

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.

Date survey was completed:

**Please save this survey 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

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