

Resident Survey Form for a Senior Development

Circle Yes or No in each of these columns:

Service	Would you use these services if they were available?		Would you be willing to pay for the service?	
Help with routine household chores	Yes	No	Yes	No
Help with "deep cleaning" household chores	Yes	No	Yes	No
Help with meal preparation	Yes	No	Yes	No
Help with shopping	Yes	No	Yes	No
Help with bathing/grooming or dressing	Yes	No	Yes	No
Community dining	Yes	No	Yes	No
Help with completing Medicaid/Medicare forms	Yes	No	Yes	No
Assistance with banking	Yes	No	Yes	No
Have informative presentations at site	Yes	No	Yes	No
Health Screenings				
* Blood Sugar	Yes	No	Yes	No
* Podiatrist	Yes	No	Yes	No
* Weight	Yes	No	Yes	No
* Eye Screening/Glaucoma	Yes	No	Yes	No
Transportation:				
* Public Transportation	Yes	No	Yes	No
* Facility Van	Yes	No	Yes	No
Other, please list	Yes	No	Yes	No

All information is confidential.

Can the service coordinator call on you for more information? Yes ___ No ___

NAME: _____

Apt. Number: _____