



GENEVIEVE N. JOHNSON SENIOR DAY CARE CENTER SURVEY (2017)

Are you a member of Zion Baptist Church age fifty-five years or older that resides in the District of Columbia? If yes, please take the time to read and respond to this survey in order to better enable the Genevieve N. Johnson Senior Day Care Center to continue to provide quality services for our “aging-in-place” church population. If you have any question as you are completing this survey, please contact Mrs. Regina B. Johnson, the Director of the Genevieve N. Johnson Senior Day Care Center at (202) 723-8537. Thank you in advance for your cooperation.

1. What Type of Housing Do You Live In?
 Single-Family Multi-Family Other (please specify) _____
2. Can You Enter Your House in a Wheelchair Without Assistance? Yes No
3. How Many Individuals, Besides Yourself, Live In Your Household? (If you live alone, put “0”) _____
4. Do You Own Or Rent The Place Where You Live? Yes No
5. Has Your House Been Adapted, Or Can It Be Adapted, To Facilitate Aging At Home? Yes No
6. Is Walking Without Assistance Easy For You? Yes No
7. In Your Neighborhood, How Suitable Is Your Neighborhood For Walking, Including For Those Who Use Wheelchairs And Other Mobility Aids? 5 (very suitable) 4 (somewhat suitable) 3 (suitable)
 2 (not suitable) 1 (not at all suitable)
8. In Your Opinion, How Accessible Are Public Spaces And Buildings In Your Community For All People, Including Those Who Have Limitations In Mobility, Vision Or Hearing? 5 (very suitable) 4 (somewhat suitable)
 3 (suitable) 2 (not suitable) 1 (not at all suitable)
9. Please Rate The Accessibility Of Public Transportation Vehicles In Your Neighborhood For All People, Including Those Who Have Limitations In Mobility, Vision, and/or Hearing. 5 (very suitable)
 4 (somewhat suitable) 3 (suitable) 2 (not suitable) 1 (not at all suitable)
10. Do You Feel Respected And Socially Included In Your Community? Yes No
11. Have You Engaged In A Volunteer Activity At Least Once In The Past Six Months? Yes No
12. Over The Past Year, Have You Had Enough Income To Meet Your Basic Needs Without Public Or Private Assistance? Yes No
13. How Do You Typically Find Out About Important Health Or Safety Information? (please check all that apply)

Word of Mouth Print Websites Radio Television Other (please specify) _____

14. Do You Live In A Household With Internet Access At Your Home? Yes No

15. How Do You Access The Internet? (check all that apply) Home Computer Smart Phone or Tablet
 Local Library or Community Space Other (please specify): _____

16. How Easy Is It For You To Find Local Sources Of Information About Your Health Concerns And Service Needs?
 5 (very easy) 4 (somewhat easy) 3 (easy) 2 (not that easy) 1 (not easy at all)

17. Where Do You Find Local Sources Of Information About Your Health Concerns And Service Needs? (please check all that apply). friends family government publications community centers
Other: (please explain) _____

18. Do You Have Any Personal Care Or Assistance Needs Met In Your Home Setting? Yes No N/A

19. How Are Your Personal Care And Assistance Needs Met? (please check all that apply) Self Private Services Government Provided Services Volunteers Friends Family Other (please specify)

20. How Would You Rate Your Overall Quality Of Life? 5 (very good) 4 (somewhat good) 3 (good)
 2 (not that good) 1 (not good at all)

21. Do You Have A Disability Tag Or Placard For Your Vehicle? Yes No I Do Not Have A Vehicle

22. If You Answered Yes To The Previous Question, Are Your Designated Priority Parking Spaces Adequately Designed And Available? Yes No N/A

23. Do You Participate In Group Physical Activities In Your Leisure Time? Yes No

24. Over The Past Year, Have You Ever Used The Services Of The GNJ Senior Day Care Center? Yes No

25. If No, Please Explain Why: _____

26. Have You Participated In Any Social Or Cultural Activities At Least Once In The Past Month? Yes No

27. How Safe Do You Feel In Your Neighborhood? 5 (very safe) 4 (somewhat safe) 3 (safe)
 2 (not that safe) 1 (not safe at all)

28. Do You Have A Neighbor Or Neighbors That You Can Rely On? Yes No

29. Please Check The Box That Describes Your Age Range Between Age 50 and Age 60 Between Age 61 and Age 70 Between Age 71 and Age 80 Between Age 81 and Age 90 Between Age 91 and Age 100

30. What Is Your Gender? Male Female

31. What Ward Do You Live In? Ward 1 Ward 2 Ward 3 Ward 4 Ward 5 Ward 6 Ward 7
 Ward 8 Maryland Virginia Don't Know Other (please specify): _____

32. Please Check The Types Of Services And Programs That You Would Like To Have Offered At The GNJ Senior Day Care Center (Please check as many boxes as would apply to your area of interest):

- Social Activities to include playing cards and board games
- Social Activities to include book readings and discussions
- Social Activities to include watching movies and discussions
- Social Activities to include cooking lessons and discussions
- Physical Fitness Activities to include limited exercise, yoga and aerobics
- Physical Fitness Activities to include water aerobics and swimming
- Physical Fitness Activities such as walking in Rock Creek Park
- Physical Fitness Activities such as bicycle riding in Rock Creek Park
- Social Activities to include visits to local gardens and museums
- Social Activities to include visits to local cultural or arts and crafts festivals
- Social Activities to include visits to local theater and concert events
- Social Fitness Activities to include attending a local sports activity
- Social Activities to include enjoying a meal at a local restaurant
- Social Activities to include karaoke singing or sing-alongs
- Physical Fitness Activities to include learning new dance lessons/routines
- Educational Activities to include continuing educational courses/lifestyle learning
- Other (please specify): _____

33. Would You Be Willing To Make A Donation For Any Of The Above Services and Programs That You Would Like To Have Offered At The GNJ Senior Day Care? Yes No. If Yes, How Much Of A Donation Would You Be Willing To Make? Less than \$25 More than \$25 but less than \$50 More than \$50.

34. If There Is Anything Else That You Would Like To Express About Your Interest In The Genevieve N. Johnson Senior Day Care Center Please Print Clearly Below:

THANK YOU IN ADVANCE FOR COMPLETING THIS IMPORTANT SURVEY. PLEASE EITHER DROP OFF THE COMPLETED SURVEY AT ZION BAPTIST CHURCH OFFICE OR PLEASE PUT COMPLETED SURVEY IN THE REGULAR MAIL ADDRESSED TO: ZION BAPTIST CHURCH, 4850 Blagden Avenue, N.W., Washington, DC 20011, c/o Mrs. Regina B. Johnson