

# Senior Centers Participant Survey

## “Optional Questions”

(June 30, 2004)

### PART I. Activities, Services and Volunteering

#### Activities

1. Which activities do you CURRENTLY participate in or receive from the senior center? *(Please CIRCLE yes, no, or not available for each response option)*

Activity	<u>Yes</u>	<u>No</u>	<u>Not Available</u>
a. Exercise Classes (Tai chi, Yoga).....	1	2	-1
b. Dancing (ballroom, line, square, etc.) .....	1	2	-1
c. Games (pool, bingo, cards, bridge, dominos, bocce ball, mah jong, etc.).....	1	2	-1
d. Fitness or Exercise Room.....	1	2	-1
e. Participation Sports (golf, softball, tennis, etc.).....	1	2	-1
f. Visual Art (painting, pottery, etc.) .....	1	2	-1
g. Music (singing, instrument, chorus, etc.).....	1	2	-1
h. Crafts (quilting, needlepoint, basket weaving, etc.).....	1	2	-1
i. Other Creative Expression (drama, journaling, writing, etc.)	1	2	-1

For Office Use:		(POMP 5)
Agency: _____	State: _____	Administered in-person <input type="checkbox"/>
Senior Center Name: _____		Telephone <input type="checkbox"/>
Client ID: _____	Date: _____	Other <input type="checkbox"/>

Activity	Not Available		
	<u>Yes</u>	<u>No</u>	<u>Available</u>
j. Woodworking.....	1	2	-1
k. Gardening.....	1	2	-1
l. Computers.....	1	2	-1
m. Education Opportunities (college courses, lectures, etc.) .....	1	2	-1
n. English as a second language classes.....	1	2	-1
o. Library/Bookmobile.....	1	2	-1
p. Health Seminars.....	1	2	-1
q. Discussion Groups (book/news club).....	1	2	-1
r. Trips, Travel Group.....	1	2	-1
s. Pitch-ins & Pot Lucks.....	1	2	-1
t. Religious/Spiritual Pursuits.....	1	2	-1
u. Other..... (Please specify) _____	1	2	-1

2. What is your favorite activity at the senior center?

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3. What other activities would you like the senior center to offer?

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**Services**

4. Which type of services do you receive/use from the senior center?  
*(Please CIRCLE yes, no, or not available for each response option)*

<b>Service</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Not Available</u></b>
a. Adult Day Services .....	1	2	-1
b. Congregate Meals .....	1	2	-1
c. Home Delivered Meals .....	1	2	-1
d. Food Pantry/Food Commodities.....	1	2	-1
e. Nutrition Education and Training .....	1	2	-1
f. Flu Shots & other Immunizations.....	1	2	-1
g. Health Monitoring/Screenings (blood pressure screening, osteoporosis screening).....	1	2	-1
h. Medication Management .....	1	2	-1
i. Medical Equipment and Supplies .....	1	2	-1
j. Home Care (personal care, homemaker/housekeeper, home health aide, shopping) .....	1	2	-1
k. Telephone Reassurance/Emergency Response.....	1	2	-1
l. Caregiver and Respite Services .....	1	2	-1
m. Energy Assistance .....	1	2	-1
n. Home Repair .....	1	2	-1
o. Counseling, Support Groups.....	1	2	-1
p. Information & Assistance with Employment .....	1	2	-1

(continued:)

	<b>Service</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Not Available</u></b>
q.	Information & Assistance about Housing Opportunities .....	1	2	-1
r.	Information & Assistance with Legal Affairs (living wills, power of attorney, etc.) .....	1	2	-1
s.	Information & Assistance with Medicare, Medicaid, LTC Insurance, etc. ....	1	2	-1
t.	Information & Assistance about Taxes.....	1	2	-1
u.	Transportation Provided by the Senior Center .....	1	2	-1
v.	Assistance with Accessing other Community Transportation Options (e.g. bus passes, rural transit networking, out of county transportation) .....	1	2	-1
w.	Other..... (Please specify) _____	1	2	-1

