

## BRENTWOOD TRIAD SENIOR LIVING SURVEY

We need your help to assist us in taking positive steps to improve our senior community. Please respond to the following questions, as they affect you personally, by placing a check mark in the column which best describes your views. If you have any questions regarding this questionnaire, please contact Lt. O' Grodnick of the Brentwood Police Department at 809-7752.

**Gender**                       **Male**                       **Female**  
**Age Range**                 **55-64**                       **65-74**                       **75+**  
**Living Situation**         **Apartment**                       **Home**                       **Assisted Care**

<b>How concerned are you about the following:</b>			
	<b>Major Concern</b>	<b>Minor Concern</b>	<b>No Concern</b>
<b>Physical Safety:</b>			
Going out after dark			
Crime in the neighborhood			
<b>Financial Safety:</b>			
Robbery ( <i>Such as a purse snatch</i> )			
Burglary ( <i>Such as home invasion</i> )			
Identify Theft ( <i>Someone stealing your credit</i> )			
Fraud or con artists			
Financial fraud by family or friend			
<b>Emotional Security:</b>			
Feeling sad sometimes			
Feeling alone or out of touch			
Fear of financial issues			
Fear of losing financial independence			
Fear of losing physical independence			
<b>Transportation:</b>			
Getting around during the day			
Getting around at night			
<b>Quality of Life:</b>			
Availability of physical/recreational activities			
Access to physical and recreation activities			
Managing your household ( <i>yard work, home repair, housekeeping, etc.</i> )			
Managing your financial commitments ( <i>paying bills, cashing checks, etc.</i> )			

*(Continued on back)*

<b>Would the following suggested changes or additions improve your life?</b>			
	<b>Major Concern</b>	<b>Minor Concern</b>	<b>No Concern</b>
<b>In the Community:</b>			
Street lighting improvements			
Neighborhood Watch Program			
Home security recommendations			
More police visibility			
Expanded public transportation			
More physical and recreational programs			
More educational programs			
<b>At Home:</b>			
Regular reassurance phone calls			
More affordable home care assistance			
Access to yard care assistance			
More educational material about elder abuse			

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to fill out this survey. This survey will help your community TRIAD group to assist you. Please return the survey to **your Activities Director in your Clubhouse** or call Lt. O'Grodnick at 809-7752 to arrange for a volunteer pick it up.