

Senior Center Satisfaction Survey

1. How often do you usually come to this center?

- Every day
- 3 – 4 days a week
- 1 – 2 days a week
- 1 – 2 days a month
- Less than once a month

2. Do you feel you have a voice in activities and/or services offered in your senior center?

- Yes
- No
- Unsure

SATISFACTION

3. Please check off you agree or disagree with each of the following statements about 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			

4. How satisfied are you with the physical site of the center (e.g., attractiveness of the center, lighting, cleanliness, temperature)?

- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

**5. Why do you come to this center, and how satisfied are you?
(check all that apply)**

	Check if you participate in the following:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Recreational activities (e.g., bingo, field trips, parties, dance, yoga)					
Educational activities (e.g., ESL, computer, lectures, theater, music, art)					
Health related classes (e.g., exercise classes, nutrition classes, chronic disease self management classes)					
Health related screenings (e.g., flu shots, blood pressure screenings, depression screenings)					
Help you have received with benefits and entitlements (e.g., questions about Medicaid, Food Stamps, Medicare, housing)					
Opportunities to volunteer					
Socializing with friends					

6. Have you eaten at this center in the past 6 months?

- Yes
- No
- Don't remember

6a. If no, please tell us why. Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Time lunch is served | <input type="checkbox"/> I don't like what is served |
| <input type="checkbox"/> Caregiver responsibilities | <input type="checkbox"/> I prefer to eat at home |
| <input type="checkbox"/> I eat lunch at another center | <input type="checkbox"/> I don't eat lunch |
| <input type="checkbox"/> Dietary reasons (need Kosher/
Halal, health issues, etc.) | <input type="checkbox"/> Other (please specify)
_____) |

6b. If you do eat at this center, how satisfied are you with the meals?

- Very Satisfied
- Somewhat Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

6c. If you are not satisfied, why not?

7. What aspects of your center do you particularly like and/or dislike?

DEMOGRAPHICS

8. What is your age?

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> less than 60 | <input type="checkbox"/> 75 to 79 |
| <input type="checkbox"/> 60 to 64 | <input type="checkbox"/> 80 to 84 |
| <input type="checkbox"/> 65 to 69 | <input type="checkbox"/> 85 to 89 |
| <input type="checkbox"/> 70 to 74 | <input type="checkbox"/> 90 and over |

9. What is your gender?

- Male Female

10. Do you live alone?

- Yes No

11. What is your Race/Ethnicity? (Check ALL that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other: Please specify: _____