

Social Interaction Evaluation Form for Elderly

Name:

Age:

Date:

Frequency of Social Interactions:

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Rarely

Main Social Contacts (Family, Friends, Community):

Participated Social Activities:

Do you feel lonely?

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

Sources of Emotional Support:

Barriers to Social Interaction:

Additional Comments or Observations:

