Time 6 Questionnaire

Ongoing Research on Aging in New Jersey
Bettering Opportunities for Wellness in Life

ROWAN UNIVERSITY
NJISA
NEW JERSEY INSTITUTE FOR SUCCESSFUL AGING

1. Please think about your aging experience. Using a scale from 0 to 10, where 0 means "Not well at all" and 10 means "Extremely well", what number would you choose to describe how well you are aging?

Not well at all **Extremely well**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 1 2 3 4 5 6 7 8 9 10

2. Next, please tell me whether you agree or disagree with the following three statements.

	Completely Agree	Mostly Agree	Just Somewhat Agree	Just Somewhat Disagree	Mostly Disagree	Completely Disagree
As I grow older, things seem better than I thought they would be.	☐	☐	☐	☐	☐	☐
As I look back on my life, I am fairly well satisfied.	☐	☐	☐	☐	☐	☐
These are the best years of my life.	☐	☐	☐	☐	☐	☐

3. Now, please think about your life as a whole. How satisfied are you with it? Would you say you are:

☐ Very satisfied

☐ Somewhat satisfied

☐ Not very satisfied

☐ Not at all satisfied

4. What is your height in feet and inches, without shoes?

_____ *FEET* _____ *INCHES*

5. How much do you weigh, in pounds, without shoes?

_____ *POUNDS*

6. How would you rate your overall health at the present time?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

7. Have you ever been told by a doctor or other health professional that you had:

	Yes	No			Yes	No
Arthritis?	☐	☐	**IF YES →**	Are you taking any prescription medications for arthritis?	☐	☐
Hypertension or high blood pressure?	☐	☐	**IF YES →**	Are you taking any prescription medications for hypertension or high blood pressure?	☐	☐
Any kind of heart condition or heart disease, such as coronary artery disease, angina, or heart attack (sometimes called coronary MI or myocardial infarction)?	☐	☐	**IF YES →**	Are you taking any prescription medications for any kind of heart condition or heart disease, such as coronary artery disease, angina, or heart attack?	☐	☐
Cancer?	☐	☐	**IF YES →**	Are you taking any prescription medications for cancer?	☐	☐
Diabetes?	☐	☐	**IF YES →**	Are you taking any prescription medications for diabetes?	☐	☐
Osteopenia or osteoporosis?	☐	☐	**IF YES →**	Are you taking any prescription medications for osteopenia or osteoporosis?	☐	☐
A stroke?	☐	☐	**IF YES →**	Are you taking any prescription medications for a stroke?	☐	☐
Lung or breathing problems, such as chronic bronchitis, asthma, or emphysema?	☐	☐	**IF YES →**	Are you taking any prescription medications for lung or breathing problems?	☐	☐
Depression, anxiety, or any other emotional problems?	☐	☐	**IF YES →**	Are you taking any prescription medications for depression, anxiety, or other emotional problem?	☐	☐
Any other chronic health condition? Please specify:_____	☐	☐				

The next few questions are about your vision and hearing.

8. Do you wear glasses or contact lenses? (This includes prescription and non-prescription lenses, such as reading glasses.)

☐ No ☐ Yes

9. How would you rate your vision? (If applicable, please include when wearing your glasses or contacts, including prescription and non-prescription lenses, such as reading glasses.)

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor
☐ Very poor

10. Do you use a hearing aid to help you hear?

☐ No ☐ Yes

11. How would you rate your hearing? (If applicable, please include when using your hearing aid.)

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor
☐ Very poor

12. Do you wear dentures, a bridge, or any type of removable dental implant?

☐ No ☐ Yes

13. Which one of the following three statements best describes your ability to chew:

☐ I am able to comfortably chew both hard and soft foods.

☐ I am able to comfortably chew soft foods but have difficulty chewing hard foods.

☐ I have difficulty chewing all foods.

14. How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. (*NOTE:* If your wisdom teeth were removed because of tooth decay or gum disease, they should be included in the count for lost teeth.)

☐ None

☐ 1 to 5

☐ 6 or more but not all

☐ All

☐ Don't know/Not sure

15. Do you have dental insurance?

☐ No ☐ Yes

16. How difficult is it for you to:

	Not at all difficult	Only a little difficult	Somewhat difficult	Very difficult	You can't do it at all
Walk for a quarter of a mile, which is about 3 city blocks?	☐	☐	☐	☐	☐
Walk up 10 steps without resting?	☐	☐	☐	☐	☐
Stand or be on your feet for about 2 hours?	☐	☐	☐	☐	☐
Sit for about 2 hours?	☐	☐	☐	☐	☐
Stoop, bend, or kneel (including getting back up again afterwards)?	☐	☐	☐	☐	☐
Reach up over your head (such as reaching for an object on a shelf)?	☐	☐	☐	☐	☐
Use your fingers to grasp or handle small objects?	☐	☐	☐	☐	☐
Lift or carry something as heavy as 10 pounds, such as a full bag of groceries?	☐	☐	☐	☐	☐
Push or pull large objects like a living room chair?	☐	☐	☐	☐	☐

17. In the last month, how much difficulty did you have…

	None	A little	Some	A lot	I didn't do it in the past month.
Doing laundry by yourself?	☐	☐	☐	☐	☐
Shopping for groceries or personal items by yourself?	☐	☐	☐	☐	☐
Making hot meals by yourself?	☐	☐	☐	☐	☐
Handling your bills and banking by yourself?	☐	☐	☐	☐	☐
Keeping track of your medicines by yourself?	☐	☐	☐	☐	☐
Driving or taking public transportation by yourself?	☐	☐	☐	☐	☐
Showering, taking a bath or washing up by yourself?	☐	☐	☐	☐	☐
Eating by yourself?	☐	☐	☐	☐	☐
Using the toilet by yourself?	☐	☐	☐	☐	☐
Getting dressed by yourself?	☐	☐	☐	☐	☐

18. Do you currently *receive* help from anyone on a regular basis with tasks of daily life, such as driving, housework, bathing, or dressing?

☐ No ☐ Yes → From whom do you receive care:

	Yes	No
Spouse	☐	☐
Child (or child-in-law)	☐	☐
Parent	☐	☐
Sibling	☐	☐
Grandchild	☐	☐
Friend	☐	☐

Another person; What is his/her relationship to you? _____	☐	☐

Do you live with this person/any of these people who you receive care from?

☐ No ☐ Yes

19. How would you rate your memory at the present time:

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor
☐ Very poor

20. In general, compared with the average person, how would you describe your memory:

☐ Much worse
☐ Somewhat worse
☐ About the same
☐ Somewhat better
☐ Much better

21. How much concern do you have about your memory at this time:

☐ Very serious concern
☐ A good deal of concern
☐ Some concern
☐ Only minor concern
☐ No concern at all

22. The next few questions are about sleep. How often do you…

	Most of the time	Sometimes	Rarely	Never
Have trouble falling asleep?	☐	☐	☐	☐
Wake up during the night?	☐	☐	☐	☐
Wake up too early and have trouble not being able to fall asleep again?	☐	☐	☐	☐
Feel really rested when you wake up in the morning?	☐	☐	☐	☐

23. On average, how many hours of sleep do you get overnight?

_____ *HOURS*

24. On average, how many times do you nap or doze during the day?

_____ *TIMES*

25. In total, how long do you nap or doze during the day on average?

_____ *HOURS* _____ *MINUTES*

The next few questions are about pain.

26. How often are you troubled with pain:

- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Almost never

27. How bad is the pain most of the time: (If taking pain medication, rate severity of pain when medicated.)

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Not applicable (Almost never have pain)

28. How often does the pain make it difficult for you to do your usual activities such as household chores or work:

- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Almost never

29. Please indicate how often each statement has described you during the past week:

	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of the time	Most or all of the time
I was bothered by things that usually don't bother me.	☐	☐	☐	☐
I had trouble keeping my mind on what I was doing.	☐	☐	☐	☐
I felt depressed.	☐	☐	☐	☐
I felt that everything I did was an effort.	☐	☐	☐	☐
I felt hopeful about the future.	☐	☐	☐	☐
I felt fearful.	☐	☐	☐	☐
My sleep was restless.	☐	☐	☐	☐
I was happy.	☐	☐	☐	☐

I felt lonely.	☐	☐	☐	☐
I could not get "going".	☐	☐	☐	☐

The next questions are about significant events you or your close family members may have experienced.

30. In the past 12 months…

	Yes	No	N/A
Did an adult child leave home? (Include a child leaving home for college.)	☐	☐	☐
Did an adult child move back home with you? (Include a child moving home from college.)	☐	☐	☐
Did you move in with an adult child?	☐	☐	☐

31. In the past 12 months…

	Yes	No
Did you lose a job unexpectedly?	☐	☐
Were you diagnosed with a major illness or condition?	☐	☐
Were you involved in an accident in which you were seriously injured?	☐	☐
Were you the victim of a crime?	☐	☐
Were you a victim of consumer fraud? (*Note*: This includes identity theft.)	☐	☐
Were you or a close family member arrested for violating the law?	☐	☐
Did a close family member become seriously ill or injured?	☐	☐
Did a close family member die?	☐	☐

Did a close friend die?	☐	☐
Did you gain a new close family member through marriage, birth, or adoption?	☐	☐
Did you stop driving a car?	☐	☐

32. In the past 12 months have you fallen down?

☐ No ☐ Yes → In the past 12 months, how many times did you fall in your own home?

_____ *FALLS*

In the past 12 months, how many times did you fall outdoors?

_____ *FALLS*

In the past 12 months, how many times did you fall in some other place (including other indoor places such as a friend's home or shopping center)?

_____ *FALLS*

When you fell, did you ever injure yourself seriously enough to need medical treatment?

☐ No ☐ Yes

The next questions are about relationships.

33. Are you:

☐ Married
☐ Living with someone in a committed relationship
☐ Separated
☐ Divorced
☐ Widowed
☐ Single (never married)

If you are married or in a relationship answer the following:

33a. In what month and year did you get married to your spouse or become involved with your partner?

MONTH: _____ *YEAR*: _____

33b. How close is your relationship with your current spouse/partner? Would you say:

- ☐ Very close
- ☐ Somewhat close
- ☐ Not very close
- ☐ Not at all close

33c. How would you rate your spouse's/partner's overall health at the present time?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

If you are married or in a relationship answer the following:

33d. How difficult is it for your spouse/partner to…

	Not at all difficult	Only a little difficult	Somewhat difficult	Very difficult	Can't do it at all
Walk for a quarter of a mile, which is about 3 city blocks?	☐	☐	☐	☐	☐
Walk up 10 steps without resting?	☐	☐	☐	☐	☐
Stand or be on their feet for about 2 hours?	☐	☐	☐	☐	☐
Sit for about 2 hours?	☐	☐	☐	☐	☐
Stoop, bend, or kneel (including getting back up again afterwards)?	☐	☐	☐	☐	☐
Reach up over their head (such as reaching for an object on a shelf)?	☐	☐	☐	☐	☐
Use their fingers to grasp or handle small objects?	☐	☐	☐	☐	☐
Lift or carry something as heavy as 10 pounds, such as a full bag of groceries?	☐	☐	☐	☐	☐
Push or pull large objects like a living room chair?	☐	☐	☐	☐	☐

34. Do you currently *provide* help to anyone on a regular basis with tasks of daily life, such as driving, housework, bathing, or dressing?

☐ No ☐ Yes → To whom do you provide care:

	Yes	No
Spouse	☐	☐
Child (or child-in-law)	☐	☐
Parent	☐	☐
Sibling	☐	☐
Grandchild	☐	☐
Friend	☐	☐
Another person; What is his/her relationship to you? _____	☐	☐

Do you live with this person/any of these people you provide care to?

☐ No ☐ Yes

35. Using a scale from 0 to 10, where 0 means "the worst possible life" and 10 means "the best possible life", how would you rate your life these days?

