

SERENITY CHOIR QUESTION SHEET

Name of person confined to bed: \_\_\_\_\_

Name of family liason or caregiver: \_\_\_\_\_

Contact Information: (phone & E-mail)

Location of person: \_\_\_\_\_

If facility, what is the address, & phone # of this place?

Preferred dates? \_\_\_\_\_

Preferred time of day for singing? \_\_\_\_\_

Is there any time NOT good for singing?

Does this person know Jesus Christ as his/her personal Savior? \_\_\_\_\_

Can you comment on the person's status spiritually?

What are the person's favorite hymns or spiritual songs?

Is it okay to hug or to touch the person? (shoulder, arm, hand) \_\_\_\_\_

How well does the person hear? \_\_\_\_\_

Are there any health or behavioral issues the singers should be aware of?