

INTERVIEW FORM

Center of Influence: _____ City: _____ State: _____

DEMOGRAPHIC DATA												
Age	<input type="checkbox"/>	16-25	<input type="checkbox"/>	26-35	<input type="checkbox"/>	36-45	<input type="checkbox"/>	46-55	<input type="checkbox"/>	56-65	<input type="checkbox"/>	66+
GENERAL DATA												
Civil Status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widow	Gender		<input type="checkbox"/>	F	<input type="checkbox"/>	M
Residence	<input type="checkbox"/>	Shelter	<input type="checkbox"/>	Apartment	<input type="checkbox"/>	House	<input type="checkbox"/>	Family	<input type="checkbox"/>	Friends	<input type="checkbox"/> Other	
Necessities	<input type="checkbox"/>	Education	<input type="checkbox"/>	Food	<input type="checkbox"/>	Shelter	<input type="checkbox"/>	Clothes	<input type="checkbox"/>	Other:		
Health	<input type="checkbox"/>	Medical insurance	<input type="checkbox"/>	Medical Services	<input type="checkbox"/>	Drugs	<input type="checkbox"/>	Treatment	<input type="checkbox"/>	Medical Equipment	Other:	
Transportation	<input type="checkbox"/>	Public	<input type="checkbox"/>	Private	<input type="checkbox"/>	Friends	<input type="checkbox"/>	None				
Employment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Serve the community				
COMMUNITY NECESSITIES												
1.	Security and Prevention				Extremely Necessary (3)		Very Necessary (2)		Necessary (1)		Unnecessary (0)	
	<input type="checkbox"/>	Violence			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Criminality			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Vandalism			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Racial conflicts			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Illumination			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
2.	Services											
	<input type="checkbox"/>	Street cleaning			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Garden or snow removal			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Public Transportation			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	House			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Others:			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3.	Health											
	<input type="checkbox"/>	Training about health care and diet			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Health issues that affect the community			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Preventive health clinics			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Physical limitations			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Hearing, and sight disability			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4.	Other community needs											
	<input type="checkbox"/>	Spiritual guidance			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Educational			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Citizen support			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Employment support			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Emotional and mental help			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	Food			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Additional Needs _____

Date _____ Name of Interviewer _____