The worst possible life **The best possible life**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 1 2 3 4 5 6 7 8 9 10

36. How often do you feel…

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
There is someone you can count on to listen to you when you need to talk?	☐	☐	☐	☐	☐
That someone is available to give you good advice about a problem?	☐	☐	☐	☐	☐
Someone shows you love and affection?	☐	☐	☐	☐	☐
There is someone you can count on to provide you with emotional support in talking over problems or helping you make a difficult decision?	☐	☐	☐	☐	☐

37. The next questions are about how you feel about different aspects of your life. Please indicate how often you feel this way.

	Most of the time	Sometimes	Rarely	Never
How often do you feel that you lack companionship?	☐	☐	☐	☐
How often do you feel left out?	☐	☐	☐	☐
How often do you feel isolated from others?	☐	☐	☐	☐

38. Do you have any pets?

☐ No

☐ Yes → **38a. Do you have any dogs?**

- ☐ No
- ☐ Yes

38b. Do you have any cats?

- ☐ No
- ☐ Yes

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39. Have you ever had any pets?

☐ No

☐ Yes → **39a. Have you ever had any dogs?**

- ☐ No
- ☐ Yes

39b. Have you ever had any cats?

- ☐ No
- ☐ Yes

40. Indicate the extent to which you agree with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I tend to bounce back quickly after hard times.	☐	☐	☐	☐	☐
I have a hard time making it through stressful events.	☐	☐	☐	☐	☐
It does not take me long to recover from a stressful event.	☐	☐	☐	☐	☐
It is hard for me to snap back when something bad happens.	☐	☐	☐	☐	☐
I usually come through difficult times with little trouble.	☐	☐	☐	☐	☐
I tend to take a long time to get over set-backs in my life.	☐	☐	☐	☐	☐

41. Please indicate the extent to which you agree with each of the following statements.

	Strongly agree	Agree	Disagree	Strongly disagree
I have little control over the things that happen to me.	☐	☐	☐	☐
There is really no way I can solve some of the problems I have.	☐	☐	☐	☐
There is little I can do to change many of the important things in my life.	☐	☐	☐	☐
I often feel helpless in dealing with the problems of life.	☐	☐	☐	☐
Sometimes I feel that I'm being pushed around in life.	☐	☐	☐	☐
What happens to me in the future mostly depends on me.	☐	☐	☐	☐
I can do just about anything I really set my mind to do.	☐	☐	☐	☐

42. How often has each of the following words described you in the past week:

	Never	Rarely	Sometimes	Often	Nearly Always
Happy?	☐	☐	☐	☐	☐
Irritated?	☐	☐	☐	☐	☐
Warm-hearted?	☐	☐	☐	☐	☐
Sad?	☐	☐	☐	☐	☐
Interested?	☐	☐	☐	☐	☐
Annoyed?	☐	☐	☐	☐	☐
Content?	☐	☐	☐	☐	☐
Worried?	☐	☐	☐	☐	☐
Energetic?	☐	☐	☐	☐	☐
Depressed?	☐	☐	☐	☐	☐

The next questions are about exercise and other physical activities.

43. Over the past 30 days, did you do any *vigorous exercise activities* for at least 10 minutes? Some examples of vigorous exercise activities include running, lap swimming, aerobic exercising, water aerobics, or fast bicycling.

☐ No ☐ Yes → On average, how much time would you estimate you spend doing these vigorous activities each week? (If this is difficult, think about one day, then multiply that by the number of days you do this in a week.)

_____ *HOURS* _____ *MINUTES*

44. Over the past 30 days, did you do any *moderate exercise activities* for at least 10 minutes? Some examples of moderate exercise activities include brisk walking, bicycling for pleasure, gardening golfing, yoga, or dancing.

☐ No ☐ Yes → On average, how much time would you estimate you spend doing these moderate activities each week? (If this is difficult, think about one day, then multiply that by the number of days you do this in a week.)

_____ *HOURS* _____ *MINUTES*

45. Over the past 30 days, did you *take a walk* for at least 10 minutes? Please include taking a walk around town or in a park for pleasure, walking several blocks to a store, taking a dog for a walk, and other things like that. Do not include brisk walking, jogging, or running.

