



## 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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