Seniors Programs & Community Survey

1. About You

• What is your age range?

☐ 55–64 ☐ 65–74 ☐ 75–84 ☐ 85+

• Do you live:

☐ Independently ☐ With family ☐ In assisted or supported living

• How long have you lived in the community?

☐ Less than 1 year ☐ 1–5 years ☐ 6–10 years ☐ 10+ years

2. Desired Activities & Programs

- What types of activities would you like the Town to offer or expand? (Select all that apply)
  - ☐ Low-impact fitness (yoga, walking clubs, chair exercises)
  - ☐ Social events (coffee chats, game nights, luncheons)
  - ☐ Educational sessions (technology help, fraud & scam prevention, safety)
  - ☐ Wellness Educational workshops
  - ☐ Intergenerational programs
  - ☐ Music & Entertainment (Polka Nights, Line Dancing, Mini Concerts, Movie Nights)
  - ☐ Assisted day trips or excursions
- Are there specific programs or activities you would like to see introduced?
  - _____

3. Timing, Location & Accessibility

- What days and times work best for you?
  - ☐ Weekdays ☐ Weekends ☐ Mornings ☐ Afternoons ☐ Evenings
- What barriers prevent you from participating in programs? (Select all that apply)
  - ☐ Transportation
  - ☐ Cost
  - ☐ Mobility or physical limitations
  - ☐ Program timing
  - ☐ Lack of information

- ☐ Accessibility of facilities
- ☐ Not interested in what is being offered
- ☐ None
- ☐ Other (please explain)

_____
_____
_____

4. Functional Support & Services

- Which support services would be most helpful to you? (Select all that apply)
  - ☐ Transportation assistance
  - ☐ Snow removal or yard support
  - ☐ Home maintenance assistance
  - ☐ Wellness checks
  - ☐ Information or referral services
  - ☐ Technology assistance
  - ☐ Caregiver support resources
- Do you currently feel you have access to the support services you need directly in Pilot Butte.
  - ☐ Yes ☐ Somewhat ☐ No

5. Communication & Awareness

- How do you prefer to receive information about programs and services?
  - ☐ Mail ☐ Email ☐ Town website ☐ Social media ☐ Community boards ☐ Word of mouth

6. Community & Well-Being

- How connected do you feel to the community?
  - ☐ Very connected ☐ Somewhat connected ☐ Not very connected
- What could the Town do to help seniors feel more included and supported?
  - _____

7. Additional comments or suggestions

_____
_____
_____

Pilot Butte