



**Saint-Antoine**  
*P'tite ville en campagne*

**Village of Saint-Antoine**

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**Aging at home: Survey of the 50 years old and over of Saint-Antoine**

**Goals:**

- Getting to know the expectations, needs and preoccupations of our citizens aged 50 +
- Your answers to the questions will help our municipal elected officials make better decisions to improve the quality of life of seniors in our village.

**Objectives :**

- Identify and anticipate their needs in order for them to live at home as long as possible
- Get an estimate of the number of people in that age group living at home while receiving support or are in need of support and recognize those with some loss of independence
- Short and long term strategic planning for their well-being
- Make the necessary changes to municipal infrastructure
- Favor social inclusion

Your answers will remain confidential, you do not have to give your name.

Sponsored by: the municipality of Saint-Antoine  
in collaboration with the committee for seniors and  
people with special needs

**RESPONDENT PROFILE**

1. Age group:

- 50-65 years old     66-75 years old     76-90 years old     91 years old and over

2. Gender:

- Male     Female     Other

3. Home living situation:

- Alone     Couple     With family members     Other (specify): \_\_\_\_\_

4. What is your family gross income?

- Less than \$ 25,000     \$25,000 to \$ 50,000     \$50,000 to \$75,000     More than \$75,000

**HOUSING**

5. I live :

- In my own home     In rental/ Apartment     In a senior’s residence/ Care home

6. Would you be interested in attending information workshops on government programs such as house repairs/improvements, low-cost housing, etc.?

- Yes     No

7. Do you see the need to have the following type of housing in Saint-Antoine? Please indicate in order of priorities 1, 2 and 3.

- Additional rooms for people in need of long-term care (Foyer Saint-Antoine)
- Care beds for people suffering from dementia (Alzheimer)
- Apartments with complete services for seniors and people with special needs

**SECURITY**

8. At home, do you feel safe facing the following dangers?

	Always	Most of the time	Never
a) Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Theft/ vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Power outages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Storm (ice, snow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In a situation where you are faced with the above dangers, do you know where to call?

- Yes     No

**HEALTH SERVICES/ FOOD**

10. I use the following device because of a physical disability:

- Wheelchair       Walker       Cane       Hearing aid  
 Medical Alert device    None       Other (specify): \_\_\_\_\_

11. Does it happen that you do not have sufficient money after paying your bills (housing & heating costs, electricity...)?

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a) To do your grocery                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) To pay for your medications         | <input type="checkbox"/> | <input type="checkbox"/> |
| c) To attend paid admission activities | <input type="checkbox"/> | <input type="checkbox"/> |

**COMMUNICATION/ INFORMATION**

12. Check the options that inform you of the activities in Saint-Antoine.

- Info Saint-Antoine       Church Bulletin       Website (www.saint-antoine.ca)  
 Facebook Page       Radio       Newspapers  
 Friends/ Family       Sign       Posters  
 Other (specify): \_\_\_\_\_

13. What are your reading and writing skills?

- I can read and write without difficulty    I have difficulty reading and writing  
 I cannot read and write

**TRANSPORTATION**

14. Check the outings that is causing you a transportation problem.

- To go to the doctor, dentist and pharmacy  
 To attend leisure activities and social gatherings  
 To do my grocery, shopping, errands  
 To obtain other services (banking, restaurant, church, library)  
 Other (specify): \_\_\_\_\_

15. Kent Community Transportation is a transportation service at a reasonable price for residents of Kent county (information: 521-5083). Do you have a need for this kind of service?

- Yes       No

**COMMUNITY SUPPORT/ AID**

16. What are the tasks that you need help with?

- Make meals       Do the grocery       Housekeeping  
 Exterior maintenance (lawn care, snow removal, etc.)       Other (specify): \_\_\_\_\_

**EDUCATIONAL, SPORTS AND LEISURE ACTIVITIES**

17. Check the activities that you do regularly.

- Walking, daily exercise
- Reading
- Activities at the Golden Age Club
- Television/ Radio / Music
- Computer
- Gardening
- Other (specify): \_\_\_\_\_

18. I would like the following activities/ services in Saint-Antoine.

- Various workshops (safety, health, etc.)
- Community garden
- Internal walking path
- Bicycle path
- Art workshops (painting, sculpture....)
- Winter activities club (skiing, skating, snow shoeing)
- Other (specify): \_\_\_\_\_

**RESPECT AND SOCIAL INCLUSION**

19. Do you feel lonely at times?

- Never
- Sometimes
- Often

20. Do you feel less valued because of your age at the following places?

	Never	Sometimes	Often	Always
a) Recreational and social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Financial institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Other municipal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VOLUNTEERING**

21. Would you be interested in volunteering occasionally for an activity or join a committee?

- Yes
- No

If so, please contact us at 525-4020 or [village@saint-antoine.ca](mailto:village@saint-antoine.ca).

**COMMENTS/ SUGGESTIONS**

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THANK YOU!