**Jerri’s Survey for Seniors**  
Introduction: The purpose of this survey is to collect insights regarding your  
experiences and viewpoints. Rest assured that your responses will remain  
confidential and will solely be utilized for research purposes.  
Instructions: Kindly respond to the following questions to the best of your  
knowledge.  
Physical Domain  
1. On a scale of 1 to 10, how would you rate your overall physical health  
where 1 indicates very poor health and 10 signifies excellent health  
<1 2 3 4 5 6 7 8 9 10>  
2. Do you experience any challenges in carrying out daily tasks such as  
dressing, bathing or eating? If so, which specific tasks do you find most  
difficult?  
3. How frequently do you participate in physical activities or exercise, and  
what types of activities do you prefer?  
4. Are they any particular health issues or limitations that hinder your  
ability to engage in activities or maintain your independence?  
Cognitive Domain  
1.Do you struggle with recalling information, such as names, dates or  
recent occurrences? If so, how frequently does this happen?  
2.On a scale of 1 to 10, how would you assess your capacity to focus  
and concentrate on tasks, where 1 indicates very poor and 10 signifies  
excellent?  
<1 2 3 4 5 6 7 8 9 10>

1.Do you encounter difficulties in following instructions or in completing  
tasks that necessitate planning or problem-solving?  
2.Are there any worries you have regarding your memory or cognitive  
skills?  
Social Domain  
1. How often do you interact with friends, family or neighbors?  
2. Do you feel lonely or isolated?  
3. Do you participate in any social activities or groups? If so, which ones  
and how often?  
4. Are there any social barriers or challenges that prevent you from  
participating in social activities or maintaining relationships?  
We appreciate your time and involvement in this survey. Your feedback  
is highly valued.