

# Senior Center Descriptors Survey

(To be completed by senior center staff)

(June 30, 2004)

The purpose of this survey is to obtain some basic information about your senior center. This survey is to be used in conjunction with the Senior Centers Participant Core Survey. Please provide us with the following contact information:

Name of Senior Center: \_\_\_\_\_

Address of Senior Center: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of Staff Person Completing Survey: \_\_\_\_\_

Title and Position: \_\_\_\_\_

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## PART I: Description of the Senior Center

Please complete the following questions for your senior center:

1. Number of staff: full-time \_\_\_\_\_ part-time \_\_\_\_\_ # of volunteers \_\_\_\_\_

2. What was your total annual operating budget for the past 12 months for senior-related services?

\$ \_\_\_\_\_

3. What is your primary funding source?

\_\_\_\_\_

4. Do you receive Older Americans Act Funds?

YES.....1

NO .....2 → [GO TO 5]

4a. What programs are funded by OAA funds (either directly from the senior center or passed through another agency, e.g. congregate meals and transportation, etc?)

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5. Which of the following best describes your senior center?

*(Please CIRCLE the best answer)*

- A not-for-profit agency.....1
- A division of city or county government.....2
- Other .....3
- (Please specify) \_\_\_\_\_

6. Does your organization operate one or more satellite program locations where senior services are available?

- Yes.....1
- No .....2 → [GO TO 7]

6a. If Yes, please list or attach a list of your satellite sites to this survey.

7. Are you a senior service(s) program operating within a larger organization?

- Yes.....1
- No .....2 → [GO TO 8]

7a. If Yes, please name the parent organization and CIRCLE the number that corresponds to the category which best describes the parent organization:

Name of parent organization: \_\_\_\_\_

- Neighborhood house ..... 1
- Recreation department ..... 2
- Council on aging/department of aging ..... 3
- Community center ..... 4
- Community action agency ..... 5
- Senior housing ..... 6
- Other ..... 7
- (Please specify) \_\_\_\_\_

8. Please identify the geographic area from which you draw participants to your senior center. ***(Please CIRCLE the best answer)***

- Single neighborhood ..... 1
- More than one neighborhood ..... 2
- Small town/village (less than 10,000 inhabitants) ..... 3
- Large town/city (greater than 10,000 inhabitants) ..... 4
- Countywide ..... 5
- More than one county ..... 6

9. From the list below, select the area that your senior center primarily draws (over 50%) participants from. ***(Please CIRCLE the best answer)***

- Urban area ..... 1
- Suburban area ..... 2
- Rural area ..... 3
- Other ..... 4
- (Please specify) \_\_\_\_\_

10. On the average day, approximately how many participants attend your senior center?

Number of Participants: \_\_\_\_\_

11. For each day your center is open, please write the hours of operation. If the center is closed on a particular day, on the line write "closed."

<u>Days</u>	<u>Hours</u>
	(Example: 8 a.m. until 5 p.m.)
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

12. What sources of public/assisted transportation are available to the senior center participants? (*Please CIRCLE yes or no for each response option*)

	<u>Yes</u>	<u>No</u>
a. Senior center provides own transportation .....	1	2
b. The senior center is on a public transit route .....	1	2
c. Transportation is provided through a contractual arrangement with a Area Agency on Aging .....	1	2
d. Transportation services for the participants are provided by another source .....	1	2

Please name or describe the other source:

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## PART II: Activities, Services and Volunteering

### Activities

1. In the list below, please **CIRCLE** “Yes” or “No” for each activity to identify what is offered at the senior center. In addition, if the activity is offered at the center, and you have **CIRCLED** “yes,” also **CIRCLE** the number that represents how often that activity is offered.

Activity	Is Offered?		If Offered, Frequency of Availability			
	<u>Yes</u>	<u>No</u>	<u>1 to 3 times a month</u>	<u>1 time per week</u>	<u>2 to 4 times per week</u>	<u>5 or more times per week</u>
a. Exercise Classes (Tai chi, Yoga).....	Y	N	1	2	3	4
b. Dancing (ballroom, line, square, etc.) .....	Y	N	1	2	3	4
c. Games (pool, bingo, cards, bridge, dominos, bocce ball, mah jong, etc.).....	Y	N	1	2	3	4
d. Fitness or Exercise Room.....	Y	N	1	2	3	4
e. Participation Sports (golf, softball, tennis, etc.)	Y	N	1	2	3	4
f. Visual Arts (painting, pottery, etc.).....	Y	N	1	2	3	4
g. Music (singing, instrument, chorus, etc.) .....	Y	N	1	2	3	4
h. Crafts (quilting, needlepoint, basket weaving, etc.).....	Y	N	1	2	3	4
i. Other Creative Expression (drama, journaling, writing, etc.) .....	Y	N	1	2	3	4
j. Woodworking.....	Y	N	1	2	3	4
k. Gardening .....	Y	N	1	2	3	4
l. Computers .....	Y	N	1	2	3	4
m. Education Opportunities (college courses, lectures, etc.).....	Y	N	1	2	3	4
n. English as a second language classes .....	Y	N	1	2	3	4

(continued:)

