**RECREATION PROGRAM ACTIVITY ASSESSMENT**

CREW MEMBER

SUGGESTED QUESTIONS

The Recreation Advisory Board (RAB) would like to know more about you and your recreation/leisure preferences. Please take the next 10 minutes to complete the Recreation Program Activity Assessment. Please check the appropriate boxes and/or fill in the blank.

1. How would you prefer to spend your spare time during port calls?

* Competitive Sports with Locals/Ships
* Exploring on My Own
* Hanging out with Friends
* Meeting Local Nationals
* Tours of Area
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. In which recreation/leisure activities do you prefer to participate? Check as many that apply and add others if applicable.

**Recreation & Fitness Programs (Directed and Filler Activities)**

**Outdoor Activities:**

* Archery
* Baseball
* Biking
* Camping
* Canoeing
* Fishing
* Flag Football
* Golf
* Hiking
* Horseback Riding
* Jet Skiing
* Kayaking
* Mountain Biking
* Paddle Boarding
* Paintball/Airsoft
* Rappelling
* Rock Climbing
* Running/Races
* Sailing
* Scuba Diving
* Shooting Sports
* Soccer
* Softball
* Skate Boarding
* Snow Boarding
* Snow Skiing
* Surfing
* Swimming
* Tennis
* Tubing
* Volleyball
* Walking
* Water Skiing
* White Water Rafting
* Wind Surfing
* Zip Lining
* Other:

**Indoor Activities:**

* Basketball
* Billiards
* Bowling
* Boxing
* Cardio Classes
* Cooking
* Darts
* Martial Arts
* Ping-Pong
* Racquetball
* Reading
* Use Fitness Center
* Watching TV/Videos
* Weightlifting
* Wrestling
* Card Games Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Video Games Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Board Games Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Movies

* Action/Adventure
* Comedy
* Drama
* Romance
* Science Fiction
* Thriller
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Professional sports:

* Baseball
* Basketball
* Football
* Hockey
* Soccer
* Tennis

Trips/Tours:

* Amusement Parks
* Animal Encounters
* Coastal/Seashores
* Historical Landmarks
* Motorsports
* Museums
* National Parks
* Zoos
* Music/Concert Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Interest

* Arts & Crafts: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Cars, Repair, Customizing, Restoring
* Collecting: Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Creative Writing
* Dancing Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Drama/Musicals/Community Theater
* Photography
* Spoken Word

Skill/Knowledge

* Wellness Classes
* Sports Safety Classes
* Nutrition Classes
* Introduction to Exercise Program
(TRX, NOFFS)
* Sports Skills Conditioning
* Art Classes
* Golf Instruction
* Ski Lessons
* Cooking Class
* Paddle Boarding Clinic

3. Are there any other recreation activities you enjoy that you might like to see offered on the ship?

4. How would you like to hear about command recreation and fitness program and activities?

5. Do you know who your division's Recreation Advisory Board representative is?

* Yes
* No

6. Are you aware that you can provide your representative with input for Recreation Advisory Board meetings?

* Yes
* No

7. Your age?

* 17-22 yrs.
* 23-28 yrs.
* 29-34 yrs.
* 35-39 yrs.
* 40-44 yrs.
* 45-49 yrs.
* 50+ yrs.

8. What is your marital status?

* Single
* Married

9. Do you have children?

* Yes
* No

 If yes, indicate how many by the appropriate age group.

 \_\_\_\_\_ 0-3 yrs. \_\_\_\_\_ 7-10 yrs. \_\_\_\_\_ 14-16 yrs.

 \_\_\_\_\_ 4-6 yrs. \_\_\_\_\_ 11-13 yrs. \_\_\_\_\_ 17-20 yrs.

10. Do you have personal transportation?

* Yes
* No

Thank you for providing your recreation activity and event preferences. Please return the completed survey.