If you don't live alone, who lives with you? Spouse/partner Children under age 18 Parent(s)
 Adult children Other family members Others: _____
9. Is your home warm enough in the winter? Yes No
If your home is not warm enough, what is the reason? Wood/pellets too difficult to move into my home
 Paying for fuel is a problem My home is not well insulated Other _____
10. How do you get around for things like shopping, visiting the doctor, running errands or going to other places?
 Drive myself Spouse/Partner takes me Family/Friends take me Walk Ride a Bike Taxi
 Public Transportation Other: _____
If it is hard to get to the places you need to go, why? Transportation Lack of money
 I can't walk well Dislike asking for a ride I don't like going alone Poor vision/hearing
11. Do you have concerns about falling? Yes No
12. What, if anything, have you done to prevent falling?
 Walk Look for information Talk to a medical care provider Participate in a fall-prevention class
 Make changes in my home Nothing Other: _____
13. Does any disability or chronic illness keep you and/or your spouse or partner from being as active in Bath area as you want to be? Yes, myself Yes, spouse or partner No
14. Do you use the Internet? Yes Yes, but I rarely use it I do not have Internet access
15. How often do you see family, friends, or neighbors in your community?
 Several times a week Once every few weeks Occasionally Rarely
16. Which do you use to communicate with people? Phone E-Mail Facebook
17. How do you find out what's happening? Internet Church Talk with my friends Public Access TV
 Newspaper Radio Flyers Other: _____
18. Which of the following resources would you use if you, a family member, or friend needed information about services for older people in our area? Town Office Bath Senior Center Spectrum Generations Faith-based organizations Family or Friends Internet Phonebook Newspaper TV Radio Medical Provider Other: _____
19. What was your age at your last birthday? _____ years Prefer not to answer

20. Please add any comments you have that might help make our community a better place to live.

Optional: To learn more about the work we are doing or to volunteer, please share your name and contact information:

Name: _____ Phone or Email: _____

Thank you very much for completing this survey. Your assistance in providing this information is greatly appreciated and will help make our communities better places to live, work, and recreate

**Please return the survey by February 28th to one of the following locations:
Bath City Hall or the town office in Arrowsic, Georgetown, Phippsburg, West Bath or Woolwich**