

Senior Center Evaluation Survey: Outcomes

Date _____

Name (optional) _____

Please check the boxes that best match your response. You can check more than one response, for example “Sometimes” and “Would like more”.

I go to the Senior Center because	Most of the time	Some-times	Almost never	Does Not Apply	Would like more
I see friends and make new friends					
It helps me take care of and improve my health					
It helps me stay active and have more energy					
It helps me feel happier and more satisfied with my life					
It gives me something to look forward to					
It helps me stay independent					
It helps me learn new things					
It is a good source of information about services and benefits					
I like the meals					
The meals are good for my health					
I like the rides					
I like the physical activities					

I would recommend the center to a friend or family member. ___Yes ___No