



City of Calgary



Family & Community Support Services Survey New Client Intake

Program: Senior Programs (West Hillhurst Go-Getters Association)

Registration Date (MM/DD/YYYY): _____

First 2 letters of first name: _____

First 2 letters of last name: _____

Date of Birth: _____
(MM/DD/YYYY)

Gender (circle): Female / Male

Grade in school (if applicable): _____

Aboriginal identity

Non-Aboriginal First Nations Metis Inuit Non-status Bill C-31 status

Population Group (choose only 1)

- | | |
|--|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.) |
| <input type="checkbox"/> African/Caribbean | <input type="checkbox"/> Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.) |
| <input type="checkbox"/> Arab | <input type="checkbox"/> West Asian (e.g., Iranian, Afghan, etc.) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Group (See next field to complete) |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> No Answer |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Don't know |

Other Population Group: _____

Language spoken most often at home (choose only 1)

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Korean | <input type="checkbox"/> Somali |
| <input type="checkbox"/> French | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Nuer | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Chinese (unspecified) | | |
| <input type="checkbox"/> Dinka | <input type="checkbox"/> Pashto | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Polish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Don't know |

Born in Canada?(circle) Yes / No

If not born in Canada: Country of Birth: _____

If not born in Canada, number of years in Canada: _____

What neighbourhood do you live in? _____

What are the first 3 digits of your Postal Code? _____

Do you have any *difficulty* hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

- Yes, sometimes Yes, often No

Does a physical condition or mental condition or health problem *reduce the amount or the kind of activity you can do*?

- Yes, sometimes Yes, often No

How did you find out about this program:

- 211 Advertisement
 City of Calgary website Referred by another program
 Don't know School
 Other Word of mouth

Marital Status:

- Married Divorced
 Living common-law Single, never married
 Widowed Don't know
 Separated

Number of adults (18 or older) in household: _____

Number of children under age 18 in household: _____

Ages of children in household: Child 1: Child 2: Child 3:

How often is each of the following kinds of support available to you if you need it:

Someone to have a good time with? In other words do you have friendships with people who you are able to do things with?

- Never A little of the time Some of the time Most of the time Always

Someone who shows you love and affection?

In other words do you have a friendship with someone who will give you a hug if you need one? Can make you laugh and who makes you feel loved. This does not have to be a spouse or partner, but can be a good friend.

- Never A little of the time Some of the time Most of the time Always

Someone to turn to for suggestions about how to deal with a personal problem?

Do you have someone who you are close enough to and can trust to turn to?

- Never A little of the time Some of the time Most of the time Always

Someone to take you to the doctor if you needed it?

- Never A little of the time Some of the time Most of the time Always

Someone to prepare your meals if you were unable to do it yourself?

- Never A little of the time Some of the time Most of the time Always

Someone to help with daily chores if you were sick?

- Never A little of the time Some of the time Most of the time Always

Someone to look after your child(ren) for several hours if needed? (if applicable)

- Never A little of the time Some of the time Most of the time Always
 Not Applicable

Someone to look after your spouse for several hours if needed? (if applicable)

- Never A little of the time Some of the time Most of the time Always
 Not Applicable

Someone to look after your parent(s) for several hours if needed? (if applicable)

- Never A little of the time Some of the time Most of the time Always
 Not Applicable

1. Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations, or social, civic or fraternal clubs? no yes

If you answered Yes to question 1:

2. How often did you participate in meetings or activities of these groups in the past 12 months?

- Not at all At least once a year At least 3 or 4 times a year
 At least once a month At least once a week

3. In the past 12 months, did you do unpaid volunteer work for any organization, whether or not you were a member of this organization? no yes

If you answered Yes to question 3:

4. On average, about how many hours per month did you volunteer?

- I did not do any volunteer Less than 1 hour a month 1 to 4 hours a month
 5 to 15 hours a month over 15 hours a month

If you answered Yes to question 3:

5. Have you made any new friends through volunteering? no yes

If you answered Yes to question 3:

6. Did you do this volunteer work in your own neighbourhood? no yes

