



AgeOptions FY26 Library Program Evaluation Survey

The library programming is made possible with funding from AgeOptions. Your responses to this anonymous survey help us understand the reach and impact of programs like this. Thank you for participating in your local library's programming and thank you for your response to the following questions.

1. **As a result of participating in my library's programming for people 60 or older:**
(Please select the single best answer for each statement).

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a. I feel more connected to my community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I feel more connected to individuals who also attended | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I made new friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I feel better equipped to use different technologies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I use the library as my primary source of information about services for older adults | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. **Did you first learn about any of the following services because of attending events at your library?**
(select all that apply)

- ☐ Senior Center
- ☐ Senior Dining Site or Home Delivered Meals (aka Meals on Wheels)
- ☐ In-Home Services for an Older Adult
- ☐ Aging Service Provider or Agency
- ☐ Support Services for Family Caregivers
- ☐ None of the above

3. **Did you participate in any of these programs or services outside of the library because of attending events at your library? (select all that apply)**

- ☐ Senior Center
- ☐ Senior Dining Site or Home Delivered Meals (aka Meals on Wheels)
- ☐ In-Home Services for an Older Adult
- ☐ Aging Service Provider or Agency
- ☐ Support Services for Family Caregivers
- ☐ None of the above



4. Does this AgeOptions-funded library program support your ability to live independently?
- ☐ Yes
- ☐ No
5. Since you started participating in the AgeOptions-funded library program, do you have a better idea of how to get any additional help that you need?
- ☐ Yes
- ☐ No
6. As a result of participating in the AgeOptions-funded library program, I am able to: _____
(Please check all that apply)
- ☐ Be healthy
- ☐ Take better care of myself
- ☐ Take better care of a friend or family member
- ☐ Get or afford things I need, like food, housing, medical care, utilities, etc.
- ☐ Feel more connected to other people and less left out
- ☐ Feel more secure or safe
- ☐ None of these are true for me

DEMOGRAPHIC INFORMATION

We are asking participants to complete this demographic survey to better understand the audience that attends and participates in programming hosted by our library partners and help us improve our reach to all communities we serve.

Please select an option for each question. You may select "Prefer not to answer." This survey is anonymous.

7. What is your zip code? _____ (Please enter "0" if prefer not to answer)



8. What is your age?

- ☐ Below 60
- ☐ 60-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85 or greater
- ☐ Prefer not to answer

9. What is your race and/or ethnicity? (Select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern and North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Prefer not to answer

10. What is your Gender?

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Transgender
- ☐ Prefer not to answer

11. I am ____: (Check all that are true for you)

- ☐ Living in a household with a total yearly income below \$50,000
- ☐ The only person living in my home
- ☐ Living with a disability
- ☐ Mostly speaking in a language other than English
- ☐ LGBT+ (lesbian, gay, bisexual, transgender, etc.)
- ☐ A Veteran
- ☐ A Caregiver (I help take care of someone else)
- ☐ Caring for someone under 18, who is not my biological child
- ☐ None of these are true for me