☐ No ☐ Yes → On average, how much time would you estimate that you spend **walking for leisure each week**? (If this is difficult, think about one day, then multiply that by the number of days you do this in a week.)

_____ *HOURS* _____ *MINUTES*

46. Over the past 30 days, did you do any *physical activities designed specifically to strengthen your muscles*, such as lifting weights or doing push-ups or sit-ups? Please include all such activities, even if you had included them in your prior answers.

☐ No ☐ Yes → On average, how much time would you estimate that you spend doing these strengthening exercises each week? (If this is difficult, think about one day, then multiply that by the number of days you do this in a week.)

_____ *HOURS* _____ *MINUTES*

47. The next questions are about diet. Here is a list of foods. How often do you eat each in a typical week.

	ALMOST EVERY DAY	3 OR 4 DAYS A WEEK	1 OR 2 DAYS A WEEK	LESS OFTEN THAN THAT
Lean meats or poultry?	☐	☐	☐	☐
Whole eggs, that is, eggs including the yolks?	☐	☐	☐	☐
Fat-free or low-fat milk and milk products (such as cheese or yogurt)?	☐	☐	☐	☐
Tomato juice or tomato-based blends such as V-8?	☐	☐	☐	☐
Red spaghetti sauce or other forms of stewed or cooked tomatoes?	☐	☐	☐	☐
Any kind of nuts or seeds (such as peanuts, almonds, sunflower seeds, sesame seeds, etc.) NOT including peanut butter, or other nut or seed spreads or butters?	☐	☐	☐	☐
Citrus fruits such as oranges, grapefruit, kiwi, or lemons? Do **not** include juices.	☐	☐	☐	☐
Berries (such as strawberries, blueberries or cranberries)?	☐	☐	☐	☐
Dark or whole grain breads, rolls, pasta, or cereals, such as bran, rye, or oatmeal?	☐	☐	☐	☐
Broccoli, cauliflower, or Brussel sprouts?	☐	☐	☐	☐
Spinach, kale, bok choy, cabbage, mustard greens, or collard greens?	☐	☐	☐	☐
Fish, not including shellfish?	☐	☐	☐	☐
Lentils or beans such as chick peas, red beans, or black-eyed peas?	☐	☐	☐	☐

48. When a <u>reduced fat or "lite" version</u> of a food is available, how often do you tend to choose that product?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ About half the time
- ☐ Most of the time
- ☐ Almost always

49. When a <u>reduced sodium or low salt version</u> of a food is available, how often do you tend to choose that product?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ About half the time
- ☐ Most of the time
- ☐ Almost always

50. When a <u>sugar free or artificially sweetened version</u> of a food is available, how often do you tend to choose that product?

- ☐ Never
- ☐ Rarely
- ☐ Some of the time
- ☐ About half the time
- ☐ Most of the time
- ☐ Almost always

51. During a typical week, on how many days do you have at least one drink of alcohol? By one drink of alcohol, we mean a can or bottle of beer, a glass of wine, a shot of liquor, or a mixed drink containing alcohol.

_____ *DAYS*

52. Have you had at least one drink of alcohol in the past 30 days?

☐ No ☐ Yes

53. During the past 30 days, on how many days did you have 5 or more drinks of alcohol within a couple hours?

_____ *DAYS*

54. Do you smoke cigarettes:

☐ Every day
☐ Some days
☐ Not at all

→ On average, on the days you do smoke, how many cigarettes do you smoke per day?

_____ *CIGARETTES*

The next few questions are about preventive care.

