## Town of Holden Council on Aging

## Senior Center Needs Assessment/Satisfaction Survey PLEASE RETURN TO THE HOLDEN SENIOR CENTER VIA MAIL OR DEPOSIT IN THE DESIGNATED BOX

## (ALL ANSWERS TO THE SURVEY WILL BE CONFIDENTIAL)

1.	How often do you usually come to the Senior Center?			
	Every day	1-2 days per month		
	3-4 days a week	Less than once a month		
	1-2 days a week	Do not attend		
2.	For those who do not visit the Senior Cente	er, what are your reasons for not attending?		
	I do not know much about the Center	I do not think anything there would interest me		
	I do not know where it is	I am working		
	I do not have transportation	I am too busy		
	I do not know anyone there			
	Other reasons			
3.	For those who visit the Senior Center, what are your reasons for visiting?			
	I see my friends or not to be lonely	To play pool		
	For arts or crafts classes	To eat lunch		
	To play cards, bingo, or other games			
	To use the fitness equipment or atten	d Other reasons		
	exercise class			
4.	How would you rate the Senior Center programs and services?			
	Excellent	Poor		
	Good	Unsatisfactory		
	Fair			
5.	How satisfied are you with the physical site of the senior Center (e.g attractiveness of the center,			
	lighting, cleanliness, temperature)?			
	Very satisfied	Somewhat dissatisfied		
	Somewhat satisfied	Very dissatisfied		

6. Please check off if you agree or disagree with each of the following statements about the Senior Center staff:

	Agree (applies to all)	Mixed (some yes, some no)	Disagree (applies to all)
The staff is helpful			
The staff is friendly			
The volunteers are helpful			
The volunteers are friendly			

7. Why do you come to the Senior Center and how satisfied are you with the Center? (Check all that apply)

	Check if you	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
	participate				
	in the	:			
	following:				
Recreational activities					
(e.g. bingo, field trips, parties,					
dance, pool, movies)					
Educational/Cultural activities					
(e.g. computer, lectures, theater,					
art, music, creative writing)					
Health related classes/activities					
(exercise classes, yoga, nutrition					
classes)					
Health related screenings					
(flu shots, blood pressure					
screenings, osteoporosis	:				
screenings)					
Help you have received with					•
benefits and/or entitlements					
(e.g questions about Medicaid,					
Food Stamps, Medicare, housing)					
Opportunities to volunteer					
Socializing with friends					
Morning Glory Café					
(Friday morning café offering					
beverages and pastries)					
Monthly Newsletter					
(Content, delivery)	_	· 			

8.	Have you ever eaten at the Senior Center?				
	Yes	No			
	If yes, please answer the following (please check all that apply): I have eaten at daily lunch provided by Elder Services I have eaten at special lunches cooked on site (Senior Center staff, Light Department, DPW. Etc)				
9.	If you have not eaten at the Senior Cent	er, please tell us why.			
10.	If you do eat at the Senior Center for dai	ly lunch provided by Elder Services, how satisfied are you			
	with the meals?				
	Very Satisfied	Somewhat dissatisfied			
	Somewhat satisfied	Very dissatisfied			
11.	If you eat at the Senior Center for special lunches cooked on site or for special events, how				
	satisfied are you with the meals?				
	Very Satisfied	Somewhat dissatisfied			
	Somewhat satisfied	Very dissatisfied			
12.	How satisfied are you with the Senior Ce				
	Very satisfied	Somewhat dissatisfied			
	Somewhat Satisfied	Very dissatisfied			
	f you are not satisfied with the meals (either daily lunches provided by Elder Services or lunches				
	cooked on site), please tell us why.				
14.	What aspects of the Senior Center do yo	ou particularly like and/or dislike?			
15.	Do you utilize the transportation service Very Satisfied	s provided by the Senior Center?  Somewhat dissatisfied			
	Somewhat satisfied	Somewhat dissatisfied			
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16. If you are not satisfied with the transportation	services, please tell us why.
PLEASE TELL US ABOUT YOURSELF	
17. What is your race/ethnicity? (Check all that app	ply)
American Indian or Alaskan native	Hispanic or Latino
Asian	Native Hawaiian or Pacific Islander
Black or African American	White or Caucasian
Other: Please specify:	
18. What is your age range?	
Less than 60 70 - 74	85 - 89
60 – 64 75 - 79	90 and older
80 - 84	
19. What is your gender?	
Male	Female
20. Do you live alone?	
Yes	No
If yes, please answer the following:	If no, please answer the following:
I have available transportation	I live with my spouse/partner
I do not have available transportation	I live with family members
11. Please offer any comments/suggestions concer	rning the Holden Senior Center and its activiti