

**Wellness Check**

**Physical**

1. How are you feeling?
2. Do you have any symptoms? (temperature, chills, cough, muscle aches, headaches, etc.)
3. Are these symptoms new or associated with another condition you have?
4. Do you need a doctor’s appointment? Have you considered or know about telehealth options?
5. Do you need transportation to the appointment?
6. Do you have services provided in your home? (visiting nurse, personal care, etc.)
7. Do you need someone to help you with dressing, bathing, cooking, etc.?

**Mental**

1. How is your mood?
2. How are you sleeping?
3. Are you feeling forgetful?

1. Are you lonely?

**Environmental**

1. Tell me about your food supply.
2. Do you need groceries?
3. Do you receive meals on wheels?
4. Do you need prescriptions or medical supplies? Filled or refilled?
5. Do you live in a house or apartment building?
6. Do you live alone?
7. Who is your nearest contact?
8. Do you have neighbors to help with anything?
9. Do you feel safe at home?
10. Does your home need any repairs making it unsafe?
11. Do you have emergency information/numbers/contacts in one place?
12. Do you have internet access?
13. Do you have a computer or smartphone?
14. Do you use FaceTime, Zoom or other video communications?
15. Do you use the cable access channel for our programming?

**Financial**

1. Are you connected to your bank?
2. Are you able to access money if you need to?

1. Do you have concerns paying any bills? (gas, water, phone, etc.)
2. Do you have any issues with Medicare/health insurance?
3. Do you have mail you need help with?

**Social/Other Supports**

1. Are you connecting with family and friends? How?
2. Would you like to connect by phone with any of your friends from the center? If so, with whom can we share your number?
3. Who does your shopping?
4. Do you have urgent errands?
5. Do you have pets?
6. Are you concerned about anyone around you?
7. Have you completed the 2020 Census?
8. Do you have other needs not mentioned?
9. What do you need the most?
10. Do you have our number?
11. Would you like an ongoing call from us? If so, how often?

**Additional Notes:**