

NEEDS AND TALENT SURVEY FORM

Older Adult Ministries – Sample Survey Form

1. Contact the person to be interviewed 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. Give the person being interviewed a copy of this survey form, read each question aloud, and record the information on your form.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____ EMAIL: _____

1. MARITAL STATUS: ___ SINGLE, ___ MARRIED, ___ WIDOWED, ___ DIVORCED

2. GENDER: ___ FEMALE, ___ MALE 3. BIRTH DATE: _____

4. DO YOU LIVE ALONE? ___ YES, ___ 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? _____
TALK WITH A FRIEND OR RELATIVE ON THE TELEPHONE? _____
GO VISIT SOMEONE ELSE? _____

7. HOW DO YOU RATE YOUR OVERALL HEALTH?
___ EXCELLENT; ___ VERY GOOD; ___ GOOD; ___ FAIR; ___ POOR

8. WHAT PROBLEMS DO YOU EXPERIENCE 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 TRANSPORT TO: _____

11. MINOR HOME REPAIR AND MAINTENANCE SERVICE:
I NEED HELP WITH: ___ PLUMBING; ___ MOVING ITEMS; ___ PAINTING; ___ LAWN CARE; ___ CARPENTRY; ___ OTHER: _____

I COULD HELP WITH HOME REPAIRS: _____

12. HOME CHORE SERVICE:

I NEED HELP WITH: ___ SEWING; ___ COOKING; ___ CLEANING; ___ LAUNDRY;
___ WRITING LETTERS; ___ SHOPPING; ___ OTHER: _____

I COULD HELP WITH HOME CHORES: _____

13. HEALTH CARE:

I NEED HELP WITH: ___ MEDICAL CARE; ___ DENTAL CARE; ___ VISION CARE;
___ FOOT CARE; ___ HEARING LOSS; ___ OTHER: _____

I COULD HELP WITH HEALTH CARE: _____

14. LEGAL AND FINANCIAL COUNSEL:

I NEED HELP WITH: ___ WILL PLANNING; ___ MEDICARE OR MEDICAID; ___
POWER OF ATTORNEY; ___ SOCIAL SECURITY; ___ OTHER: _____

I COULD HELP WITH LEGAL/FINANCIAL ADVICE: _____

15. RELIGIOUS SERVICES:

I NEED: ___ PASTORAL VISITATION; ___ LAY VISITATION; ___ HOLY
COMMUNION; ___ DEVOTIONAL MATERIALS; ___ PRAYER; ___
OTHER: _____

I COULD HELP WITH RELIGIOUS SERVICES: _____

16. PERSONAL CONTACTS:

I NEED: ___ DAILY TELEPHONE CALLS; ___ FRIENDLY VISITS; ___ CARDS AND
LETTERS FROM CHURCH MEMBERS; ___ OTHER: _____

I COULD HELP WITH PERSONAL CONTACTS: _____

17. SOCIAL, EDUCATIONAL, AND RECREATIONAL PROGRAMS:

I'M INTERESTED IN: ___ TRAVEL; ___ GROUP GAMES; ___ EXERCISE AND
FITNESS; ___ FELLOWSHIP CLASSES; ___ READING; ___ SUPPORT GROUPS; ___
AUDIO BOOKS; ___ VIDEOS; ___ MISSION TRIPS; ___ OTHER: _____

I COULD HELP WITH: _____

To be completed by Interviewer:

INTERVIEWER'S NAME: _____

ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____ **DATE OF INTERVIEW:** _____