

Rockingham Age Friendly Communities Survey

Tell us about where *you* live!

The term “Age Friendly” describes communities that enable residents to thrive at every age and stage of life. The Rockingham Planning Commission, in partnership with Meals on Wheels, is embarking on a project to assess the needs of older adults in our region – now and in the future. The project considers elements such as health services and community supports, transportation, housing, design of outdoor spaces and buildings to accommodate all ages, opportunities for civic and social participation, respect and social inclusion, as well as communication and flow of information.

Your ideas and thoughts about your community matter. We want to hear from people of all ages – many younger people help care for older adults, and we will all eventually become older adults. Your participation in this survey will give us valuable information to assess what’s working and what is needed where YOU live.

The survey will take approximately 10-15 minutes to complete.

For the chance to win one of ten \$50 gift cards to Hannaford, enter your email at the end of the survey!

PLEASE TELL US A BIT ABOUT YOUR COMMUNITY

1. In what town do you live?

- | | | |
|--|--|---|
| <input type="checkbox"/> Atkinson | <input type="checkbox"/> Hampton Falls | <input type="checkbox"/> Raymond |
| <input type="checkbox"/> Brentwood | <input type="checkbox"/> Kensington | <input type="checkbox"/> Rye |
| <input type="checkbox"/> Danville | <input type="checkbox"/> Kingston | <input type="checkbox"/> Salem |
| <input type="checkbox"/> East Kingston | <input type="checkbox"/> New Castle | <input type="checkbox"/> Sandown |
| <input type="checkbox"/> Epping | <input type="checkbox"/> Newfields | <input type="checkbox"/> Seabrook |
| <input type="checkbox"/> Exeter | <input type="checkbox"/> Newington | <input type="checkbox"/> South Hampton |
| <input type="checkbox"/> Fremont | <input type="checkbox"/> Newton | <input type="checkbox"/> Stratham |
| <input type="checkbox"/> Greenland | <input type="checkbox"/> North Hampton | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Hampstead | <input type="checkbox"/> Plaistow | |
| <input type="checkbox"/> Hampton | <input type="checkbox"/> Portsmouth | |

2. How long have you lived there?

- | | | |
|--|---|--|
| <input type="checkbox"/> Less than 5 years | <input type="checkbox"/> 21 to 30 years | <input type="checkbox"/> Over 50 years |
| <input type="checkbox"/> 5 to 10 years | <input type="checkbox"/> 31 to 40 years | |
| <input type="checkbox"/> 11 to 20 years | <input type="checkbox"/> 41 to 50 years | |

Age Friendly Communities Survey 2022

3. **How would you rate your town as a place for people to live as older adults?**
 Excellent Very Good Good Fair Poor Not Sure
4. **How would you rate your town as a place to attract/keep younger people in their 20s or 30s?**
 Excellent Very Good Good Fair Poor Not Sure
5. **How important is it to you to remain in your town as you reach your 70s, 80s and beyond?**
 Extremely important Somewhat Important Not at all important
 Very important Not very important
6. **Thinking about the future, which of the following reasons would likely keep you in your current town as you reach your 70s, 80s and beyond? (check all that apply)**
 Family or friends nearby Social and community activities
 My job is here Transportation options
 Community character Shopping/restaurants/amenities
 Options for places to live Access to healthcare and other services
 Natural beauty/open space/recreation Other (please specify)
 Good schools
7. **What if anything concerns you most about growing into older adulthood in your community? (check all that apply)**
 Finding a job nearby
 Having transportation options once I stop driving
 Finding the right place to live
 Having family or friends nearby
 Having medical services nearby
 Availability of in-home support services
 Cost of in-home support services
 Having recreational and social opportunities
 I have no concerns about aging in my community
 Other (please specify)
8. **Regarding the concerns you noted in the previous question, what changes would help?**

PLEASE TELL US ABOUT WHERE YOU LIVE

9. In what type of home do you live? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Single family house | <input type="checkbox"/> Group home or shelter |
| <input type="checkbox"/> Duplex, two-family | <input type="checkbox"/> Staying at a friend or family's home |
| <input type="checkbox"/> Apartment, multi-family | <input type="checkbox"/> Continuing care retirement community |
| <input type="checkbox"/> In-law apartment/accessory unit | <input type="checkbox"/> 55+ independent living community |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Assisted living or nursing home |
| <input type="checkbox"/> Dormitory | <input type="checkbox"/> Other (please specify) |

