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OASIS Evaluation Survey

We would like to know your opinion about OASIS. The information you provide will be kept confidential. Please print and fill in the circles clearly, for example, ●. Thank you.

1. Have you participated in an OASIS program within the last 6 months? Yes No
2. If not, what is the main reason that you have not participated recently? (Please choose only one)
- Problems with my health
 - Class times not convenient
 - Moved out of the area
 - Traveling
 - Problems registering for classes
 - Caregiving responsibilities
 - Difficulty with transportation
 - Classes not interesting to me
 - Taking classes or volunteering elsewhere
 - Economic difficulties

3. To what extent has OASIS met your expectations?
- | | | | | | |
|--|--|-----------------------------------|-------------------------|------------------------------|--------------------------------------|
| | Fell very short of expectations | Fell short of expectations | Met expectations | Exceeded expectations | Greatly Exceeded expectations |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Please rate the following OASIS opportunities:

	Poor	Fair	Good	Very good	Excellent	N/A
a. Range of classes available?	<input type="radio"/>					
b. Quality of classes?	<input type="radio"/>					
c. Range of volunteer opportunities?	<input type="radio"/>					
d. Quality of volunteer opportunities?	<input type="radio"/>					
e. Volunteer training and support you received?	<input type="radio"/>					
f. Quality of interaction with OASIS staff and volunteers?	<input type="radio"/>					





5. How important are the following forms of communication about OASIS programs?

	Not important at all	Not very important	Somewhat important	Very important	Extremely important
Catalog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Word of mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

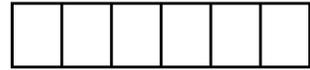
6. If you could change one thing at OASIS, what would it be?

7. To what extent do you agree with the following statements?

Because of my participation in OASIS . . .

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) . . .my circle of friends has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) . . .my outlook on life has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) . . .I feel better about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) . . .I feel that I have made a difference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) . . .my life feels more meaningful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) . . .I feel more engaged in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





8. To what extent do you agree with the following statements?

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
a. My experience at OASIS was intellectually stimulating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My desire to continue learning has increased.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I gained useful skills or knowledge during my participation in OASIS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. OASIS has helped me maintain my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. OASIS has helped me improve my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I would recommend OASIS to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Participation in OASIS has enriched my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all interested	Not very interested	Somewhat interested	Very interested	Extremely interested
9. How interested are you in taking a class on these technology topics?					
a. Beginning computer skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Social networking (Facebook, Twitter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cell phones and smart phones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Computer skills I can use in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Do you do any volunteer work outside of OASIS?

No Yes If yes, what do you do? _____





11. How interested are you in volunteering in the following ways?
- | | Not at all interested | Not very interested | Somewhat interested | Very interested | Extremely interested |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Leading adult classes | <input type="radio"/> |
| b. Coaching new computer users | <input type="radio"/> |
| c. Training volunteers | <input type="radio"/> |
| d. Tutoring children in reading | <input type="radio"/> |
| e. Mentoring children to promote healthy lifestyles | <input type="radio"/> |
| f. Planning programs and travel | <input type="radio"/> |
| g. Office support or data entry | <input type="radio"/> |
| h. Photography and videography | <input type="radio"/> |
| i. Writing and using social media | <input type="radio"/> |
| j. Speaking to community groups | <input type="radio"/> |
| k. Serving on an advocacy or advisory group | <input type="radio"/> |

12. What is your employment status?
- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Not working/retired | Looking for work | Working part time | Working full time |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. What is the best time for you to attend class?
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Morning | Early afternoon | Late afternoon | Evening | Weekends |
| <input type="radio"/> |

14. Including yourself, how many people currently live in your household?
- One Two Three or more

15. How would you rate your health?
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very good | Excellent |
| <input type="radio"/> |

16. Do you currently provide caregiving to a friend or family member who needs assistance?
- Yes No

17. If yes, how often do you provide this type of assistance?
- Less than once a month Several times a month At least once a week Daily

Thank you for completing this survey!

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