

SECTION 1 - DEMOGRAPHICS

Name : Last Name
 First Name

Date Of Birth : ____ / ____ / ____ Gender : Male Female Other

Home Address: _____

Phone Number : _____ E-Mail : _____

Marital Status : Single Married Widowed Other

Race : White Hispanic Black or African American Native Hawaiian Pacific Islander
 Asian Two or More

If you selected Asian above, please select one of these Chinese Filipino Indian Japanese
 Korean Vietnamese Other

Living Arrangement : Living alone Living with a spouse Living with other family members Living with others

Current Participation in Food Programs : SNAP (Supplemental Nutrition Assistance Program) CSFP (Commodity Supplemental Food Program)
 SFMNP (Senior Farmers' Market Nutrition Program) Other

Education Completed : Did not complete high school High school graduate or equivalent (e.g., GED) Some college or associate degree Bachelor's degree or higher

SECTION 2 - DIGITAL COMFORT LEVEL

Q 1. Please rate your comfort level with using a device to access the internet (Please circle one)

1	2	3	4	5
Not comfortable at all	A little	Moderately	Mostly	Completely comfortable

Q 2. How comfortable are you using video to interact with others (such as Zoom or Facebook Portal)? (Please circle one)

1	2	3	4	5
Not comfortable at all	A little	Moderately	Mostly	Completely comfortable

Q 3. Have you previously taken interactive online classes (e.g., art, exercise, educational) prior to registering for this program?

Yes No

↳ Q 3a. If yes, how often are you participating?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1 class/week	1 -2 classes/week	2+ classes/week

Q 4. To what extent do you feel that this program will be a way for you to stay active and connected to others (Please circle one)

1	2	3	4	5
Not very likely	Somewhat unlikely	Neutral	Likely	Very likely

SECTION 3 - NUTRITION, SOCIALIZATION AND HEALTH

Part 1. Nutrition

	Often true	Sometimes true	Never true
In the last 12 months, I worried whether my food would run out before I get the money to buy more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last 12 months, the food I bought didn't last and I didn't have money to get more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last 12 months, I couldn't afford to eat balanced meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Socialization

	Hardly ever or never	Some of the time	Often	
How often do you feel that you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Hardly ever or never	Monthly	Weekly	Daily
How often did you participate in social activities before COVID-19 pandemic (Mar. 2020)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied are you with the current availability of socialization opportunities and activities in your community? (please circle one)

1	2	3	4	5
Poor	Fair	Good	Very good	Excellent

SECTION 3 -NUTRITION, SOCIALIZATION AND HEALTH

Part 3. Health

Is there a place that you USUALLY go to if you are sick and need health care?

Prefer not to
answer

There is
MORE THAN
ONE place

There is NO
place

Yes

Please think about your overall health today. And then, please answer the following statement.

My health is (please circle one)

1

Poor

2

Fair

3

Good

4

Very good

5

Excellent

SECTION 4 - CLASS/ACTIVITIES INTEREST

Which classes/activities might you be interested in? (please check ALL that apply)

Health:

- Diabetes awareness
- Fall prevention
- Hearing health
- Brain health
- COVID-19
- Flu
- CPR training

Nutrition:

- Smart eating for your Kidneys
- Cooking classes
- Federal Food Assistance Programs

Finance:

- Property Tax workshop
- Medicare, Medigap
- Retirement savings and withdrawals
- Fraud prevention
- Housing options and estates
- Wills, Living Wills, and Durable Power of Attorney for Health Care

Exercise:

- Yoga
- Tai Chi
- Aerobics
- Dance
- Hula
- Zumba
- Weight training

Other activities:

- Art
- Crafts
- Music
- Mahjong
- Bingo
- Jigsaw puzzles

Other Education:

- Preventing Alzheimers
- Home safety
- Emergency preparedness
- Other suggestions:
