

St. Lawrence County Office for the Aging

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Social & Recreational Programming Survey

The purpose of this survey is to gather more information about the activities that St. Lawrence County residents age 60+ would participate in. The St. Lawrence County Office for the Aging will use this information to work with community partners to plan and offer more activities in the community. Thank you for taking the time to fill out this survey, as your opinion is very valuable to us.

. What is	your gender?		
0	Male		
0	Female		
0	Other		
2. What	t town do you live in?		
3. What	t is your age?		
4. Do yo	ou have access to transporta	tion to get to activities?	
•	ou have access to transporta Yes	tion to get to activities? O No	Unsure
5. What	Yes t is your usual method of tran Driving Rides from others Bus Taxi	o No	O Unsure

7. To what extent w	ould you be	interested in	the following	events/activit	ies:
	Not at all	Very little	Somewhat	Quite a bit	A great deal
Technology classes and help sessions					
Bingo, bridge, mahjong, or other games					
Gardening					
Knitting, quilting, or crocheting					
Live music concerts					
Art classes					
Craft sessions (woodworking, jewelry making, etc.)					
Volunteering in the community					
Wii Sports					
Yoga, tai chi, Zumba, or other exercise programs					
Book clubs					
Nature clubs, walking, or other outdoor events					
Holiday events					

6. How far would you be willing to travel from your home to participate in activities

O Up to 30 minutes

O More than 30 minutes

of interest?

O Up to 10 minutes

O Up to 20 minutes

Prog (Med	ness grammin ditation, cation,	, Nutrition					
Other	:						
8.				what days of	the week w	ould work bes	for you?
	(Pleas	se select all	that apply)				
	0	Monday			0	Thursday	
	0	Tuesday			0	Friday	
	0	Wednesda	у		0	Saturday	
9.	If activ	vities/events	were held,	what times w	ould work b	est for you?	
	(Pleas	se select all	that apply)				
	0	Early morn	ing (7am-10	am)			
	0	Late morni	ng (10am-1	2pm)			
	0	Early after	noon (12pm	-2pm)			
	0	Late aftern	oon (2pm-5	pm)			
	0	Evenings (5pm-8pm)				
10). How	much of a f	ee would yo	ou be willing to	o contribute	for activities/e	vents that
	requir	e a paid ins	tructor?				
	0	Less than	\$3		0	\$7 - \$10	
	0	\$3 - \$5			0	More than \$10)
	0	\$5 - \$7					
11	. Do y	ou have kno	owledge or a	a skill that you	ı would be v	villing to share	?
	0	Yes		o No		0	Maybe
		-		-		hing a skill, ins	_
	uass,	gieelei, uli	iceriecepiioi	not work, etc	·/		

If you are willing to share a skill, knowled	edge or volunteer, please provide contact
information below:	
Name:	Phone:
Fmail:	

Please return this survey to:

St. Lawrence County Office for the Aging 80 State Highway 310, Suite 7 Canton, NY 13617

Fax: 315-386-8636

Email: nyconnects@stlawco.org