

Survey Questions for Apartment Customers

DINING

What is your preference for included dining services? (please check preference)

- Daily dinner service
- Dinner and continental breakfast daily
- o Three meals per day
- Meal ticket program

Would you participate in special dinner events at the on-site Restaurant & Pub (please circle)

Yes No

Would you like a continental breakfast available?

Yes No

Would you like a Sunday brunch as part of the dining service?

Yes No

Please feel free to add any additional comments or suggestions regarding the dining service.

TRANSPORTATION

How often would you use the transportation service for regular errands?

- o Daily
- Several time per week
- One day per week
- Every other week
- I won't utilize transportation service

Would you use transportation for optional excursions?

Yes No

Are there any trips in particular that you envision joining, such as Farmer's Markets, Boothbay Botanical Gardens, Whale Watching Cruise, Maine Maritime Museum, Maine State Music Theatre? Or other?

Please feel free to add any additional comments or suggestions regarding the transportation service.

WELLNESS & FITNESS

Are you interested in participating in fitness classes led by trainers on a regular basis?

Yes No

Which of the following fitness activities would interest you:

- Yoga or Tai Chi
- o Strength training
- o Pilates
- Walking
- o Cardio

Suggestions for other fitness activities:

Does the idea of wellness coordinator who would serve as a health care advocate with check-ins as needed appeal to you?

Yes No

ACTIVITIES

What activities and clubs appeal to you:

- o Book club
- o Hiking club
- Art classes and club
- Men's and women's groups
- Came Glubs: Chess, Mahjong, Card games, Board Games
- Golf league
- Tennis or Pickleball league
- Fiber Arts
- Woodworking
- o Lectures- Resident Led or with Guest Specialists
- o Classes with Mid Coast Senior College or Mid Coast Adult Education
- Audit of Bowdoin Classes

Other suggestions:



HOUSEKEEPING

How often would you like to receive housekeeping? (Please check preference)

- Once per week
- Twice per month
- Other?_____

Do you have any other comments or suggestions regarding housekeeping?

OTHER

Are there other amenities and services that are important to you?

Name and Contact Information (Optional)

Name:_____

Phone or Email: ______