



TOWN OF
AMHERST
MASSACHUSETTS



调查问卷

各位安城居民，你们好！

为把安城创建成一个更加有利于老年人和老年痴呆症患者生活居住的社区，现在我们邀请你们做一个问卷调查。这个问卷调查将帮助我们从居民当中收集为老年人、老年痴呆症患者和护理人员营造一个安全健康和包容的生活环境所需的信息。你们的参与将有助于我们更好地了解我们该做些什么和从哪些方面去改进，并将帮助我们确定工作的重点来提高安城对不同年龄段居民的可居住性。

所有在三月三十一日完成调查问卷的人将有资格参与抽奖活动。此活动共有五张礼品卡，每张价值五十元美金。这些礼品卡是由安城商会赞助的（三月三十一日以后完成的调查问卷也会被接受）。

调查问卷也可以在网完成。链接为：<https://www.surveymonkey.com/r/AFAmherst>

纸质问卷可以交还到安城老年中心或 the Jones 图书馆投递箱（Amherst Senior Center, 70 Boltwood Walk, Amherst, MA 01002 或在 the Jones Library, 43 Amity Street, Amherst, MA 01002），或者将此调查问卷邮寄至 PO Box 3498, Amherst, MA 01004.

问卷调查结果将被用于制定社区评估和行动计划。这将被用来指导把安城建设成一个关爱老年人和老年痴呆症患者的社区。假如您需要得到帮助来完成这个调查问卷，请联系老年中心（seniorcenter@amherstma.gov or 413- 259-3060）。

谢谢！

老龄化工作指导委员会

We want to hear from Amherst residents! Please fill out this survey and return it to the drop boxes at the Amherst Senior Center, 70 Boltwood Walk, Amherst, MA 01002 or at the Jones Library, 43 Amity Street, Amherst, MA 01002, or mail to PO Box 3498, Amherst, MA 01004.

Surveys may also be filled in online at: <https://www.surveymonkey.com/r/AFAmherst1>

我们想听听安城居民的意见！请填写此调查问卷并将其返还到安城老年中心或者the Jones图书馆投递箱（Amherst Senior Center, 70 Boltwood Walk, Amherst, MA 01002 或在 the Jones Library, 43 Amity Street, Amherst, MA 01002），或者将此调查问卷邮寄至PO Box 3498, Amherst, MA 01004. 调查也可以网上填写：<https://www.surveymonkey.com/r/AFAmherst1>。

YOUR COMMUNITY – AMHERST, MASSACHUSETTS

您的社区 – 安城，马塞诸塞州

1. What is your age? 你几岁？

- Under 40 (40岁以下) 40-49 50-59 60-69 70-79 80-89 90+

2. To which gender identity do you most identify? 你最认同哪种性别认同？

- Male男性 Female女性 Gender Nonbinary非二元性别 Transgender Male跨性别男性

- Transgender Female跨性别女性 Intersex双性人 Prefer not to say不想说 Other其他: _____

3. What is your race or ethnicity? (check all that apply) 你的种族或者民族是什么？（请选择所有适合的）

- White or Caucasian白人或者高加索人 Hispanic西班牙裔 American Indian or Alaskan Native美洲印第安人或阿拉斯加原住民
- Black or African American黑人或非裔美国人 Asian亚洲人 Native Hawaiian or Pacific Island夏威夷原住民或太平洋岛民
- Other or more than one race其他: _____

4. How long have you lived in Amherst? 你在安城住了多久了？

- Fewer than 5 years少于五年 5-15 years 5-15年 16-30 years 16-30年 31-45 years 31-45年
- More than 45 years 45年以上

5. How would you rate Amherst as a place for people to live as they age?

您如何评价安城作为人们随着年龄增长而居住的地方？

- Excellent优秀 Very good非常好 Good好 Fair一般 Poor差

6. How important is it for you to remain in Amherst as you get older?

随着年龄的增长，留在安城对您来说有多重要？

- Extremely important极其重要 Very important非常重要 Not very important不太重要
- Somewhat important有些重要 Not at all important一点儿都不重要

7. Are there times when you do not feel safe in your community? 您是否在社区中感到不安全? Yes 是 No 否
8. If you do not feel safe, in what locations do you not feel safe and for what reason(s)? 如果您感到不安全, 您在哪些地方感到不安全? 出于什么原因?

