**Evaluation Survey Template for the Babushka Care Service**

1. Do you feel that the Babushka program is addressing an unmet need for residents?
* Yes
* No
1. Do you feel that the supplies you received helped you feel better while sick?
* Yes
* Not sure
* No
1. How many times/year do you get sick enough that you need to take over-the-counter medications (e.g.Tylenol, ibuprofen, DayQuil, NyQuil, cough drops,Airborne, Emergenc-E)?
* 1
* 2
* 3
* 4
* 5 or more
1. Please rate the Babushka program



1. Please share some thoughts about the program

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