

Cambridge Area Senior Resource Network Needs Assessment

* Required

1. What gender do you identify with? *

Mark only one oval.

- Male
- Female
- Other or Prefer Not to Say

2. How old are you? *

Mark only one oval.

- 55-59
- 60-69
- 70-79
- 80-89
- 90+

3. What municipality do you reside in currently? *

Mark only one oval.

- Village of Cambridge (Dane County)
- Village of Cambridge (Jefferson County)
- Christiana Township
- Deerfield Township
- Lake Mills Township
- Oakland Township
- Village of Rockdale
- Other: _____

4. What is your current living situation? (check all that apply) *

Check all that apply.

- I live alone with no caretaker
- I live with a spouse/partner
- I live with my children
- I have a part time caretaker/helper
- I have a full time caretaker/helper

5. Which answer best represents your current residence? *

Mark only one oval.

- I own my home/condo/apartment
- I rent my own home/condo/apartment
- I live in a friend's or relative's home
- I live in an assisted living facility
- I am currently homeless
- Other (ex. motel or other temporary housing)

6. Which of the following special needs do you have?

Check all that apply.

- Vision Loss
- Hearing Loss
- Memory Loss/Cognitive
- Mental Health
- Mobility Issues
- None

Other: _____

7. Do you have consistent access to transportation? *

Mark only one oval.

- Yes
- No

8. Are you regularly able to eat 3 nutritious meals per day? *

Mark only one oval.

- Yes
- No

9. If you marked No above, please check all of the following reasons that apply:

Check all that apply.

- Cost of groceries
- Difficulty preparing meals
- Lack of transportation to grocery store or food pantry
- Mobility issues while shopping or putting away groceries
- Lack of appetite

Other: _____

10. Do you have access to reliable and affordable high-speed internet service? *

Mark only one oval.

Yes

No

11. Have you used any senior centers in the past 24 months? *

Check all that apply.

Deerfield

Fort Atkinson

Jefferson

Stoughton

Other: _____

12. Which of the following services have you used in the past 24 months? *

Check all that apply.

- Senior Lunches @ Cambridge Nutrition Site (Tuesday & Fridays)
 - Case Management (Social Work Services from McFarland Sr Outreach or Jefferson County)
 - Monday Bus Transportation (Mall rides to Madison every other monday)
 - Community Ride Sharing (Downtown Cambridge shopping & local clinics)
 - Cambridge Meals on Wheels
 - Cambridge Food Pantry
 - RSVP Rides
 - Senior Swim @ Cambridge Pool
 - Toenail Trimming Clinic at Amundson Community Center
 - Community Activity Program (CAP) Lunch Programs (Alternate Wednesdays)
 - Senior Exercise Groups in Cambridge
 - Cambridge Community Library Programs
 - Cambridge Community Cafe Dinners (First Thursday of the Month)
 - Cambridge Area Resource Team Services (CART)
 - Cambridge Emergency Medical Transportation (EMS)
 - MTM Medical Rides (Non-Emergency)
 - Other
- Other: _____

Please answer how often you currently use (or were using prior to COVID-19) the services listed below:

13. Senior Lunches @ Cambridge Nutrition Site *

Mark only one oval.

| | 1 | 2 | 3 | 4 | 5 | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

14. Case Management - Social Work Services from McFarland Sr Outreach or Jefferson County *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

15. Monday Bus Transportation to Madison Malls from Cambridge *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

16. Community Ride Sharing to Cambridge Stores & Clinics *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

17. Cambridge Meals on Wheels *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

18. Cambridge Food Pantry *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

19. RSVP Rides *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

20. Senior Swim @ Cambridge Pool *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

21. Toenail Trimming Clinic at Amundson Community Center *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

22. Community Activity Program (CAP) Lunch Programs *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

23. Senior Exercise Groups in Cambridge *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

24. Cambridge Community Library Programs *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

25. Cambridge Community Cafe Dinners *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

26. Cambridge Area Resource Team Services (CART) *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

27. Cambridge Emergency Medical Transportation (EMS) *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

28. MTM Medical Rides (Non-Emergency) *

Mark only one oval.

| | | | | | | |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Never | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Almost Always |

29. Which of the above programs provide the most benefit to you? Please Explain *

30. What do you like least about the current programs that are listed above? *

31. What recommendations or changes to the programs listed above would you like to see implemented in the future? *

32. What other needs do you have that are not being adequately addressed by the current program offerings? Please check those that you would like to see in Cambridge

Check all that apply.

- Affordable & Safe Housing
- Barrier Free Housing
- Caregiver Respite Service
- Chair Yoga
- Chore Services (Laundry, Errands, etc.)
- Correspondence (Addressing Envelopes, Writing Greeting Cards, etc.)
- Dog Walker
- Fall Prevention Assessment & Training
- Friendly Visitor Services
- Home Repair (Handyman) Services
- House Cleaning
- Local Loan Closet for Assistive Devices (Walkers, Crutches, Reachers, Shower Bench, etc.)
- Managing Finances (Check Writing, Record Keeping, Tax Preparation, etc.)
- Meals on Wheels for the Evening Meal
- Medicare Related Questions
- Nursing Home (Local)
- Personal Shopper
- Recreation Services
- Safety Programs (Hands Only CPR, Stop the Bleed, Active Shooter, Until Help Arrives, etc.)
- Senior Center in Cambridge
- Snow Removal/Garden & Lawn Care
- Someone to read books or magazines to me
- Taxi Service
- Technology Assistance (Computer, Smartphone, etc.)
- Theater Bus
- Use Golf Carts on Village Streets
- Warm Water Therapy Pool
- Weekly Card Games & Board Games
- Other

Other: _____

33. Please list, in rank order, the top 3 items from the list above that would most improve the quality of your life. *

34. Comments *