9. What is your employment status? (check all that apply) 您的就业状况如何? (请选择所有适合的)

- | | | |
|--|---|--|
| <input type="checkbox"/> Working full-time
全职工作 | <input type="checkbox"/> Unemployed
失业 | <input type="checkbox"/> Serving as a full or part-time caregiver
担任全职或者兼职照顾者 |
| <input type="checkbox"/> Working part-time
兼职工作 | <input type="checkbox"/> Retired 退休 | <input type="checkbox"/> Volunteering full or part-time
全职或兼职志愿者 |
| | | <input type="checkbox"/> Other 其他: _____ |

10. How important is it for you to be able to stay in your own home, either independently or with a caregiver, as you age?

随着年龄的增长, 能够独立或与照顾您的人一起待在家里对您来说有多重要?

- | | |
|--|--|
| <input type="checkbox"/> Extremely important
极其重要 | <input type="checkbox"/> Somewhat important
有些重要 |
| <input type="checkbox"/> Very important
非常重要 | <input type="checkbox"/> Not very important
不是很重要 |
| | <input type="checkbox"/> Not at all important
一点儿都不重要 |

11. How would you rate your overall physical health? 您如何评价您的身体健康状况?
 Excellent非常好 Very Good很好
 Good好 Fair一般 Poor差

12. How would you rate your overall emotional well-being? 您如何评价您的整体情绪状况?
 Excellent非常好 Very Good很好
 Good好 Fair一般 Poor差

13. Which of the following areas are most important for Amherst to focus on in the next five years to make the town a more livable community for older adults? Please rank the top 3 priorities (with numbers 1, 2, 3)以下哪个方面应该受到重视以让安城成为一个更适合老年人居住的社区? 请选择三个重要的, 用1, 2, 3来编号。

- Housing住房
- Transportation交通
- Health & Caregiver Services健康与护理服务
- Communication & Social Engagement沟通与社会参与
- Employment & Civic Engagement就业与公民参与
- Outdoor Spaces & Building Accessibility室外和室内通行的便利性
- Social Inclusion社会包容性
- Financial Security财务安全
- Food Security食品安全
- Public Safety公共安全

Do you (yourself) need help in any of the following areas? 您在以下任何方面需要帮助吗?	I do not need help in this area 不需要	I am getting help in this area 需要	I need help, but do not know where to get it 需要但是不知如何得到帮助	I know where to get help, but cannot get it 我知道如何得到帮助, 但是无法获得帮助
Housing: 住房				
14. Getting home modifications (e.g., bars in shower, wheelchair ramp) 进行住房改造 (例如, 淋浴间台面, 轮椅坡道)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Getting home repairs (e.g., new roof, electrical repairs) 进行住房修理 (例如, 新房顶、电路改造)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Finding affordable housing 寻找经济适用房	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Finding a smaller home or apartment (downsizing) 寻找面积较小的住房	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Community Services: 健康和社区服务				
18. Finding a Primary Care Physician 寻找家庭医生	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Getting medical services at my home 在家获得医疗服务	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Scheduling an appointment for non-emergency medical care 预约理	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Finding a mental health service provider寻找心理健康服务提供者	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping with:应对				
22. Abuse, neglect, mistreatment (physical, emotional, financial)虐待、忽视、不公平对待（身体、情感、财务）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Forgetfulness or confusion健忘或者糊涂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Smoking吸烟	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Alcohol/other drug abuse酒精/其他药物滥用	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Is the inability to pay for what you need a concern for you in the future? Yes No
 无法支付您未来需要的费用是否会引起您的关注？ 是 否

