



## “Sixty over Sixty” Community Wellness Survey



1. Full Name:

2. Address:

3. Date of birth:

4. Married: Yes / No

5. Gender: M / F / ?

6. Telephone #:

7. Are you living alone? Yes / No

8. Do you need help? (Please tick)

House Cleaning	Cooking	Grocery/ Vegetable Delivery	Food/Meals Delivery
Medical Consult	Hospital Visit	Medicine Delivery	Trained Nurse Visit
Walking/Bathing	Paying Bills	Regular Home Care	Recreation

9. Do you have a smart phone?

Yes / No

10. Do you need assistance to use your mobile phone?

Yes / No

11. Do you sometimes feel depressed and lonely?

Yes / No

12. Do you need someone to visit you and talk with you?

Yes / No

13. If Yes to #12, how often do you need a person to visit?:

Daily: Weekly: Monthly

14. Do you think you need professional counsellors to advise you?

Yes / No

15. Would you like to be part of a group exercise or recreation program? Yes / No

16. Is there any other matter needing urgent help?

Yes / No

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Surveyor Name:

Date Survey Completed