NEEDS AND TALENT SURVEY FORM
Older Adult Ministries – Sample Survey Form

1. Contact the person to be interviewed and establish a mutually agreed upon day and time for the interview.
2. Upon arriving for the interview identify yourself and briefly state the nature of your visit.
3. Give the person being interviewed a copy of this survey form, read each question aloud, and record the information on your form.

NAME:_______________________________________________________
ADDRESS:____________________________________________________
________________________________________________________________
________________________________________________________________
TELEPHONE:____________________________________________________
FAX:________________________________EMAIL:________________________________

1. MARITAL STATUS: ___ SINGLE, ___ MARRIED, ___ WIDOWED, ___ DIVORCED

2. GENDER: ___ FEMALE, ___ MALE

3. BIRTH DATE:____________________________________________________

4. DO YOU LIVE ALONE? ___ YES, ___ NO; WITH WHOM:________________________________

5. IN AN EMERGENCY, IS THERE SOMEONE TO WHOM YOU COULD TURN TO FOR ASSISTANCE? ___ NO, ___ YES; TO WHOM:________________________________

6. DURING THIS PAST WEEK, HOW MANY TIMES DID YOU:
   HAVE SOMEONE COME TO VISIT WITH YOU? _____
   TALK WITH A FRIEND OR RELATIVE ON THE TELEPHONE? _____
   GO VISIT SOMEONE ELSE? _____

7. HOW DO YOU RATE YOUR OVERALL HEALTH?
   ___ EXCELLENT; ___ VERY GOOD; ___ GOOD; ___ FAIR; ___ POOR

8. WHAT PROBLEMS DO YOU EXPERIENCE WITH WHERE YOU LIVE?

9. WHAT IS/WAS YOUR OCCUPATION?________________________________

(Check all that apply)

10. TRANSPORTATION:
    I NEED TRANSPORTATION TO: ___ CHURCH; ___ SUNDAY SCHOOL; ___ SHOPPING; ___ DRUG STORE; ___ DOCTOR’S OFFICE; ___ OTHER:
    ________________________________
    I COULD HELP TRANSPORT TO:________________________________

11. MINOR HOME REPAIR AND MAINTENANCE SERVICE:
    I NEED HELP WITH: ___ PLUMBING; ___ MOVING ITEMS; ___ PAINTING; ___
    LAWN CARE; ___ CARPENTRY; ___ OTHER:________________________________
I COULD HELP WITH HOME REPAIRS: ________________________________

12. HOME CHORE SERVICE:
I NEED HELP WITH: ___ SEWING; ___ COOKING; ___ CLEANING; ___ LAUNDRY; ___ WRITING LETTERS; ___ SHOPPING; ___ OTHER: ________________________________
I COULD HELP WITH HOME CHORES: ________________________________

13. HEALTH CARE:
I NEED HELP WITH: ___ MEDICAL CARE; ___ DENTAL CARE; ___ VISION CARE; ___ FOOT CARE; ___ HEARING LOSS; ___ OTHER: ________________________________
I COULD HELP WITH HEALTH CARE: ________________________________

14. LEGAL AND FINANCIAL COUNSEL:
I NEED HELP WITH: ___ WILL PLANNING; ___ MEDICARE OR MEDICAID; ___ POWER OF ATTORNEY; ___ SOCIAL SECURITY; ___ OTHER: ________________________________
I COULD HELP WITH LEGAL/FINANCIAL ADVICE: ________________________________

15. RELIGIOUS SERVICES:
I NEED: ___ PASTORAL VISITATION; ___ LAY VISITATION; ___ HOLY COMMUNION; ___ DEVOTIONAL MATERIALS; ___ PRAYER; ___ OTHER: ________________________________
I COULD HELP WITH RELIGIOUS SERVICES: ________________________________

16. PERSONAL CONTACTS:
I NEED: ___ DAILY TELEPHONE CALLS; ___ FRIENDLY VISITS; ___ CARDS AND LETTERS FROM CHURCH MEMBERS; ___ OTHER: ________________________________
I COULD HELP WITH PERSONAL CONTACTS: ________________________________

17. SOCIAL, EDUCATIONAL, AND RECREATIONAL PROGRAMS:
I’M INTERESTED IN: ___ TRAVEL; ___ GROUP GAMES; ___ EXERCISE AND FITNESS; ___ FELLOWSHIP CLASSES; ___ READING; ___ SUPPORT GROUPS; ___ AUDIO BOOKS; ___ VIDEOS; ___ MISSION TRIPS; ___ OTHER: ________________________________
I COULD HELP WITH: ________________________________

To be completed by Interviewer:

INTERVIEWER’S NAME: ________________________________

ADDRESS: ________________________________

TELEPHONE: ________________________________  FAX: ________________________________

EMAIL ADDRESS: ________________________________  DATE OF INTERVIEW: ________________________________

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