

**HOW CAN
WE MAKE
A GOOD
THING
BETTER??**



**WE'RE
ASKING
YOU!!!!**

As part of our Quality Improvement Planning, we need to learn about our Seniors lifestyles, interests, and support systems. To better serve our Senior participants and those to follow, we would be grateful to have YOUR perception of our Centers and our services. The attached questionnaire won't take long to complete, and you can even return it in tomorrow's mail in self addressed, stamped envelope. Results will be tallied and published in the very near future in our Center newsletter and "Senior Scenes" column in our local newspaper.

We hope you enjoy reading about our Centers in the Penn Hills Senior Service Center pamphlet which you should save for future reference. You are most welcome to visit and take a tour of YOUR Center, and to meet the friendly, professional staff and the many Senior volunteers that are ready to serve you.

We thank you so much for taking part in this project and we look forward to meeting you soon.

Ronald A. Zarotney, Director

412-244-3409

Phyllis A. Paciulli, I & R

412-244-3407

**MUNICIPALITY OF PENN HILLS
SENIOR SERVICES DEPARTMENT**

147 Jefferson Road ~ Penn Hills ~ Pennsylvania 15235

**PENN HILLS SENIOR SERVICES
QUESTIONNAIRE SURVEY**

PART I—SENIOR CENTERS IN GENERAL:

NAME: (OPTIONAL) _____

MALE FEMALE AGE

1. Do you believe that Senior Citizen Centers are important to the senior population in general?
 very much so somewhat not at all
2. How much of a role do you think Senior Citizen Centers play in the prevention of social, emotional and physical problems?
 very much so somewhat not at all
3. Do you believe it is important for the Senior Citizen Center to provide special social activities held outside the Center, i.e. annual senior picnic, annual Harvest Celebration, annual Christmas Gala?
 very much so somewhat not at all
4. Do you believe that senior citizen sports, i.e. softball, volleyball, basketball, etc., should have a place in the lives of senior citizens?
 very much so somewhat not at all

PART II—PENN HILLS SENIOR SERVICE CENTER:

1. Did you know that the Municipality of Penn Hills owns and operates two (2) Senior Centers in Penn Hills?
 Yes No
 2. Did you know that the Penn Hills Senior Centers are funded in part (60%) by your local tax dollars?
 Yes No
 3. Did you know that the Penn Hills Senior Centers are funded in part (40%) by the Allegheny County Area Agency on Aging?
 Yes No
 4. Are you aware of the Penn Hills Senior Center located at 147 Jefferson Road, Penn Hills?
 Yes No
- Have you personally visited this Center? Yes No
Have you had any contact at all with this Center by phone or letter?
 Yes No
- Have you taken advantage of any benefits, i.e. Property Tax/Rent Rebates, PACE/PACENET, Flu shot clinic, health screenings, Farmers Market Coupon Program, VITA program, etc?
If "yes" please circle the one pertaining to you. Yes No

5. Did you know about the ongoing programs and services that are available to the Senior Citizens of Penn Hills? Yes No

6. Do you attend any other Senior Center in Allegheny County? If so, could you please state which one? Yes No

Center Name: _____

7. What can the Center do to ATTRACT or INTEREST YOU to come to the Penn Hills Senior Service Centers? We would appreciate your thoughts very much: _____

PART III—OTHER ORGANIZATION INVOLVEMENT:

1. Are you a member of any organization, i.e. AARP, Nationality Group, YMCA, etc, or religious organization? Yes No

If you answered "yes" please answer the following:

Do you consider yourself an active member? Yes No
Do you attend meetings or visit? once a week once a month several times a year
Do you attend special functions/events? Yes No
Do you serve on any committees? Yes No
Do you volunteer with your organization?

2. Are you member of a bowling league? Yes No
If "yes" how many years? _____

3. Are you active in any other organized physical activity, i.e. dancing, swimming, golf? Yes No

If "yes", please answer the following: list activities: _____

Located in Penn Hills Outside of Penn Hills

PART IV---FAMILY/FRIENDS SUPPORT:

1. Do you have Family Support—especially during health and/or emotional needs? Yes No
If 'yes", please specify: son daughter sister/brother other
2. Do you have a near-by close friend or neighbor that you can rely on if needed? Yes No
3. Do they live within: 5-20 miles 20-50 miles 50-100 miles
4. Please check any/all of the following which are of personal concern to you:
- becoming a burden on your family
 - inadequate health/life insurance coverage
 - not having enough financial independence
 - having to go to a nursing/personal care home
 - suffering a setback due to a bad illness
 - being able to maintain your home
 - being left alone

PART V---TRANSPORTATION:

1. What is your source of transportation? car PAT Bus ACCESS/OPT
- If you use PAT (public transportation): How often? _____
Do you have a PAT Bus pass? Yes No
- If you use ACCESS is it adequate to meet your needs? Yes No
Is the cost of tickets a concern? Yes No
- If you use OPT (Older Persons Transportation), does it meet your needs? Yes No
- What do you use it for?
- doctor's appointments
 - daily visits to your Senior Center
 - group trips and/or group shopping
2. I DO NOT know about the PAT bus pass, ACCESS, or OPT: Yes No

PART VI---TRIPS:

1. How often do you travel during the year?

- once or twice a year
- five to ten times a year
- over ten trips a year

2. What type of trips do you prefer?

(please mark in order of preference with "1" being the most preferred & "6" being the least)

- ___ Gambling—Atlantic City, Las Vegas, Niagara Falls, etc.
- ___ Beach—Myrtle Beach, Wildwood, Virginia Beach, Outer Banks, N.C.
- ___ Show and Entertainment—Nashville, Branson, Las Vegas, etc.
- ___ Relaxation—Catskills, Poconos, etc.
- ___ Site seeing—Washington, D.C., New York City, Niagara Falls, Grand Canyon, etc.
- ___ Short—one day trips to Wheeling, Presque Isle, etc.
- ___ Cruises—Bermuda, Cancun, etc.
- ___ Long Distance Travel—Europe, etc.

3. Do you prefer to travel alone with your spouse? Yes No

4. Do you prefer to go with a group on tours? Yes No

5. Would you like a staff member from the Penn Hills Senior Service Center to call you?

Yes No

If 'yes', please indicate your phone number: _____

Again, we want to thank you so much for taking the time to complete this questionnaire survey. Your participation is very important to us and will help greatly in future planning.