

Seniors Support Survey

Name : _____
Address : _____
Municipality : _____
Date : _____
Phone : _____
E-mail : _____

Man Woman other

Age group :

50 to 59 60 to 64 65 to 69 70 to 74
 75 to 79 80 to 84 85 to 89 90 and over

CABMN will not to disclose any information to a third party or to use any other confidential information, unless we obtain your written consent.

1. Do you live alone ?

Yes No

2. Do you have people around you to exchange or socialize ?

(ex: spouse, family, friends or others)

Yes No

3. Do you feel safe at home?

Yes No

If no, when do you feel most vulnerable ?

Day Night At all times

4. Are your physical mobility and your movements :

Yes No

If yes, please explain: _____

5. Is transportation a problem for you ?

Yes No

If yes, when ?

Winter Summer Fall Always

6. If you had to leave your home, should you have to leave your community ?

Yes No

Comment: _____

7. If we offered a Meals on Wheels service, how often would you use it?

- Several times a week Weekly Bi-weekly
 Once a month Never

Comment: _____

8. Are you interested in attending workshops on the following topics :

- Memory Health Mourning Grants available for seniors
 Tablet / Smart phone Wills and other legal documents

Comment: _____

9. Would you be interested in attending a workshop on grief and its implications ?

- Yes No

10. How did you discover our services?

- Word of mouth CLSC-CUISSS References Internet (web)

Comment: _____

11. In the services we offer which do you know ?

Indicate which one(s):

- Viactive Stand Up PAIR Accompanied transport
 Incom tax clinic References Support
 Medical equipment loan Support for caregivers

Comment: _____

12. In the past year, have you made a call to CABMN for information and / or services ?

- Yes No

a. If yes, is this the first time you use this / these services ?

- Yes No

b. What is your overall level of satisfaction with the service (s) received ?

- Extremely satisfied Very satisfied Satisfied
 unsatisfied Very unsatisfied Extremely unsatisfied

Comment: _____

13. How likely are you to recommend CABMN services to a friend or family ?

- Very likely Likely Unlikely Never

Comment: _____

**Thank you for your contribution to this survey.
This will help us understand your needs and offer you a better service.**