**2017 STOUGHTON AREA SENIOR CENTER (SASC) SURVEY**

The Stoughton Area Senior Center’s mission is to enrich the lives of older adults and their families by providing diverse programs, social services and volunteer opportunities. We ask for your feedback to help us evaluate our effectiveness in accomplishing our mission. Thank you!

**Gender:** Female Male   
**Age:** 49 or younger 50-59 60-74 75 or older   
**I am currently:**  Working Part-Time Working Full-Time Retired

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Meals on Wheels** | Y / N | 3 | 2 | 1 | 0 |
| **Noon Meal** | Y / N | 3 | 2 | 1 | 0 |
| **Loan of Adaptive/Medical Equipment** | Y / N | 3 | 2 | 1 | 0 |
| **Blood Pressure Screens** | Y / N | 3 | 2 | 1 | 0 |
| **Foot Care Clinic** | Y / N | 3 | 2 | 1 | 0 |
| **Medicare/Med D Assistance** | Y / N | 3 | 2 | 1 | 0 |
| **Case Management (medical, legal, housing, food, financial assistance from SASC staff)** | Y / N | 3 | 2 | 1 | 0 |
| **Attorney Office Hours** | Y / N | 3 | 2 | 1 | 0 |
| **Volunteer Opportunities** | Y / N | 3 | 2 | 1 | 0 |
| **Support Groups (AA, Caregiver, Grief, Low Vision, MS, Parkinson)** | Y / N | 3 | 2 | 1 | 0 |
| **Computer lab/tech assistance** | Y / N | 3 | 2 | 1 | 0 |
| **PROGRAMS/CLASSES/EVENTS:** |  |  |  |  |  |
| * **Arts/Creative** | Y / N | 3 | 2 | 1 | 0 |
| * **Educational** | Y / N | 3 | 2 | 1 | 0 |
| * **Entertainment** | Y / N | 3 | 2 | 1 | 0 |
| * **Exercise/Fitness** | Y / N | 3 | 2 | 1 | 0 |
| * **Games/Cards** | Y / N | 3 | 2 | 1 | 0 |
| * **Health Related** | Y / N | 3 | 2 | 1 | 0 |
| * **Intergenerational** | Y / N | 3 | 2 | 1 | 0 |
| * **Language** | Y / N | 3 | 2 | 1 | 0 |
| * **Social** | Y / N | 3 | 2 | 1 | 0 |
| * **Technology** | Y / N | 3 | 2 | 1 | 0 |
| * **Themed Events** | Y / N | 3 | 2 | 1 | 0 |
| * **Woodshop** | Y / N | 3 | 2 | 1 | 0 |

1. **Which of these programs and services offered at the Stoughton Area Senior Center (SASC) have you participated in? Please circle which offerings you have participated in, as well as how important that offering is for you.**

Participate? Extremely Not

Yes or No Important Important Important N/A

1. **If you are 55 years or older and not currently participating, why not? Please indicate all that apply.**

* I feel I am too young
* I am too busy/have no time
* The programs and events do not interest me
* I have caregiving responsibilities
* The times SASC programs are offered are not convenient for me
* I am in poor health
* Transportation is a problem for me
* I didn’t know what the SASC offered.
* I can’t afford it
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If you wanted information about programs and services for people 55 and older where would you look?**

* Local newspaper, *Stoughton Courier-Hub*
* SASC newsletter: *Yahara Senior News*
* Stoughton Area Guide for Senior Services
* SASC Facebook page
* SASC website
* Internet (i.e. Google or Yahoo)
* Tower Times, City quarterly
* Stoughton Press, quarterly
* Telephone book
* Posting at my housing complex
* Ask a friend/neighbor/relative
* Church or place of worship
* Email
* Other (please specify)  
  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Which is your preferred form of communication for finding programs and services?**

* Local newspaper, *Stoughton Courier-Hub*
* SASC newsletter: *Yahara Senior News*
* Stoughton Area Guide for Senior Services
* SASC Facebook page
* SASC website
* Internet (i.e. Google or Yahoo)
* Tower Times, City quarterly
* Stoughton Press, quarterly
* Telephone book
* Posting at my housing complex
* Ask a friend/neighbor/relative
* Church or place of worship
* Email
* Other (please specify)  
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1. **How often do you usually come to the Stoughton Area Senior Center (SASC)?**

* Every day
* 3-4 days a week
* 1-2 days a week
* 1-2 days a month
* Less than once a month

1. **At what times are you more likely to attend a SASC event? Check all that apply.**

* Early Mornings (8:30-10:00 AM)
* Late Mornings (10:00AM-12 Noon)
* Early Afternoon (1:00-3:00 PM)
* Late Afternoon (3:00-5:00 PM)
* Evening (5:00-9:00 PM)

1. **On what days are you more likely to attend a SASC event. Check all that apply.**

* Monday
* Tuesday
* Wednesday
* Thursday
* Friday
* Saturday

1. **Do you feel you have a voice in programs or services offered at the SASC?**

* Yes
* No
* Unsure

If no or unsure, please explain.

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1. **Do trips appeal to you? If so, which one appeals the most?**

* Not applicable
* Short Trips (2-4 hours)
* Day Getaways (9-12 hours)
* Overnight Travel (2 days)
* Extended Travel (3-14 day)

1. **Of the following statements, please indicate all that apply for you.**

**“As a result of participating at the SASC…**

* My quality of life has improved.”
* I see friends more often/make new friends.”
* I am more physically active.”
* I learn new things.”
* I have saved money.”
* I am better able to live independently in my home.”
* I would recommend the SASC to my friends.”

1. **Below are volunteer opportunities I would be interested in:**

* Committee Participation
* Friendly Visitor
* Intergenerational Programs
* Lead or Teach Classes
* Meals on Wheels Delivery
* Meal Site Assistance
* Newsletter Delivery
* Transportation
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If you have any suggestions regarding how we could improve the programs or services we provide please comment below.**

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Thank you for your feedback!

**Please drop off or mail your responses to the Senior Center, 248 W. Main Street, Stoughton.**

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**If you are interested in volunteering or are willing to share your skills or knowledge in a particular area, please share the following to be contacted:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To submit your survey anonymously, cut along the above line and send separately or inquire at 873-8585.