

Activity interest survey

Tell us what you enjoy and what you would like to try. Your name is optional.

Name (optional)

Date

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

1 How often would you like to join an activity?

☐ Daily ☐ A few times a week ☐ Weekly ☐ Now and then ☐ Rarely

2 Which of these would you like to do more often? (tick all that apply)

☐ Music ☐ Exercise ☐ Card games ☐ Crafts ☐ Gardening ☐ Classes ☐ Day trips
☐ Worship ☐ Films ☐ Cooking ☐ Pet visits ☐ Volunteering

3 Is there a hobby you gave up that you would like to take up again?

☐ Yes ☐ No ☐ Not sure

4 What time of day suits you best for activities?

☐ Morning ☐ Midday ☐ Afternoon ☐ Evening ☐ Any time

5 How do you most like to spend activity time?

☐ Big group ☐ Small group ☐ One-on-one ☐ On my own ☐ A mix

6 What makes it hard for you to join in? (tick all that apply)

☐ Times ☐ Getting there ☐ Pain or tiredness ☐ Hearing or eyesight ☐ Not knowing anyone
☐ Cost ☐ Nothing appeals ☐ Nothing stops me

STATEMENT	STRONGLY DISAGREE					STRONGLY AGREE				
7 There are activities here that I look forward to.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
8 The activities here suit what I am able to do.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
9 The activity calendar is easy to read and follow.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
10 I feel welcome at activities, even when I come on my own.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					
11 I have a say in which activities are planned.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5					

12 What is one new activity you would love to see here?

Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Moving more

13 Which kinds of movement would you feel comfortable trying? (tick all that apply)

- ☐ Chair exercise
 ☐ Walking group
 ☐ Stretching or yoga
 ☐ Balance class
 ☐ Water exercise
☐ Dancing
 ☐ Strength training
 ☐ Tai chi

14 On how many days a week are you active for 30 minutes or more?

- ☐ 5 or more
 ☐ 3 or 4
 ☐ 1 or 2
 ☐ None right now

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
15 I would join a class that helps with my balance.	☐	☐	☐	☐	☐

16 Where would you most like to exercise?

- ☐ Indoor class
 ☐ Outdoors
 ☐ At home with a video
 ☐ In a pool
 ☐ I would rather not

17 Would you need a seat, a rail or a helper to take part?

- ☐ No
 ☐ Sometimes
 ☐ Yes

Trips and outings

18 Where would you like to go on a trip? (tick all that apply)

- ☐ A restaurant
 ☐ Shopping
 ☐ A museum or show
 ☐ A park or garden
 ☐ A scenic drive
☐ A sports game
 ☐ A local festival

19 How long an outing suits you?

- ☐ Up to 2 hours
 ☐ Half a day
 ☐ A full day
 ☐ Overnight

20 What help do you use to get about on an outing?

- ☐ On my own
 ☐ With a cane or walker
 ☐ In a wheelchair
 ☐ With a helper

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
21 I would like more trips outside the building.	☐	☐	☐	☐	☐

Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Classes, clubs and screens

22 Which topics would bring you to a talk or class? (tick all that apply)

- ☐ History ☐ Health ☐ Money and scams ☐ Travel ☐ Nature ☐ Current events ☐ Languages
☐ Art or music

23 Would you like help using a phone, tablet or computer?

- ☐ Yes, video calls ☐ Yes, other uses ☐ No, I manage ☐ No, thanks

24 Would you join some activities by video from home?

- ☐ Yes ☐ Maybe ☐ No

Your story: a first-week conversation

25 What hobby have you given up that you miss the most?

26 What work did you do for most of your life?

27 What kinds of music do you enjoy most? (tick all that apply)

- ☐ Big band ☐ Rock and roll ☐ Country ☐ Classical ☐ Gospel ☐ Show tunes ☐ Folk
☐ Motown

28 Would you like help to keep up a faith or spiritual practice here?

- ☐ Yes ☐ No ☐ I would rather not say

29 Would you enjoy visits from animals?

- ☐ Yes, I love animals ☐ Maybe ☐ No, thank you

30 What makes a good day for you?

Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Helping out and sharing a skill

31 Would you like to help run an activity?

- ☐ Yes, every week ☐ Now and then ☐ No, thank you

32 Which of these could you help with? (tick all that apply)

- ☐ Greeting newcomers ☐ Leading a game ☐ Teaching a skill ☐ Reading aloud ☐ Gardening
☐ Planning events ☐ Visiting people

33 What skill or hobby could you teach others?

About you (optional)

34 What is your age?

- ☐ Under 65 ☐ 65 to 74 ☐ 75 to 84 ☐ 85 or older

35 How long have you been coming here or living here?

- ☐ Under 6 months ☐ 6 to 12 months ☐ 1 to 5 years ☐ Over 5 years

36 How was this form filled in?

- ☐ On my own ☐ Someone read or wrote for me ☐ A relative answered for me

Thank you. Your answers shape the activity calendar.

poll-maker.com/cp-activity-for-seniors