



In order to continue providing the services that are most important to you, the Adult and Senior Citizens Center of Saratoga Springs is conducting a brief survey. Please take this opportunity to tell us what you like about the Center and areas where we can improve our offerings to better serve you.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you live:**  Alone  With Spouse/Family  Nursing Home  Other: \_\_\_\_\_

**1. This section is OPTIONAL. This information will be used solely for grant purposes. If you feel comfortable doing so, please mark your annual income:**

\$0-\$23,000  \$23,001- \$32,500  \$32,5001- \$60,000  \$60,001- \$100,00  \$100,000 +

**2. How often do you visit the Center?**

At least 3-5 days per week  At least 1 per week  1-2x per month  3-4x per year

**3. What kind of programs do you participate in at the Center on a regular basis?**

Exercise classes  Art classes  Craft groups  Card groups  Support groups

Dinners  Trips  Support services/ Community Connections  Tarot cards

Presentations  Holiday-themed events  Other: \_\_\_\_\_

**4. What kinds of programs do you want to see at the Center?**

**5. What kind of special events do you attend at the Center? (Please check all that apply.)**

Health Fair  Tech/Health Insurance Expo  Annual Fundraiser

Open House  BBQ  Other; please specify \_\_\_\_\_

**6. Have you referred a friend to the Center? If not, why?**

\_\_\_\_\_

**7. How do you like to receive information? (Please check all that apply).**

Newsletter  E-mail  Social media  In-house

Other

**8. Would you feel comfortable with a family member receiving information about the center? If so, please provide their address:**

Yes

No

Legal Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City/Township They Lives In: \_\_\_\_\_

**9. Do you consider our membership fees to be:**

Overpriced

Affordable

Underpriced

**10. How long have you been a member?**

\_\_\_\_\_

**11. How did you hear about us?**

\_\_\_\_\_

**12. Do you have a positive story about the Senior Center you would like to share? If so, may we contact you?**

Yes

No

**13. How may we improve the Center?**

\_\_\_\_\_

**14. Would you be interested in volunteering for the Senior Center?**

Yes

No

**15. Would you be interested in participating in a focus group?**

Yes

No

THANK YOU FOR YOUR PARTICIPATION!

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