

**Hour Exchange Portland  
Demographics Survey  
November 2018**

Please note this is a voluntary three-page survey. This information is kept completely confidential. HEP asks for this information to ensure we are in compliance with federal standards, as we have to demonstrate which populations we serve.

<b>Today's date</b>	
<b>Your name</b>	
<b>Date of birth</b>	
<b>Gender</b>	
<b>Race/Ethnicity</b>	

**Please check all that apply:**

- I have minor children (under 18); if checked, how many of what ages? \_\_\_\_\_
- I have adult children (18 and older).
- I don't have any children.
- I am a single parent.
- I am a grandparent.
- I am a minor.

**How many people in your household are financially supported by you?** \_\_\_\_\_

**Household yearly income (please check one):**

- |   |   |
|---|---|
| <input type="checkbox"/> less than \$11,000 | <input type="checkbox"/> \$40,000-\$49,999  |
| <input type="checkbox"/> \$11,000-\$14,999  | <input type="checkbox"/> \$50,000-\$59,999  |
| <input type="checkbox"/> \$15,000-\$19,999  | <input type="checkbox"/> \$60,000-\$74,999  |
| <input type="checkbox"/> \$20,000-\$29,999  | <input type="checkbox"/> \$75,000-\$99,999  |
| <input type="checkbox"/> \$30,000-\$39,999  | <input type="checkbox"/> \$100,000 and over |

**Employment status (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Full-time     | <input type="checkbox"/> Retired             |
| <input type="checkbox"/> Part-time     | <input type="checkbox"/> Student             |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Stay-at-home parent |
| <input type="checkbox"/> Unemployed    |  |
| <input type="checkbox"/> Other _____   |  |

**Are you currently a student?**

- Yes, part-time
- Yes, full-time
- No

**Level of education (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> any grade up through 11 <sup>th</sup> grade | <input type="checkbox"/> Doctorate   |
| <input type="checkbox"/> High School/GED                             | <input type="checkbox"/> Military service  |
| <input type="checkbox"/> Some college                                | <input type="checkbox"/> Complementary/Alternative Licensed<br>Healthcare Professional |
| <input type="checkbox"/> Associate's degree                          | <input type="checkbox"/> Mainstream/Allopathic Licensed Healthcare<br>Professional     |
| <input type="checkbox"/> Bachelor's degree                           |  |
| <input type="checkbox"/> Master's degree                             |  |
| <input type="checkbox"/> Other (please specify) _____                |  |

**Please check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> I have my own car.                      | <input type="checkbox"/> I ride a bike.         |
| <input type="checkbox"/> I share a car.                          | <input type="checkbox"/> I ride the bus.        |
| <input type="checkbox"/> I have access to a vehicle I can drive. | <input type="checkbox"/> I use a cab/Uber/Lyft. |
| <input type="checkbox"/> I walk.                                 |   |
| <input type="checkbox"/> Other (please specify) _____            |   |

**Check all that apply:**

- I have a disability
- I use a mobility assist (walker, cane, wheelchair, etc.)
- I require wheelchair accessibility.
- I do not have access to a car.
- I do not have access to a computer or smartphone.

**Health insurance (check all that apply):**

- I have adequate health insurance.
- I have health insurance but it is not adequate.
- I am insured through an employer plan.
- I am insured through a family/spousal plan.
- I am insured through a government plan.
- I am insured through an individual plan.
- I do not have health insurance.

**What is your citizenship(s)?** \_\_\_\_\_

**Do you consider yourself a displaced worker?** \_\_\_\_\_

**Living situation (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> I live alone.                         | <input type="checkbox"/> I live with my spouse/partner. |
| <input type="checkbox"/> I live in assisted living or hospice. | <input type="checkbox"/> I rent my home.                |
| <input type="checkbox"/> I live with family.                   | <input type="checkbox"/> I own my home.                 |
| <input type="checkbox"/> I live with a roommate(s).            |   |

**In what languages are you fluent?** \_\_\_\_\_

**Marital status:**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Divorced  | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Married   | <input type="checkbox"/> Single                  |
| <input type="checkbox"/> Partnered | <input type="checkbox"/> Partner/Spouse deceased |

**HEP is always in need of volunteers (who are compensated with Time Dollars). With which area(s) would you be interested in helping?**

- |   |  |
|---|--|
| <input type="checkbox"/> Member Care Team           | <input type="checkbox"/> Grantwriting                  |
| <input type="checkbox"/> Potlucks and social events | <input type="checkbox"/> Research                      |
| <input type="checkbox"/> EBuddy/New Member Mentor   | <input type="checkbox"/> Writing                       |
| <input type="checkbox"/> New member orientation     | <input type="checkbox"/> Project Management            |
| <input type="checkbox"/> Outreach                   | <input type="checkbox"/> Organizational Member Liaison |
| <input type="checkbox"/> Fundraising Events         | <input type="checkbox"/> Board of Directors member     |
| <input type="checkbox"/> Planning                   | <input type="checkbox"/> Office support                |
| <input type="checkbox"/> Organizing                 | <input type="checkbox"/> Phone calls                   |
| <input type="checkbox"/> Event helper               | <input type="checkbox"/> Computer                      |
| <input type="checkbox"/> Phone calls                | <input type="checkbox"/> Organizing/filing             |
| <input type="checkbox"/> Computer                   |  |

Other: (please specify) \_\_\_\_\_

**Community information (check all that apply):**

- Asthma
- Pet owner (if checked, what kind of pet/s?) \_\_\_\_\_
- Diabetic
- Gluten-intolerant
- Have been unemployed within the past six months
- Have family members outside my household who live in Maine
- Smoker/vaper
- Non-smoker
- Smoke-tolerant but don't smoke myself
- Live in apartment/condo
- Live in house
- Live in mobile home
- Multiple people in household
- Multiple salaried workers in household
- One person in household
- Student

**How many years have you lived in Maine?** \_\_\_\_\_

**In which neighborhood/community do you live?**

- |   |  |
|---|--|
| <input type="checkbox"/> Cape Elizabeth         | <input type="checkbox"/> Lakes Region        |
| <input type="checkbox"/> Falmouth               | <input type="checkbox"/> Peaks Island        |
| <input type="checkbox"/> Freeport area          | <input type="checkbox"/> Saco/Biddeford area |
| <input type="checkbox"/> Fryeburg/Bridgton area | <input type="checkbox"/> Scarborough area    |
| <input type="checkbox"/> Gorham area            | <input type="checkbox"/> South Portland      |
| <input type="checkbox"/> Gray area              | <input type="checkbox"/> Westbrook           |
| <input type="checkbox"/> Portland               | <input type="checkbox"/> Windham             |
| <input type="checkbox"/> Greater Portland       | <input type="checkbox"/> Yarmouth area       |

**Thank you so much for completing this survey, and welcome to Hour Exchange Portland!**