



Cole-Yeaton
SENIOR CENTER
508-697-0929

Wellness Check Survey

Please fill out this survey in order to help us determine the health of our Bridgewater senior community.

NAME (optional): _____ Phone Number: _____

Names will be entered in a raffle to win a \$50 Roche Bros. gift card! There will be 2 winners!

Age Range (please circle): 60-69 70-79 80-89 90+

Gender (please circle): Male Female Other _____

Yes/ No Questions: Please circle "yes" or "no"

I have access to my doctor.	YES/ NO	Onsite/ Telehealth
I have personal protection equipment such as masks, gloves, hand sanitizer, etc.	YES/ NO	
I am feeling lonely	YES/ NO	If yes, how often? _____
I have concerns about paying bills.	YES/ NO	
I am feeling tired most of the time.	YES/ NO	If yes, why? _____
I am connected with family and friends.	YES NO	
I have been feeling stressed.	YES NO	

What are your physical challenges (if any)?

What are you thinking about the most during the day?

What is something you do every day that brings you joy?

When did you last have a whole meal? Do you need groceries?

Do you have access to the internet? Do you have access to ZOOM and are you able to use it? If yes, what kind of device do you use?

Do you want our outreach coordinator to contact you for any follow-up?

Email: _____ Phone #: _____