

Council on Aging for McIntosh Trail, Inc. Pike County Senior Survey

Please Answer Each of the Questions Listed Below

1.	Are You a Resident of Pike County?
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
2.	Please Share Your Age Range
<input type="checkbox"/>	Less Than 65 Years Old
<input type="checkbox"/>	65-69 Years Old
<input type="checkbox"/>	70-74 Years Old
<input type="checkbox"/>	75-79 Years Old
<input type="checkbox"/>	80-84 Years Old
<input type="checkbox"/>	85 Year Old or Older
3.	Are You A Member of the Pike County Senior Center?
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
4.	On Average, How Often Do You Use the Facilities at the Pike County Senior Center?
<input type="checkbox"/>	Never
<input type="checkbox"/>	Only Occasionally
<input type="checkbox"/>	1 Day Per Week
<input type="checkbox"/>	2-3 Days Per Week
<input type="checkbox"/>	4-5 Days Per Week
5.	Are You Eligible for, or Receiving Any of the Following Benefits (Please Select All That Apply)
<input type="checkbox"/>	Social Security
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Medicare Advantage Plan
<input type="checkbox"/>	Medicare Supplement Plan
<input type="checkbox"/>	SNAP (Supplemental Nutrition Assistance Program)
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicaid/Medicare Dual Eligibility
6.	Are You Receiving Any of the Following Services (Please Select All That Apply)
<input type="checkbox"/>	Meal Delivery
<input type="checkbox"/>	Assistive Technology
<input type="checkbox"/>	Emergency Response Device
<input type="checkbox"/>	Care in the Home Provided by a Family Member
<input type="checkbox"/>	Care in the Home Provided by a Friend
<input type="checkbox"/>	Care in the Home Provided by a Home Care Provider
<input type="checkbox"/>	If You Are Receiving Care in Your Home, Please List the Average Hours Per Week of Care
7	Please Rank 1-10 Indicating Your Most Important Senior Issues
<input type="checkbox"/>	Access to Information About Senior Services
<input type="checkbox"/>	Transportation to Medical Appointments
<input type="checkbox"/>	Family Caregiver Support
<input type="checkbox"/>	Aging in Your Own Home & Community
<input type="checkbox"/>	Information on Long-Term Care Facilities (Nursing Home, Assisted Living, or Personal Care Home)
<input type="checkbox"/>	Prescription Drug Costs
<input type="checkbox"/>	Safety, Security & Protection
<input type="checkbox"/>	Senior Fraud & Scams
<input type="checkbox"/>	Services and supports (in-home and facility)
<input type="checkbox"/>	Impact of Inflation on My Cost of Living
6.	Please List Your Questions and Concerns for Your Local Elected Officials in the Space Below:

Thank You for Your Participation! Please Return Your Completed Survey to the Pike Senior Center.