



# Communities Caring About Seniors

## The York County Triad Community Action Survey

We need your help to assist us in taking positive steps to improve our elder community.

Please respond to the following questions as they affect you personally.

If you have any questions while filling out this survey, please contact: \_\_\_\_\_.

<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Age:</b> <input type="checkbox"/> Under 55 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+	<b>Living situation:</b> <input type="checkbox"/> Your own apartment <input type="checkbox"/> Your own house <input type="checkbox"/> Minimal care residence <input type="checkbox"/> Maximum care residence <input type="checkbox"/> Other _____	<b>Neighborhood:</b> In what Town of York County do you live? _____ Zip code: _____
<b>Language of origin:</b> _____			

Please answer each question by placing a check in the box that best describes your views.

How concerned are you about the following?

	Major concern	Minor concern	No concern
<b>Physical Safety</b>			
1. Going out after dark?			
2. Vandalism in the neighborhood?			
3. Injuries in and around the home?			
<b>Financial Safety</b>			
1. Salespeople knocking at your door?			
2. Fraud or con artists?			
3. Identity theft (someone stealing your credit or property)?			
4. Robbery (someone snatching your purse, bags, or wallet)?			
5. Burglary (such as home invasion)?			
<b>Emotional Safety</b>			
1. Feeling sad or blue?			
2. Feeling alone and out of touch with others?			
3. Fear of losing your independence financially?			
4. Fear of losing your independence emotionally?			
5. Fear of losing your independence physically?			
6. Fear of your landlord or your family entering your home or apartment without your permission?			
<b>Transportation</b>			
1. Getting around during the day?			
2. Getting around during the weekends?			
3. Getting around during the evenings?			
<b>Quality of Life</b>			
Availability of physical and recreational activities?			
Access to physical and recreational activities?			
Managing your household (such as housekeeping, yard work, or home repair)?			
Maintaining financial commitments (such as paying bills, cashing checks, or being financially secure)?			

Would the following suggested changes/additions improve your life?

<b>In the Community</b>	Very much	A little	Not at all
1. Street lighting improvements			
2. Expanded neighborhood watch programs			
3. Home security recommendations by police			
4. More police in the neighborhoods			
5. Enforcement of sidewalk snow removal			
6. More pedestrian-friendly sidewalks and walkways			
7. Expanded public transportation			
8. More physical and recreational programs			
9. More educational programs			

<b>At Home</b>	Very much	A little	Not at all
Regular reassurance phone calls			
More affordable home care assistance			
More affordable home health care services			
Access to yard care and snow removal			
More educational material about elder abuse			

**Other ideas for improving your life:**

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**Thank you for completing this survey!**

**Optional information:**

1. Would you like to receive more **information** about the **York County Triad**, a group of older adults, law enforcement personnel, and social service providers working to make positive change in York County?

- Yes, I would like more information and I have included my address.
- No thank you.

2. Would you like to receive a **copy of the results** of this survey by mail?

- Yes, I would like to receive a copy of the results, and I have included my address.
- No thank you.

3. May we contact you for additional information and insight?

- Yes, I would like to be contacted by phone to share additional information and insight.
- No thank you.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**Home address:** \_\_\_\_\_  
Street zip code

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**E-mail address:** \_\_\_\_\_

If you want to tell us more about your concerns or ideas, please do: \_\_\_\_\_

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