55. In the past five years, have you had a colonoscopy?

☐ No ☐ Yes

56. Now focusing on the past 12 months only.

	Yes	No
Did you receive a dental check-up?	☐	☐
Did you have an eye exam?	☐	☐
Have you had your blood pressure taken by a doctor, nurse, or other health professional?	☐	☐
Have you had your cholesterol levels checked?	☐	☐
Have you had a physical exam or regular check-up?	☐	☐
Have you had a flu shot?	☐	☐
Have you seen a counselor, psychologist, or psychiatrist?	☐	☐
Have you had a bone density test or Dexascan?	☐	☐
MALES ONLY: Have you had a prostate exam?	☐	☐
MALES ONLY: Have you had a blood test to screen your PSA level? (Prostate Specific Antigen)	☐	☐
FEMALES ONLY: Have you had a breast exam performed by a doctor, nurse, or other health professional?	☐	☐
FEMALES ONLY: Have you had a mammogram?	☐	☐
FEMALES ONLY: In the **past 3 years**, have you had a pap smear?	☐	☐

57. In the past 12 months, how many times have you gone to an urgent care as a patient?

_____ *VISITS*

58. In the past 12 months, how many times have you gone to a hospital emergency room as a patient?

_____ *VISITS*

59. Were you ever admitted to a hospital during the past 12 months? (Only include visits where you had to stay overnight.)

☐ No ☐ Yes → How many nights did you spend in a hospital during the past 12 months?

_____ *NIGHTS*

60. During the past 12 months did you spend any time in a physical rehab facility? (This includes short-term stays in a nursing home for rehabilitation.)

☐ No ☐ Yes → How many days were you in a physical rehab facility?

_____ *DAYS*

Why were you admitted to a physical rehab facility? Select the answer that best describes your **primary** reason for needing rehab.

- Hip or knee replacement ☐
- Other surgery (i.e., back) ☐
- Accident (i.e., car accident) ☐
- Fall ☐
- Stroke ☐
- Heart disease/condition ☐
- COPD ☐
- Cancer (i.e. post-chemo recovery) ☐
- Pneumonia ☐
- Other, please specify: _____ ☐

Now we have some questions about where you live and your home.

61. **In what month and year did you begin living at your current address?** Please make your best guess.

MONTH: _____ *YEAR*: _____

62. Is your current home a(n):

- ☐ Apartment – Rented or leased
- ☐ Apartment – Condominium or Co-op
- ☐ Detached Single-family home
- ☐ Townhome/Row home (*Note*: Row homes have a similar façade along the row of at least 3 units; townhomes have facades that differ along a row)
- ☐ Multi-family home/Twin/Duplex (*Note*: Also called a cluster home; twins are side by side with similar or mirror-image facades)
- ☐ Mobile or trailer home
- ☐ Assisted Living
- ☐ Nursing Home
- ☐ Other, Please specify: _____

63. Do you live in an age restricted building or community, such as a 55+ or 62+ development?

☐ No ☐ Yes

64. At your current address, do you:

- ☐ Own your home
- ☐ Pay rent
- ☐ Live with a family member
- ☐ Have another living arrangement

65. Please indicate who currently lives with you:

Relation (e.g., child, grandchild, spouse)	Age

66. How many steps are at the entrance of your home that you use most often?

- ☐ None
- ☐ One or two
- ☐ 3 to 5
- ☐ 6 to 8
- ☐ More than 8

67. How many stories are in your home, including your basement?

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four or more

68. Which of the following are on the main level of your home:

	Yes	No
A bathroom with a tub or shower?	☐	☐
Your bedroom?	☐	☐
A place for washing and drying clothing?	☐	☐

69. Does your home have a sunken living room or family room?

☐ No ☐ Yes

70. Does your home have any of the following safety features:

	Yes	No
Ramps?	☐	☐
Stair glides?	☐	☐
Hand rails or grab bars in bathroom?	☐	☐
Built-in seats in shower? (*Note*: include removable shower seats as well)	☐	☐
Raised toilets?	☐	☐
A walk-in shower or tub?	☐	☐

71. In your home…

	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of the time	Most or all of the time
In your home, how often do you have to reach up over your head to access items you need on a daily basis?	☐	☐	☐	☐
In your home, how often do you have to stoop, bend, or kneel to access items you need on a daily basis?	☐	☐	☐	☐
In your home, how often do you have to use your fingers to grasp or handle small objects?	☐	☐	☐	☐
In your home, how often do you have to lift or carry something as heavy as 10 pounds, such as a full bag of groceries?	☐	☐	☐	☐
In your home, how often do you have to push or pull large objects like a living room chair?	☐	☐	☐	☐

72. How would you rate the physical condition your home is in?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

73. Do you anticipate moving within the next year?

☐ No ☐ Yes

74. Do you use a…

	Yes	No
Cane or crutch?	☐	☐
Walker?	☐	☐
Wheelchair or electric scooter?	☐	☐

75. Do you drive?

☐ No

☐ Yes → Do you drive at night?

