



# 2018 Vitality Survey

Please take a few minutes to answer the following questions regarding the Vitality program.

Your responses are greatly appreciated.

Thank you.

## Please tell us a little about yourself

Male  Female  Age: 65-69  70-79  80-89  90-99  Town: \_\_\_\_\_

How long have you been attending Vitality programs? ≥ 1 year  1-2 years  2-5 years  5+ years

## Please provide feedback on the Vitality programs

The Vitality programs are beneficial to me because they provide (check all that apply):

Education  Socialization  Access to Hospital Services  An Opportunity to Meet Providers

Do you feel that Vitality programs are comprehensive and diverse? Yes  No  Somewhat

Do you feel Vitality is a resource to you for Phelps Services? Yes  No

On a scale of 1-10, please rate your opinion of the following programs:

*Enter N/A if you have never attended the program*

\_\_\_ The Breakfast Club

\_\_\_ Osteoporosis Program

\_\_\_ Elder Law Series

\_\_\_ Mind Games

\_\_\_ Holistic Pain Support Program

\_\_\_ Demystifying Medicare

\_\_\_ Senior Steps

\_\_\_ Autumn Games

\_\_\_ Spirituality

\_\_\_ Fall Prevention Program

\_\_\_ Women's Health Programs

\_\_\_ Tai Chi

**Please provide feedback on Phelps and Phelps Medical Associates**

Have you used Phelps in the past six months? Yes  No  In the past year? Yes  No

Have you seen a PMA physician in the past six months? Yes  No  In the past year? Yes  No

Have you ever followed up with a Breakfast Club speaker? Yes  No

How do you select a physician? *Check all that apply*

Word of Mouth  Physician Referral Hotline  Phelps Web Site  Insurance Co.   
Phelps Today  Vitality/Breakfast Club  Lecture  Newsletter  Other \_\_\_\_\_

**Please help us communicate with you better**

How do you find out about Vitality events?

Friend Referral  Phelps Web Site  Phelps Today  E-mails  Mailing   
Local Newspaper  Social Media  Community Bulletin Boards  Other \_\_\_\_\_

Do you use: E-mail  Face Book  Instagram  Twitter  None

**Please provide us with some feedback**

What are your top health concerns? \_\_\_\_\_

\_\_\_\_\_

What senior programming would you like to see Phelps offer? \_\_\_\_\_

\_\_\_\_\_

**Thank you for filling out this survey and providing us with valuable information to help better serve you.**