

Self-Assessment Checklist

Yes/No

I live alone.

I see or talk to my family members one or more times per week.

I see or talk to my friends one or more times per week.

I provide daily care or support to a family member or friend who needs assistance with everyday tasks.

I generally have a ride or the transportation that I need to get where I want to go.

It is difficult or impossible to leave my home without assistance.

I feel that I make a meaningful contribution to the world or the people around me.

On a weekly basis I participate in social activities with family/friends or attend group activities.

I often feel that I lack companionship.

I often feel left out.

If I had a problem and needed help or advice, I know someone I could rely on.

If I had good news or an interesting story to tell, I know someone I could tell.

Within the past year I have suffered a major loss or change, like death of a loved one or retirement.