

Glenwood Estates Questionnaire

Section A

1. Are you able to do all the maintenance required with your current home (snow shoveling, misc. repairs, lawn mowing, painting, washing and changing storm windows, trimming trees and bushes, etc.)?

___ Yes ___ No

2. Are you able to keep up with routine home chores such as scrubbing floors, vacuuming, changing bed linens, laundry, ironing, and other household duties?

___ Yes ___ No

3. Do you feel safe and secure in your home?

___ Yes ___ No

4. Do you prepare and eat regular and nutritious meals?

___ Yes ___ No

5. Do you feel you could handle an emergency in your home such as a fire, flood, accident, or major health emergency?

___ Yes ___ No

6. Do you have social contact with other people at least once per week?

___ Yes ___ No

7. Are you able to run all your own necessary errands and go where you need to go?

___ Yes ___ No

8. If you are married, is your spouse in fairly good health? (If you are not married, skip to question 9)

___ Yes ___ No

9. Are you in fairly good health?

___ Yes ___ No

10. Do you have a compelling reason to get up and dressed every day?

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___Yes ___No

11. Do you have children or grandchildren or other close family now living in the same town as you?

___Yes ___No

Section B

12. Would you like to maintain your independence, but still have ready access to services if needed?

___Yes ___No

13. Are there times when due to weather or for other reasons, you'd like to have someone else do your driving for you?

___Yes ___No

14. Do you feel isolated in your home due to weather conditions, lack of transportation, or lack of interesting activities?

___Yes ___No

15. Are you worried about being a burden to your family and/or friends?

___Yes ___No

16. Do you sometimes wish you could spend more time with other people?

___Yes ___No

17. Do you worry about maintaining your health?

___Yes ___No

18. Do you travel frequently and have to leave your home unattended for long periods of time?

___Yes ___No