We often hear people within the local church saying that their churches, districts, and the Conference are not providing ministries needed by older adult members. As the Conference Council on Older Adult Ministries, we want to address these needs and interests. We need your assistance to get a clearer picture of what is taking place in our churches and what we can do to build stronger older adult ministries. The following is a brief survey to help the church obtain information about the needs of older members and to determine areas of strengths and weaknesses as a basis for developing new ministries. Thank you for participating in this survey. Once it is completed, please return it to your local church contact person listed below.

Local Church Contact: ____________________________________________
Older Adult Survey Form

Name of Church: ________________________________________________________

District: ____________________________ Date: ______________________

Mark all appropriate responses.

1. □ Male  □ Female

2. □ Single  □ Married  □ Separated  □ Divorced  □ Widowed

3. What is your age? □ 55-65 □ 65-80 □ 80+

4. Do you live alone? □ Yes □ No  If no, with whom do you live?
   □ Spouse  □ Other Family Member
   □ Spouse and Children  □ Other Care Giver
   □ Adult Child  □ Other: ____________________________________________

5. Do you live in your own home? □ Yes □ No  If no, where do you live?
   □ Apartment Community  □ Assisted Living Facility
   □ Retirement Community  □ Adult Care Facility
   □ Home of Other Family Member  □ Other: __________________________

6. What problems, if any, do you experience with the home or community where you live?
   ______________________________________________________________________

7. Transportation:
   I need transportation to: □ church  □ work  □ medical appointments
   □ shopping  □ other: ___________________________________________________

   I could help transport others to: __________________________________________
8. Home repair and maintenance services:

   I need help with:  □ lawn care  □ painting  □ ceiling light bulbs  □ carpentry
   □ moving items  □ plumbing  □ electrical  □ accessibility (ramp, etc.)
   □ other: __________________________________________

   I could help with home repairs by: __________________________________________

9. Household assistance:

   I need help with:  □ sewing  □ cooking  □ cleaning  □ laundry  □ shopping
   □ paying bills  □ other: __________________________________________

   I could help with household assistance by: __________________________________________

10. How do you rate your general health?
    □ Excellent  □ Good  □ Fair  □ Poor

11. Healthcare service:

   I need information about:  □ medical care  □ medications  □ dental care
   □ nutrition  □ home healthcare  □ other: __________________________________________

   I could help with healthcare by: __________________________________________

12. Are you able to attend worship services at church?  □ Yes  □ No
    How often do you attend?
    □ Weekly  □ Monthly  □ Occasionally  □ Other: __________________________

13. Has your level of participation in church activities changed?  □ Yes  □ No
    If yes, why?  □ health  □ lack of accessibility of church  □ transportation
    □ caregiving responsibilities  □ don’t feel I’m able to participate any more
    □ don’t feel I am needed any more  □ other: __________________________
14. If you are unable to attend church, do you participate in worship with any church family by TV or radio? □ Yes □ No

15. Do you believe your church is offering adequate opportunities for activities which support your interests and needs as an older adult? □ Yes □ No

16. Do you do volunteer work at the church? □ Yes □ No
   Number of hours per month: ________________________________

17. Religious services:
   I would like: □ pastoral counseling □ lay visitation □ Holy Communion
   □ Bible study □ devotional materials □ other: __________________________

   I could help with religious services by: ________________________________

18. Are there any special programs you would like to see the church develop for older members?

19. What issues do you feel older adults in your congregation struggle with the most?

   Is there a committee with special responsibility for older adults in your church?
   □ Yes □ No If yes, what committee/group? ________________________________

20. Is your church related to any of the community organizations that serve older adults – for example, the Area Agency on Aging, Shepherd’s Center, senior citizens’ clubs, Meals on Wheels, or adult day program? □ Yes □ No
   If yes, which ones? _________________________________________________
21. During this past week,
how many times did you participate in a group activity? _______________________
how many times did someone come to visit you? ____________________________
how many times did you go to visit someone else? _________________________
how many times did you talk with someone on the phone? ___________________
how many times did you communicate by e-mail? _____________________________
how many times did you go shopping? _________________________________

22. Personal Contacts:
I would like: □ daily telephone calls  □ friendly visitors  □ cards and letters
from church  □ other: ___________________________________________________

I could help with personal contacts by: ______________________________________

23. Do you do volunteer or paid work in the community? □ Yes  □ No
Number of hours per month: _______________________________________________

24. Legal and financial service:
I need help with: □ Social Security  □ will planning  □ retirement planning
□ budgeting  □ Medicare/Medicaid  □ other: _______________________________

I could help with legal and financial counsel by: ______________________________

25. Educational services:
I am interested in: □ classes/seminars  □ computer/Internet  □ home safety
□ videos/DVDs  □ large-print books  □ audio books
□ other:_________________________________________________________________

I could help with educational services by: _______________________________
26. Fellowship activities:
   I am interested in:  ☐ field trips  ☐ group games  ☐ fellowship meals
   ☐ exercise classes  ☐ older adult groups  ☐ health or issue support groups
   ☐ other: ___________________________

   I could help with special activities by: _____________________________

Are you aware of other needs, concerns, or desired opportunities among the older age group that have not been covered by these questions?

Thank you for completing this survey.
Please return it to your local church contact as soon as possible.