



Meals on Wheels and Senior Outreach Services

1300 Civic Drive, Walnut Creek, CA 94596 • Phone: (925) 937 8311 • Fax: (925) 946 1869 • info@mowsos.org • www.mowsos.org

Older Adult Survey



Meals on Wheels



C.C. Cafés



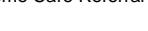
Care Management



Fall Prevention



Home Care Referral



Friendly Visitors

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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

<input type="checkbox"/> Free or low cost lunch program served at the senior center	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Senior exercise programs: <input type="checkbox"/> Tai Chi for Better Balance <input type="checkbox"/> Sit and Be Fit chair exercises <input type="checkbox"/> Zumba <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Dental <input type="checkbox"/> Routine healthcare (check-ups)
<input type="checkbox"/> Elder abuse prevention workshop	<input type="checkbox"/> Counseling services
<input type="checkbox"/> Family caregiver workshops	<input type="checkbox"/> Tax filing assistance
<input type="checkbox"/> Fall prevention workshops	<input type="checkbox"/> Classes/activities such as (<i>circle all that apply</i>): Book club, Art, Computers, Cooking, Quilting, Knitting
<input type="checkbox"/> Fall prevention in-home, individualized exercise program	<input type="checkbox"/> Help connecting with social service supports (specify): _____
<input type="checkbox"/> Fall prevention home modification assistance (e.g., grab bars, a shower seat, or bed rails)	<input type="checkbox"/> Transportation assistance (specify): _____
<input type="checkbox"/> Legal advice and assistance	<input type="checkbox"/> Homecare assistance (specify): _____
<input type="checkbox"/> Help with tenant/landlord issues	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Help enrolling in Cal Fresh supplemental food program (e.g., food stamps)	<input type="checkbox"/> _____
<input type="checkbox"/> Medical insurance assistance	<input type="checkbox"/> _____



**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.

