

# Leeds Senior Services Questionnaire

To better serve our senior adult community, we are asking for your assistance with this survey. We will utilize these results to establish guidelines for developing and planning programs, events and activities to meet the needs and desires of the our citizens. Your assistance is greatly appreciated.

## Personal Information

Age Bracket	50-60	61-70	71-80	81-90	91+
Gender	Male	Female			
Live in Leeds	Yes	No			
		If no, then what city do you live in? _____			
Number of Children	_____	Grandchildren	_____	Great Grandchildren	_____
Physical Challenges	_____				

## Recreational Activities

What do you enjoy doing during your leisue time (not working)? \_\_\_\_\_

When you go on vacation, where do you prefer to go? \_\_\_\_\_

What activities do you like to do on vacation? \_\_\_\_\_

What was some of your favorite activities in your younger days? \_\_\_\_\_

\_\_\_\_\_

Do you have a favorite sport? Spectator only: \_\_\_\_\_

Participate in: \_\_\_\_\_

Do you have a favorite hobby? \_\_\_\_\_

Do you have a favorite board or card game? \_\_\_\_\_

Do you have a special talent? \_\_\_\_\_

Please list below any other information that you would like to share about yourself or specific needs. This would include any particular services that could make your life more enjoyable or less stressful. We would also like to know what particular activities that you would like to see at the Senior Center.

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