Activity	Is Offered?		If Offered, Frequency of Availability			
	<u>Yes</u>	<u>No</u>	<u>1 to 3 times a month</u>	<u>1 time per week</u>	<u>2 to 4 times per week</u>	<u>5 or more times per week</u>
o. Library/Bookmobile .....	Y	N	1	2	3	4
p. Health Seminars .....	Y	N	1	2	3	4
q. Discussion Groups (book/news club).....	Y	N	1	2	3	4
r. Trips, Travel Group, Field Trips .....	Y	N	1	2	3	4
s. Pitch-ins or Pot Lucks .....	Y	N	1	2	3	4
t. Religious/Spiritual Pursuits.....	Y	N	1	2	3	4
u. Other .....	Y	N	1	2	3	4
(please specify) _____						

**Services**

2. In the list below, please **CIRCLE** “Yes” or “No” for each service to identify what is offered at the senior center. In addition, if the service is offered at the center, and you have **CIRCLED** “yes”, also **CIRCLE** the number that represents how often that service is offered.

Service	If Offered?		If Offered, Frequency of Availability			
	<u>Yes</u>	<u>No</u>	<u>1 to 3 times a month</u>	<u>1 time per week</u>	<u>2 to 4 times per week</u>	<u>5 or more times per week</u>
a. Adult Day Services.....	Y	N	1	2	3	4
b. Congregate Meals.....	Y	N	1	2	3	4
c. Home Delivered Meals.....	Y	N	1	2	3	4
d. Food Pantry/Food Commodities.....	Y	N	1	2	3	4
e. Nutrition Education and Training.....	Y	N	1	2	3	4
f. Flu Shots & other Immunizations.....	Y	N	1	2	3	4
g. Health Monitoring/Screenings (blood pressure screening, osteoporosis screening).....	Y	N	1	2	3	4
h. Medication Management.....	Y	N	1	2	3	4
i. Medical Equipment and Supplies.....	Y	N	1	2	3	4
j. Home Care (personal care, homemaker/housekeeper, home health aide shopping).....	Y	N	1	2	3	4
k. Telephone Reassurance/Emergency Response.....	Y	N	1	2	3	4
l. Caregiver and Respite Services.....	Y	N	1	2	3	4
m. Energy Assistance.....	Y	N	1	2	3	4
n. Home Repair.....	Y	N	1	2	3	4
o. Counseling, Support Groups.....	Y	N	1	2	3	4
p. Information & Assistance with Employment.....	Y	N	1	2	3	4

(POMP 5)

(continued:)

	Service	If Offered?		If Offered, Frequency of Availability			
		<u>Yes</u>	<u>No</u>	<u>1 to 3 times a month</u>	<u>1 time per week</u>	<u>2 to 4 times per week</u>	<u>5 or more times per week</u>
q.	Information & Assistance about Housing Opportunities .....	Y	N	1	2	3	4
r.	Information & Assistance with Legal Affairs (living wills, power of attorney, etc.)	Y	N	1	2	3	4
s.	Information & Assistance with Medicare, Medicaid, LTC Insurance, etc.	Y	N	1	2	3	4
t.	Information & Assistance about Taxes	Y	N	1	2	3	4
u.	Transportation Provided by the Senior Center ...	Y	N	1	2	3	4
v.	Assistance with Accessing other Community Transportation Options (e.g. bus passes, rural transit networking, out of county transportation.....)	Y	N	1	2	3	4
w.	Other ..... (please specify) _____	Y	N	1	2	3	4

**Volunteering**

3. For each of the volunteer activities, **CIRCLE** “Yes” or “No” for each activity that volunteers provide at the senior center.

<b>Volunteer Activity</b>	<b>Available?</b>	
	<b><u>Yes</u></b>	<b><u>No</u></b>
a. Benefits Counseling (e.g., Social Security) .....	1	2
b. Friendly Visiting.....	1	2
c. Fundraising .....	1	2
d. Information & Assistance with Legal Affairs (living wills, power of attorney, etc.) .....	1	2
e. Information & Assistance with Medicare, Medicaid, LTC Insurance, and prescriptions.....	1	2
f. Information & Assistance with Senior Health Insurance Information Program..	1	2
g. Information & Assistance with Tax Preparation .....	1	2
h. Information & Assistance with Transportation.....	1	2
i. Packing/delivering Home Delivered Meals .....	1	2
j. Packing/serving Congregate Meals.....	1	2
k. Providing Respite/Sitter Services .....	1	2
l. Mentoring Children & Other Intergenerational Activities.....	1	2
m. Teaching Classes.....	1	2
n. Setting up/cleaning for Classes and Events .....	1	2
o. Speaking to Groups about the Center (Marketing).....	1	2
p. Planning or Coordinating Special Events .....	1	2
q. Telephone Reassurance.....	1	2
r. Working at the Reception or Welcome Desk .....	1	2
s. Office Work (e.g., typing/computer use, filing, keeping records/books).....	1	2

(POMP 5)

(continued:)

<b>Volunteer Activity</b>	<b>Available?</b>	
	<b><u>Yes</u></b>	<b><u>No</u></b>
t. Working on the Newsletter .....	1	2
u. Other ..... (Please specify) _____	1	2

**(Thank you for your cooperation!)**