

# L.E. Phillips Senior Center 2011/12 Survey

■ *Instructions: For each question, fill in the blank or check the appropriate box as necessary.* ■

Date:

1. What is your age, in years? \_\_\_\_\_  Male  Female
  
2. Do you live in Eau Claire County?  Yes  No  
if not, please specify where you live \_\_\_\_\_  
how long have you resided in the specified area? \_\_\_\_\_
  
3. What is your current living situation?  
 Live Alone  Live with Significant Other and Adult Children  
 Live with a Spouse/Significant Other  Live in a Care Facility/Assisted Living  
 Live with Adult Children  Other, please specify \_\_\_\_\_  
 Prefer not to answer
  
4. For research purposes, please indicate which of the following income levels is closest to your household income level.  
 \$15,000 or less  \$15,001 - \$30,000  \$30,001 - \$45,000  
 \$45,001 - \$60,000  \$60,001 - \$75,000  \$75,001 - \$90,000  
 \$90,001 - \$110,000  More than 110,001  Prefer not to answer
  
5. Are you retired?  Yes  No  
if yes, how long have you been retired? \_\_\_\_\_
  
6. If you're retired, have you gone back to work since retirement?  Yes  No
  
7. Are you currently a member of the Senior Center?  Yes  No  
if yes, how long have you been a member? \_\_\_\_\_
  
8. Please explain why you first chose to come to the Senior Center.  
\_\_\_\_\_  
\_\_\_\_\_
  
9. By what mode(s) of transportation do you arrive to the Center?  
 I drive myself  Special Transport/Taxi  
 I get a ride from family/ friends  By foot or bicycle  
 Public Transportation (City Bus)  Other, please specify \_\_\_\_\_
  
10. On average, how many days per month do you come to the Senior Center? \_\_\_\_\_

13. Compared with other people your age, how would you describe your health?

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Prefer not to answer

14. How would you describe your health **since being at the Senior Center?**

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Prefer not to answer

15. How would you describe your emotional health **since being at the Senior Center?**

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Prefer not to answer

16. Do you feel that coming to the Senior Center has allowed you to develop new friendships?

- Yes
- No

17. Since coming to the Senior Center, how much more independent do you feel?

- Much more independent
- Slightly more independent
- No Change
- Less Independent
- Much Less Independent
- No Response

18. Have you volunteered outside of the Senior Center within the past year?

- Yes
- No

19. The Senior Center focuses on 4 aspects of wellness, please number them in order of how you have been most influenced, since being at the Center. (1= most influence, 4= least influence)

- \_\_\_ Mental Wellness
- \_\_\_ Emotional Wellness
- \_\_\_ Social Wellness
- \_\_\_ Physical Wellness

20. What program(s), that the Senior Center offers, has made the biggest impact on you?

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21. Below, please share in what ways coming to the Senior Center has helped you.

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22. Other than parking, what are some things the Senior Center can improve on?

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23. Do you have any suggestions for other classes that aren't being offered at the Senior Center?

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24. Which On-Going Programs do you attend frequency?

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25. Are there any On-Going programs you would suggest adding to the Senior Center?

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26. Do you attend any of the Senior Opportunites (One-Time Presentations)? If so, which recent ones you have attened?

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27. Do you have any suggestions for future One-Time Presentations?

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28. Have you gone to any of our tours/trips events?

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29. Where would you suggest going for a tour or day trip?

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30. Would you be interested in an overnight trip?

Yes       No

31. In your opinion, what are some ways that the Senior Center can promote or support healthy living?

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32. Pleas add any comments regarding current or future programming?

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Please mail completed Survey to:  
LE Phillips Senior Center Survey  
1616 Bellinger St  
Eau Claire, WI 54703