



**Please Return  
Your Survey by  
10/31/19.**

# Town of Hanson

## Council on Aging (COA) Community Survey

The Town of Hanson requests that residents age 50 and over share their views in order to assess the Town's needs and improve programs and services. **All of your responses will be kept confidential. Please do not include your name or other identifying information on this survey.** If you prefer to respond online, please go to our secure site at: <https://www.surveymonkey.com/r/HansonCOA>. If you have questions or would like assistance completing this survey, please call 617-287-7413. This survey should take approximately 15 minutes to complete. We thank you in advance for your participation.

### SECTION I: Community & Neighborhood

#### 1. How long have you lived in the Town of Hanson?

- |  |  |
|--|--|
| <input type="radio"/> Fewer than 5 years | <input type="radio"/> 20-29 years        |
| <input type="radio"/> 5-9 years          | <input type="radio"/> 30 years or longer |
| <input type="radio"/> 10-19 years        |  |

#### 2. Do you live in Hanson year-round? (*Check all that apply*)

- |  |
|--|
| <input type="radio"/> Yes, I live in Hanson all year.                                      |
| <input type="radio"/> No, I spend a portion of the Winter months living outside of Hanson. |
| <input type="radio"/> No, I spend a portion of the Summer months living outside of Hanson. |
| <input type="radio"/> Other ( <i>Please specify</i> ) _____                                |

#### 3. Suppose for some reason you had to move out of Hanson. How much would you miss living in Hanson?

<input type="radio"/> Very much	<input type="radio"/> Somewhat	<input type="radio"/> Not much	<input type="radio"/> Not at All
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#### 4. On the whole, what do you value the most about living in the Town of Hanson?


#### 5. What are your greatest concerns about your ability to continue living in the Town of Hanson as you get older?


## SECTION II: Housing & Living Situation

6. Do you live alone or do you live with other people?

☐ I live alone

☐ I live with others

7. How many adults age 18 or older live in your home, including yourself? \_\_\_\_\_

8. How many children age 17 or younger live in your home? \_\_\_\_\_

9. Do you own or rent the home in which you live?

☐ The home is owned by me or someone with whom I live

☐ The home is rented by me or someone with whom I live

☐ Other (Please specify): \_\_\_\_\_

10. Does your current residence have a bedroom and full bath on the entry level?

☐ Yes

☐ No

11. Does your current residence need home repairs (e.g., new roof, electrical work, etc.) to improve your ability to live in it safely for the next five years?

☐ Yes, and I can afford to make these repairs.

☐ Yes, but I am not responsible for making these repairs (e.g., I rent my current residence).

☐ Yes, but I cannot afford to make these repairs.

☐ No, my current residence does not need repairs.

12. Does your current residence need home modifications (e.g., grab bars in showers or railings on stairs) to improve your ability to live in it safely for the next five years?

☐ Yes, and I can afford to make these modifications.

☐ Yes, but I cannot afford to make these modifications.

☐ No, my current residence does not need modifications.

13. In the next 5 years, if a change in your health or physical ability required that you move from your current residence, what kind of housing would you prefer? (Check all that apply)

☐ Single-family home

☐ Apartment, condominium or townhome

☐ Multi-family home (2, 3, or more units)

☐ 55+ community

☐ Accessory apartment  
(add-on apartment to an existing home)

☐ Assisted living community

☐ Other (Please specify) \_\_\_\_\_

14. In Hanson, housing affordability is...

☐ A very serious problem

☐ Just a minor problem

☐ A fairly serious problem

☐ Not a problem

☐ Just somewhat of a problem

☐ Not sure

### SECTION III: Social Activities & Relationships

15. How often do you talk on the phone, send email or use social media, or get together to visit with family, friends, or neighbors? (*Check only one per item*)

	Every day	One or more times a week	A few times a month	About once a month	A few times a year (e.g., holidays)	Never
<b>Talk on the phone</b> with family, friends, or neighbors						
<b>Send email or use social media</b> with family, friends, or neighbors						
<b>Get together in person</b> with family, friends, or neighbors						

16. Do you know someone living within 30 minutes of your home on whom you can rely for help when you need it?

☐ Yes ☐ No

17. Would you ask a neighbor for help if you needed assistance with a minor task or errand (e.g., changing a light bulb, shopping, shoveling snow)?

☐ Yes ☐ No

18. Do you provide any help to neighbors with minor tasks or errands?

☐ Yes ☐ No ☐ No, but I would be willing if asked

19. Would you know whom to contact in Hanson should you or someone in your family need help accessing social services, health services, or other municipal services?

☐ Yes ☐ No

### SECTION IV: Your Health

20. In general, how would you describe your physical health?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

21. In general, how would you describe your emotional well-being?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

22. Do you have an impairment or condition that limits your ability to participate in your community?

☐ Yes ☐ No

23. Due to a health issue, do you require help with activities around the house (e.g., doing routine chores like cleaning or yard work)?

