

Chautauqua County Office for the Aging Needs Assessment Survey

Chautauqua County Office for the Aging is developing our service plan for the next four years. In order to provide the best service to our seniors and focus our attention where it will do the most good, we need your input.

Please take a few moments to fill out this short survey and return it to OFA by November 8, 2007. All information is kept confidential. You **do not** need to provide your name or telephone number but may do so if you wish. Once we receive the surveys, the information will be used to shape future OFA programs and services. **Thank you for taking the time to help us help you!**

Health: Do you... (check one)	No	Sometimes	Yes	Does not apply
1) have enough Health Insurance?	___	_____	___	_____
2) understand your health insurance coverage?	___	_____	___	_____
3) have difficulty paying for prescription drugs?	___	_____	___	_____
4) understand your health problems?	___	_____	___	_____
5) have difficulty discussing health problems with your doctor?	___	_____	___	_____
6) have a primary doctor?	___	_____	___	_____
7) exercise on a regular basis? (approx. 1/2 hour to 5x per wk)	___	_____	___	_____
a) If no, what stops you?	_____			

Other health concerns _____

Nutrition: (check one)	No	Sometimes	Yes	Does not apply
8) Are you eating 3 meals a day?	___	_____	___	_____
9) Do you have any trouble making your own meals?	___	_____	___	_____
10) If on a special diet, would nutrition counseling help you?	___	_____	___	_____

Other nutrition concerns _____

Housing: Are you having...	No	Sometimes	Yes	Does not apply
11) problems finding affordable housing?	___	_____	___	_____
12) difficulty cleaning your home?	___	_____	___	_____
13) problems finding help with home maintenance or repairs?	___	_____	___	_____
14) need help with household chores? (shoveling, mowing, small repairs)	___	_____	___	_____
15) If you had to move from your current living situation, what type of housing would you be interested in? (circle) 1 floor home/ apartment/ senior housing/ other	_____			

Other housing concerns _____

