

## 2010 Customer Survey

**Thank you for your interest in helping Rianda House better serve the needs of our community. Results from this survey will assist us with obtaining valuable information that is often requested by our funders. *Please know that all of the responses below are optional and will be kept completely confidential.* We are seeking this information solely to help us do the best job we can.**

How did you first learn about Rianda House?

- a. Mailing or other publicity
- b. Newspaper
- c. Referral from a colleague or friend
- d. Website
- e. Other, please describe \_\_\_\_\_

1. What was it about Rianda House that encouraged you to visit for the first time?

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2. How often do you come to Rianda House? (please circle one)

- a. Once per week
- b. 2 or more times per week
- c. Once per month
- d. 2 or more times per month
- e. This is my first visit

3. Would you attend events and classes if they were offered in the evenings? Yes \_\_\_\_  
No \_\_\_\_ or on Saturday ? Yes \_\_\_\_ No \_\_\_\_

4. What do you think is a reasonable/affordable cost to attend a class or program at Rianda House?

- a. No cost
- b. \$3.00
- c. \$5.00
- d. \$10.00
- e. Other \_\_\_\_\_

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5. How do you get to Rianda House? (please circle all that apply)

- a. Walk
- b. Drive my own car
- c. Have someone else drive me
- d. Public Transportation
- e. Other, please describe \_\_\_\_\_

6. What activities do you participate in at Rianda House? (Please circle all that apply)

- f. Exercise classes
- g. Reading newspapers, having coffee and/or socializing with friends
- h. Our communal lunches offered on Mondays, Tuesdays and Fridays
- i. Language clubs
- j. Card and/or board Games
- k. Arts & Lecture Series programs
- l. Wellness
- m. St. Helena Hospital Health Screenings
- n. The Mind Boosters program
- o. Art class
- p. Knitting
- q. Spirituality programs
- r. Grief support
- s. I volunteer

7. How would you rate your overall experience at Rianda House? (Please circle one)

- a. Fair
- b. Good
- c. Very Good
- d. Excellent
- e. Other \_\_\_\_\_

8. What benefits have you experienced by being involved with Rianda House?

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9. What other programs, special events, or services would you like to see made available at Rianda House?

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10. How can Rianda House better serve your needs and the needs of our community?

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11. What other activities or organizations in our community are you involved with?

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12. Any other comments?

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Age: please circle one:

( < 55) (55-64) (65-74) (75-84) (85-90) (90 or above)

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single

I live alone: \_\_\_\_\_ Yes \_\_\_\_\_ No

Religious Affiliation: \_\_\_\_\_

Annual Income: please circle one:

(Below \$25,000) (\$25,000-\$50,000) (\$50,000-\$75,000) (\$75,000-\$125,000) (\$125,000 +)

Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, what type? \_\_\_\_\_

***Thank you for your input. Your responses will remain confidential and are very valuable.***

Name: (optional) \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Address: (optional) \_\_\_\_\_ Telephone #: (optional) \_\_\_\_\_