

Resident Survey Form for a Senior Development

I need your input to help improve the availability of services!

As the service coordinator at _____ I need to know what services our residents may currently be using and what types of services you would like to use.

I have prepared a questionnaire for you to complete. Your response will help me better perform my job, which means better service to you. It is extremely important that all residents respond.

Please take a few minutes and complete this questionnaire and deposit it in the box on the first floor. It should be returned by _____

If you need help completing this survey or have any questions, please visit or call me at _____ (list days and times).

Sincerely, Service Coordinator

Please note that all information will be kept confidential.

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?	
	Yes	No	Yes	No
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

Service	Would you use these services if they were available?		Would you be willing to pay for the service?	
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
Have informative presentations on-site	Yes	No	Yes	No
* Please list your suggested topics on the line below				

Other comments/suggestions/concerns for the Service Coordinator?

All information is confidential.

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

NAME: _____

Apt. Number: _____