Tell Us What We Can Do For You!
Consumer Needs/Program Interests Survey

Instructions: Please take a few minutes to complete this short survey. Your input is very important to us and will help us develop programs and activities to better meet your needs.

1. What activities do you currently participate at our center?
   Check all that you participated in:
   ___ Lunch program ___ Bingo ___ Trips ___ Other: ____________________________

2. What would you like to change about the Meal Program? (Check all that apply)
   ___ Satisfied, no change recommended
   ___ Food. I suggest the following changes for the menu:
   ________________________________________________
   ________________________________________________
   ___ Other, please explain:
   ________________________________________________

3. What other activities would you like to participate in at this center?
   Check all that you are interested in:
   ___ Recreation Trips ___ Shopping Trips ___ Cooking
   ___ Group Exercise ___ Arts & Crafts ___ Board Games
   ___ Computer Lab ___ Library/Reading ___ Bingo
   ___ News/Current Events ___ Health Talks ___ Floral Arrangements
   ___ Movies. What language? ________________
   ___ Other, please list: __________________________

4. Nutrition Education Topics: Check the topics that you are interested in learning more about (✓ all that apply):
   - Cooking for One or Two
   - Drug & Diet Interaction
   - Eating Disorders
   - Food Safety & Prevention
   - Heart Disease Prevention & Control
   - High Blood Pressure Prevention & Control
   - Nutrition & Aging
   - Nutrition and Eye Health
   - Diet and Cancer Prevention
   - Understanding Fats
   - Other, specify:
   - Nutrition & Dental health
   - Nutrition Basics for Children
   - Nutrition & Arthritis Control
   - Understanding Food Labels
   - Vitamins & Supplements
   - Physical Fitness & Exercise Nutrition
   - Shopping & Eating Out Tips
   - Healthy Eating on a Low Budget
   - Osteoporosis Prevention
   - Understanding Fad Diets
   - Weight loss/control

5. Who is providing you with basic care?
### Consumer Needs/Program Interests Survey

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<th>Service</th>
<th>Self</th>
<th>Family</th>
<th>Friends</th>
<th>Other Provider</th>
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<tbody>
<tr>
<td>Food</td>
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6. **Do you have any concerns or what is the biggest concern you have about this center?** Check all that apply

- [ ] Transportation/getting to center
- [ ] Safety/security, please explain:
- [ ] Staff, please explain:
- [ ] Other, please explain:

7. **Gender:**
   - [ ] Female
   - [ ] Male

8. **Language(s) Spoken:**
   - [ ] English
   - [ ] Cantonese
   - [ ] Spanish
   - [ ] Russian
   - [ ] Other: _________________

9. **Age:**
   - [ ] under 60
   - [ ] 60-69
   - [ ] 70-75
   - [ ] 76-79
   - [ ] 80-85
   - [ ] 86-89
   - [ ] 90-95
   - [ ] 96-99
   - [ ] 100+

Other Comments:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

THANK YOU!