

Please feel free to use an additional sheet for comments.  
We value your opinion.



## Senior Services Opinion Survey 2012

Name of City/Village where you live: \_\_\_\_\_

1) How would you describe Southeast Senior Services staff to a friend?

\_\_\_\_\_

2) To what extent have our services helped you live independently?

\_\_\_\_ a great deal      \_\_\_\_ somewhat      \_\_\_\_ not at all

3) How important is the senior center bus or Care-A-Van as far as being able to get to the doctor, store, and other various places around town?

\_\_\_\_ very important      \_\_\_\_ somewhat Important  
\_\_\_\_ somewhat unimportant      \_\_\_\_ very Unimportant

4) Have services at the senior center or through the senior van/Care-A-Van improved your health?

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Not sure

5) What do you like best about the senior center or the Van/Care-A-Van?

\_\_\_\_\_

6) Have services at the senior center or through the senior van/Care-A-Van improved your mood or happiness?

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Not sure

7) Would you say the facilities at the senior center are:

\_\_\_\_ excellent      \_\_\_\_ good      \_\_\_\_ fair      \_\_\_\_ poor

Please comment: \_\_\_\_\_

8) To what extent has eating lunch at the senior center improved your nutrition or healthy eating?

\_\_\_\_ very much      \_\_\_\_ somewhat      \_\_\_\_ not at all

(TURN PAGE OVER FOR ADDITIONAL QUESTIONS)

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9) How would you describe the senior center or senior van/Care-A-Van staff?  
You may check more than one.

helpful       unfriendly       professional       rude  
 too busy       caring       knowledgeable       fun  
 unprofessional       courteous       disorganized  
 need training in \_\_\_\_\_       Other \_\_\_\_\_

10) How can the staff better meet your needs?

\_\_\_\_\_

11) To what extent has the program increased your access to and involvement with the community?

very much       somewhat       not at all

12) How often have you come to the senior center during the past year?

every day       2-3 times a week       once a week  
 every other week       once a month       once a year

13) Has the senior center increased your connection or interaction with others?

very much       somewhat       not at all

14) Please check the activities you would like to have at the center and the best day and time for your schedule:

Exercise Class \_\_\_\_\_  
 Blood Pressure Checks \_\_\_\_\_  
 Help with applications/forms \_\_\_\_\_  
 Diabetes Support Group \_\_\_\_\_  
 Low Vision Support Group \_\_\_\_\_  
 Other \_\_\_\_\_

15) If you could change one thing at the program, what would it be? Please include the name of the program(s) in your comments.

\_\_\_\_\_

Thank you for doing your part to help us better serve you!