



## Town of Amherstburg - Recreational Needs Assessment 6

### Recreational Needs Assessment - Adults 55+

**The purpose of this survey is to establish priorities for future recreation and program services based on identified needs for the Town of Amherstburg. Information gathered from this survey is specifically intended for adults who are the age of 55+**

1. Are you a resident of Amherstburg?

☐ Yes

☐ No

2. If you answered NO to Question #1, which Municipality do you live in?

☐ Essex

☐ Lakeshore

☐ LaSalle

☐ Leamington

☐ Kingsville

☐ Tecumseh

☐ Windsor

3. Please rate how well you agree or disagree with the following statement:

It is important for the Town of Amherstburg to provide recreation programs.

☐ Strongly agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly disagree

4. Please rate how well you agree or disagree with the following statement:

Recreation programming is a valuable service that contributes positively to a person's quality of life

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

5. If your household has a need for recreation programs and activities, please indicate how well the Town of Amherstburg currently meets your needs.

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

6. Have you registered for one of our programs or drop-in programs in the past?

- ☐ Yes
- ☐ No

7. What program(s) have you registered for in the past? Choose all that apply

- ☐ Ultimate Frisbee
- ☐ Drop-in Pickleball
- ☐ Drop-in Basketball
- ☐ Restorative Yoga
- ☐ Yin Yoga
- ☐ Chair Yoga
- ☐ Ballroom Dancing
- ☐ Adult Co-ed Boxing
- ☐ Boxing Fitness - Women Only
- ☐ Drop-in Senior Skate
- ☐ Adult Drop-in Hockey

Other (please specify)

8. Please indicate how you learned about Amherstburg's recreation programs and activities. Choose all that apply.

- ☐ Social Media
- ☐ Town of Amherstburg's Municipal Guide
- ☐ Flyers Distributed by my School Board
- ☐ Word of Mouth
- ☐ Local Advertising (e.g., Radio, Signage, Community Posters, Newspaper)
- ☐ Conversations with Libro Centre Guest Services Staff
- ☐ I am unsure how to find out about recreation services
- ☐ Other (please specify)

9. Rank in order of highest (Number 1) to lowest (Number 5) what motivates you to participate in recreation programs.



Physical health/exercise



Fun/entertainment



Develop social skills



Develop new skills or hobbies



Time with friends and community

10. Please identify any reasons preventing you from using recreation programs and activities. Choose all that apply.

- ☐ Unaware of programs being offered
- ☐ Inconvenient times being offered
- ☐ There aren't any programs I am interested in
- ☐ Program cost
- ☐ Accessibility barriers
- ☐ Class is full
- ☐ Lack of right equipment
- ☐ Registration is difficult
- ☐ Vaccination status

Other (please specify)

11. Would you be interested in participating in any of the VIRTUAL program themes identified below? Choose all that apply.

- ☐ Arts and Crafts
- ☐ Family Game Night
- ☐ Social Club
- ☐ Environmental Impact
- ☐ Dramatic Arts
- ☐ Dance
- ☐ Yoga and Mindfulness
- ☐ Music
- ☐ Book Club
- ☐ I would not be interested in Virtual Programming

Other (please specify)

12. Check off any programs you would like to see for adults aged 55+

- ☐ Arts and Crafts
- ☐ Multi-sport Program
- ☐ Floor Hockey
- ☐ Basketball
- ☐ Drama
- ☐ Music
- ☐ Cooking/Baking
- ☐ Martial Arts
- ☐ Flag Rugby
- ☐ Soccer
- ☐ Fitness Classes
- ☐ Environmental/Nature Clubs
- ☐ Gardening
- ☐ Yoga and Mindfulness
- ☐ Swimming
- ☐ Family Game Night

Other (please specify)

13. Choose which program length best suits you in terms of weekly classes

- ☐ 10 Classes per session
- ☐ 8 Classes per session

Other (please specify)

14. Which program schedule best fits your family's needs?

- ☐ Drop-in Programming as needed
- ☐ Program registration with a set number of classes (Ex: Mini Kicks Soccer - 10 week program)
- ☐ Both schedules can be used by our family
- ☐ Virtual Programming
- ☐ After School Programming
- ☐ Evening Programming
- ☐ Weekend Programming
- ☐ All of the above

15. If Parks and Recreation were to develop new indoor space, please select all potential spaces you would use. Choose all that apply.

- ☐ Classroom space
- ☐ Indoor soccer/lacrosse
- ☐ Leisure pool
- ☐ Multi-court gymnasium (e.g., tennis/pickleball, basketball, volleyball, badminton)
- ☐ Space for parties/banquets
- ☐ Walking/jogging track
- ☐ Climbing wall

Other (please specify)

16. Counting yourself, how many people live in your household?

- |                            |                             |
|----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5  |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6  |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7+ |
| <input type="checkbox"/> 4 |                             |

17. Do you have any other comments or suggestions that may be helpful to determine the needs of our residents?