- ☐ Not at all
- ☐ Some
- ☐ A lot

76. When you think about your neighborhood, do you think of the places located within:

- ☐ Less than 2 city blocks of your home
- ☐ About 1/4 mile—that is, 2 to 3 city blocks—of your home
- ☐ About 1/2 mile
- ☐ About 3/4 mile of your home
- ☐ About a mile
- ☐ About 2 miles
- ☐ Beyond 2 miles of your home

77. Please indicate the extent to which you agree or disagree with the following.

	Strongly agree	Agree	Disagree	Strongly disagree
There is a lot of graffiti in my neighborhood.	☐	☐	☐	☐
My neighborhood is noisy.	☐	☐	☐	☐
Vandalism is common in my neighborhood.	☐	☐	☐	☐
My neighborhood is clean.	☐	☐	☐	☐
There are many interesting things to look at while walking in my neighborhood.	☐	☐	☐	☐
Stores are within easy walking distance of my home.	☐	☐	☐	☐
There are many places to go within walking distance of my home.	☐	☐	☐	☐
It is easy to walk to a transit stop (bus, train) from my home.	☐	☐	☐	☐

78. Does your neighborhood have…

	Not at all	Some	A lot
Walkable sidewalks?	☐	☐	☐
Parks that are easy to get to and easy to use?	☐	☐	☐
Places to sit and rest at bus stops, in parks, or in other places where people walk?	☐	☐	☐
Curbs with curb cuts (i.e., breaks in curbs or ramps)?	☐	☐	☐

79. Next, please indicate whether you agree or disagree with these two statements about your neighborhood.

	Completely agree	Mostly agree	Just somewhat agree	Just somewhat disagree	Mostly disagree	Completely disagree
I feel safe being out alone in my neighborhood during the **daytime**.	☐	☐	☐	☐	☐	☐
I feel safe being out alone in my neighborhood **at night**.	☐	☐	☐	☐	☐	☐

80. Please indicate your level of agreement or disagreement with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
People in this neighborhood are willing to help their neighbors.	☐	☐	☐	☐	☐
This is a close-knit neighborhood.	☐	☐	☐	☐	☐
People in this neighborhood can be trusted.	☐	☐	☐	☐	☐
People in this neighborhood generally don't get along with each other.	☐	☐	☐	☐	☐
People in this neighborhood do not share the same values.	☐	☐	☐	☐	☐

The next questions focus on work and financial matters.

81. Have you ever officially retired from a job, career, or industry?

☐ No ☐ Yes → In what month and year did you retire?

MONTH: _____ YEAR: _____

82. At the present time, are you currently:

☐ Fully retired
☐ Working full time
☐ Working part time
☐ A Homemaker (and not working or looking for work)
☐ In school (and not working or looking for work)
☐ Disabled (and not working or looking for work)
☐ Unemployed and looking for work
☐ Unemployed but not looking for work
☐ Something else; Please specify: _____

If you are retired or no longer working, please answer the following:

82a. Did you stop working because of a health problem?

☐ No ☐ Yes → Please specify: _____

83. During the past 12 months, did you do any volunteer work? By volunteer work, we mean unpaid time spent working for any educational, community, religious, or other non-profit organization.

☐ No

☐ Yes → How often do you do any volunteer work?

- ☐ Once or twice a year
- ☐ A few times a year
- ☐ Once a month or so
- ☐ Two or three times a month
- ☐ Once a week
- ☐ More than once a week

In a typical month, how many hours would you estimate you spend doing volunteer work?

