

## ELDERS SURVEY

We'd Like to Here From You

We are interested in learning about your exercise needs. Please fill out this short survey and drop it in the SURVEY BOX in the lobby of the Wellness Center or drop it off at the community center reception in the fitness center mailbox. You can also send it to LDF Fitness, P.O. Box 67, Lac du Flambeau, WI 54538.

*Thank you for your input.*

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### How important is exercise to you?

extremely		somewhat		not at all
5	4	3	2	1

### How would you rate your physical fitness overall?

excellent		average		poor
5	4	3	2	1

### Do you exercise now?

daily		once a month		never
5	4	3	2	1

### Do you know about the free fitness membership for tribal elders?

Yes      No

### Do you use the fitness center now?

Yes      No

**If not, what is/are the reason(s) for you not using the fitness center? Please circle all that apply.**

Don't have a ride

Medical conditions

Didn't know it was free

Exercise at home or elsewhere

Not interested

Other\_\_\_\_\_

**What is your age group? (please circle)**

55-60	71-75	86-90
61-65	76-80	91-95
66-70	81-85	96-100

**What areas would you like to improve through exercise? Please circle all that apply.**

Better balance	Being able to move more
Lose weight	General health
Strength	Not interested

**Do you prefer to exercise in a group or individually?**

Group	Individually
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**For those interested in group exercise classes, what time(s) would work for you? Please circle all that apply.**

Early morning 6am – 8am	Afternoon 1pm – 3pm
Mid-morning 9am -11am	Early evening 4pm – 5pm
Noon	Late evening 6pm – 8pm
Not interested	

**Are you currently being treated for or have any of the following conditions? Please circle all that apply.**

High cholesterol	Overweight/obese
Diabetes	High blood pressure
Arthritis	Bone/joint conditions or replacements
Heart disease	

**Additional comments:** \_\_\_\_\_

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