

SCHEDULE OF LEISURE TIME ACTIVITY OF OLDER PEOPLE

GENERAL INFORMATION

- 1. Name ... M() F() Address ... Tel. ...
2. Family and Living Arrangements. (underline)
A. Lives in own home, apartment, rooming house, hotel in ___ number of rooms.
B. Lives with husband or wife, husband or wife and children, children only, alone, parents, relatives, friends. (underline)
C. Sees relatives or close friends never or rarely, several times a year, about once a month, every week or oftener. (underline)
3. Age. . . Was ___ years old on last birthday.
4. Health Problems (underline. Through observation only)
Has poor sight, hard of hearing, blind or nearly so, crippled hands, crippled legs, general rheumatic stiffness, no physical problems. Other (specify)

LEISURE and RECREATION

- 1. Free Time (underline)
Has all day, half day, a few hours, almost none
2. What do you do for enjoyment? (Check one or more)

Table with 4 columns: Do, Would like to do, Do, Would like to do. Rows include activities like Take rides, Read, Sew, crochet, knit, Visit or entertain friends, Play cards or other table games, Play sports, Attend movies, Discussion groups, Dancing, Group singing, Watch athletics, Visit or entertain relatives, Play musical instrument, Watch television, Listen to the radio, Work in and around the house, Write letters, Attend club meetings, Attend theatres, lectures, concerts, Dramatics (acting), Listen to music, Work on some hobby, Model clay, Painting, Work in garden, Carpentry, Read books or magazines, What kind?, Other.

- 3. To what kind(s) of organizations do you now belong, or wish to belong? (Check one or more)

Table with 4 columns: Do belong, Would like to belong, Do belong, Would like to belong. Rows include Social Club, Study group, Club for elderly people (men and women), Church Club, Women's Club, Men's Club, Lodge, None, Other (specify).

- 4. Preference for group organization (check)
A. Do you believe there should be other facilities made available for elderly people to get together? Yes () No ()
B. Would you be interested in attending if a neighborhood group were started? Yes () No ()
C. Would you prefer just to attend meetings or help in planning them? (underline)

COMMENTS BY INTERVIEWER

(Relate the degree of ability to get around, to see, to hear, desire to belong to a group, intensity of wish to make other friends, to get out of their room, etc.)