

Dodge County Needs Assessment Survey

Faith In Action in Dodge County, Inc. has compiled this survey to help identify services needed by residents of Dodge County. Your comprehensive response to this survey will help us bring needed services to our community. This survey is completely confidential and anonymous.

Please drop the completed survey at the following locations by February 17, 2010.

Claremont: Claremont Service Center; **Dodge Center:** Wells Fargo, John's Grocery, City Hall; **Hayfield:** Ryan's Foods, A & W/4 Corner Convenience, Citizens State Bank; **Kasson:** Kasson State Bank, Eastwood Bank, Hardware Hank, SEMCAC; **Mantorville:** Citizens State Bank, Old School Café; **West Concord:** West Concord City Hall, Farmers State Bank, or fill it out online at fiadodgecounty.org and email it to fiadodge@kmtel.com.

1. Where do you live? Town _____ Township _____ How long _____

2. Please check all that apply:

Live alone _____	Live with Spouse _____	Live with family/relative _____
Live in group facility _____	Own your home _____	Rent your home _____
Live in single story home _____	Live in multi-story home _____	
Live in Senior Housing _____	Employed _____	Retired _____
Excellent health _____	Good health _____	Fair health _____
	Poor health _____	
Have spouse in nursing home or assisted living facility _____		

3. What is your age? 18-44 _____ 45-64 _____ 65-79 _____ 80+ _____

4. Basic needs of life are air, water, food, shelter, and clothing. Are you having difficulty meeting any of these needs? Yes _____ No _____ Do you know someone in our county that is having difficulty meeting these needs? Yes _____ No _____ If so, is this person recently home from the hospital or nursing home? Yes _____ No _____

5. Do you provide care for one or more family members? Spouse _____ Parents _____ Grandchildren _____ Other _____

6. Have you wanted/needed/used TRANSPORTATION for any of the following reasons in the last year:

	Weekly	Monthly	Less frequently
a. Doctor appointment	_____	_____	_____
b. Dentist appointment	_____	_____	_____
c. Psychiatrist/Mental Health	_____	_____	_____
d. Eye Doctor appointment	_____	_____	_____
e. Groceries/Food shelf	_____	_____	_____
f. Banking/Taxes/Legal	_____	_____	_____
g. Church	_____	_____	_____
h. Senior Citizens/Social	_____	_____	_____
i. Congregate Dining	_____	_____	_____
j. Other _____	_____	_____	_____

8. Have you recently needed but could not afford services such as medications, eyeglasses, dentures, hearing aide? Yes___ No___

9. Please check all services you need assistance with in order to stay independent living in your home:

- | | |
|---|---|
| <input type="checkbox"/> Vacuuming/Mop floors | <input type="checkbox"/> Preparing meals |
| <input type="checkbox"/> Errands/Shopping | <input type="checkbox"/> Medication management |
| <input type="checkbox"/> Home safety assessment | <input type="checkbox"/> Daily check-in by phone/visit |
| <input type="checkbox"/> Yard Maintenance/Snow Removal | <input type="checkbox"/> Securing for Severe Weather (storm windows, weather stripping, insulation etc) |
| <input type="checkbox"/> Minor plumbing, electrical | <input type="checkbox"/> Heavy housework, moving furniture |
| <input type="checkbox"/> Homeowner Safety (lights, locks etc) | |

10. Please check all that apply to your eating habits:

- | | 1-2 times per/week | 3-4 times per/week | 5-> times per/week |
|------------------------------------|--------------------|--------------------|--------------------|
| a. I eat two or more meals per/day | ___ | ___ | ___ |
| b. I receive Meals On Wheels | ___ | ___ | ___ |
| c. I attend Congregate Dining | ___ | ___ | ___ |
| d. I get fresh, nutritious foods | ___ | ___ | ___ |
| e. I get enough food per meal | ___ | ___ | ___ |

11. Please check all that apply to you during the last 6 months:

Fallen ___ Fallen more than three times___ Had a home safety assessment ___

12. Do you need an exercise partner or assistance exercising? Yes___ No___

13. Please check the type of assistance you need help with for the following:

- | | Standby assistance | Assistance | Cannot do | Independent |
|--------------------------------------|--------------------|------------|-----------|-------------|
| a. Bathing | ___ | ___ | ___ | ___ |
| b. Dressing | ___ | ___ | ___ | ___ |
| c. Eating | ___ | ___ | ___ | ___ |
| d. Climbing stairs | ___ | ___ | ___ | ___ |
| e. Walking | ___ | ___ | ___ | ___ |
| f. Toiletry | ___ | ___ | ___ | ___ |
| g. Transfer Into/Out of Bed or Chair | ___ | ___ | ___ | ___ |

14. Do you need a regular caregiver? Yes___ No___

15. Are you aware of services within Dodge County that can assist you in remaining independent in your own home? Yes ___ No ___

Thank you for participating in this survey. If you have any questions about this survey or would like to become involved, please call a Board Member of Faith In Action in Dodge County, Inc. at 634-3654.