COA Survey

Name (OPTIONAL): ____________________________________________________________

E-mail: _______________________________________________________________________

Phone ________________________ Date: __________________________________________

Please read each question, circle your answer and write in any comments

1. Prior to COVID did you use the Senior Center?
   
   a. YES  b. NO

2. Have you participated in Senior Center ZOOM activities?
   
   a. YES  b. NO

   c. Comments: ________________________________________________________________

3. As permitted by health officials/weather, would you participate in outdoor in person
   activities for Redding Seniors?
   
   a. YES  b. NO

   c. Comments: ________________________________________________________________

4. What additional activities would you be interested in either via ZOOM or in person
   outside?
   
   a. Comments: ________________________________________________________________

5. Are you aware that there is a Van available for transporting Redding Seniors?
   
   a. YES  b. NO
6. Have you been unable to go places (Shopping, MD appointments) due to lack of transportation?
   a. YES    b. NO

7. Have you had problems getting Food/Medicine/Supplies/Fuel delivered?
   a. YES    b. NO
   c. Comments: ____________________________________________

8. Have you felt lonely and/or isolated during this trying period?
   a. YES    b. NO
   c. Comments: ____________________________________________

9. Please provide any further comments/questions here:
   a. Comment ____________________________________________
   b. Question ____________________________________________

10. Would you like to be contacted? (by WHOM? type options here)
    a. YES
    b. Your Contact Data ______________________________________