

Natick Senior Center Survey

Please take a moment to complete the following short survey. Your responses will help us design programs and services and plan for future needs.

1. Are you aware that Natick has a Senior Center? Yes No
2. Do you know where the Senior Center is located? Yes No
3. How often have you visited the Senior Center in the last year?

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Less than once a month	<input type="checkbox"/> Never	

4. The Senior Center offers a variety of programs and services. Check the appropriate box for each.

	Have used or attended in the last year	Would consider using in the future	No interest
Arts / Crafts Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends of the Sr. Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History / Culture Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goldenaires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card and Board Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Access and Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55+ Social Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Equipment Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly Visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal / Tax Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chore Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Insurance Assistance (SHINE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi Coupons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Tax Work Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Events (holiday meals, BBQ, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Which of the following, if any, prevent you from visiting the Senior Center more often? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> No one to go with | <input type="checkbox"/> Don't feel welcome |
| <input type="checkbox"/> No transportation | <input type="checkbox"/> Inadequate facility |
| <input type="checkbox"/> Don't like the name "Senior Center" | <input type="checkbox"/> No interest |
| <input type="checkbox"/> Health issues | <input type="checkbox"/> Lack of knowledge about services/
programming provided |
| <input type="checkbox"/> "I'm not old enough" | |
| <input type="checkbox"/> No programs I am interested in | |
| <input type="checkbox"/> Other responsibilities (job, caregiver, volunteer duties, etc.) | |
| <input type="checkbox"/> Other _____ | |

6. What other programs would you like to see offered by the Council on Aging / Senior Center? Do you have any additional comments or suggestions?

7. Would you be interested in any of the following volunteer opportunities? Please check all that apply and contact the Senior Center at 508-647-6540 to discuss.

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Class Instructor | <input type="checkbox"/> Medical Transportation | <input type="checkbox"/> SHINE |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Chores | |
| <input type="checkbox"/> Friendly Visitor | <input type="checkbox"/> Council on Aging (COA) Board Member | |

8. Are you familiar with the Friends of the Natick Senior Center? Yes No

9. Are you a member of the Friends of the Natick Senior Center? Yes No

10. What is your age? _____

11. What is your gender? Male Female

Thank you for participating!
Please return completed survey by June 15, 2009 to:

Kennedy Senior Center
117 East Central Street
Natick, Ma 01760

You may also drop your survey off in the appropriate box at the Senior Center. Additional copies of the survey are available at the Senior Center, Town Hall, Morse Institute Library, and Bacon Free Library

If you would prefer to complete this survey online, please visit http://www.surveymonkey.com/s.aspx?sm=kH_2bB26Z7LoOJUkNgLTvV4w_3d_3d