

Bluegrass Area Agency on Aging & Independent Living - BGAAAIL Quality Assurance Survey

The BGAAAIL and its' community service partners strive to provide the best possible services. We value your input about the quality of the services you receive. Your opinion is very important to us. We appreciate you taking the time to participate in this survey, and we hope you will give us the opportunity to learn how we can provide the best services possible.

Please answer the questions in the survey below. There is a place at the end of the survey for any additional suggestion or comments that you may have.

Service: Senior Center Services

Center/ Provider Name: _____

Think about the Senior Center services that you receive. Please tell us how satisfied you are.

	Very Satisfied	Satisfied	Not Satisfied	
1. With the hours and days of operation of the center?	1	2	3	
2. With the variety of activities at the center?	1	2	3	
3. With the quality of activities at the center?	1	2	3	
4. That the staff is courteous and professional?	1	2	3	
5. That the staff treats you with dignity and respect?	1	2	3	
6. Overall satisfaction with programs and services offered at the center?	1	2	3	
7. With the services you receive as listed below; (please mark N/A for those services that you do not participate in).				
	Very Satisfied	Satisfied	Not Satisfied	N/A
a. Counseling	1	2	3	4
b. Congregate Meals(also complete questions 17 thru 23)	1	2	3	4

c. Educational Programs	1	2	3	4
d. Information and Assistance	1	2	3	4
e. Transportation (also complete Questions 24 thru 30)	1	2	3	4
f. Health Screening	1	2	3	4
g. Telephone Reassurance (also complete questions 31 and 32)	1	2	3	4
h. Friendly Visiting (Also complete Questions 33 and 34)	1	2	3	4
i. Health Promotion	1	2	3	4
j. Recreation	1	2	3	4
k. Exercise Classes	1	2	3	4
l. Games	1	2	3	4
m. Arts & Crafts	1	2	3	4
n. Music/Dance	1	2	3	4
o. Computer Usage/Classes	1	2	3	4
p. Field Trips	1	2	3	4
q. Community Activities	1	2	3	4
r. Volunteer Opportunities	1	2	3	4
s. Other Activities:_____	1	2	3	4

8. How do you get to the center?

Own car_____ Walk_____ Center bus_____ Public Transportation_____

Ride with Friend/Relative_____

9. How often do you attend the center?

Less than once/month _____ 1 to 3 days a month _____ 1 day per week _____
2 to 4 days per week _____ 5 days per week _____

10. Does you usually attend the center:

Mornings _____ Afternoons _____ All Day _____

a. If the center offers evening services or events, do you attend?

Yes _____ No _____ No Evening Services Offered _____

11. How long have you been using senior center services?

Less than a year _____ 1 to 3 years _____ 4 to 6 years _____ 7 years or over

12. Please indicate whether you agree or disagree with the following statements as a result of your center services;

- | | | | |
|---|-------|----------|----------|
| A) Your quality of life has improved... | Agree | Disagree | Not sure |
| B) You are more involved socially with others... | Agree | Disagree | Not sure |
| C) You are better able to take care of your health.. | Agree | Disagree | Not sure |
| D) You are more physically active... | Agree | Disagree | Not sure |
| E) You are more mentally active... | Agree | Disagree | Not sure |
| F) You are better able to remain independent in your own home... | Agree | Disagree | Not sure |
| G) You are healthier than you were before coming to the center... | Agree | Disagree | Not sure |
| H) You stay more involved with community events and activities... | Agree | Disagree | Not sure |

13. Have you been provided an opportunity to make suggestions about the services and activities of the center?

Yes _____ No _____

14. Do you volunteer at the center?

Yes _____ No _____

a. If yes, how often?

j. How often do you eat meals at the center each week?

1 2 3 4 5 days a week

18. How often do you prepare meals at home?

_____ Never _____ Sometimes _____ Most of the time _____ Always

19. Does your congregate meal that you receive at the center help you?

A) Eat healthier food... Yes Not sure No

B) Eat a larger variety of foods... Yes Not sure No

C) Follow diet prescribed by your doctor... Yes Not sure No

D) Achieve or maintain a healthier weight... Yes Not sure No

E) Improve your health... Yes Not sure No

F) Feel better... Yes Not sure No

G) Feel less hungry... Yes Not sure No

H) Continue to live in your own home... Yes Not sure No

20. Did you have a chance to have input in the menu planning of the meals you receive? Yes No

21. Did you participate in any of the other activities? Yes No

22. Did you participate in Nutrition Education classes? Yes No

23. Did you find the Nutrition Education classes helpful? Yes No

If you use the transportation services offered by the center, please answer the following questions.

24. Think about the **transportation services** that you receive. Please tell us how satisfied you are.

Very Satisfied Satisfied Not Satisfied

a. With the comfort of the vehicles... 1 2 3

- | | | | |
|---|---|---|---|
| b. With the cleanliness of the vehicle... | 1 | 2 | 3 |
| c. That the driver is on time to pick you up... | 1 | 2 | 3 |
| d. That you are able to reschedule when canceling a ride... | 1 | 2 | 3 |
| e. That your call for a ride is handled in a timely manner... | 1 | 2 | 3 |
| f. With ease of getting on or off the vehicle... | 1 | 2 | 3 |
| g. That the driver is friendly and courteous... | 1 | 2 | 3 |
| h. That the driver is helpful and patient... | 1 | 2 | 3 |
| i. That the driver operates the vehicle safely... | 1 | 2 | 3 |
| j. With the overall satisfaction of the Transportation service... | 1 | 2 | 3 |

25. How often do you use the transportation services? _____ days per month

26. Do you have other means of transportation? Yes _____ No _____

27. Do you use the transportation services to go to **(Check all that apply)**

Senior Center _____ Doctor _____ Pharmacy _____ Grocery _____

Or other **(please list)** _____

28. When calling to schedule transportation, how often do you experience long delays in someone answering the phone?

Always _____ Usually _____ Sometimes _____ Rarely _____ Never _____

29. When calling for transportation, how long do you have to wait to receive services?

More than a week _____ 3 to 5 days _____ 1 to 2 days _____ Same day _____

30. How often do you have to reschedule medical or other appointments because you can't get a ride at the time and/or day you need it?

Very Often _____ Often _____ Sometimes _____ Rarely _____ Never _____

31. Think about the **Telephone Reassurance** service that you receive. Please tell us how satisfied you are;

	Very Satisfied	Satisfied	Not Satisfied
a. With the time the call is made?	1	2	3
b. That calls are made as scheduled?	1	2	3

	Very Satisfied	Satisfied	Not Satisfied
c. That you feel safer because someone is checking on you?	1	2	3
d. With the friendliness and courtesy of the caller?	1	2	3
e. That the service is meeting your needs?	1	2	3
f. Your overall satisfaction with the service?	1	2	3

32. How often does the caller not call as scheduled?

Always _____ Most of the Time _____ Almost Never _____ Never _____

33. Think about the **Friendly Visiting** service that you receive. Please tell us how satisfied you are.

	Very Satisfied	Satisfied	Not Satisfied
a. With the time visits are made?	1	2	3
b. That visits are made as scheduled?	1	2	3
c. With the friendliness and courtesy of the person visiting?	1	2	3
d. That the service is meeting your needs?	1	2	3

34. How often does the person that visits you, cancel their visit?

_____ Most of the Time _____ Sometimes _____ Almost Never _____ Never