In the past 12 months have you been concerned about any of the following due to finances? (check all that apply) 在过去的12个月中，您是否因财务问题而担心以下任何一项（请选择所有适合的）	Not concerned 不担心	Somewhat concerned 有点儿担心	Very concerned 非常担心	Had to skip due to financial Constraints 由于财务问题而无法支付
27. Paying rent or mortgage 支付租金或房贷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Getting enough food 获得足够的食物	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Paying for utilities (electricity or fuel to heat my house) 支付水电费（暖气费）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Accessing quality health care 获得优质医疗保健	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Getting basic maintenance completed on my home or apartment 进行住房的基本维护	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Having reliable, safe transportation to get to appointments/shop for food 有可靠、安全的交通工具去赴约/购买食物	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Paying for medical appointments 支付看病费用	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Paying for prescription drugs 支付处方药费	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Accessing dental care 获得牙医护理	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Accessing hearing aids 获得助听设备	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Accessing eyeglasses 获得眼镜	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Finding or losing a job 寻找或者失去工作	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Being socially isolated 社会孤立	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Accessing educational programs 获得教育机会	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Going to social gatherings or activities 参加社交聚会或活动	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Attending exercise or athletic programs 参加锻炼或者运动项目	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Accessing pet care 获得宠物护理	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSING 住房

Which of the following best describes your current place of residence? In the next 5 years if a change requires that you move, what type of housing would you prefer? (check all that apply) 以下哪项能描述您目前的居住地？未来五年内，如果变化需要您搬家，您更喜欢哪种类型的住房？（请现在所有适合的）	44. Current Residence 目前居住地	45. Preferred Residence in the next 5 years 未来5年的首选居住地
Single family home 独立屋	<input type="checkbox"/>	<input type="checkbox"/>
Accessory (“in-law”) apartment 亲属套间	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family home (2, 3, or more units) 多户住宅（2, 3或更多）	<input type="checkbox"/>	<input type="checkbox"/>
Apartment building, condominium or townhouse 公寓楼、公寓或联排别墅	<input type="checkbox"/>	<input type="checkbox"/>

Senior independent living community (apartment)老年独立生活小区（公寓）	<input type="checkbox"/>	<input type="checkbox"/>
Group home or co-housing集体住宅或共同住宅	<input type="checkbox"/>	<input type="checkbox"/>
Assisted living community (including medical or other support services) 辅助生活社区（包括医疗或其他支持服务）	<input type="checkbox"/>	<input type="checkbox"/>
Subsidized housing 补贴住房	<input type="checkbox"/>	<input type="checkbox"/>
Location that is easily accessible to stores or services生活或者服务便利区域	<input type="checkbox"/>	<input type="checkbox"/>
Other其他:	<input type="checkbox"/>	<input type="checkbox"/>

46. Is your housing affordable (i.e. housing costs including rent or mortgage, taxes and insurance are less than 30% of your income) given your income and/or resources? Yes No

根据您的收入和/或资源，您是否能负担住房费用（即包括租金或者房贷，税收和保险在内的住房费用低于您的收入的30%）？ 是 否

47. Who do you currently live with? (check all that apply)您现在和谁住在一起？（请选择所有适合的）

- I live alone我一个人住
- A spouse/partner配偶/伴侣
- My adult child(ren) (age 18+)我的成年子女（18岁以上）
- My child(ren) (under 18)我的孩子（18岁以下）
- My grandchildren我的孙子们
- My parents我的父母
- A relative (other than above)亲戚（不同于上述）
- Roommates or house mates室友
- Other其他: _____

TRANSPORTATION交通

48. What are the primary ways in which you meet your transportation needs? (check all that apply)

满足您的交通需求的主要方式是什么（请选择所有适合的）（请选择所有适合的）

- I drive myself我自己开车
- Friends and neighbors drive me朋友和邻居开车送我
- Family members drive me家人开车送我
- Taxi or a Ride Share Service (Uber or Lyft)出租车或者拼车服务（Uber或者Lyft）
- Transportation provided by the Amherst Senior Center安城老年中心提供的交通服务
- Vans provided by my housing community我的住房社区提供的交通服务
- PVTA bus PVTA公车
- PVTA paratransit or over 60 service PVTA辅助客运系统
- Walk步行
- Bike or e-Bike自行车或电动自行车
- Other其他: _____

