



## 2015 Annual Survey

The Fulton Co. Office for Aging is reaching out to you so that we might determine the **service needs** in Fulton County, as well as, to **identify any gaps in service** that we might remedy. Please take a few minutes to complete the survey below and return it to us by October 15<sup>th</sup>, 2015.

Your participation will help us to design (or re-design) and offer programs that **best** meet **YOUR NEEDS!**

**Please read the following and let us know if YOU have a problem with or have difficulty completing the task(s) or if YOU do not have a problem with the task by putting a check on the line .**

	<u>Problem</u>	<u>Not a Problem</u>
Understanding health insurance/Medicare	_____	_____
Keeping up with medical costs	_____	_____
Insufficient money for food, shelter, clothes	_____	_____
Affording energy and utilities	_____	_____
Managing household bills	_____	_____
Doing Household chores/maintenance	_____	_____
Feeling afraid or unsafe at home because you may fall or get injured?	_____	_____
Feeling afraid or unsafe at home because of crime and/or vandalism?	_____	_____
Legal Affairs or planning for the future?	_____	_____
Loneliness, isolation or depression	_____	_____
Disability or impaired mobility	_____	_____
Transportation (includes medical, shopping Recreation, to/from Social Adult Day program)	_____	_____
Knowing where to get information about Services and benefits	_____	_____
Taking Care of another adult	_____	_____
Taking Care of a grandchild or other kin	_____	_____
Taking Care of your personal needs: Bathing, dressing, preparing meals	_____	_____
Conflicts with others such as family, neighbors or creditors?	_____	_____

If there are any issues that are important to you that are not on this list, please explain\_\_\_\_\_

How would you rate your overall health?      \_\_\_good    \_\_\_fair    \_\_\_poor

What is your zip code? \_\_\_\_\_

What town/city do you live in? \_\_\_\_\_

What is your age:      \_\_\_ 18-59    \_\_\_ 60-74    \_\_\_ 75-89    \_\_\_ 90 or over

**Are you interested in any of the following?**

Information about the Fulton County OFA Budget      \_\_\_yes    \_\_\_no

Nutrition Counseling      \_\_\_yes    \_\_\_no

Chronic Disease Self Management      \_\_\_yes    \_\_\_no

Farmer's Market Coupons      \_\_\_yes    \_\_\_no

Health Insurance Counseling      \_\_\_yes    \_\_\_no

Retirement Assistance      \_\_\_yes    \_\_\_no

**If you currently receive services from the Office for Aging, please rate the service(s):**

\_\_\_excellent    \_\_\_good    \_\_\_fair    \_\_\_poor

**Please check your ethnic group:**

\_\_\_White    \_\_\_African American/Black    \_\_\_Hispanic

\_\_\_Asian/Pacific Islander    \_\_\_American Indian    \_\_\_Alaskan Native

**If you would like someone to contact you about your needs, please enter your telephone number here: \_\_\_\_\_.**

*If you have questions about this survey,  
please contact the Office for Aging at 518-736-5650.*

**THANK YOU FOR YOUR INPUT!**

Please return this survey to

the Fulton Co. Office for Aging

19 N. William St.

Johnstown, NY 12095

by October 15<sup>th</sup>, 2015

April 2015