

PLEASE RETURN COMPLETED QUESTIONNAIRE TO:

WESTVIEW LODGE
5427 52ND AVENUE
ROCKY MOUNTAIN HOUSE, AB
T4T 1S9

NAME: _____ TELEPHONE: _____

DATE OF BIRTH: _____

ADDRESS: _____

ALTERNATE CONTACT:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

FAMILY DOCTOR:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

1. DO YOU COOK YOUR OWN MEALS? YES NO

❖ If no, what other arrangements have you made to provide for your nutritional needs? _____

❖ How many meals do you eat each day? _____

❖ Which ones? Breakfast Dinner Supper

❖ Who do you eat your meals with? _____

❖ Do you have well balanced and nutritious meals? Yes No

❖ What do you consider a well balanced meal? _____

❖ Do you have food allergies or require a special diet?

Yes No

❖ Do you have difficulty swallowing or chewing? Yes No

2. How often do you visit with friends? _____

❖ What activities do you enjoy? _____

❖ What functions in the community do you attend? _____

3. Do you drive? Yes No

❖ If not, what arrangements do you make for transportation? _____

❖ Is your residence located in town or country? _____

❖ How far are you from the nearest town? _____ km

❖ How far are you from the nearest hospital? _____ km

4. Do you have a "Help" line installed? ___Yes ___No

❖ Who responds in case of an emergency? _____

❖ What equipment do you have in your home for your personal safety,
i.e. bath rails, etc.? _____

5. Do you manage your personal care and hygiene? ___Yes ___No

❖ If not, what assistance do you receive and who assists you? _____

❖ Do you wear glasses? ___Yes ___No

❖ Are you able to read or watch television? ___Yes ___No

❖ Do you wear a hearing aid? ___Yes ___No

6. Has your health changed in the last six months? ___Yes ___No

❖ What were the changes and what has been done about them? _____

❖ Have you been hospitalized or required medical attention in the last
six months? ___Yes ___No

❖ How many times have you visited the doctor's office in the past
year? _____

❖ Please list medical conditions you have been diagnosed with. _____

❖ Do you require oxygen? ___Yes ___No

❖ Do you have problems with bladder control? ___Yes ___No

❖ Do you have problems with bowel control? ___Yes ___No

7. Are you able to climb stairs? ___Yes ___No

❖ Do you use a cane, walker, and /or a wheelchair for mobility assistance? ___Yes ___No

8. List all services received through community support services, i.e. Home Care, West Country Family Services, etc. _____

9. What other housing options are you considering? _____

10. Does existing housing structure provide accessibility for your mobility needs? ___Yes ___No

❖ That is, if in a wheelchair, is the home wheelchair accessible?
 ___Yes ___No

11. Do you own or rent your present accommodation? ___Own ___Rent

❖ If renting, name of your present landlord: _____

Telephone: _____ Address: _____

❖ Is your present accommodation: ___House ___Apartment

❖ Elevator ___Yes ___No

❖ Rooming House _____ Motel/ Hotel_____ Other_____

❖ Details: _____

❖ Rooms in present accommodation: ___Kitchen ___Living Room

___Dining Room ___Bathroom # of Bedrooms_____

❖ Number of person(s) sharing your present accommodation:

___Adults ___Children

12. Do you receive Alberta Senior Benefits? ___Yes ___No

13. How long have you lived in the Clearwater County? _____

❖ How long have you lived in Rocky Mountain House? _____

❖ How long have you lived in the Village of Caroline? _____

❖ How long have you lived in Alberta? _____

14. Do you have family in the area? ___Yes ___No

15. Please give reasons for wanting to move to Westview Lodge?

16. If a room were available, would you move in immediately?

___Yes ___No

Any comments: _____