☐ Yes ☐ No

24. Due to a health issue, do you require help with daily activities (e.g., using the telephone, preparing meals, taking medications, or keeping track of bills) or with personal care activities (e.g., taking a bath or shower, or getting dressed)?

☐ Yes ☐ No

## SECTION V: Caregiving

25. Do you now or have you in the past 5 years provided care or assistance to a person who is **disabled or frail** (e.g., a spouse, parent, relative, or friend)?

☐ Yes (Continue to questions 26-28) ☐ No (Skip to question 29)

26. If **Yes** on question 25, did or does this person live with you?

☐ Yes ☐ No

27. If **Yes** on question 25: How challenging is/was it for you to care for this person(s) and meet your other responsibilities with family and/or work?

<input type="radio"/> Very Challenging	<input type="radio"/> Somewhat Challenging	<input type="radio"/> Neither Challenging Nor Easy	<input type="radio"/> Somewhat Easy	<input type="radio"/> Very Easy
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28. If **Yes** on question 25, did this person have any of the following conditions? (Check all that apply)

<input type="radio"/> Alzheimer's disease or dementia	<input type="radio"/> Chronic disease (e.g., cancer, diabetes, asthma)
<input type="radio"/> Psychological condition (e.g., anxiety, depression)	<input type="radio"/> Other (Please specify): _____

29. How familiar are you with the supportive day program offered at the Hanson Senior Center?

<input type="radio"/> Very Familiar	<input type="radio"/> Somewhat Familiar	<input type="radio"/> Slightly Familiar	<input type="radio"/> Not at All Familiar
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30. Are you aware that the Hanson Senior Center offers a Caregiver Support Group?

☐ Yes ☐ No

## SECTION VI: Transportation

31. How satisfied are you with your ability to get where you want to go in your daily activities?

<input type="radio"/> Completely Satisfied	<input type="radio"/> Very Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Slightly Satisfied	<input type="radio"/> Not at All Satisfied
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32. **Within the past 12 months**, did you have to miss, cancel, or reschedule a medical appointment because of a lack of transportation?

- ☐ Yes      ☐ No

33. The Hanson Senior Center offers scheduled transportation for shopping and can arrange for volunteer transportation for medical appointments. Prior to receiving this survey, were you aware of these services?

- ☐ Yes      ☐ No

34. How satisfied are you with the transportation options available to you in Hanson?

<input type="radio"/> Completely Satisfied	<input type="radio"/> Very Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Slightly Satisfied	<input type="radio"/> Not at All Satisfied	<input type="radio"/> I am not familiar with transportation options in Hanson
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35. Which of the following best describes your driving status? (*Check only one*)

<input type="radio"/> I drive with no limitations	<input type="radio"/> I do not drive
<input type="radio"/> I limit my driving (e.g., I avoid driving at night, during bad weather, in unfamiliar areas)	

## SECTION VII: Programs & Services at the Hanson Council on Aging

36. Do you see the Hanson Council on Aging as playing a role in the lives of yourself, loved ones, friends, or neighbors?

- ☐ Yes      ☐ No

37. **Over the last 12 months**, how frequently have you used services or attended programs offered by the Hanson Council on Aging?

<input type="radio"/> Two or more times a week	<input type="radio"/> About once a month
<input type="radio"/> About once a week	<input type="radio"/> A few times a year (e.g., special events only)
<input type="radio"/> A few times a month	<input type="radio"/> Never

38. Have you ever traveled to senior centers in *other towns* to participate in their programs?

- ☐ Yes      ☐ No (Skip to question 40)



39. If “Yes” on Question 38, which town(s) have you traveled to for programs?



40. Below, please check all factors that would increase the likelihood of your using the Hanson Council on Aging programs and services more often: *(Check all that apply)*

*I would be more likely to use Hanson Council on Aging programs and services...*

<input type="radio"/> If transportation options to the Senior Center were more convenient
<input type="radio"/> If I had more knowledge about the programs and services that are available
<input type="radio"/> If programs and services were better suited to my interests
<input type="radio"/> If the hours of the Senior Center were more convenient
<input type="radio"/> If it were easier to access the Senior Center building (e.g., more accessible parking)
<input type="radio"/> If there were more people like myself at Senior Center events
<input type="radio"/> If there were improvements to the Senior Center building
<input type="radio"/> Other <i>(Please specify)</i> _____

41. How satisfied are you with the programs and services offered through the Hanson Council on Aging?

<input type="radio"/> Completely Satisfied	<input type="radio"/> Very Satisfied	<input type="radio"/> Somewhat Satisfied	<input type="radio"/> Slightly Satisfied	<input type="radio"/> Not at All Satisfied	<input type="radio"/> Not familiar enough to judge
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42. Thinking about your own future needs and interests, which of the following areas would you prioritize in expanding the programs available through the Hanson Council on Aging? *(Check all that apply)*

