**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.