ASSESSMENT OF FAMILY NEEDS AND WANTS

1. Number and general ages of family members.

2. Are additional children (or grandchildren) expected?

3. Do family members have physical limitations?

4. Frequency of outdoor activities.
   ___ Everyday   ___ Weekends   ___ Some weekends   ___ Seldom

5. Outdoor activities enjoyed by family.
   ___ Cooking and dining: type of cooking ________________________________
   ___ Entertaining: number of people ___.
   Type of entertaining _____________________________________________
   ___ Swimming
   ___ Field games
   ___ Children’s play: list specific requirements _________________________
   ___ Private relaxation: number of people ______________________________
   ___ Gardening: type _______________________________________________

6. What maintenance jobs are you willing to do or pay others to do?
   ___ Mow Grass   ___ Prune plants
   ___ Fertilize and water lawn   ___ Rake leaves
   ___ Mix and spray pesticides   ___ Prepare planting areas
   ___ Others: List ___________________________________________________

7. What are your favorite shrubs?

8. What are your favorite flowers?

9. What are your favorite trees?

10. Are family members allergic to specific plants? _________________________

11. Are there special family service or utility needs?
    ___ Clothesline
    ___ Trash can storage and protection
    ___ Firewood storage
    ___ Delivery access
    ___ Shelter and containment for pets: List ____________________________
    ___ Enclosed work area
    ___ Additional parking or vehicle storage: List ________________________

12. Are additions to the home planned? ___________________________________