49. What kind of difficulties do you have in getting the transportation that you need? (check all that apply)

您在获得所需交通工具方面遇到了哪些困难？（请选择所有适合的）

- I have no difficulties我没有困难
- I need help getting into my house or carrying packages我需要帮助才能进入住房或搬运物件
- Public transportation (PVTA bus or paratransit) is unavailable or inconvenient公共交通（PVTA公交系统）不可用或不方便
- Physical limitations or other impairments健康或其他状况限制
- No one I can depend on for a ride没有人帮我
- I cannot afford to own a car, or to pay for private transportation services我买不起车，或付不起私人交通服务
- Senior center transportation is unavailable or inconvenient老年中心的交通服务不可用或者不方便使用
- Other其他: _____

HEALTH AND CAREGIVER SERVICES健康和护理服务

50. Do you have an impairment or condition that limits your participation in your community?

您是否有限制您参与社区活动的障碍或状况

- Yes 是 No 否

51. Do you have a friend, neighbor or relative within 30 minutes who would provide help if you needed assistance with a minor task or errand (e.g., changing a light bulb, shopping, shoveling snow)?

如果您在日常生活小事上需要帮助（例如，换灯泡，购物，铲雪），您是否有在30分钟内可以提供帮助的朋友，邻居或亲戚？

Yes是 No否

52. Do you need help with basic tasks or errands (e.g., changing a light bulb, shopping, shoveling snow)?

您在日常生活小事上（例如，换灯泡，购物，铲雪），需要帮助吗？

Yes是 No否

53. Have you experienced problems accessing professional caregiver services such as home health aids?

您在获得专业护理人员服务（例如家庭保健辅助设备）时遇到过问题吗？

Yes是 No否 Not Applicable 不适用

54. Do you provide care for any of the following people on a regular basis? (check all that apply)

您是否定期为以下人员提供服务？（请选择所有适合的）

Grandchild孙子或孙女 Child孩子 Spouse配偶 Parent父母 Grandparent祖父母

Other family member其他家庭成员 Friend or neighbor朋友或邻居 Other其他: _____

55. If you provide caregiver services to a friend or family member, do you (check all that apply)

如果您向朋友或者家人提供看护服务，您会（请选择所有适合的）

- Share caregiving responsibilities with others 与他人分担看护责任
- Experience problems at work as a result of caregiving 由于看护而在工作中遇到问题
- Experience any financial problems due to caregiving 因看护而遇到财务问题
- Need information and/or training in how to provide caregiver services
需要有关如何提供护理服务的信息和/或培训
- Need assistance so that you can get some time off 需要帮助，以便您可以休息一段时间
- Have access to all the information on caregiving that you need 可以得到您需要的所有护理信息
- Have access to a support group 可以得到相关的支持
- Other 其他: _____

Do you or someone you care for have any of the following resulting in the need for supportive services? (check all that apply) 您或您照顾的人是否有以下任何情况需要得到支持	56. I have these conditions 我有这些症状	57. The person I care for has these conditions 我照顾的人有这些症状
Sensory impairment (e.g., vision, hearing) 感官障碍（例如，听觉、视觉）	<input type="checkbox"/>	<input type="checkbox"/>
Mobility impairment (e.g., difficulty walking, climbing stairs) 行动不便（例如，行走、上楼有困难）	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease (e.g., cancer, diabetes, asthma) 慢性病（如癌症、糖尿病、哮喘）	<input type="checkbox"/>	<input type="checkbox"/>
Memory loss or forgetfulness (age related or undiagnosed) 记忆里减退或健忘（年龄相关或未确诊）	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's or dementia diagnosis 阿尔兹海默症或痴呆	<input type="checkbox"/>	<input type="checkbox"/>
Psychological condition (e.g., anxiety, depression) 心理疾病（例如，焦虑、抑郁）	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual or developmental disability 智力或发育障碍	<input type="checkbox"/>	<input type="checkbox"/>
Other 其他	<input type="checkbox"/>	<input type="checkbox"/>

In the columns to the right, please check all that apply regarding the services listed below. 请选择所有在右栏中相关的	58. I have received these services from a friend or Relative 我从朋友或者亲戚那里得到这些服务	59. I have received these services from a paid professional 我从付费专业人士那里获得了这些服务	60. I provide these Services 我提供这些服务	61. I need help finding these services 我需要帮助找到这些服务
Personal care & light housekeeping 个人护理和简单的家政服务	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bill paying or personal finances 账单支付或个人财务	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with meals 帮助日常用餐	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and emotional support 社会和情感支持	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing or medical services 护理或医	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

