

COMMUNITY ASSESSMENT

TOWN: _____ DATE: _____

GENERAL:

What is your age? _____ Under 21 _____ 21-29 _____ 30-39 _____ 40-49 _____ 50-59
_____ 60-69 _____ 70-79 _____ 80-89 _____ Over 90

Are you caring for a loved one, or do you yourself need care on a day to day basis? _____

How many other family, friends and neighbors also need help? _____

Are you getting help to fill this out? _____

What do you or any of your loved one need help with? (check ALL that apply)

_____ transportation _____ chores _____ moving around the house _____ dressing
_____ medication schedules _____ making meals _____ eating _____ bathing _____ toileting

Who provides that service? _____

Who provides in-home care in your town outside of your own family? _____

Do you or any of your loved ones live alone and need extra help? _____

Are you worried about you or any of your loved ones being alone without help?

MEDICAL

Do you have medical insurance? _____ What kind? _____

How many miles is it to the nearest medical provider? _____

How many miles is it to YOUR (or your loved one's) preferred medical provider? _____

How many miles is it to the nearest hospital? _____

When is the last time that you or your loved one saw a dentist? _____

Are you on medications? _____ Are you able to fill them as prescribed? _____

Do you or your loved one have other special medical needs? _____

Can you or your loved one walk unaided? _____

Can you or your loved one move around without being out of breath or off balance? _____

Do you or your loved one have any assistive devices (cane walker, prosthetics, wheelchair, oxygen)?

How does you or your loved one get supplies? _____

Do you or your loved one go without medical supplies so that you can have enough to eat?

TRANSPORTATION

Do you or your loved one own a vehicle ? _____

How many times a day OR week does public transportation run through town ? _____

Do you have family, friends or neighbors that help you get to scheduled appointments ?

_____ How many different people ? _____

How many of your closest family and friends who can help you own a car ? _____

NUTRITION

Are you or any of your loved ones receiving food stamps ? _____

How many of them are over the age of 55 ? _____

How long does you or your loved ones food stamps last in any given month (in weeks) ?

How many meals do you or your loved one eat a day ? _____

How many times a month do you need the extra food provided by a food bank ? _____

How many miles is it to the nearest food bank ? _____

Do you or any of your loved ones have a special diet for a medical condition ? _____

Are you able to follow that diet ? _____

How many miles is it to the nearest grocery store? _____

Does this grocery store carry fresh vegetables, eggs, fish & meat ? _____

How many varieties of vegetables, fish & meat are available at your nearest grocery store ?

How close is the nearest grocery store that carries ALL the food that you feel you need for a week ?

How many times a week do you or your loved one eat fresh food (not from a can or pre-packaged) ?

How many times a week do you or your loved ones eat eggs, fish or meat? _____

COMMUNICATION

Do you own a computer ? _____ Do you use computers ? _____

Do you have an email account ? _____ Do you know how to use email ? _____

Do you have a home phone ? _____

Do you have a answering machine or service ? _____

Do you have a cell phone ? _____

Do you have a month to month service plan or pay for minutes (with a card) ? _____

SOCIAL

How many times a week do you or your loved one engage in activities ? _____

Do you have a senior center in your community ? _____

Does it have regular hours ? _____

Check each of the things that you or your loved one does each week ? How many times do you or your loved one do this activity/week ? And how many total hours per week you spend doing that activity?

_____ Senior Center _____ times _____ hours

_____ Church _____ times _____ hours

_____ Library _____ times _____ hours

_____ Movies _____ times _____ hours

_____ Shopping _____ times _____ hours

_____ Physical fitness _____ times _____ hours

_____ Time alone _____ times _____ hours

KNOWLEDGE

Do you know how to help someone move from seating to standing position safely ? _____

Do you know the best way to help people with mobility problems walk with assistance ?

Do you know when it is necessary to call for medical assistance ? _____

Do you know CPR? _____

Do you know how to support independent decision making in aging and disabled family and friends ? _____

Do you know how to advocate for appropriate care options and choice ? _____

Do you know important nutritional requirements for chronic disease states common in aging ?

WOULD YOU LIKE TRAININGS TO HELP YOU OR YOUR CAREGIVERS UNDERSTAND SOME OF THE DAILY NEEDS OF THE ELDERS IN YOUR COMMUNITY?

WOULD YOU LIKE TO DISCUSS THE IMPACT OF LONELINESS AND ISOLATION ON YOU AND YOUR LOVED ONE? _____

WHAT OTHER INFORMATION CAN HELP YOU OR YOUR LOVED ONE STAY HEALTHY WITHIN YOUR OWN HOME AND COMMUNITY ?

THANK YOU FOR YOUR TIME!

This is the page that lets you share those community issues that are of most concern for you and your loved ones. Please number each of them. (If you need additional room, you can add additional pieces of paper).