



East County Senior Center Survey

PO Box 602 ■ 276 Sky River Parkway ■ Monroe, WA 98272



Dear Member,

It is our vision that the Senior Center meets the needs and wishes of its members. To that end, we are asking you to take a few minutes to fill out this anonymous survey. **It would be great if you could get this back to us ASAP.** Every answer is important. Every opinion counts. I am also always available to hear from you by telephone or in person, should you wish to discuss the center and our activities with me. Thanks for sharing your thoughts with us.

Marc Avni, Executive Director
360-794-6359

Sex: M F **Marital Status:** **City:**

How often do you visit the center?

For what reasons do you primarily visit?

Information Recreation Socialization Education Nutrition Fitness

What time of the day do you most often visit?

Morning Lunchtime Afternoon

Would you consider visiting if we were open in the evening?

Are you a caregiver for someone close to you?

Would you like to receive information about support services?

Would you attend a support group or training for caregivers in the area?

Do you take care of any pre-school/school-age children or grandchildren?

What kind of support are you in most need of?

Respite Support Group Financial Daycare Other

What is your source of transportation?

Spouse/Self Bus (DART/TAP) Cab Friend Family Carpool

Do you think you would visit more often with better transportation? YES NO
How much more?

Do you have difficulty finding transportation to other places? YES NO

(Please fill out the other side)

Do you visit other Senior Centers?

What programs do you participate in at those Senior Centers?

Has your participation in the East County Senior Center program(s) made a difference in your life in any of the following way? (Please circle either Yes or No on each line)

- I have tried new activities.....Yes No
- I have received useful information.....Yes No
- I feel more healthy and fit.....Yes No
- I have made new friends.....Yes No
- I have learned new skills.....Yes No
- I am getting out more often.....Yes No
- I enjoy life more.....Yes No

As a result of participating in the East County Senior Center program(s), have you received supporting any of the following way? (Please circle either Yes or No on each line)

- I feel that others have shown interest in my well being.....Yes No
- I feel that others have shared a solution to a problem I was having....Yes No
- I feel that others have given me information that made a difficult situation easier.....Yes No
- I feel that others have listened to me talk about my feelings.....Yes No
- I feel the Senior Center helps me with social interactions.....Yes No

As a result of participating in the East County Senior Center program(s), have you given support in any of the ways? (Please circle either Yes or No on each line)

- I have shown interest in someone's well being.....Yes No
- I have shared a solution to a problem someone else was having.....Yes No
- I have given others information that made a difficult situation easier..Yes No
- I have listened to others talk about their feelings.....Yes No

- Have you participated in any of our Hispanic Culture activities?**.....Yes No
- If so, has it changed your feelings toward the Hispanic community?**.....Yes No

If yes, in what way?

What else would you like us to know about you, the Senior Center, and how we are or are not meeting you needs?

We need this information for the United Way. You can either mail this back or just drop it off the next time you are at the Senior Center. Thank you, again!