



Meals on Wheels and Senior Outreach Services

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Older Adult Survey



Meals on Wheels



C.C. Cafés



Care Management



Fall Prevention



Home Care Referral



Friendly Visitors

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*Meals on Wheels and
Senior Outreach
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501(c) (3) organization
(IRS #68-0044205)*

April 2017

Recognizing the growing needs of the older adult population in Oakley and the surrounding area, the City of Oakley is asking for your input. Please take a few moments to complete this survey telling us about the types of services you would like to have offered in Oakley. Your responses will be anonymous.

The survey results will be used when planning upcoming improvements to the Senior Center and social service offerings. Based on the results, the City of Oakley, working with Meals on Wheels and Senior Outreach Services, will coordinate with various community based organizations to bring additional services to Oakley residents.

Thank you for participating in this important survey. If you have any questions, please contact:

Elaine Clark
Chief Executive Officer
Meals on Wheels and Senior Outreach Services
925/937-8312

Older Adult Survey

1. How likely would you be to use each of the following services if they were offered at the Oakley Senior Center?

Please rate each of these services by writing a number in the box next to each service, using this scale:

I would: 1 = **definitely** use this service 2 = **probably** use this service 3 = **probably NOT** use this service 4 = **definitely NOT** use this service

☐ Free or low cost lunch program served at the senior center

☐ Senior exercise programs:
☐ Tai Chi for Better Balance
☐ Sit and Be Fit chair exercises
☐ Zumba
☐ Other (specify): _____

☐ Elder abuse prevention workshop

☐ Family caregiver workshops

☐ Fall prevention workshops

☐ Fall prevention in-home, individualized exercise program

☐ Fall prevention home modification assistance (e.g., grab bars, a shower seat, or bed rails)

☐ Legal advice and assistance

☐ Help with tenant/landlord issues

☐ Help enrolling in Cal Fresh supplemental food program (e.g., food stamps)

☐ Medical insurance assistance

☐ Healthcare

☐ Vision

☐ Hearing

☐ Dental

☐ Routine healthcare (check-ups)

☐ Counseling services

☐ Tax filing assistance

☐ Classes/activities such as (*circle all that apply*): Book club, Art, Computers, Cooking, Quilting, Knitting

☐ Help connecting with social service supports (specify): _____

☐ Transportation assistance (specify):

☐ Homecare assistance (specify):

☐ Other (specify): _____

2. What is the best time of day to offer programs at the Oakley Senior Center?

(Check all that apply)

Weekdays

☐ 8:00 am – 12:00 noon

☐ 12:00 noon – 4:00 pm

☐ 4:00 pm – 8:00 pm

Weekends

☐ 8:00 am – 12:00 noon

☐ 12:00 noon – 4:00 pm

☐ 4:00 pm – 8:00 pm

3. What changes, if any, would you like to see at the Oakley Senior Center?

4. Have you ever attended a Senior Center?

- ☐ Yes →
- ☐ No
- ☐ Don't know

4a. Which senior centers do you attend? (Check all that apply)

☐ Antioch ☐ Oakley ☐ Brentwood ☐ Concord ☐ Pittsburg

☐ Other _____

4b. What activities do you participate in?

5. How do you hear/learn about senior programs?

☐ Friends/family

☐ Neighbor

☐ Doctor

☐ City marquee (downtown)

☐ Online/internet

☐ Newspaper

☐ Other (specify): _____

6. Are there any other ways that you would like to learn about senior programs?

(specify): _____

7. Do you drive or have access to transportation?

☐ Yes

☐ No

→ **7a. How do you usually get to your appointments, shop, or meet with friends?** _____

8. Do you have any of the following unmet needs?

☐ Dental

☐ Vision

☐ Hearing

☐ General healthcare

☐ Other _____

☐ None

Tell Us About Yourself

9. **Age?** ☐ Under 60 ☐ 70-79 years ☐ 90 years or more
☐ 60-69 years ☐ 80 – 89 years
10. **Gender?** ☐ Male ☐ Female
11. **Veteran?** ☐ Yes ☐ No
12. **City of residence:** _____
13. **Do you live alone?** ☐ Yes ☐ No
14. **Do you receive regular assistance from:** ☐ Paid caregiver ☐ Friends/family ☐ None
15. **Which of the following best describes your living situation:**
☐ I rent my living space ☐ I own my living space ☐ I do not pay for my living space
☐ I am homeless ☐ Other _____
16. **Which of the following best describes where you live:**
☐ Assisted living facility ☐ Boarding house/room with food
☐ Mobile home/trailer ☐ Home/apartment/room without food
☐ Other _____
17. **Have you been a victim of financial abuse?** ☐ Yes ☐ No ☐ Not sure
18. **How often do you feel isolated or alone?** ☐ Always ☐ Often ☐ Sometimes ☐ Never
19. **Are you able to purchase food each month for nutritious meals that include fruits/vegetables, proteins, whole grains, and dairy?** (e.g., can you afford this food and access the grocery store to buy it) ☐ Yes ☐ No
20. **Do your household appliances function properly?** (For example, does your refrigerator hold cold temperatures? Do your oven and stove elements heat correctly?) ☐ Yes ☐ No ☐ N/A

Thank you very much!

Please return your survey by mailing it in the enclosed envelope, or drop it off at the Oakley City Offices (on 3231 Main Street).

Responses must be received by April 30 to be included.