10. My current home meets or fits my needs regarding:

	Very Well	OK	Not Very Well	Not at All
Type of home (e.g. single family, apartment, condominium, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design (e.g. number of floors, width of doors, number of steps to get in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location near places I want to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of routine maintenance (e.g. lawn, raking, snow clearance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordability within my budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of acceptance (if in an assisted living or other retirement community or neighborhood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. If you have looked for a place to live in the past five years, or are considering finding another place to live in your community in the future, how would you rate the options available for you related to:

	Many Available	Some Available	Few Available	None Available	Not Applicable	Don't Know
Desired type of home (e.g. single family, apartment, condo, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design (e.g. single floor living, width of doors, few or no steps to get in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location near places I want to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance I'm willing to take on (e.g. lawn, raking, snow clearance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordability within my budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of acceptance (if looking for an assisted living or other retirement community or neighborhood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How important is it for you to be able to live independently in your own home as you grow into older adulthood?

- Extremely important
- Very important
- Somewhat Important
- Not very important
- Not at all important

PLEASE TELL US ABOUT HOW YOU GET AROUND

**NOTE—for the purpose of this survey, Community Transportation refers to a range of public and private services in a town that help meet mobility needs. These may include traditional fixed bus routes, shuttles for seniors, volunteer driver programs or other services typically run by community organizations.*

13. How do you typically travel to meet your daily needs (grocery shopping, employment, medical appointments, etc.)? (check all that apply)

- I drive my personal or family vehicle
- Friends or family drive me
- I walk
- I ride my bike
- I use a volunteer driver program
- I use public transit or other community transportation
- I use private transportation (ex. taxi, Uber/Lyft)

14. How would you rate the following in your town?

	Excellent	Good	Fair	Poor	Not Sure	Not Applicable
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public/community transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to read traffic signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enforced speed limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benches where I walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of getting to town facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of access at town facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. If you find it difficult to get around and/or rarely leave your home, please check all the reasons that apply.

- I don't drive and I don't have friends or family nearby who can drive me
- I don't know what transportation services are available
- It's too expensive to pay for a ride
- I'm concerned about driving at night or in poor weather conditions
- I don't need to go out because I can do everything online
- I have physical limitations that keep me at home
- Nowhere I need to go is within walking or biking distance from my house
- Not applicable

PLEASE TELL US ABOUT SERVICES YOU USE

16. Which if any of the following services do you use?

	I use	Available, I don't use	Not available	Not sure if available
In-person medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telehealth medical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use disorder-recovery services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals on Wheels weekday delivery of meals to homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekday luncheons for seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-home healthcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-home personal care help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-home help with tasks like housekeeping, cooking, grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early childhood education/preschool/daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth summer day camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Do you have family or friends nearby who can provide you with assistance now or in the future for things like running errands, transportation, cooking, and self-care?

- Yes No Unsure

18. How likely is it that you will provide care to an adult family member or friend in the future?

- Not likely Somewhat likely Very likely I currently do this

19. How frequently do you engage in some form of physical activity?

- Daily About once per week About once a month
 Several times per week Every few weeks Other (please specify)

20. How frequently do you eat nutritious meals?

- Almost always Occasionally Other (please specify)
 Frequently Rarely

21. If you don't eat balanced meals as often as you'd like or feel you should, why not? (check all that apply)

- Cost of healthier ingredients or prepared food I'm not aware of daily lunches offered for seniors in the area
 Takes too much time to prepare I know about daily lunches for seniors but can't easily get there
 I don't have access to a kitchen Not applicable
 The food I eat is the food I like to eat Other (please specify)

22. Which if any of the following challenges have you or your household faced due to COVID-19? (check all that apply)

- Loss of income Caring for older parents or family members
 Loss of employment Access to food
 Lack of childcare Physical health impacts
 Social isolation Mental health impacts
 Limited transportation options None
 Limited or no internet access Other (please specify)

23. How do you get information about services or events in your community? (check all that apply)

- Word of mouth/friends/family Veterans Groups
 Newspaper/newsletter Parks & Recreation Department
 Public Library Town Office
 Social media (ex. Facebook, Twitter) Churches or Religious Organizations
 Internet/websites Television (CATV, WMUR, NHPTV)
 Email ServiceLink/2-1-1
 AARP Radio
 Senior Center Other (please specify)
 Public Schools

PLEASE TELL US ABOUT AMENITIES IN YOUR COMMUNITY

24. Which of the following do you use in your town or city?

	I use	Available, I don't use	Not available	Not sure if available
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer/ community service opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trails, conservation land, natural areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playgrounds, ball fields, swimming pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks and bike paths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerts, dances, socials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants/coffee shops/stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness centers, exercise classes, rec sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community centers, Boys & Girls Club, YMCA (youth, young adult, family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior center or activities for older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/civic groups (book clubs, garden clubs, Lions, Kiwanis, VFW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing education/ learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Churches or other places of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food pantry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Town welfare office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet access at public locations (library, town hall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE TELL US ABOUT YOUR SOCIAL NETWORK & SENSE OF BELONGING

25. Beside yourself, who else lives in your household? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I live alone | <input type="checkbox"/> My sibling(s) |
| <input type="checkbox"/> My spouse or domestic partner | <input type="checkbox"/> My child/children under 18 |
| <input type="checkbox"/> My parents/in-laws | <input type="checkbox"/> My adult child/children |
| <input type="checkbox"/> My grandparents | <input type="checkbox"/> Unrelated housemates/renters |
| <input type="checkbox"/> My grandchildren | <input type="checkbox"/> Other (please specify) |

26. How often do you have contact with family, friends or neighbors who do not live with you?

- | | |
|---|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Every few weeks |
| <input type="checkbox"/> Several times per week | <input type="checkbox"/> Once per month |
| <input type="checkbox"/> Once per week | <input type="checkbox"/> Other (please specify) |

27. If you would like to have more social contact with others, 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
- Mobility or health issues
- Unaware of activities/events that interest me
- Not interested in socializing more
- Other (Please specify)

28. Do you feel accepted in your town with regard to:

	YES	SOMEWHAT	NO	N/A
Spirituality or religious affiliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race and ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. My town is welcoming to all people.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

ALMOST DONE! PLEASE TELL US JUST A LITTLE MORE ABOUT YOURSELF:

30. What is your age?

- Under 18
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75-84 years old
- 85 years or older

31. What race(s) do you identify with? (Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Other (please specify)
- White
- Native Hawaiian or other Pacific Islander
- Middle Eastern or North African

32. Do you consider yourself Hispanic, Latino/Latina, or of Spanish origin?

- Yes
- No

33. What is your gender?

- Female
- Male
- Gender non-conforming/other (please specify)

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

- Employed full time (40 or more hours per week) (includes self-employed)
- Employed part time (up to 39 hours per week) (includes self-employed)
- Currently unemployed
- Student
- Retired
- Community volunteer or board member
- Stay at home parent
- Caregiver for another person
- Unable to work

35. What is the highest degree or level of school you have completed? (If you are currently enrolled in school, please indicate the level of study completed so far)

- Primary school
- Some high school, no diploma
- High school degree or equivalent (e.g. diploma, GED)
- Some college, no degree
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. Masters, Doctorate)

36. Please check off all that apply to you:

- I am deaf or I have difficulty hearing
- I am blind or have difficulty seeing, even when wearing glasses
- Because of a physical, mental or emotional condition, I have difficulty concentrating, remembering or making decisions
- I have difficulty walking or climbing stairs
- I have difficulty dressing or bathing
- Because of a physical, mental or emotional condition, I have difficulty doing errands alone such as visiting a doctor's office or going shopping
- I have had a fall and needed emergency medical attention

37. What is your household income?

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$120,000 to \$134,999 |
| <input type="checkbox"/> \$20,000 to \$34,999 | <input type="checkbox"/> \$75,000 to \$99,999 | <input type="checkbox"/> \$135,000 to \$149,999 |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$100,000 to \$119,999 | <input type="checkbox"/> \$150,000 or more |

38. Where did you hear about this survey? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Town website | <input type="checkbox"/> Businesses in town |
| <input type="checkbox"/> Town Hall | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Public Library | <input type="checkbox"/> From friends |
| <input type="checkbox"/> Announcement at Selectmen's meeting | <input type="checkbox"/> Flyers around town |
| <input type="checkbox"/> Community Cable TV | <input type="checkbox"/> Other (please specify) |

39. Do you have any additional comments about aging and livability in your town or the broader region?

Please enter your email if you are interested in either or both of the following options:

- Enter to win a one of ten \$50 gift cards to Hannaford
- Receive updates on this or other local or regional planning projects

E-mail Address: _____

THANK YOU!