

# Older Adult "Needs and Talent" Survey

## Directions for the Interviewer(s)

1. Contact the interviewee and establish a mutually agreed upon day and time for the interview
2. Upon arriving for the interview identify yourself and briefly state the nature of your visit
3. Provide the interviewee with a copy of this survey form, read each question aloud, and record the information on this form

NAME OF INTERVIEWEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

1. MARITAL STATUS: \_\_\_ SINGLE; \_\_\_ MARRIED; \_\_\_ WIDOWED; \_\_\_ DIVORCED

2. GENDER: \_\_\_ FEMALE, \_\_\_ MALE 3. BIRTH DATE: \_\_\_\_\_

4. DO YOU LIVE ALONE? \_\_\_ YES; \_\_\_ NO; IF NO, WITH WHOM: \_\_\_\_\_

5. IN AN EMERGENCY, IS THERE SOMEONE TO WHOM YOU COULD TURN TO FOR ASSISTANCE? \_\_\_ NO, \_\_\_ YES; TO WHOM: \_\_\_\_\_

6. DURING THIS PAST WEEK, HOW MANY TIMES DID YOU:

- HAVE SOMEONE COME TO VISIT WITH YOU? \_\_\_\_\_
- GO VISIT SOMEONE ELSE? \_\_\_\_\_

7. HOW DO YOU RATE YOUR OVERALL HEALTH?

\_\_\_ EXCELLENT; \_\_\_ VERY GOOD; \_\_\_ GOOD; \_\_\_ FAIR; \_\_\_ POOR

8. DO YOU EXPERIENCE ANY PROBLEMS WITH WHERE YOU LIVE? \_\_\_\_\_

9. WHAT IS/WAS YOUR OCCUPATION? \_\_\_\_\_

*(Check all that apply)*

10. TRANSPORTATION:

- I NEED TRANSPORTATION TO: \_\_\_ CHURCH; \_\_\_ SUNDAY SCHOOL; \_\_\_ SHOPPING; \_\_\_ DRUG STORE; \_\_\_ DOCTOR'S OFFICE; \_\_\_ OTHER: \_\_\_\_\_
- I COULD HELP TO PROVIDE TRANSPORTATION TO: \_\_\_\_\_

11. MINOR HOME REPAIR AND MAINTENANCE:

- I NEED HELP WITH: \_\_\_ PLUMBING; \_\_\_ MOVING ITEMS; \_\_\_ PAINTING; \_\_\_ LAWN CARE; \_\_\_ CARPENTRY; \_\_\_ OTHER: \_\_\_\_\_
- I COULD HELP PROVIDE HOME REPAIRS: \_\_\_\_\_

**12. HOME CHORE SERVICE:**

- I NEED HELP WITH: \_\_\_ SEWING; \_\_\_ COOKING; \_\_\_ CLEANING; \_\_\_ LAUNDRY; \_\_\_ WRITING LETTERS; \_\_\_ SHOPPING; \_\_\_ OTHER: \_\_\_\_\_
- I COULD HELP PROVIDE HOME CHORES: \_\_\_\_\_

**13. HEALTH CARE:**

- I NEED HELP WITH: \_\_\_ MEDICAL CARE; \_\_\_ DENTAL CARE; \_\_\_ VISION CARE; \_\_\_ FOOT CARE; \_\_\_ HEARING LOSS; \_\_\_ OTHER: \_\_\_\_\_
- I COULD HELP PROVIDE HEALTH CARE: \_\_\_\_\_

**14. RELIGIOUS SERVICES:**

- I NEED: \_\_\_ PASTORAL VISITATION; \_\_\_ LAY VISITATION; \_\_\_ HOLY COMMUNION; \_\_\_ DEVOTIONAL MATERIALS; \_\_\_ PRAYER; \_\_\_ OTHER: \_\_\_\_\_
- I COULD HELP PROVIDE RELIGIOUS SERVICES: \_\_\_\_\_

**15. PERSONAL CONTACTS:**

- I NEED: \_\_\_ DAILY TELEPHONE CALLS; \_\_\_ FRIENDLY VISITS; \_\_\_ CARDS AND LETTERS FROM CHURCH MEMBERS; \_\_\_ OTHER: \_\_\_\_\_
- I COULD HELP PROVIDE PERSONAL CONTACTS: \_\_\_\_\_

**16. SOCIAL, EDUCATIONAL, AND RECREATIONAL PROGRAMS:**

- I'M INTERESTED IN: \_\_\_ GROUP GAMES; \_\_\_ FITNESS CLASS; \_\_\_ FELLOWSHIP CLASS; \_\_\_ SUPPORT GROUP; \_\_\_ MISSION TRIP; \_\_\_ OTHER: \_\_\_\_\_
- I COULD HELP PROVIDE PROGRAMS: \_\_\_\_\_

**17. OTHER AREAS OF NEED AND SUPPORT:**

- ARE THERE OTHER AREAS OF NEED NOT PREVIOUSLY IDENTIFIED? WHAT?
- 

- ARE THERE OTHER AREAS WITH WHICH YOU COULD PROVIDE SUPPORT? WHAT?
- 

---

---

*(TO BE COMPLETED BY INTERVIEWER)*

**INTERVIEWER'S NAME:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDITIONAL COMMENTS OR OBSERVATION:** \_\_\_\_\_

**DATE OF INTERVIEW:** \_\_\_\_\_