

ASSESSMENT/QUESTIONNAIRE OF NEEDS OF SENIORS

In each category, check ONE only:

AGE:	ARE YOU LIVING WITH:	THIS QUESTIONNAIRE WAS COMPLETED BY:
<input type="checkbox"/> 65-79	<input type="checkbox"/> spouse	<input type="checkbox"/> self
<input type="checkbox"/> 80+	<input type="checkbox"/> relatives	<input type="checkbox"/> spouse
GENDER:	<input type="checkbox"/> nursing home	<input type="checkbox"/> son/daughter
<input type="checkbox"/> male	<input type="checkbox"/> alone	<input type="checkbox"/> friend
<input type="checkbox"/> female	<input type="checkbox"/> other/state below	<input type="checkbox"/> other/state below
	_____	_____

Check ALL areas which apply to you:

1. With which of the following physical needs can we assist you?

Preparation or delivery of meals

Transportation to doctor/dental office, church, social events

Running errands for you (examples: buying groceries)

Housework or yard work

Other _____

2. With which of the following social needs can we assist you?

Having someone visit you on a regular basis

Planning group meals (potlucks, picnic, dining out)

Planning more group activities for seniors

Providing ways to help you become involved with helping others

Other _____

3. With which of the following spiritual needs can we assist you?

- Organizing small group Bible studies
 - Regular visits from the pastoral staff
 - Feelings of guilt
 - Spiritual doubts, e.g. salvation
 - Other _____
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4. With which of the following emotional/mental needs can we assist you?

- Learning or teaching hobbies
 - Maintaining or improving self-worth, self-esteem
 - Marriage enrichment series
 - Dealing with feelings of loneliness or depression
 - Other _____
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5. In which area listed below do you have the greatest need?

- physical
- social
- spiritual
- emotional/mental

6. Would you participate in all activities in which you indicated a need if these areas were provided by the church

Yes _____ No _____

7. Please list other areas of needs we can assist with which were not included on this questionnaire.

Name (Optional) _____ **Phone** _____