

Resident Interests Profile



Resident Name: _____ Apt: _____ Date: _____

Physical

Please check "C" if you have a current interest or "P" if you had a past interest.

C	P		C	P		C	P	
<input type="checkbox"/>	<input type="checkbox"/>	Aqua Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	<input type="checkbox"/>	Lawn Games
<input type="checkbox"/>	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	<input type="checkbox"/>	Golf/Virtual Golf	<input type="checkbox"/>	<input type="checkbox"/>	Pilates/Yoga
<input type="checkbox"/>	<input type="checkbox"/>	Yard Work	<input type="checkbox"/>	<input type="checkbox"/>	Paint Ball	<input type="checkbox"/>	<input type="checkbox"/>	Stretching
<input type="checkbox"/>	<input type="checkbox"/>	Bocce Ball	<input type="checkbox"/>	<input type="checkbox"/>	Dancing	<input type="checkbox"/>	<input type="checkbox"/>	Tai Chi
<input type="checkbox"/>	<input type="checkbox"/>	Pickle Ball	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	Walking/Hiking
<input type="checkbox"/>	<input type="checkbox"/>	Bowling	<input type="checkbox"/>	<input type="checkbox"/>	Competitive Sports	<input type="checkbox"/>	<input type="checkbox"/>	Strength Training
<input type="checkbox"/>	<input type="checkbox"/>	Boxing	<input type="checkbox"/>	<input type="checkbox"/>	Personal Training	<input type="checkbox"/>	<input type="checkbox"/>	Low Impact Aerobics
<input type="checkbox"/>	<input type="checkbox"/>	Skydiving	<input type="checkbox"/>	<input type="checkbox"/>	Horseback Riding	<input type="checkbox"/>	<input type="checkbox"/>	Shopping

Other: _____

Mental

C	P		C	P		C	P	
<input type="checkbox"/>	<input type="checkbox"/>	Trivia	<input type="checkbox"/>	<input type="checkbox"/>	Book Club	<input type="checkbox"/>	<input type="checkbox"/>	Discussion Groups
<input type="checkbox"/>	<input type="checkbox"/>	Mind Benders/Puzzles	<input type="checkbox"/>	<input type="checkbox"/>	Collector's Club	<input type="checkbox"/>	<input type="checkbox"/>	Current Events
<input type="checkbox"/>	<input type="checkbox"/>	Podcasts	<input type="checkbox"/>	<input type="checkbox"/>	Lifestyle Coaching	<input type="checkbox"/>	<input type="checkbox"/>	Classes/Lectures
<input type="checkbox"/>	<input type="checkbox"/>	Musical Instrument	<input type="checkbox"/>	<input type="checkbox"/>	Lectures	<input type="checkbox"/>	<input type="checkbox"/>	Computers
<input type="checkbox"/>	<input type="checkbox"/>	Needlework	<input type="checkbox"/>	<input type="checkbox"/>	Politics	<input type="checkbox"/>	<input type="checkbox"/>	Chess
<input type="checkbox"/>	<input type="checkbox"/>	Crocheting/Knitting	<input type="checkbox"/>	<input type="checkbox"/>	History	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Languages
<input type="checkbox"/>	<input type="checkbox"/>	Teaching	<input type="checkbox"/>	<input type="checkbox"/>	Reading/Audio Books	<input type="checkbox"/>	<input type="checkbox"/>	Sewing
<input type="checkbox"/>	<input type="checkbox"/>	Sudoku	<input type="checkbox"/>	<input type="checkbox"/>	Model Building	<input type="checkbox"/>	<input type="checkbox"/>	Woodworking

