Britt's Survey on Aging

Please read all of the following questions before answering
(If you need more space provided for your answers, please use a separate page
and e-mail with the completed survey.)

This survey is to convey how individuals have different views, beliefs, and philosophy about aging.

Thank you for participating!

1. Name, Nickname or both:			
2. Actual Age:		3. Age you feel:	
4. Why do you feel this age or your actual age?:			
5. As a child, what city, state and country did you grow up in?			
6. As a child, what income level did you come from?:		7. As an adult, what income level do you come from?:	
8. What city, state and country do you currently live in or lived in the majority of your life?			
9. Number of siblings:		10. Are you the?:	
11. Parents:		12. Self:	
13. Oldest living relative - Who/where/age?:			
14. Children:		15. If yes, how many?:	
16. If yes, do children make you feel older or younger? Please explain:			
17. As a child, how were you disciplined?			

18. As a parent, how do you disciplined?			
19. Do you have the same beliefs and values of your parents?:			
Please explain:			
20. Health:		21. Physical Appearance:	
22. Do you have a regular workout regime?:		23. If yes, how many times a week do you workout?:	
24. Do you have or do you follow a special diet? If yes, please explain:			
25. Do have any ailments or illnesses? If yes, please explain how this makes you feel and why:			
26. What is the average age range of close friends/relatives that you have daily interaction with?:		27. What is the average age range of close friends/relatives that you have weekly interaction with?:	
28. Please describe the incident in your life that made you realize your actual age:			

29. What is your opinion/philosophy on aging? Does age matter?:	
30. Describe any event that made you realize you age. (Not that age is relevant or matters):	
31. Do you think your current and/or past lifestyle has affected your appearance (i.e. sun worshipping, drug and/or alcohol abuse, laziness, poor diet, etc.)? If so, please explain:	
32. OPTIONAL - Please share any comments or thoughts you may have related to age.	
Please save this surve	Date survey was completed: y to your personal computer and then e-mail it as an attachment to: ausiebritt@hotmail.com

If you would like to include a photo of yourself, please send it along with the completed survey. It should be a jpeg file and the file name should be your name.

Coming Soon
www.aussiebritt.com
britt@aussiebritt.com

Date:	
Mr. Britt Miller PO Box 9822	
Aspen, CO 81612	
Dear Britt,	
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l understand that my name and likeness may or may not be use or non-use of the same.	used in the work and related advertising and promotion, and I
<u> </u>	of any conversations and the interviews in which I may ds of any such conversations and interviews in and in connection (including any interviews and conversations) are rendered as a
agree that I shall have no right, title, or interest in any such whatsoever arising out of such use (including but not limited of right of publicity, and /or copyright infringement). (a) I am over the age of eighteen. I have read the forego	d to any claims of libel, slander, invasion of privacy, invasion
Name:	Date:
Signature:	
(b) I represent that I am the parent or guardian of	
a minor, and I further warrant that I am of full age and have to of the said minor. I have read the release before signing it arbinding upon me, our successors, assigns, legal representative	nd am fully aware of its contents. This release shall remain
Name:	Date:
Signature: (Mother/Father/Legal Guardian)	
Address:	
Witness (Optional):	
Minor's Full Name & Address:	