



Senior Community Questionnaire

Age: 55-60 61-70 71-85 86+ Sex: Male Female
Los Altos Los Altos Hills Other: _____

The Senior Committee of LA/LAH wants to hear from you!

Your input can help guide the future delivery of services to seniors 55+ in Los Altos/Los Altos Hills. Both Councils have made it a goal to better understand the needs of our community's seniors. If you or someone in your household is age 55+, please complete this Questionnaire and return **BY JANUARY 31, 2011** in the enclosed self-addressed envelope or drop it off at the Los Altos Senior Center, 97 Hillview Ave., Room 10 Los Altos, CA 94022. Extra Questionnaires may be picked up at the Los Altos Senior Center.

Thank you very much for taking the time to answer these important questions.

1. What type of transportation do you currently use? (Check all that apply)

- Bicycle
- Bus
- Car
- Motorcycle
- Rely on friend or relative
- Other: _____
- Taxi
- Walk
- Non-profit agency
- Outreach
- None

2. If you do not currently use public transportation, what prevents you from using it? (Check all that apply)

- Cost
- Safety
- Schedule is hard to read
- Language barrier
- Time consuming
- More convenient to drive
- Bus stop is too far
- Weather
- Physically too difficult
- Bus doesn't come often enough
- Routes don't go where I want to go
- Other: _____

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3. Would you use a shuttle service to get to locations within the City of Los Altos or town of Los Altos Hills? (Senior Center, Library, City Hall, Adult Education, Shopping, Doctor, etc.)

YES NO

4. Would you be able to pay a nominal fee for a shuttle service within Los Altos/Los Altos Hills?

YES NO

5. Do you need shuttle service for outside of Los Altos/Los Altos Hills?

YES NO

6. Describe your current employment status:

Work full time Volunteer
Work part time Disabled or unable to work
Looking for work Do not want/need to work
Retired

a. Do you need resources and information to find gainful employment?

YES NO Specify: _____

b. Would you be interested in attending skill-building classes to help find gainful employment?

YES NO Specify: _____

c. Do you need resources and information to find volunteer opportunities?

YES NO Specify: _____

d. Would you be interested in attending skill-building classes to fulfill a volunteer position?

YES NO Specify: _____

7. Describe your current living situation:

Senior Housing Live alone
Assisted living Live with partner/spouse
Live with family/friends Other: _____

8. Do you plan to remain in your current residence as you age?

YES NO If no, please explain: _____

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9. Would you be interested in any of the following:

- Housing info such as assisted living options
- Home maintenance & repair resources
- Information on how to adapt to my current home as I age
- Contractors/handyman to make home repair/alterations
- Safety inspections
- Other: _____

10. Do you feel there are satisfactory opportunities offered in your community to enroll in skill building or personal enrichment classes?

- YES NO

11. How often would you like to attend classes or workshops?

- 1 day per week 2-3 times per week Monthly Not at all

12. If you were to enroll in classes, what would appeal to you? (Check all that apply.)

- Community resources (services available to support living a full and functional life)
- Computers (Internet, email, graphic arts, research)
- Crafts and Art (woodworking, jewelry making, photography, ceramics, painting)
- Finances (saving for retirement, insurance, living on less money)
- Fitness and Exercise (weight training, water exercise, tai chi, yoga, cardio, dance)
- Health Education and Nutrition (living with chronic disease, fall prevention, healthy eating)
- Housing (assisted living options, home maintenance & repair, adapting to my home as I age)
- Continued Learning (English as a Second Language, politics, history, poetry, music, creative writing, current events)
- Safety and Protection (identity theft, personal safety, Neighborhood Watch, avoiding scams)
- Emergency Preparedness

Other: _____

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13. Insurance - Do you need assistance in finding:

- Medical insurance Dental insurance
Vision/Optical insurance Long term care insurance
Life insurance Affordable healthcare

14. What services would support your medical and personal needs:

- Flu shot/vaccinations Health info
Dietary assistance Information regarding senior assistance services
Estate planning or writing a will
Other: _____

15. Which of the following Senior Centers do you attend?

- Los Altos (Hillview) Palo Alto
Cupertino None
Mountain View Other: _____

16. Where do you go for your physical fitness program?

- Foothill College Jewish Community Center (JCC)
Adult Education Classes Westwind Barn
YMCA Other _____

17. Would you attend a senior program at Grant Park in South Los Altos?

- YES NO

18. Do you use the Los Altos Library system?

- YES NO

19. Would you use library services in the form of:

- Bookmobile
Volunteer delivery of books to the homebound

20. Do you participate in any of the currently offered Los Altos Senior Center activities?

- Art classes Bridge
Bocce ball Computers
Line dancing Mah Jongg
Monkey Toy Ladies Poker
Puti meditation Travel
Wii Other: _____

21. Do you feel you have the opportunity to socialize with others?

- YES NO Sometimes

If no, please explain: _____

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22. Volunteer opportunities. Do you have an expertise you would like to share?

If yes, please list or check some that apply: _____

Basic computer skills

Applications (Word, Excel, PPT, Web Design, Photoshop, etc.)

Flower arranging or painting

Lead a walking/hiking group

Travel

Photography

Cooking

Horseback riding

23. What do you project your needs to be in 10-15 years? Please explain.

24. As an active/aging adult are there any other thoughts/concerns you would like to share that have not been covered in this Questionnaire? If so, please explain below and/or use back of sheet if necessary.

EXAMPLE

*The Senior Committee of Los Altos/Los Altos Hills thanks you
for taking the time to complete this Questionnaire.*