

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.
Other (specify) _____
- B. Lives with husband or wife, husband or wife and children, children only, alone, parents, relatives, friends. (underline)
Other (specify) _____
- 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)

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

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

Do belong: Would like to belong:		Do belong: Would like to belong:	
Social Club	_____	Men's Club	_____
Study group	_____	Lodge	_____
Club for	_____	None	_____
elderly people (men and women)	_____	Other (<u>specify</u>)	_____
Church Club	_____		
Women's Club	_____		

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.)