

Senior Centers Participant Survey

“Core Questions”

(June 30, 2004)

PART I. Attendance & Participation

(Please CIRCLE the best answer for each of the following questions)

1. How long have you been coming to this senior center?

- Less than 1 year 1
- 1 year to 5 years 2
- More than 5 years, but Less than 10 years 3
- 10 years or more 4

2. In general, how often, in the past year, have you come to the senior center?

- Less than once per month 1
- 1 to 3 times a month 2
- 1 time per week 3
- 2 to 4 times a week 4
- 5 or more times a week 5

3. In general, on the days you go to a senior center, how many hours do you spend there?

- 2 hours or less 1
- More than 2 hours, but less than 4 hours 2
- 4 hours or more 3
- Don't know -8

For Office Use:		(POMP5)
Agency: _____	State: _____	Administered in-person <input type="checkbox"/>
Senior Center Name: _____		Telephone <input type="checkbox"/>
Client ID: _____	Date: _____	Other <input type="checkbox"/>

4. I come to the senior center as often as I want to.

Yes1
No.....2 → [GO TO 4a]

4a. If No, I do not attend this senior center as frequently as I would like because of . . .

(Please CIRCLE yes or no for each response option)

	<u>Yes</u>	<u>No</u>
1. Caring for children and youth (under 18 yrs) ...	1	2
2. Caring for spouse or other adult.....	1	2
3. Lack of transportation	1	2
4. Health Problems	1	2
5. Other activities away from center (e.g., shopping days)	1	2
6. Volunteering responsibilities	1	2
7. Job responsibilities	1	2
8. Senior Center is not open enough days or hours.....	1	2
9. Other.....	1	2
(Please specify) _____		

PART II. Outcomes

Think about your life since you started attending the senior center. Below are some ways that senior centers might make a difference. Please circle a number for each statement to tell us to what extent the statement applies to you. (*Please CIRCLE your answer for each of the following items*)

Because I go to the Senior Center, I ...	<u>Most of the Time</u>	<u>Sometimes</u>	<u>Almost Never</u>	<u>Not Applicable</u>
1. Do more volunteer work.....	1	2	3	-1
2. See friends more often/make new friends	1	2	3	-1
3. Take better care of my health	1	2	3	-1
4. Eat meals that are better for me	1	2	3	-1
5. Have more energy.....	1	2	3	-1
6. Feel happier or more satisfied with my life.....	1	2	3	-1
7. Have something to look forward to each day	1	2	3	-1
8. Know where to ask if I need a service such as a ride to the doctor or an aide	1	2	3	-1
9. Feel more able to stay independent.....	1	2	3	-1
10. Feel that the senior center has had a positive effect on my life	1	2	3	-1
11. Learn new things	1	2	3	-1
12. Have learned about services and benefits.....	1	2	3	-1

Because I go to the Senior Center, I ...	<u>Most of the Time</u>	<u>Sometimes</u>	<u>Almost Never</u>	<u>Not Applicable</u>
13. Am more physically active.....	1	2	3	-1
14. Would recommend the senior center to a friend or family member	1	2	3	-1
15. Other (Please specify) _____	1	2	3	-1

16. In space below, please tell us how participating in the senior center has changed your life.

PART III. Demographics

(Please CIRCLE the number that corresponds to your answer.)

1. What is your gender?

- Male 1
- Female..... 2

2. What is your age?

(Please write your age in the boxes)

|_|_|_| (years)

3. What is your highest educational level?

- Less than High School Diploma 1
- High School Diploma or GED..... 2
- Some college, including Associate degree 3
- Bachelor's Degree 4
- Some post-graduate work or advanced degree 5

4. Are you Spanish, Hispanic, or Latino?

- Yes 1
- No..... 2

5. What is your race?
(Please CIRCLE yes or no for each response option)

	<u>Yes</u>	<u>No</u>
a. White or Caucasian	1	2
b. Black or African American	1	2
c. Asian	1	2
d. American Indian or Alaska Native	1	2
e. Native Hawaiian or Other Pacific Islander	1	2
f. Other.....	1	2
(Please specify) _____		

6. Where is your home located?
(Please CIRCLE all that apply)

In a City	1
In a Suburban Area	2
In a Rural Area.....	3

7. What is your home zip code?
(Please write your zip code in the boxes)

|_|_|_|_|_|_|

8. We'd like to ask about the persons who live in your household. Does anyone else live with you in this household?

Yes	1	
No.....	2	→ [SKIP TO 11]

9. Who do you live with?
(Please CIRCLE yes or no for each response option)

	<u>Yes</u>	<u>No</u>
a. Live with your spouse.....	1	2
b. Live with your children	1	2
c. Live with other relatives	1	2
d. Live with non relatives	1	2

10. Including yourself, how many people live in your household?
(Please write the number in the boxes)

|_|_|

11. What is your marital status?
(Please CIRCLE the best answer)

Now married	1
Widowed	2
Divorced.....	3
Separated.....	4
Never married	5

12. In general, would you say your health is:
(Please CIRCLE the best answer)

Excellent	1
Very Good	2
Good.....	3
Fair	4
Poor	5

13. Thinking about the total combined income from all sources for all persons in this household, was your total household annual income during the year 2003 above or below \$20,000?

Below \$20,000.....1 → [SKIP TO 14]
Above \$20,000.....2 → [SKIP TO 15]

[IF NEEDED: including income from jobs, Social Security, retirement income, public assistance, and all other sources]

14. Which category best describes your total household annual income during the year 2003?

(Please CIRCLE the best answer)

\$10,000 or less.....1
\$10,001 to \$15,0002 → [SKIP TO END]
\$15,001 to \$20,0003

15. Which category best describes your total household annual income during the year 2003?

(Please CIRCLE the best answer)

\$20,001 to \$25,0001
\$25,001 to \$30,0002
\$30,001 to \$35,0003
\$35,001 to \$40,0004
Over \$40,0005

(Thank you for your cooperation!)