

Pre-Program Participant Survey

Date:

Organization Name:

Program Title:

Teaching Artist:

Your Name (optional):

In order to better understand the results of this Creative Aging program and to improve future programs, please complete this questionnaire. Thank you! All demographic data is anonymized when used for program analysis.

Demographics (optional)

Age:

- <55 55-64 65-74 75-84 85+

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Gender Identity:

- Female
 Male
 Other

Race (check all that apply):

- American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian/Pacific Islander
 White
 Other:

Mobility Issues/Disabilities:

- I have no mobility issues/disabilities
 I have some mobility issues/disabilities
 I have many mobility issues/disabilities

On a scale from 1 to 5, to what extent do you agree or disagree with the following statements? Circle your response with 1 being strongly disagree and 5 being strongly agree.

I am creative.	1	2	3	4	5
I am physically active.	1	2	3	4	5
I can continue to learn new things.	1	2	3	4	5
My attitude about aging is positive.	1	2	3	4	5
I enjoy meeting other people.	1	2	3	4	5
I feel positive about my overall well-being.	1	2	3	4	5

How did you learn about this program? Please use the reverse side of this page if needed.