QUALITY OF LIFE SURVEY 2020

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 _____
   - Fear of crime _____
   - Frauds/Scams _____
   - Assault/Violent crime _____
   - Telemarketers/Solicitors _____
   - Access to health care _____
   - Residential burglary _____
   - 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 _____
   - Financial Coaching/Education _____
   - Office Work _____
   - 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)

Alzheimer/Dementia information

Caregiver Resources and information

Cooking and Nutrition

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 August 1, 2020