

- Less than 15 minutes
- 15-30 minutes
- 31-45 minutes
- More than 45 minutes

Meal Site Directory: <https://www.tn.gov/content/tn/aging/our-programs/nutrition-services/congregate-meal-sites.html>

3. Do you have someone to ask for a ride if you need one?

- Yes
- No

4. Are you aware of the transportation services your county provides?

- Yes
- No

Statewide Transportation Map: <https://www.tn.gov/content/tn/aging/resources/transportation-map.html>

III. PHYSICAL, SOCIAL, PSYCHOLOGICAL HEALTH

1. How many minutes per day do you engage in physical activity?

- 0
- 5-15
- 15-30
- 30-60
- 60+

2. Please answer the following:

	Yes	No
I see or talk to my family members at least once a week	<input type="radio"/>	<input type="radio"/>
I participate in social activities with family/friends or attend organized group activities at least once a week	<input type="radio"/>	<input type="radio"/>
Within the past year I have suffered a major loss or change, like the death of a loved one or retirement	<input type="radio"/>	<input type="radio"/>

Adapted from the Eldercare Locator Self-Assessment Checklist

3. Please answer the following:

	Never	Rarely	Sometimes	Often
I lack companionship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no one I can turn to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have nothing in common with the people around me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no one I feel close to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel left out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No one really knows me well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unhappy being withdrawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adapted from the UCLA Loneliness Scale

IV. TCAD NUTRITION PROGRAM

1. Since the COVID-19 pandemic, how satisfied are you with...

	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
The number of meals you receive per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The portion sizes of the food you receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of the food you receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Which of the following explains the MAIN reason you have not eaten meals at the senior center?

- Homebound
- Transportation challenges
- Social anxiety
- COVID safety

Other _____

May we contact you if we have any further questions?

Yes No

Any comments, suggestions, or questions?
