QUALITY OF LIFE SURVEY 2014

The community organizations involved with the West Central Connecticut TRIAD program would like your input about programs and activities that you are interested in. This information will not be shared outside of our TRIAD committee. This survey will help your TRIAD and SALT (Seniors and Law Enforcement Working Together) Council to help you.

1. Which of these communities do you live in or closest to:
   - Bristol _____
   - Burlington _____
   - Plainville _____
   - Plymouth _____

2. In order to help us direct our resources, please indicate your top five health and safety concerns.
   - Fear of crime _____
   - Vandalism _____
   - Animals _____
   - Residential burglary _____
   - Nutritious meals _____
   - Vacant/Abandoned houses _____
   - Memory loss _____
   - Inclement weather/Emergencies _____
   - Lack of daily support _____
   - Feeling isolated _____
   - Balance and falls _____
   - Computer literacy/Technology _____
   - Medication management _____
   - Other:__________________________________________

3. Would you be interested in volunteering to assist our efforts?
   - Yes _____  No _____
   - If yes, specify areas of interest:
     - Speaker’s Bureau _____
     - Office Work _____
     - Financial Coaching/Education _____
     - Veterans Issues _____

   Do you have any special skills/interests that you would be willing to share?

__________________________________________________________

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4. Would you be interested in any of the following programs? (Y or N)
   Personal safety programs _____
   Technology classes (computers, cell phones, etc…) _____
   Safe driving classes _____
   Financial education classes _____
   Fitness and Health programs _____
   File of Life _____
   (Contains emergency contact, health and insurance information for first responders and hospitals.)
   Yellow Dot Program _____
   (A yellow dot decal is placed on the inside rear windshield to alert emergency first responders where to look for the important information. Designed to be used in an automobile incident or accident.)

5. Where would you attend programs? (Check all that apply).
   My local library _____ Library in a neighboring town _____
   My local senior center _____ Senior center in a neighboring town _____
   Other: ____________________________________________________________

Optional Information (helpful but not required)

Name: ________________________________________________________________

Phone Number: _________________________________________________________

E-mail Address: _________________________________________________________

Street Address: _________________________________________________________

Age _____ Male _____ Female _____ Yes, please add me to your mailing list! _____

Thank you for taking the time to fill out this survey!

Please return the survey to your local senior center director by December 31, 2014.