Other: _____

Emotional

C	P		C	P		C	P	
<input type="checkbox"/>	<input type="checkbox"/>	Family Connections	<input type="checkbox"/>	<input type="checkbox"/>	Worship	<input type="checkbox"/>	<input type="checkbox"/>	Painting
<input type="checkbox"/>	<input type="checkbox"/>	Poetry/Writing	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship	<input type="checkbox"/>	<input type="checkbox"/>	Fashion/Beauty
<input type="checkbox"/>	<input type="checkbox"/>	Prayer Studies	<input type="checkbox"/>	<input type="checkbox"/>	Museums	<input type="checkbox"/>	<input type="checkbox"/>	Joke Telling/Comedy
<input type="checkbox"/>	<input type="checkbox"/>	Theater	<input type="checkbox"/>	<input type="checkbox"/>	Fine Art	<input type="checkbox"/>	<input type="checkbox"/>	Music/Concerts
<input type="checkbox"/>	<input type="checkbox"/>	Movies	<input type="checkbox"/>	<input type="checkbox"/>	Massage	<input type="checkbox"/>	<input type="checkbox"/>	Meditation/Relaxation
<input type="checkbox"/>	<input type="checkbox"/>	Virtual Reality	<input type="checkbox"/>	<input type="checkbox"/>	Pet Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Crafting
<input type="checkbox"/>	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	<input type="checkbox"/>	Symphony	<input type="checkbox"/>	<input type="checkbox"/>	Photography
<input type="checkbox"/>	<input type="checkbox"/>	Acting/Drama	<input type="checkbox"/>	<input type="checkbox"/>	Houseplants	<input type="checkbox"/>	<input type="checkbox"/>	Bird Watching
<input type="checkbox"/>	<input type="checkbox"/>	Nature Events	<input type="checkbox"/>	<input type="checkbox"/>	Photo/Scrapbooks	<input type="checkbox"/>	<input type="checkbox"/>	Travelogues

Other: _____

Social

C	P		C	P		C	P	
<input type="checkbox"/>	<input type="checkbox"/>	Blogging	<input type="checkbox"/>	<input type="checkbox"/>	Pen Pals	<input type="checkbox"/>	<input type="checkbox"/>	Group Travel
<input type="checkbox"/>	<input type="checkbox"/>	Debates	<input type="checkbox"/>	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	<input type="checkbox"/>	Sign Language
<input type="checkbox"/>	<input type="checkbox"/>	Committees	<input type="checkbox"/>	<input type="checkbox"/>	Quilting	<input type="checkbox"/>	<input type="checkbox"/>	Happy Hour
<input type="checkbox"/>	<input type="checkbox"/>	Wine Tasting	<input type="checkbox"/>	<input type="checkbox"/>	Choir/Singing Groups	<input type="checkbox"/>	<input type="checkbox"/>	Band/Orchestra
<input type="checkbox"/>	<input type="checkbox"/>	Table Games	<input type="checkbox"/>	<input type="checkbox"/>	Billiards	<input type="checkbox"/>	<input type="checkbox"/>	Reminiscing
<input type="checkbox"/>	<input type="checkbox"/>	Cards	<input type="checkbox"/>	<input type="checkbox"/>	Phone/Texting	<input type="checkbox"/>	<input type="checkbox"/>	Bingo

Other: _____

Communal

C	P		C	P		C	P	
<input type="checkbox"/>	<input type="checkbox"/>	Cooking Classes	<input type="checkbox"/>	<input type="checkbox"/>	Visitation	<input type="checkbox"/>	<input type="checkbox"/>	Senior Center
<input type="checkbox"/>	<input type="checkbox"/>	Tutoring/Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	Decorating	<input type="checkbox"/>	<input type="checkbox"/>	Club/Lodge
<input type="checkbox"/>	<input type="checkbox"/>	Grandparenting	<input type="checkbox"/>	<input type="checkbox"/>	Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	Veteran Events
<input type="checkbox"/>	<input type="checkbox"/>	Spectator Sports	<input type="checkbox"/>	<input type="checkbox"/>	Community Service	<input type="checkbox"/>	<input type="checkbox"/>	Fundraisers
<input type="checkbox"/>	<input type="checkbox"/>	Toy Drives	<input type="checkbox"/>	<input type="checkbox"/>	Blood Drives	<input type="checkbox"/>	<input type="checkbox"/>	Group Projects
<input type="checkbox"/>	<input type="checkbox"/>	Holiday Celebrations	<input type="checkbox"/>	<input type="checkbox"/>	Parades	<input type="checkbox"/>	<input type="checkbox"/>	Pet Rescue

Other: _____

The following information is completely voluntary and is used confidentially to help our staff provide more personalized programming services.

Religious affiliation: _____ Will continue to go to services? ☐ Yes | ☐ No

Favorite music types / artists: _____

Favorite literature / authors: _____

Favorite sports / teams: _____

Favorite places to travel: _____

Favorite TV shows: _____

Favorite type of movie: _____

Favorite meals/foods: _____

Favorite music: _____

What is most meaningful in your life?

Type of past work (paid/unpaid):

Where have you lived?

Military experience?

Please tell us about your family - marriage(s) – to whom, when:

Tell us the names of children, grandchildren, where they live, and how involved they are with your life:

Who or what other group(s) do you use as a social support/network (i.e. Fraternal Orders, Service Organizations, Clubs)?

How have you been involved in the past with activities in the community where you used to live?