



1. SWRPC Age-Focused Initiative: Community Assessment

Dear Survey Participant,

We invite you to complete the Community Assessment that has been developed as part of the Southwest NH Age-Focused Planning initiative. This represents an effort by the Southwest Region Planning Commission in partnership with Cheshire Medical Center to collect information and develop a report on the Region's relative ability to serve and accommodate residents of all ages as well as assessments for each community within the Commission's membership. The information collected will help us understand current conditions along with the wants and needs of residents of all age groups. With that in mind, please respond with the understanding that some questions may be considered long term planning. For example, if a particular question seems to have a focus on the concerns and needs for an older age group, all are encouraged to respond since the intent is to gather information that will be used for short and long term planning. Attracting and retaining younger residents is part of this effort while also addressing the needs of older residents.

The survey will take approximately 10 minutes of your time and will provide us with valuable information in helping to complete this project. We invite everyone in your household to participate in the survey and ask that you encourage others to participate as well. Greater participation will ensure a more comprehensive understanding of the wants and needs of all age groups within our Region.

If you have any questions, or would like to receive additional information, please contact Lisa Murphy at (603) 357-0557 or lmurphy@swrpc.org.

Thank you for participating!

Lisa Murphy, Senior Planner
Southwest Region Planning Commission

This initiative is funded through a grant from the Tufts Health Plan Foundation and administered by Cheshire Medical Center.

* 1. What is your age category?

- | | | |
|-----------------------------|-----------------------------|--|
| <input type="radio"/> 15-24 | <input type="radio"/> 45-54 | <input type="radio"/> 75-84 |
| <input type="radio"/> 25-34 | <input type="radio"/> 55-64 | <input type="radio"/> 85 years old and greater |
| <input type="radio"/> 35-44 | <input type="radio"/> 65-74 | |

* 2. What town/city do you live in? (Click arrow for dropdown menu of towns)

3. How long have you lived in that town/city?

- 5 years or less 11-15 years 21-25 years
 6-10 years 16-20 years 26 years or greater

4. How would you rate your town/city as a place for people to live as they age? (Select one choice for each age group)

	0-18 years	19-65 years	66 years and over
Excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How would you rate your town/city on working to attract and/or keep younger residents in town?

- Excellent Good Fair Poor

6. How would you rate your town/city on working to keep older residents in town?

- Excellent Good Fair Poor

7. What is your employment status? (Check all that apply)

- Employed full-time Stay at home caretaker of family member Veteran
 Employed part-time Retired Unemployed
 Student Active Military
 Other (please specify)

8. What concerns do you have about aging in your town/city? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Finding a job nearby | <input type="checkbox"/> Having recreation and social engagement opportunities |
| <input type="checkbox"/> Having transportation options | <input type="checkbox"/> Having medical services nearby |
| <input type="checkbox"/> Having housing options | <input type="checkbox"/> Finding accessible services |
| <input type="checkbox"/> Having family nearby | |
| <input type="checkbox"/> Other (please specify) | |

9. How do you typically travel to meet your daily needs? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Personal vehicle | <input type="checkbox"/> Bus or other public transportation (City Express, The Current) |
| <input type="checkbox"/> Friends/family drive me | <input type="checkbox"/> Private transportation (taxi, Uber, etc.) |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Volunteer Driver Program (CVTC, VET, etc.) |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Shuttle Service |
| <input type="checkbox"/> Other (please specify) | |

10. Please describe your physical level of mobility.

- | | |
|---|--|
| <input type="radio"/> I have no physical limitations with walking | <input type="radio"/> I use a cane or walker |
| <input type="radio"/> I walk unassisted, but with difficulty | <input type="radio"/> I use a wheelchair |

11. If you find it difficult to get around and/or rarely leave your home, please check the reason(s) why. (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> I have physical limitations |
| <input type="checkbox"/> I don't drive | <input type="checkbox"/> I can't afford transportation |
| <input type="checkbox"/> Lack of available transportation | <input type="checkbox"/> I get "around" via the internet |
| <input type="checkbox"/> Sidewalks are in poor condition or no sidewalks | |
| <input type="checkbox"/> Other (please specify) | |

12. How would you rate your transportation options in your town/city if you were unable to drive?

- Good Average Poor I don't know

13. Please rate the following regarding **accessibility** to public buildings and parks in your town/city:

	Satisfied	No Opinion	Not Satisfied
Available sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sidewalks in good condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ramps at the end of sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Available parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public parks with benches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Designated bike lanes on some roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sidewalks are kept free of snow and ice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public restrooms accessible to all physical abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate signage and easy to read	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Who do you live with? (Check all that apply)

- With spouse/partner
- With children under 18 years old
- With your adult child/children (18 and over)
- With parents/inlaws
- Alone
- Other (please specify)
- With unrelated people/friends
- With grandparents
- With grandchildren
- With sibling
- With other relative not listed above

15. Please respond based on your current living arrangement.

	Yes	No	Neutral
Living space meets my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living space is more than I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality/condition of housing is poor/unsatisfactory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rent/mortgage is fair price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, satisfied with current housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rent my home/apartment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I own my home/apartment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I live with family or friends rent-free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other/Additional comments

16. What type of housing do you live in?

- Single family home
- Mobile Home
- Duplex, two-family
- Apartment, multi-family
- Condominium
- Other (please specify)
- Dormitory
- In-law apartment or Accessory Dwelling Unit (ADU)
- Senior Housing, Assisted Living, Skilled Nursing
- Shelter, group home

17. If you have looked for housing options in your town/city in the past 5 years, have you been able to find decent options in your affordability range?