疗服务				
Yard work or snow shoveling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other庭院工作或铲雪	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATION, CIVIC & SOCIAL ENGAGEMENT 沟通、公民和社会参与

62. Are you comfortable using a computer, tablet or smart phone? Yes是 No否

您是否习惯使用电脑、平板电脑或智能手机

63. Do you need assistance with any of the following in order to use technology to access basic information or to attend programs online? (check all that apply) 您是否需要以下任何方面的帮助才能使用电子设备或上网获得信息（请选择所有适合的）

- Equipment (iPad or laptop)设备（ipad或笔记本电脑）
- Training on how to use Zoom, WebEx or Google Chats如何如何使用Zoom, WebEx或Google Chats的培训
- Training on how to use a computer or tablet如何使用电脑或者平板电脑的培训
- I do not need assistance or equipment我不需要任何帮助或者设备
- Access to affordable high speed internet service使用能够负担的高速互联网服务
- I am not interested in using technology我对运用科技产品不感兴趣

64. Which of the following resources would you go to if you needed information for services for older adults such as caregiving, home-delivered meals, medical transport or social activities? (check all that apply)
如果您需要有关老年人的服务的的信息，例如看护、送餐上门，医疗交通，或者社会活动，您会使用以下哪些资源？

- Amherst Senior Center or Council on Aging安城老年中心或老龄问题委员会
- Amherst Neighbors在安城的邻居
- Family or Friends家人或者朋友
- Doctor or other health care professional
医生或医疗保健专业人员
- Area elder care organizations (Highland Valley or LifePath)
地区老年护理组织(Highland Valley或LifePath)
- Faith-based institutions such as churches or synagogues
以信仰为基础的机构，比如教堂或犹太教堂
- Library图书馆
- AARP美国心理治疗协会
- Internet- 413Cares互联网-413护理
- Internet- General search互联网-一般搜索
- Phone book电话簿
- Other其他: _____

65. How often do you get together in person with family, friends or neighbors?

您与家人、朋友或邻居见面的频率如何

- Every day每天
- One or more times a week
每周一次或多次
- More than once a month
月一次以上
- Once a month每月一次
- 2-3 times a year (e.g., holidays)每年2-3次（例如节假日）
- Less than once a year一年不到一次

66. Which of the following programs or services did you access in the last 12 months through the Amherst Senior Center? (check all that apply)在过去的12个月中，您通过安城老年中心获得了以下哪些项目或服务？（请选择所有适合的）

- SNAP Benefits Counseling SNAP福利咨询
- SHINE Counseling (Serving the Health Insurance Needs of Everyone)SHINE咨询（提供医疗保险需要）
- Housing Application Assistance住房申请协助
- Fuel Assistance Application Counseling燃料援助申请咨询
- Daily Lunch Program (pick-up or delivered)每日午餐计划（自取或外送）
- Exercise Programs (Tai Chi, Line Dancing, Yoga) and/or fitness room
锻炼计划（太极、排舞、瑜伽）和/或健身房
- Exercise programs offered on Amherst Media 安城Media提供的锻炼计划
- Social Activities and classes (Card groups, Arts & Crafts, Book Club, etc.)
社会活动和课程（卡片组、工艺美术、读书俱乐部，等）
- None of the above以上都不是

67. If you have never used the programs or services offered by the Amherst Senior Center, what is the main reason? (check all that apply)如果您从未使用过安城老年中心提供的项目或服务，那么主要原因是什么？（请选择所有适合的）

- I am not old enough
- Hours of the program and services are inconvenient

我不够老
 I am not interested
我不感兴趣
 I do not have time
我没有时间
 Parking is difficult
停车困难

项目和服务的时间不合适
 I participate in programs elsewhere
我参加其他地方的项目
 I don't have transportation to get there
我没有交通工具去那儿
 I don't know what programs/services the Senior Center offers
我不知道老年中心提供什么项目或服务
 Other其他:_____

