

Resident Strengths Questionnaire for a Senior Development

Everyone has different skills, strengths and abilities. That is one of the things that make us unique – and so interesting! We want to know what your skills, strengths, and abilities are so that people who share interests can connect – and help this community grow in ways that they know best.

If you have experience or skill in any of the following areas, check the box next to the item. If you would like to share these skills in the future, then also mark the box “Willing to Share.”

Skills	Have skills, experience	Willing to Share
Organizing:		
Telephoning people to invite them to an activity		
Organizing a party or special event		
Leading a group or committee		
Music and Art:		
Teaching/playing a musical instrument/singing		
Painting, drawing, sculpture, ceramics, calligraphy		
Sewing, knitting, crocheting, quilting		
Other arts/crafts:		
Food Preparation		
Serving food to people (more than 10)		
Preparing meals for people (more than 10)		
Clearing/Setting tables for people (more than 10)		
Baking/cake decorating		
Office or Computer Skills		
Bookkeeping, accounting, or keeping track of supplies		
Answering phones and taking messages		
Using e-mail and the internet		
Using computer graphics programs		
Typing or computer word processing		
Other		
Gardening		
Exercise, sports, or active games		
Bingo or card games		

What three things do you think you do best? 1. _____
2. _____
3. _____

Which of your skills are you most likely to volunteer? 1. _____
2. _____
3. _____

Are there any skills you would like to teach? 1. _____
2. _____
3. _____

What would you most like to learn? 1. _____
2. _____
3. _____

A directory of residents' strengths, skills, and abilities is being developed. Can we include your information?

- Yes. I give permission for the information in this questionnaire to be included in the directory.
- No. Do not include my information in the directory.
- No. Do not include my information in the directory, but you may contact me regarding activities that match my skills.

Signature: _____ Date: _____

Print Name: _____ Apartment: _____

Thank you! Please return this survey to: _____

For more information about the Property Resources Directory call: _____

For service coordinator's use:

Date Survey Delivered: _____ Survey Due Date: _____

Survey Received: _____