



**COLUMBIA  
COUNTY**

**Aging and Disability Resource Center**



608-742-9233  
888-742-9233  
FAX: 608-742-9277  
TDD: 608-742-9229  
E-MAIL: ADRC @co.columbia.wi.us  
WEBSITE: www.co.columbia.wi.us

111 E Mullett St  
P.O. Box 136  
Portage, WI 53901-0136

Help us shape the ADRC's 3-year plan by sharing your thoughts in this survey. Your feedback will guide improvements and new services to better support our community. Thank you for helping us make a difference!

1. Answer the following questions, 1 being the lowest and 4 being the highest.

	1	2	3	4	Not Applicable
How would you rate your overall health and wellness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How accessible do you find healthcare services in Columbia County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you find it difficult to prepare your meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well does our food program meet your eating needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel safe and secure in your current living environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is it to live independently as you age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is it for you to have access to recreational and social opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you socialize with family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How happy are you with the help and information we provide for caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	1	2	3	4	Not Applicable
How important is reliable transportation in maintaining your independence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable are you with using technology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How helpful are the technological aids, like lifts, assisting with your caregiving responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What are your primary health concerns as you age?

- Chronic Conditions
- Mental Health
- Mobility
- \_\_\_\_\_

3. Is your current residence adapted to your needs? (no-step entry, bathroom grab bars, etc.)  Yes  No

4. How often do you participate in social activities or events?

- Daily  Weekly  Monthly
- Yearly  Never

5. Have you volunteered in the last year?  Yes  No

6. How do you typically get around Columbia County?

- Personal Vehicle
- Public Transportation/Cabs
- Rides From Friends/Family
- ADRC Transportation
- \_\_\_\_\_

7. Are you interested in attending educational or wellness classes designed for seniors and people with disabilities?  Yes  No

8. How do you prefer to attend classes?  Online  In-Person

9. What types of technology do you use regularly?

- Smartphone  Computer
- Television
- Smart Home Devices  None



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10. Do you have reliable access to internet in your home?

Yes  No

11. Are you interested in attending a technology information class designed for seniors and people with disabilities?  Yes  No

\*If more room is needed, feel free to use backside of page

12. What support services would help you live independently at home for longer?

13. What types of activities are you interested in that are currently not available or accessible to you?

14. What motivates you to volunteer, or what would motivate you to start volunteering?

15. What type of housing do you live in?

Owned House  Rented House  
 Rented Apartment  
 Assisted Living  \_\_\_\_\_

16. Do you vote?  Yes  No

17. What is your role in the community?

Provider  Elderly Individual  
 Friend/Family  
 Disabled Individual

18. What is your zip code?

\_\_\_\_\_

19. Would you be interested in attending a listening session to discuss our services and your needs in more detail?

Yes  No

20. If you would like more information about the ADRC, please leave your name and number.

\_\_\_\_\_