



GREENWICH SENIORS COMMUNITY ASSESSMENT

Introduction

The Town of Greenwich is working with a local group, Aging In Community, to create services to support seniors. Our vision is for Greenwich to be a place where older adults can age in the community, staying independent, and connected to friends and neighbors.

Your answers to this survey will help us learn:

- What is working well
- What older adults need
- What services are most important
- What makes it hard to get help
- Ways for older adults to stay in their homes and community as they age

Thank you for taking time to answer this **anonymous survey**.

***You may skip any question you don't want to answer. ***

If you need help filling in this survey, please call Barbara at 518-588-2647

Estimated time: 20–25 minutes.

Drop off your completed survey at:

- Greenwich Town Hall
- Greenwich Village Hall Clerk's office
- Greenwich Library
- Battenkill YMCA

The last day to return surveys will be Friday, October 23.

For more locations, information, or if you have questions contact Aging In Community: aic.greenwich@gmail.com

This survey has nine sections.

1. About You

1.1 What is your age?

☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ 80-89 ☐ 90+ ☐ Prefer not to answer

1.2 Where do you live?

☐ Village of Greenwich ☐ Town of Greenwich outside the Village

☐ Other nearby community: _____ ☐ Prefer not to answer

1.3 How many people aged 60 or older live in your home? Total: _____

1.4 How long have you lived in your current home?

☐ Less than 2 years ☐ 2-5 years ☐ 6-10 years ☐ 11-20 years

☐ More than 20 years

1.5 What type of home do you live in?

☐ Single-family house ☐ 2-family/ Multi-family ☐ Apartment ☐ Other _____

1.6 Do you own or rent your home?

☐ Own ☐ Rent ☐ Other arrangement ☐ Prefer not to answer

1.7 Do you live alone?

☐ Yes ☐ No

1.8 Are you a veteran?

☐ Yes ☐ No

1.9 Do you have a disability or long-term condition that makes daily activities harder?

☐ Yes ☐ No ☐ Prefer not to answer

2. Growing Older in Greenwich

2.1 Overall, how would you rate Greenwich as a place to grow older?

☐ 1 Poor ☐ 2 Fair ☐ 3 Neutral ☐ 4 Good ☐ 5 Excellent

2.2 When you need help at home who do you usually call first?

☐ Spouse or partner ☐ Adult children or other family ☐ Friends or neighbors

☐ Paid helper ☐ Community or faith group ☐ No one ☐ Other _____

2.3 What is your biggest concern about staying in your home and community?

3. Transportation, Community, and Technology

3.1 How do you usually get to appointments, shopping, or activities? *(check all that apply)*

- ☐ Drive myself ☐ Family/friend ☐ Volunteer driver ☐ Taxi/rideshare
☐ Public/community transportation ☐ Walk/bicycle ☐ Other _____

3.2 In the past year, have you missed or delayed an appointment, shopping trip, or activity because you did not have a ride?

- ☐ Yes ☐ No ☐ Not sure

3.3 Do you have reliable internet service and a device such as a phone, tablet or computer that you can use for information, appointments, or services?

- ☐ Yes, and I am comfortable using them ☐ Yes, but I sometimes need help
☐ No reliable access/device ☐ Prefer not to answer

4. Home and Safety

4.1 How well does your home meet your needs right now?

- ☐ Meets my needs ☐ Could use a few small changes
☐ Needs major changes ☐ Not sure

4.2 What changes or help would make your home safer or easier to live in? *(check all that apply)*

- ☐ Grab bars/railings ☐ Ramp or easier entrance ☐ Bathroom changes
☐ Stair or mobility help ☐ Repairs/maintenance ☐ Snow/yard help
☐ Needs major repairs ☐ None ☐ Other _____

4.3 In the past 12 months, have you fallen, or worried about falling?

- ☐ Fell one or more times ☐ Concerned but have not fallen ☐ No
☐ Prefer not to answer

5. Paying for Basic Needs

5.1 In the past year, has it been hard to pay for any of these? *(check all that apply)*

- ☐ Housing/utilities ☐ Food ☐ Medications ☐ Healthcare ☐ Home repairs
☐ Transportation ☐ Internet/telephone ☐ Gas for the car ☐ None

5.2 Overall, how hard is it for your household to pay for basic needs?

- ☐ Not hard ☐ A little hard ☐ Somewhat hard ☐ Very hard
☐ Prefer not to answer

6. Health and Help at Home

6.1 How would you rate your overall health?

- ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Prefer not to answer

6.2 Do you have any concerns about your memory or emotional health?

- ☐ Short term memory ☐ Grief or sadness ☐ Depression
☐ Other _____ ☐ None ☐ Prefer not to answer

6.3 How would you rate your overall well-being? Think about your mood, emotions, and how you feel about life.

- ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Prefer not to answer

6.4 Do you currently receive any of these types of help? *(check all that apply)*

- ☐ Nursing or health aide at home ☐ Help with personal care
☐ Help finding and organizing services ☐ Meal support ☐ Transportation
☐ None ☐ Not sure

6.5 If you need help but do not get it, what makes it harder? *(check all that apply)*

- ☐ Costs too much ☐ No provider nearby ☐ There is a waiting list
☐ I don't qualify ☐ Transportation ☐ I don't know who to call
☐ I'm concerned about privacy/trust ☐ I have trouble using technology
☐ No one is available to help ☐ Other _____

7. Finding Information and Help

7.1 If you needed help finding a service, who would you contact first?

- ☐ Office for aging ☐ Church or faith group ☐ Family/friends

☐ Internet or social media ☐ Other: _____

7.2 How would you prefer to get information? (*choose up to two*)

☐ In person ☐ Printed information in the mail ☐ Telephone ☐ Email

☐ Website/social media ☐ Through a trusted local group ☐ Other _____

8. Social Life and Community

8.1 How often do you take part in social, recreational, educational, religious, or volunteer activities?

☐ Several times a week ☐ About weekly ☐ A few times a month

☐ Rarely ☐ Never

8.2 How often do you feel alone or without someone to talk with or for company?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Prefer not to answer

8.3 Would you like to know about more activities for older adults?

☐ Yes ☐ Maybe ☐ No

8.4 Would you be interested in sharing your skills, volunteering, or helping neighbors?

☐ Yes ☐ Maybe ☐ No

9. Services and Support

For each service, check the one answer that best describes your situation.

Definitions are included so everyone is rating the same type of support.

Service	I get enough help now	I need help but cannot get it	May need help in 1-2 years	Do not need / unsure
Find/coordinate medical or social services	☐	☐	☐	☐
Health care at home	☐	☐	☐	☐
Transportation	☐	☐	☐	☐
Personal care/help at home	☐	☐	☐	☐

Service	I get enough help now	I need help but cannot get it	May need help in 1-2 years	Do not need / unsure
Family Caregiver support	☐	☐	☐	☐
Counseling/ emotional support	☐	☐	☐	☐
Friendly visiting or phone calls	☐	☐	☐	☐
Health/wellness programs	☐	☐	☐	☐
Social/recreation/ learning programs	☐	☐	☐	☐
Home safety/ repairs	☐	☐	☐	☐

9.2 Which three services listed above are most important to you?

1. _____ 2. _____
3. _____

9.3 What other help would make it easier for you to stay in your home?

9.4 Other comments (*optional*)

OPTIONAL:

Name _____

Address/Contact: _____

Thank you for helping Greenwich plan a community where people can age with choice, dignity, and connection.