Brevard Commission on Aging
Senior Needs Survey

Dear Brevard County Senior, your feedback is very important to us. The Brevard Commission on Aging wants to understand the needs and concerns of our local senior community to improve programs and services that support your independence, health, and well-being. Thank you for taking the time to share your thoughts. Your feedback helps us make Brevard County a better place to live and age well.

1. What are the biggest challenges you face as you get older?

(*Select all that apply*)
- ☐ Health and medical care
- ☐ Transportation
- ☐ Housing or home maintenance
- ☐ Food insecurity
- ☐ Finances
- ☐ Loneliness or social isolation
- ☐ Other: _____

2. Do you feel you have access to the services and resources you need to live independently?

- ☐ Yes
- ☐ Somewhat
- ☐ No

3. How would you rate your access to affordable healthcare and medications?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

4. Do you have reliable transportation to medical appointments, grocery stores, or social activities?

- ☐ Yes
- ☐ Sometimes
- ☐ No

5. What type of housing best fits your current needs?

- ☐ Staying in my current home
- ☐ Assisted living or senior community
- ☐ Affordable senior housing
- ☐ Other: _____

6. How often do you feel lonely or isolated from others?

- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

7. What types of activities or programs would you like to see more of in Brevard County? (*Select all that apply*)

- ☐ Social gatherings
- ☐ Exercise and wellness classes
- ☐ Educational programs
- ☐ Volunteer or mentorship opportunities
- ☐ Other: _____

8. Do you currently receive any help at home (meals, housekeeping, personal care, etc.) ?

- ☐ Yes, regularly
- ☐ Occasionally
- ☐ No, but I could use help
- ☐ No, I don't need help

9. How easy is it for you to find information about senior services and programs in Brevard County?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Difficult
- ☐ I didn't know services were available

Optional Contact Information

If you would like to be contacted or receive information about local programs and resources, please provide your contact details below (optional):
Name: _____
Phone: _____
Email: _____
City or ZIP: _____

Return Survey by mail to: Aging Matters in Brevard
3600 W King Street - Cocoa, FL 32926

Return Survey by email to: info@AgingMattersBrevard.org

To complete Survey online go to: AgingMattersBrevard.org/SeniorSurvey