

ORANGE COUNTY NC SENIOR CENTER SURVEY

Thank you for answering these questions. Your feedback will help us to improve our programs.

- This survey is being distributed in person AND to participants who have provided their emails.
- **If you have taken this survey in the last 6 months**, please do NOT take it again. If you are not sure, please complete it now.
- For information about the Senior Center or this survey, contact ocseniorcenters@orangecountync.gov
- **Please answer these questions about your participation at a Senior Center in the past 6 months.**

<p>PREFERRED INFORMATION</p> <p>1. Today' Date (xx/xx/xxxx) _____ / _____ / _____</p> <p>Initials of First and Last Name _____</p> <p>Date of Birth (xx/xx/xxxx) _____ / _____ / _____</p>	<p>2. If you would like to receive information from the Senior Center electronically, please provide your email. OPTIONAL</p> <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																																								

*3. Have you taken this survey in the last 6 months? No or not sure—then please continue with survey
 Yes—STOP. Please do NOT continue. Return survey to staff.

4. What is your gender? Female Male Other

5. What is your race/ethnicity? American Indian or Alaskan Native Hispanic/Latino
 Asian Native Hawaiian/Other Pacific Islander
Check all that apply. Black or African American White Other

6. What is your age? 54 or below 55 to 59 60 to 69
 70 to 79 80 to 89 90 and over

*7. Which Senior Center do you attend most often? Passmore Center (Hillsborough) Seymour Center (Chapel Hill)

8. How did you hear about the Senior Center? Brochure Newspaper
 Friend or Family Member Senior Times newspaper
Check all that apply. Internet Other _____

9. How long have you participated in Center programs? _____ # of Years _____ # of Months

Please answer the rest of these questions for the Center programs that you attended in the last 6 months.

10. Which Senior Center programs have you participated in in the last 6 months? Cultural / Performing Arts: dance, theater, music
 Education: aging seminars, arts and crafts, computer classes, financial management, health insurance / Medicare, language classes, legal counseling, tax assistance
Check all that apply. Health / Wellness: appointment, education, exercise, fitness room, screening
 Meals or snacks
 Recreation: games, sports
 Social Events: bingo, films, potlucks, receptions, trips, etc.
 Volunteer

11. If you participated in a **HEALTH APPOINTMENT**, please check which one.

Check all that apply.

- Fit Feet Massage
 Reflexology Reiki Senior Wellness Clinic
 Trager Other _____

If not, **skip to the next question.**

12. If you participated in an **EXERCISE CLASS**, please check which group.

Check all that apply.

If not, *SKIP TO THE NEXT QUESTION.*

- Aerobics, Ageless Grace, Inspired Movement, Pacesetter, Sally's Senior Workout, Silver Sneakers Classes, Sit to be Fit
 Balance, TBT Tone-Balance-Tighten
 Strength Training, Strength Training & Movement, Strong & Steady
 Pilates, Tai Chi, Chair/Gentle Yoga, Yoga
 NIA or Zumba
 Other _____

13. If you participated in a **HEALTH SCREENING**, please check which ones

If not, *SKIP TO THE NEXT QUESTION.*

- Blood pressure Glucose and cholesterol
 Hearing Physical function Vision

14. Overall, in the last 6 months, how helpful have Senior Center programs been to you?

- Very helpful Somewhat helpful Not at all

15. What has been most helpful about your involvement with the Senior Center?

16. Please let us know how much the Senior Center programs have contributed to improvements in your health and wellness.	Helps a lot	Helps a little	Does not help this timeframe	Does not apply
a. Physical health				
b. Mental well-being, mood, outlook on life				
c. Enjoyment of life				
d. Activity level, energy				
e. Social life, people I have met				

17. PLEASE INDICATE YOUR FEELINGS ABOUT THE CENTER.	AGREE	MIXED	DISAGREE
a. The location made it easy for me to attend			
b. I feel at ease at the Center			
c. I have learned new things that are useful to me			
d. I am more likely to participate in other community activities			
e. My ability to remain independent in my home has improved			
f. I would recommend that others come to the Center			

18. How helpful are the volunteers who help run programs at the Center?	Very Helpful	Somewhat Helpful	Not Helpful	Do not know
a. Front desk				
b. Class teachers				
c. Special events				
d. Health screenings				

19. Please add comments about the Center's programs or activities _____
 (Please use the backside of this page if needed.)

Thank you for taking this survey!