Communications Survey

January 2024

To help improve communications with older adults living in Hamilton, the City of Hamilton's Seniors Advisory Committee has developed this Communications Survey. The questions below were designed based on responses to a survey the Seniors Advisory Committee conducted at the Senior's Kickoff Event in June 2023. This survey has been designed to help gain a broader understanding of the methods of communication preferred by older adults living in Hamilton.

Please indicate	if you are filling	g out this su	rvey as an	individual or	as a repre	sentative of
an organization.	Please check	only one wi	th an 'X'.			

Individual	
Organization _.	

If you checked Organization, please fill out the survey based on your knowledge of your clients who are seniors.

- 1. Age range? Please circle your age range (not to be completed if you checked "Organization").
 - a. 55 to 65 years
 - b. 66 to 75 years
 - c. 76 to 85 years
 - d. 86 to 95 years
 - e. 96 years and older

2.	How do you receive information that is of interest to you? Please indicate by				
	using a number to identify the method you use the most. For example, if				
	newspapers are what you use most often then put a '1' in the box to its right.				
	Pleas	e identify your top four.			
	a.	Email			
	b.	Community Newsletter			
	c.	Website			
	d.	Social Media, such as Facebook			
	e.	Newspapers (daily and/or weekly)			
f. Television					
g. Radio					
	h. Other (please list)				
2	O What bind of information we did not be set to set the set of the				2
ა.	. What kind of information would be of most interest and importance to you? Please indicate by using a number to identify the one that is of most interest and				
	importance. For example, if your Family Physician is of most interest then put a				
	•	'1' in the box to its right. Please identify your top five.			
	a.	Family Physician			
	b.	Dentist			
	c.	Vision Care			
	d.	Police Services, Fraud Prevention			
	e.	Elder Abuse			
	f.	Programs and Services, such as Caregiver			
	g.	Financial Services			
	h.	OHIP			
	i.	Legal Information, such as Wills			
	j.	Public transportation, such as the bus or Darts			

	K.	Housing, such as retirement living options		Ш	
	l.	Long-term care home option			
	m.	Services, such as lawn care and snow removal			
	n.	Free workshops			
	Ο.	Outings - Trails, Botanical Gardens, Dundurn Cast	:le		
	p.	Exercise and Fitness, such as Yoga, Tai Chi			
	q.	Heating and cooling for your home			
	r.	Other (
4.	Do yo	u own or have daily access to the following technolo	gies? F	'lease d	check all
	a.	Personal Computer			
	b.	Tablet			
	C.	Smart Phone			
5.	Do yo	u consider yourself (please check only one)?			
	a.	Very knowledgeable and comfortable with technological	gy		
	b.	Knowledgeable and comfortable with technology			
	C.	Somewhat knowledgeable and comfortable with tea	chnology	/ 🗆	
	d.	Not at all knowledgeable and comfortable with tech	inology		
6.	Do yo	u use the City of Hamilton's website to get information.	on? Plea	ase circ	le ' yes '
	If you	circled 'yes', please answer the following questions	below:		
	a.	What do you like about the City of Hamilton's webs that apply.	ite? Plea	ase che	ck all
		i. Layout and design □			
		ii. Colour			

	iii.	Font size	
	iv.	Level of detail provide	ed 🗆
	V.	Easy to find informa	ion 🗆
	vi.	Search capability	
			he City's website? Please check all that apply.
		Layout	
	ii.	Colour	
	iii.	Font size	
	iv.	Level of detail provide	ed \square
	V.	Easy to find informa	ion 🗆
	vi.	Search capability	
7.	_	ber ('1' and '2').	Please check your first and second choice by
	c. Italian	1	
	d. Portu	guese	
	e. Croati	_	
	f. Simpl	ified Chinese	
	g. Polish		П
	h. Hindi		
	i. Arabio	C	
8.		parriers get in the way	of communications?
9.			
	Would you be interested in volunteering to help with translating?		
	Please circle 'yes' or 'no'.		
	If you circled yes, please provide your contact information.		

Name	
Phone Number _	
Email	