

Older Adult Survey

Name: _____

Address: _____

Phone #: _____ E-mail Address: _____

Gender: Female Male Date of Birth: _____

Marital Status: Married Single, Never Married Divorced Widowed

Do you live alone? Yes No

If No, with whom do you live? _____

In the event of an emergency, if you need help or became ill or disabled, is there someone to whom you could turn for assistance? Yes No

If Yes, who? _____ Relationship: _____

Address: _____ Telephone # _____

During the past week, how many times did you:

Have someone visit you? _____ Visit someone else? _____

Go shopping? _____ Talk with a friend or relative on the telephone? _____

Do you experience any problems with where you live? Yes No

If Yes, what are the problems? _____

Please rate your health: Excellent Very Good Good Fair Poor

Approximately how often do you attend religious services?

Weekly Twice a month Monthly Quarterly Yearly Never

Would you like to receive any of the following religious services in your home?

Pastoral Visitation, Lay Visitation, Devotional materials,

Bible Study materials, Holy Communion, Worship Service tapes

Other, please specify: _____

Do You Need?

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

- Transportation
- Home Repairs
- Housekeeping Chores
- Minor Plumbing Repairs
- Minor Carpentry Repairs
- Legal Counsel
- Income Tax Preparation
- Financial Counsel
- Medical Assistance
- Meal Preparation
- Reading Materials
- Support Group
- Fellowship Group
- Bible Study Group
- Prayer Group
- Caregivers Support Group
- Respite Support
- Travel Opportunities

Can You Provide?

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Other Need(s) You Have: _____

Other Ministry You Can Provide: _____

Please identify or list any programs the church (or seniors group) should provide for older persons: _____