



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 other reasons do you visit? _____

What time of the day do you most often visit?

Morning Lunchtime Afternoon

Would you consider visiting if we were open in the evening? Yes No

For what Programs? _____

Are you a caregiver for someone close to you? _____

Would you like to receive information about caregiver 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 most in need of?

Support Group Respite Financial Social Other _____

What is your source of transportation?

Self/Spouse Bus 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 Explain: _____

(Continued On Reverse)

Do you visit other Senior Centers? Yes No

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 ways? (Please circle either Yes or No on each line)

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

As a result of participating in the East County Senior Center program(s), have you received support in any of the following ways? (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 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 following 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

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