68. If evening programs were offered, would you be more likely to attend?如果提供晚间课程，你会更有可能参加吗？
 Yes是 No否

69. In what ways can the Amherst Senior Center better meet your needs?安城老年中心在哪些方面可以更好地满足您的需求？

70. Other than the Amherst Senior Center (and assuming these places will be fully open in the coming year), where do you like to spend your free time? (check all that apply)除了安城老年中心（假设这些地方将在来年全面开放），您喜欢在哪儿度过您的闲暇时间？（请选择所有适合的）

- | | |
|--|--|
| <input type="checkbox"/> Library图书馆 | <input type="checkbox"/> Volunteering with charitable organizations
慈善组织的志愿者活动 |
| <input type="checkbox"/> Parks or outdoor space公园或户外空间 | <input type="checkbox"/> Socializing with friends与朋友社交 |
| <input type="checkbox"/> Restaurants or café饭馆或咖啡馆 | <input type="checkbox"/> Participating in online educational or social programs
参与在线教育或社交活动 |
| <input type="checkbox"/> Museum or cultural center
博物馆或文化中心 | <input type="checkbox"/> I like to be at home我喜欢待在家里 |
| <input type="checkbox"/> Gym or fitness classes
健身房或健身课程 | <input type="checkbox"/> None of the above以上都不是 |
| <input type="checkbox"/> City meetings or other civic activities
城市内的活动 | <input type="checkbox"/> Other其他: _____ |
| <input type="checkbox"/> Church or faith-based organizations
教堂或信仰组织 | |

71. From whom did you receive the survey (please check most appropriate response)您从谁那里收到了调查？（请选择所有适合的）

- | | |
|--|--|
| <input type="checkbox"/> I received it in the mail邮寄信 | <input type="checkbox"/> Amherst Neighbors newsletter安城邻居通讯 |
| <input type="checkbox"/> Someone whom I know personally我认识的人 | <input type="checkbox"/> League of Women Voters of Amherst newsletter
安城女性民选联盟通讯 |
| <input type="checkbox"/> Craig's Place Graig处 | <input type="checkbox"/> Engage Amherst (Town website)安城镇网站 |
| <input type="checkbox"/> Bangs Center Meal Distribution
Bangs膳食分配中心 | <input type="checkbox"/> Stavros |
| <input type="checkbox"/> Jones Library Jones图书馆 | <input type="checkbox"/> Racial Equity Task Force of Amherst Facebook site
安城Facebook网站的种族平等工作组 |
| <input type="checkbox"/> Senior Spirit 老年精神 | <input type="checkbox"/> Housing Coalition Facebook site
Facebook网站的住房联盟 |
| <input type="checkbox"/> Amherst Survival Center安城生存中心 | <input type="checkbox"/> Other其他: _____ |
| <input type="checkbox"/> Amherst Indy 安城 Indy | |

72. Did anyone assist you in completing the survey? 是否有人协助您完成调查？

- No没有
- Yes, someone helped me read and understand the questions是，有人帮我阅读并理解了这些问题
- Yes, someone helped me by translating the items into my primary language是，有人帮我翻译这些问题

73. Are there any other comments you have about aging in Amherst? 您对安城的老龄化问题还有其他意见吗？

Thank-you for completing this survey! 感谢您完成本次调查!

Please provide your name and **mailing address** if you would like to be entered into a drawing for one of five \$50 Gift Cards如果您想参加抽取50元礼品卡的活动, 请提供您的姓名和邮寄地址:

Name姓名: _____

Address/Phone #地址/电话:_____

Would you like someone to contact you regarding the services or programs available at the Amherst Senior Center? 您是否希望有人就安城老年人中心提供的服务或项目跟您联系?

Yes是 No否 Phone/Email 电话/电邮: _____

For more information on upcoming events, please visit <https://engageamherst.org/agefriendly> or call the Senior Center for updates on the Age and Dementia Friendly Project

如果您想了解即将举行的活动和了解最新信息, 请访问<https://engageamherst.org/agefriendly> 或致电老年中心的年龄和痴呆症关爱者项目。