<input type="radio"/> Information/referral for social services	<input type="radio"/> Health and wellness programs (e.g., exercise or disease management)
<input type="radio"/> Lunch or other nutrition programs	<input type="radio"/> Performances and presentations
<input type="radio"/> Educational programs	<input type="radio"/> Caregiver programs (e.g. respite, support groups)
<input type="radio"/> Evening or weekend activities	<input type="radio"/> In-home programs (e.g., friendly visiting or help with minor chores/errands)
<input type="radio"/> Outdoor exercise (e.g., hiking/walking club)	<input type="radio"/> Day trips
<input type="radio"/> Arts & crafts (e.g., painting, quilting)	<input type="radio"/> Overnight trips
<input type="radio"/> Space for informal socializing	<input type="radio"/> Other (please specify)

43. What programs and services would you most like to see made available through the Hanson Council on Aging?


44. How familiar are you with programs or services offered by the Hanson Council on Aging?

<input type="radio"/> Very Familiar	<input type="radio"/> Somewhat Familiar	<input type="radio"/> Slightly Familiar	<input type="radio"/> Not at All Familiar
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45. Thinking about the activities and services offered through the Hanson Council on Aging, please rate your preference for each arrangement:

	Not at all preferred 1	2	3	4	Highly preferred 5
COA services and activities being located in its own dedicated building					
COA services and activities being held at various dedicated locations throughout Hanson					
COA services and activities being co-located in space shared with other groups and organizations, such as a community center					

46. Do you wish to share any thoughts about how the space available to the Hanson Council on Aging could be improved?

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47. Where would you prefer to find information about the activities and services offered by the Hanson Council on Aging? (Check all that apply)

<input type="radio"/> Council on Aging newsletter ( <i>Hansonian</i> )	<input type="radio"/> Local community newspapers ( <i>Whitman-Hanson Express</i> )
<input type="radio"/> Cable TV ( <i>Channel 6</i> )	<input type="radio"/> Facebook or other social media sites
<input type="radio"/> Radio	<input type="radio"/> Town of Hanson website ( <a href="http://hanson-ma.gov/">http://hanson-ma.gov/</a> )
<input type="radio"/> Other (Please specify) _____	

## SECTION VIII: Demographic Information

48. Please select your gender:

☐ Male    ☐ Female    ☐ Do not care to respond

49. What is your age range?

☐ 50 to 59    ☐ 60 to 69    ☐ 70 to 79    ☐ 80 to 89    ☐ 90+

50. Are you able to access the internet from your home? *(Check all that apply)*

- |   |
|---|
| <input type="radio"/> Yes, using a smartphone <i>(that is, a cellular phone that provides access to the internet)</i> |
| <input type="radio"/> Yes, using a home computer, laptop, or tablet   |
| <input type="radio"/> No, I do not have internet access at home   |

51. How frequently do you use the internet to access email, social media, or other websites?

<input type="radio"/> Daily	<input type="radio"/> Weekly	<input type="radio"/> Once a month	<input type="radio"/> Less than once a month	<input type="radio"/> Never
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52. What is your employment status? *(Check all that apply)*

- |   |   |                               |
|---|---|-------------------------------|
| <input type="radio"/> Working full time                   | <input type="radio"/> Working part time | <input type="radio"/> Retired |
| <input type="radio"/> Other <i>(Please specify)</i> _____ |   |                               |

53. When do you plan to fully retire?

- |   |   |
|---|---|
| <input type="radio"/> N/A, I am already fully retired | <input type="radio"/> In more than 10 years                   |
| <input type="radio"/> Within the next 3 years         | <input type="radio"/> Not sure                                |
| <input type="radio"/> In 3 to 5 years                 | <input type="radio"/> I do not anticipate ever fully retiring |
| <input type="radio"/> In 6 to 10 years                |   |

54. What best describes your standard of living?

- |  |  |
|--|--|
| <input type="radio"/> Very well off                  | <input type="radio"/> Just getting along |
| <input type="radio"/> Living very comfortably        | <input type="radio"/> Nearly poor        |
| <input type="radio"/> Living with reasonable comfort | <input type="radio"/> Poor               |

55. If you have any other thoughts or comments about the Town of Hanson Council on Aging, or about current or future needs of older residents in Hanson, please include them here:


Thank you for taking the time to participate. If you have any questions or concerns regarding this survey, please contact:

**Center for Social & Demographic Research on Aging**  
**University of Massachusetts Boston**  
**Email: CSDRA@umb.edu**  
**Phone: 617-287-7413**

If you would like to learn more about the Council on Aging, please call 781-293-2683.