



City of Manhattan Beach

OLDER ADULT NEEDS ASSESSMENT SURVEY

Please complete this survey ONLY if you are 60 years of age or over

The City of Manhattan Beach is looking to improve our programs and services for people over the age of 60. Please help us achieve this by completing this survey.

For your input to be considered, the deadline to return this survey is March 20, 2009. If there is more than one person in your household 60 years of age or older, please request an additional survey by calling (310) 802-5407 or by downloading a survey at www.citymb.info

You may drop off your survey at:

- City Hall - Parks and Recreation Department (1400 Highland Avenue)
- Joslyn Community Center - Older Adults Program Office (1601 Valley Drive)
- In one of the YELLOW CITY-PROVIDED MAIL BOXES located at:
 - City Hall
 - In the post office parking lot (corner of 15th & Valley Drive)
 - Creative Arts Center parking lot (1560 Manhattan Beach Boulevard)

You may mail the survey to:

City of Manhattan Beach Older Adults Program
1400 Highland Avenue
Manhattan Beach, CA 90266

You may fax in the survey to: (310) 802-5401
Thank You. Your input is valued and appreciated.

The following section is optional and will be removed from the survey to ensure anonymity of responses.

If you wish to receive more information regarding the Older Adults Program or volunteering, please fill out this brief address form.

- I am interested in: ₁ Receiving information about the Older Adults Program
₂ Volunteering
₃ I have a question. Please contact me.

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

E Mail Address: _____

I. ACTIVITIES and COMMUNITY SERVICES - In this section, we would like you to answer questions about recreational activities and community services provided in Manhattan Beach.

1. Please check your involvement and/or interest in the following activities: (CHECK ALL THAT APPLY)

Type Of Activity	Already Doing	Interested in doing, if the City Offered
1. Recreational Activities (Dancing, Games, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. Physical Exercise (Swimming, Stretching, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Entertainment/Cultural (Movies, Theater & Art)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Arts & Crafts	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Discussion or Special Interest Groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
6. Trips and Events	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7. Educational Classes/Workshops	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8. Hot Luncheon Program	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
9. Health Screenings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
10. Music (Vocal and Instrumental)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
11. Computer Use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
12. Support Groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
13. Other (PLEASE SPECIFY) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

What do you think are the most needed social/recreational services for Older Adults in Manhattan Beach that could be provided by the City? (PLEASE SPECIFY) _____

3. The following keeps me from doing the things I would like to do in the community: (CHECK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> ₁ No interest | <input type="checkbox"/> ₁ Don't know about services | |
| <input type="checkbox"/> ₁ No time | <input type="checkbox"/> ₁ Transportation problems | <input type="checkbox"/> ₁ Not accessible |
| <input type="checkbox"/> ₁ Cost (too expensive) | <input type="checkbox"/> ₁ Health problems | |
| <input type="checkbox"/> ₁ Other (PLEASE SPECIFY) _____ | | |

4. Please tell us the best way to inform older adults of community services that are available to residents of Manhattan Beach. (CHECKS ALL THAT APPLY)

- | | | |
|--|--|---|
| <input type="checkbox"/> ₁ Telephone Hotline | <input type="checkbox"/> ₁ Local Newspapers | <input type="checkbox"/> ₁ City Staff Contact |
| <input type="checkbox"/> ₁ Fliers | <input type="checkbox"/> ₁ Mailings | <input type="checkbox"/> ₁ Manhattan Beach Website |
| <input type="checkbox"/> ₁ Other (PLEASE SPECIFY) _____ | | |

II. TRANSPORTATION NEEDS – In this section, we would like you to answer questions about your transportation resources and needs.

5. When you need to get somewhere how do you usually get there?

(CHECK ALL THAT APPLY)

In Manhattan Beach

- ₁ Walk
- ₁ Public Bus
- ₁ Dial-A-Ride
- ₁ Access ParaTransit
- ₁ Ride with family member/friend
- ₁ Taxi/cab
- ₁ Drive own car
- ₁ Beach Cities Health District volunteer

Outside of Manhattan Beach

- ₁ Walk
- ₁ Public Bus
- ₁ Dial-A-Ride
- ₁ Access ParaTransit
- ₁ Ride with family member/friend
- ₁ Taxi/cab
- ₁ Drive own car
- ₁ Beach Cities Health District volunteer

Other (PLEASE SPECIFY) _____

6. How well do the available transportation services meet your needs?

Weekdays (8 am-5 pm)

- ₁ Extremely well ₂ Somewhat well ₃ Not well at all

Weekday evenings (5 pm-8 pm)

- ₁ Extremely well ₂ Somewhat well ₃ Not well at all

Weekends (Saturdays and Sundays)

- ₁ Extremely well ₂ Somewhat well ₃ Not well at all

7. If you answered “Somewhat well,” or “Not well at all” please explain: _____

8. What places are most difficult for you to get to and why? (PLEASE SPECIFY) _____

9. If you have unmet transportation needs, choose the answer below that best explains why:

(CHECK ALL THAT APPLY)

	Big Problem	Little Problem	No Problem	N/A
1. I don't have enough information about transportation options	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₉
2. I feel that existing transportation services are unreliable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₉
3. Transportation costs too much	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₉

- 4. I have trouble walking to and/or waiting at the bus stop ₁ ₂ ₃ ₉
- 5. I have difficulty carrying items such as packages, etc. ₁ ₂ ₃ ₉
- 6. Transportation services don't go where I need to go ₁ ₂ ₃ ₉

10. If the City had a program that offered a volunteer companion for you, would you be interested in having a volunteer accompany you on errands or medical appointments to help carry bags, navigate medical complexes, open doors or provide companionship?
- ₁ Yes ₀ No

III. VOLUNTEER ACTIVITIES - In this section, we would like you to answer questions about your involvement in volunteer programs.

11. **What type of volunteer work are you already doing or interested in doing?**
(CHECK ALL THAT APPLY)

Type Of Volunteer Activity	Already Doing	Interested In Doing
1. Providing volunteer transportation for older adults	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. Serving as a transportation escort	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Leading a class such as an exercise group or computer class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Helping to plan trips and special events	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Assisting with administrative activities (mailings, developing fliers, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
6. Friendly visitor/in home visits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7. Teaching others a hobby or craft	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8. Working on a telephone hotline for older adults	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
9. Working with youth in the schools or recreation programs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
10. CERT (Community Emergency Response Team)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (Please Specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

IV. DEMOGRAPHIC INFORMATION – In this section, we would like to ask you to answer questions about yourself to help us know more about your interests.

- 12. My zip code is: _____
- 13. I was born in the year: 19_____
- 14. I have lived in this community for _____ years.

15. My gender is: ₁ Female ₂ Male

16. My current marital status is:

- ₁ Married ₂ Separated ₃ Never married
₄ Widowed ₅ Divorced ₆ Other (PLEASE SPECIFY)
-

17. My current living arrangement is:

- ₁ Live with spouse ₂ Live with companion
₃ Live alone ₄ Live with family
₅ Other): (PLEASE SPECIFY) _____
-

18. My current employment status is:

- ₁ Work full time ₂ Work part time ₃ Not employed/Retired

19. The highest grade I completed in school is:

- ₁ 8th grade or less ₂ Some high school ₃ High school grad ₄ Some college ₅ College grad ₆ Post-grad

20. My income level is:

- ₁ Under \$25,000/yr. ₁ Between \$25,000 and \$50,000/ year ₁ Over \$50,000/yr

Thank You!

