



Aging with Pride, an organization of senior LGBT+ members and allies, develops and sponsors social/recreational and educational events to promote healthy leisure activities, community and an active, enjoyable lifestyle.

ACTIVITY & NEEDS ASSESSMENT SURVEY

Activities

- | | | | |
|--|--------------------------|-------------------------|--------------------------|
| Movies | <input type="checkbox"/> | Dog Friendly Activities | <input type="checkbox"/> |
| Cards | <input type="checkbox"/> | Wine/Beer Tasting | <input type="checkbox"/> |
| Restaurants | <input type="checkbox"/> | Beach Day | <input type="checkbox"/> |
| Live Arts Performances, Local & Surrounding Area | <input type="checkbox"/> | Picnics | <input type="checkbox"/> |
| Group Excursions, Local & Surrounding Area | <input type="checkbox"/> | Camping | <input type="checkbox"/> |
| Coffeehouse Get Together | <input type="checkbox"/> | Cycling | <input type="checkbox"/> |
| Gym Group | <input type="checkbox"/> | Happy Hours | <input type="checkbox"/> |
| Golf | <input type="checkbox"/> | Other Interests: | _____ |

Preferred Times For Activities

- | | |
|---------------------------|--------------------------|
| Morning 9:00am – 2:00pm | <input type="checkbox"/> |
| Afternoon 1:00pm – 6:00pm | <input type="checkbox"/> |
| Evenings 5:00pm – 10:00pm | <input type="checkbox"/> |
| Weekdays | <input type="checkbox"/> |
| Weekends | <input type="checkbox"/> |

Educational / Community Recourses

- | | |
|---------------------------------|--------------------------|
| Housing | <input type="checkbox"/> |
| Transportation | <input type="checkbox"/> |
| Medication Issues | <input type="checkbox"/> |
| Legal Issues (POA, Wills, Etc.) | <input type="checkbox"/> |
| Health Care | |
| Mental Health | <input type="checkbox"/> |
| Addiction | <input type="checkbox"/> |
| HIV / STD Testing | <input type="checkbox"/> |

Other Recourses Needed: _____

Other Suggestions: _____

Contact Us:

1932 West 8th Street, Erie, PA 16505

Phone: 814-455-4009

Email: DaleAllgeier@outlook.com

Website: <https://agingwithprideerie.org>

Facebook Page: <https://www.facebook.com/agingwithpride>



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DEMOGRAPHIC INFORMATION

Do you think of yourself as:

- Lesbian or Gay ☐
- Straight, that is, not Gay or Lesbian ☐
- Bisexual ☐
- I use a different term. ☐
- Prefer not to answer. _____

What sex were you assigned at birth on Original birth certificate?

- Female ☐
- Male ☐
- Don't Know ☐
- Prefer not to answer ☐

What is your Current Gender?

- Female ☐
- Male ☐
- Transgender ☐
- Two-Spirit ☐
- I use a different term _____
- Don't Know ☐
- Prefer not to answer ☐

Employment Status

- Employed ☐
- Unemployed ☐
- Retired ☐
- Disabled ☐

Contact Information (Optional)

Name: _____
Phone Number: _____
Email: _____

Mobility Needs

- Independent (walking) ☐
- Cane ☐
- Walker ☐
- Wheelchair ☐
- Scooter ☐
- Hearing Impaired ☐
- Visually Impaired ☐
- Other _____

Age: _____

Zip: _____

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