

Peabody Council on Aging Peter A. Torigian Senior Center 2017 Age Friendly 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

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

	Agree	Mixed	Disagree
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. Do you take advantage of the services provided by the podiatrist that holds office hours here at the center?

Yes
 No

5a. Are you satisfied with the podiatrist's services?

Yes
 No

Comments: _____

5b. If you are currently a library user, what services are most important to you? And if you are not currently a library user, please tell us why not?

6. Why do you come to this center, and how satisfied are you?

	Check if you participate in the following:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Recreational activities (e.g., bingo, field trips, parties)					
Educational activities (e.g., computer, lectures)					
Health related classes (e.g., exercise classes, Zumba, yoga)					
Health related screenings (e.g., flu shots, blood pressure screenings)					
Help you have received with benefits and entitlements (e.g., Medicaid, Food Stamps, Medicare, Housing)					
Opportunities to volunteer					
Socializing with friends					

7. Would you be interested in running an activity at the center?

Yes No

7a. If you answered yes, what activity would you be interested in organizing? Please list your contact name and Judy Walker, Activity Coordinator will be in touch with you.

8. Are you aware that your center provides social services? (e.g., Medicaid, Food Stamps, Medicare, Housing)

Yes No

8a. Are there any additional services and/or resources that you would like to have provided by our social service department?

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

Yes No Don't remember

9a. If no, please tell us why. Check all that apply

- Time lunch is served I don't like what is served
 Caregiver responsibilities I prefer to eat at home
 I eat lunch at another center I don't eat lunch
 Dietary reasons Other (please specify) _____

9b. If you do eat at this center, how satisfied are you with the meals?

- Very Satisfied Somewhat Satisfied
 Somewhat Dissatisfied Very Dissatisfied

9c. Do you have any suggestions for the lunch or Café program or items you would like to see on the menu?

9d. If you do eat at this center, how satisfied are you with the meals?

- Very Satisfied Somewhat Satisfied
 Somewhat Dissatisfied Very Dissatisfied

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

11. If the center was open on Saturday's would you attend?

- Yes No

11a. If the Center was open on Saturday's would you need transportation?

- Yes No

11b. Would you be interested in volunteering on a Saturday at the center?

- Yes No

12. Have you used our transportation services in the past 6 months?

- Yes No Don't remember

12a. Would you be interested in using our bus services to go to the bank?

- Yes No

12b. Are there other destinations that you would like to have service to?

13. What new items would you like to see in our Café?

13a. Are you aware that you can purchase a frozen meal from our Café?

Yes No

14. Are you a caregiver for someone?

Yes No

14a Do you live alone or with family?

Alone Not Alone

14b. Are you able to take care of your home?

Yes No

14c. Do you ever feel alone or isolated?

Yes No

15. Are you familiar with the Roger B. Trask Adult Health Day Program?

Yes No

For more information about the Adult Day Health Program please contact Program Director,

Susan Levenson @978-531-2254 ext. 134

16. What is your age?

60 to 64 65 to 69 70 to 74 75 to 79

80 to 84 85 to 89 90 and over

This survey can be turned in anonymously or you may list your contact information below. We thank you for participating as your feedback is extremely helpful as we plan future program and services.

Name: _____

Address: _____

Telephone Number: _____