



**Bowie Senior Center
14900 Health Center Drive
Bowie, Maryland 20716
Participant Satisfaction Survey
February 2009**

The Bowie Senior Center requests your participation to assess service satisfaction. We value your input and thank you for your cooperation. **(Please complete and return the Survey by March 14, 2009 to the Senior Center).** We look forward to continuing to serve you.

Please Check () or fill in the appropriate answers.

1. Age: 55-65 66-75 76-85 Over 85

2. Gender: Male Female

3. City of Bowie Resident: Yes No

A. Living Environment: Private Home Senior Community Assisted Living

B. At the current time do you require mobility assistance? Yes No

C. Type of Assistance required: Wheelchair Walker Cane

4. Length of Membership? Less than 3 years 4-7 years 8+ years

5. When do you use the Center? Daytime Evening hours Weekends

6. Do you have a Fitness Membership? Yes No

A. If yes, how often do you use it? Daily Two/Three Days Weekly

B. Which Wellness exercise programs do you attend?

C. List additional Wellness services you would like offered:

7. Do you participate in Programs, Yes No Trips Yes No Special Events Yes No

A. Are there any programs, trips or special events that are your favorites?

B. List additional Programs or Activities you would like offered:

C. List additional Trips you would like offered:

D. Are there Special Events you would like to participate in that are not offered at Center? (Intergenerational, evening cabaret, evening dances etc.)

8. Are you satisfied with the cost of the Programs and Classes offered at the Center?

Yes ___ No ___

If No, please explain: _____

9. Are you satisfied with the cost of the Trips offered at the Center?

Yes ___ No ___

If No, please explain: _____

10. Are you satisfied with the variety of programs and classes for both women and men?

Yes ___ No ___

If No, please explain: _____

11. When you have a question related to aging issues, do you think of calling the Bowie Senior Center first? Yes ___ No ___

If No, who do you call first? _____

12. Are you aware that the Bowie Senior Center has an Information and Referral service?

Yes ___ No ___ If yes, do you use it? ___Yes ___No

If no, now that you are aware, would you be interested in this service.

A. Additional Information or Referral services you think should be offered at the Center? _____

13. Do you read the monthly Senior Center Newsletter? Yes ___ No ___

A. Improvements that you would like to suggest? _____

14. How do you find out about Senior Center programs and services? (Check all appropriate)

Monthly Senior Center Newsletter ___ Senior Center Website ___ Bowie Blade ___

Bowie Star ___ City of Bowie Spotlight ___ Word of Mouth ___

Other: _____

15. Do you eat lunch at the Senior Center? Yes ___ No ___

A. How often do you eat at the Center? Daily ___ Weekly ___ Occasionally ___

B. Are you satisfied with the lunch program Yes ___ No ___

C. What improvements do you recommend for the Center's lunch program?

16. Transportation: How do you travel to the Bowie Senior Center? (Check all appropriate)

Drive A Car ___ Passenger in a Car ___ Metro Access ___ Taxi ___ Call-A-Bus ___

Walk ___ Senior Center Bus ___

A. Reasons you use the Center's transportation services:

Senior Center ___ Medical Appointments ___ Dialysis ___ Post Office ___

Bank ___ Food Shopping ___ Local Shopping Areas ___ Local Trips ___

Out of Town Trips ___

B. Currently the Center charges .50/trip to ride the Senior Center bus. Do you feel this is an appropriate amount to charge? If not what fee would you suggest:

_____.

C. Other Transportation Services you would like offered?

17. Do you volunteer at the Bowie Senior Center? Yes ___ No ___

A. If Yes, do you have any suggestions for improvements to the volunteer experience? _____

B. If No, what could we do to encourage you to volunteer? _____

18. Do the facilities at the Senior Center satisfy your needs?

Always ___ Sometimes ___ Rarely ___

A. I would suggest the following improvements for the building: _____

19. Are you satisfied with the services you receive from the Front Reception Desk?

Yes ___ No ___

A. If No, please explain: _____

20. Rate the process for new members or membership renewal:

Excellent ___ Good ___ Poor___

A. Please explain: _____

21. New Senior Center members are made to feel: (Check one)

Welcome and aware of programs, policies and building layout ___

Welcome, but not aware of programs, policies or building layout ___

Unwelcome, but aware of programs, policies and building layout ___

Unwelcome and not aware of programs, policies and building layout ___

22. How would you rate your overall satisfaction with the Bowie Senior Center?

Excellent ___ Good ___ Poor_____

A. If Poor, what recommendations do you have to improve your experience at the Center? _____

THANK YOU FOR TAKING TIME TO COMPLETE THIS SURVEY!

(Remember to return the Survey by March 14)

Look for the results of this survey in the May Newsletter.