**Volunteering**

5. For each of the volunteer activities below, please specify if you volunteer at the center in this way.

*(Please CIRCLE yes, no, or not available for each response option)*

<b>Volunteer Activities</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Not Available</u></b>
a. Benefits Counseling.....	1	2	-1
b. Friendly Visiting Program .....	1	2	-1
c. Fundraising .....	1	2	-1
d. Information & Assistance with Legal Affairs (living wills, power of attorney, etc.) .....	1	2	-1
e. Information & Assistance with Medicare, Medicaid, LTC Insurance, etc. ....	1	2	-1
f. Information & Assistance with Senior Health Insurance Information Program.....	1	2	-1
g. Information & Assistance with Tax Preparation .....	1	2	-1
h. Information & Assistance with Transportation .....	1	2	-1
i. Packing/delivering Home Delivered Meals.....	1	2	-1
j. Packing/serving Congregate Meals .....	1	2	-1
k. Providing Respite/Sitter Services .....	1	2	-1
l. Mentoring Children & Other Intergenerational Activities	1	2	-1
m. Teaching Classes.....	1	2	-1
n. Setting up/cleaning for Classes and Events.....	1	2	-1

**Volunteer Activities**

	<u>Yes</u>	<u>No</u>	<u>Not Available</u>
o. Speaking to Groups about the Center (Marketing).....	1	2	-1
p. Planning or Coordinating Special Events .....	1	2	-1
q. Telephone and/or Safety Check.....	1	2	-1
r. Working at the Reception or Welcome Desk .....	1	2	-1
s. Office Work (e.g., typing/computer use, filing, keeping records/books).....	1	2	-1
t. Working on the Newsletter .....	1	2	-1
u. Other .....	1	2	-1
(Please specify)_____			

## PART II: Additional Questions, Attendance and Participation

1. How did you learn about the services and activities available at the senior center?

*(Please CIRCLE yes or no for each response option)*

	<u>Yes</u>	<u>No</u>
a. From spouse.....	1	2
b. From friend or neighbor.....	1	2
c. From children.....	1	2
d. From doctor or nurse .....	1	2
e. From center brochure.....	1	2
f. From local media (TV, radio, newspaper, Internet).....	1	2
g. From other relatives.....	1	2
h. Other .....	1	2
(Please specify) _____		

2. How do you usually get to the center?

*(Please CIRCLE yes or no for each response option)*

	<u>Yes</u>	<u>No</u>
a. Walk or bike.....	1	2
b. Transportation provided by senior center, social service agency or community organization .....	1	2
c. Take public transportation (bus/metro/subway/ taxi, van) .....	1	2
d. Drive .....	1	2
e. Get a ride from family/friend/neighbor .....	1	2
f. Other .....	1	2
(Please specify) _____		

3. Do you go to the senior center during regular daytime hours?

Yes.....	1
No.....	2

4. Is your senior center open in the early morning?

- Yes ..... 1
- No ..... 2
- Don't know ..... -8

4a. If your senior center is open in the early morning, how often do you attend activities during that time?  
*(Please CIRCLE the best answer)*

- Every day ..... 1
- Weekly ..... 2
- Monthly ..... 3
- Just for special events ..... 4
- Not at all ..... 5
- Not applicable ..... -1

5. Is your senior center open in the evening?

- Yes ..... 1
- No ..... 2
- Don't know ..... -8

5a. If your senior center is open in the evening, how often do you attend activities during that time?  
*(Please CIRCLE the best answer)*

- Every day ..... 1
- Weekly ..... 2
- Monthly ..... 3
- Just for special events ..... 4
- Not at all ..... 5
- Not applicable ..... -1

6. Is your senior center open on the weekend?

- Yes ..... 1
- No ..... 2
- Don't know ..... -8

6a. If your senior center is open on the weekend, how often do you attend activities during that time?

*(Please CIRCLE the best answer)*

- Every day ..... 1
- Weekly ..... 2
- Monthly ..... 3
- Just for special events ..... 4
- Not at all ..... 5
- Not applicable ..... -1

7. How far is the center from your home?

*(Please CIRCLE the best answer)*

- Less than 1 mile ..... 1
- 1 to 5 miles ..... 2
- More than 5 miles, but less than 10 miles ..... 3
- 10 or more miles ..... 4
- Don't know ..... -8

8. Do you go to any other senior centers?

- Yes ..... 1 → [GO TO 8a]
- No ..... 2

8a. If Yes, why do you attend other centers?  
*(Please CIRCLE yes or no for each response option)*

	<u>Yes</u>	<u>No</u>
1. Meals .....	1	2
2. Activities .....	1	2
3. Services .....	1	2
4. Friends .....	1	2
5. Volunteer activities .....	1	2
6. Just as close to my house .....	1	2
7. My senior center is closed on certain days .....	1	2
8. Other .....	1	2
(Please specify) _____		

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