

SENIOR COMPANION GROUP **SURVEY**

Aloha all:

The following is a short, ten-question survey regarding some general topics including lifestyle practices, background information, and social life. Please go through and answer each of the following questions to the best of your ability, and feel free to provide any additional comments in the space provided at the bottom of the page. Mahalo for your participation! Happy Holidays!

Age_____

Sex_____

- 1) Do you have a caregiver? Do you live alone?**
- 2) Do you have any “limitations” to fulfilling activities of daily living (i.e. wheelchair, walker, bathing/restroom assistance)?**
- 3) Are you still employed? Retired? Any special hobbies?**
- 4) How much exercise do you get per week? (If any) What kind of exercise?**
- 5) Are you involved in any social groups, clubs, or associations?**
- 6) Who prepares the meals for your home? Who does the grocery shopping?**
- 7) How many meals do you eat per day? Size of typical meal?**
- 8) Are you taking any vitamin or mineral supplements?**
- 9) Do you currently suffer from any chronic illnesses? (i.e. Diabetes, Hypertension, Heart Disease)**
- 10) Are you a part of the Supplemental Nutrition Assistance Program (SNAP)?
If not, have you heard of this program before?**

Additional Comments: