



# NWT Seniors' Society Questionnaire



## A. Personal Information:

Name: \_\_\_\_\_ Date of Birth: M \_\_\_\_\_ D \_\_\_\_\_ Yr. \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Married  Single  Common Law  Widow/Widower  Divorced

Phone #: (\_\_\_\_) \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

## B. Out and About in the Community:

Do you participate in activities and events in your community?  Yes  No

In what types of events/activities do you participate?

Games nights

Exercise Program

Card games

Gym

Lunches for elders

Teaching Language/Culture

On-the-land activities

Other (specify): \_\_\_\_\_

How often do you participate in activities/events outside your home? (tick one only)

5 times per week

Once every two weeks

4 times per week

Once a month

3 times per week

Less than once a month

2 times per week

Seldom

Once per week

Never

## C. Seniors Group(s) in the Community:

Are there recognized elder(s)/senior(s) groups in your community?  Yes  No

If Yes, please give name(s) of group(s): \_\_\_\_\_

Would you like to see one established?  Yes  No

Would you participate on such a group if one was established?

Yes  No  Don't Know

What do you think such a group should do for seniors/elders in your community?

\_\_\_\_\_  
\_\_\_\_\_

## D. Seniors' Information Line:

Have you ever used the Seniors Information Line?  Yes  No

If Yes, how would you rate the service?

Excellent

Fair

Very Good

Poor

Good

Very Poor

If No, why not?

Just learned about the line

I get the info I need from other sources

English is not my first language

Other (Specify): \_\_\_\_\_

What improvements would you suggest?

\_\_\_\_\_  
\_\_\_\_\_

***E. Emergency Medical Information Kits:***

Do you have one on your fridge?  Yes  No  
Has it ever been used as was intended in an emergency?  Yes  No  
If Yes, was it useful for the Caregiver?  Yes  No  Don't Know  
What improvements can be made to the kit?  
\_\_\_\_\_  
\_\_\_\_\_

***F. Abuse of Older Adults:***

Have you or anyone you know been a victim of abuse of any kind?  Yes  No  
If Yes, were any of the following advised?  
 RCMP  Family Member  
 Caregiver  Friend  
 Nurse  No one  
 Social Worker  Other, specify: \_\_\_\_\_

What was the result? \_\_\_\_\_  
\_\_\_\_\_

Have you attended workshop(s) on the Abuse of Older Adults?  Yes  No  
Would a workshop on this issue in your community be useful?  Yes  No  
Would you attend?  Yes  No

***G. Youth and Elders – Bridging the Generation Gap:***

In your community, do elders and youth work together on issues?  
 Yes  No  Don't Know

Do you feel it is important for elders and youth to work together?  
 Yes  No

Would you participate in meetings with youth to address community issues?  
 Yes  No

What would you say were the three main issues in your community?  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Do you think that elders and youth could address these issues together?  Yes  No

***H. NWT Seniors' Society (NWTSS):***

**In what ways can the NWTSS better serve seniors/elders in your community?**  
 Community Representation on NWTSS Board  
 Workshops on Elder Abuse  
 More Mini-Workshops  
 Help to set up local elders/seniors group  
 Regular newsletters  
 Other (specify): \_\_\_\_\_

***I. Additional Comments:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_