- Many available
- Some available
- Very few available
- Not applicable

18. Describe the access to your home/apartment: (Check all that apply)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> 0-1 steps | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> 2-3 steps | <input type="checkbox"/> Ramp |
| <input type="checkbox"/> More than three stairs | |
| <input type="checkbox"/> Other (please specify) | |

19. In thinking about the future, which of the following would be reasons for your decision to remain in your town/city? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Family nearby | <input type="checkbox"/> Beautiful natural and/or cultural features |
| <input type="checkbox"/> Job | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Community character | <input type="checkbox"/> Good town facilities and/or services |
| <input type="checkbox"/> Low crime | |
| <input type="checkbox"/> Other (please specify) | |

20. Similar to the previous question, what might influence your decision to move out of your town/city? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Inadequate housing choices | <input type="checkbox"/> Poor cell phone coverage |
| <input type="checkbox"/> Lack of transportation options | <input type="checkbox"/> Lack of social opportunities |
| <input type="checkbox"/> Would like to be closer to shopping, medical care, and entertainment | <input type="checkbox"/> Lack of senior housing/care |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Weather related hazards (floods, winter storms, etc.) |
| <input type="checkbox"/> Poor internet speeds | |
| <input type="checkbox"/> Other (please specify) | |

21. What change(s) would you like to see to improve your living experience in your town/city?

22. How frequently do you do some form of physical activity? (sports, walking, running, biking, yoga, exercise, etc.)

- Daily
- Several times per week
- Once per week
- Other (please specify)
- Every few weeks
- Once per month

23. How frequently do you spend time socializing with family and/or friends? This interaction could be in person, phone, email, Facebook or other social media, etc.

- Daily
- Several times per week
- Once per week
- Other (please specify)
- Every few weeks
- Once per month

24. If you would like to socialize more, what prevents you from doing so? (Check all that apply)

- No one to connect with
- Lack of transportation
- Scheduling/unavailable at those times
- Too costly
- Other (please specify)
- Mobility or health issues
- Unaware of activities/events that interest me
- Not interested in socializing more

25. Social Activities: Please check the appropriate choice for each activity.

	Available in my community; I use frequently.	Available in my community; I use sometimes (once per month or less).	Available in my community; I do not use.	Out of town but within reasonable distance; I use sometimes.	Out of town but within reasonable distance; I do not use.	Don't know
Concerts, Mixers, Socials, Dances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Theaters, Cinemas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness Centers, Exercise Classes, Intermural Sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Centers, Boys & Girls Clubs, YMCA (youth, young adult, family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Center, Activities for Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stores and Restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Civic Service Clubs, Volunteer Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lakes, Rivers (boating, fishing, swimming, relaxing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks with ball fields, and playgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nature trails and associated activities (hiking, mountain biking, snow mobiling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library, Book Clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts and Crafts (studios, classes, events)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. What changes could be made in your town/city to expand the social activities of interest to all ages?

27. How important is it to have the following in your town/city?

	Very important	Important	Not important
Affordable housing choices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High speed internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free access to computers and the Internet in public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor recreational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike lanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there other amenities, services, or activities that are very important to have in your town/city? (Please specify)

28. How do you find information about community services, news, and events? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Daily newspaper (Keene Sentinel, Monadnock Ledger, etc.) | <input type="checkbox"/> Websites |
| <input type="checkbox"/> Weekly newspaper (Shopper News, etc.) | <input type="checkbox"/> Email |
| <input type="checkbox"/> Local newsletter | <input type="checkbox"/> Flyers/brochures |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Social media (Facebook, Twitter, Snap Chat, etc.) |
| <input type="checkbox"/> Television | <input type="checkbox"/> Friend, family, co-workers |

29. Do you or any member of your household have access to the Internet using the following (check all the apply)

- Cellular data plan for a smartphone or other mobile device
- Broadband (high speed) Internet service such as cable, fiber optic, or DSL service
- Satellite Internet service
- Dial-up Internet service
- Other (please specify)

30. What are your main uses for your personal computer, laptop or smart phone? (Check all that apply)

- Email
- News
- Social
- Shopping
- Other (please specify)
- Work
- Gaming
- Directions/map
- Information (google)
- Music
- Don't use these devices

31. How would you describe your at home internet service?

- Great speed
- Adequate speed
- Poor speed

32. What is **your** annual income level?

- Less than \$10,000
- \$10,000-\$14,999
- \$15,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$199,999
- \$200,000 and greater

33. What is the highest level of education that you have completed?

- Less than high school graduate
- High school graduate
- Some college, no degree yet
- Associates degree
- Bachelor's degree
- Graduate or professional degree

34. If you would like to receive additional information about the project, please provide your email address.

Name

Email Address

Comments