_____ HOURS

84. Would you say your total annual income from all sources, before taxes for all persons living in your household, including yourself would be:

- ☐ Less than $15,000
- ☐ Between $15,000 and $30,000
- ☐ Between $30,000 and $50,000
- ☐ Between $50,000 and $80,000
- ☐ Between $80,000 and $150,000
- ☐ More than $150,000

The next questions are about religion and spirituality.

85. To what extent do you consider yourself a spiritual person?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very

86. How often do you attend religious services?

- ☐ Never
- ☐ Once or twice a year
- ☐ A few times a year
- ☐ About once a month
- ☐ Two or three times a month
- ☐ Once a week
- ☐ More than once a week

87. How often do you read the Bible or other religious literature?

- ☐ Never
- ☐ Rarely
- ☐ Only once in a while
- ☐ A few times a week
- ☐ Daily

88. How often do you watch or listen to religious programs on TV or radio?

- ☐ Never

- ☐ Rarely
- ☐ Only once in a while
- ☐ A few times a week
- ☐ Daily

89. How often do you pray privately in places other than at a church, mosque, or synagogue?

- ☐ Never
- ☐ Rarely
- ☐ Only once in a while
- ☐ A few times a week
- ☐ Daily

90. To what extent do you consider yourself a religious person?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very

91. What is your religious preference?

- ☐ Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.)
- ☐ Catholic
- ☐ Jewish
- ☐ Muslim/Islam
- ☐ Hindu
- ☐ Mormon (Church of Jesus Christ of Latter-day Saints 9LDS)

- ☐ Orthodox (Greek, Russian, or some other orthodox church)
- ☐ Buddhist
- ☐ Other Eastern religion
- ☐ Atheist (do not believe in God)
- ☐ Agnostic (not sure if there is a God)
- ☐ Something else (PLEASE SPECIFY: _____)
- ☐ No religion
- ☐ Do not have a religious preference

92. The following questions are about how you have been feeling during the past month. During the past month how often did you feel:

	EVERY DAY	ALMOST EVERY DAY	2 OR 3 TIMES A WEEK	ABOUT ONCE A WEEK	ONCE OR TWICE	NEVER
Happy	☐	☐	☐	☐	☐	☐
Interested in life	☐	☐	☐	☐	☐	☐
Satisfied with life	☐	☐	☐	☐	☐	☐
That you had something important to contribute to society	☐	☐	☐	☐	☐	☐
That you belonged to a community (like a social group, or your neighborhood)	☐	☐	☐	☐	☐	☐
That our society is becoming a better place for people like you	☐	☐	☐	☐	☐	☐
That people are basically good	☐	☐	☐	☐	☐	☐
That the way our society works makes sense to you	☐	☐	☐	☐	☐	☐
That you liked most parts of your personality	☐	☐	☐	☐	☐	☐
Good at managing the responsibilities of your daily life	☐	☐	☐	☐	☐	☐
That you had warm and trusting relationships with others	☐	☐	☐	☐	☐	☐
That you had experiences that challenged you to grow and become a better person	☐	☐	☐	☐	☐	☐
Confident to think or express your own ideas and opinions	☐	☐	☐	☐	☐	☐
That your life has a sense of direction or meaning to it	☐	☐	☐	☐	☐	☐

93. Using a scale from 0 to 10 where 0 means "Not Successful At All" and 10 means "Completely Successful," please indicate which number best describes your aging experience?

Not Successful At All										Completely Successful
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10

In 1 year, we will continue this research effort by contacting all participants again to see how things may have changed in their lives. In case we are unable to reach you, please think of a relative or close friend with whom you stay in touch, but who does not live with you, whom we could contact to help us reach you at that time. We would not tell them anything about you or your interview, we would simply ask them for your current contact information. In your case, who would that be? Please indicate his/her full name.

First name: _____

Last name: _____

What is (his/her) relationship to you?

Mother or Father	☐	Mother-in-Law or Father-in-Law	☐
Sister or Brother	☐	Sister-in-Law or Brother-in-Law	☐
Daughter or Son	☐	Cousin	☐
Granddaughter or Grandson	☐	Neighbor	☐
Aunt or Uncle	☐	Friend	☐
Niece or Nephew	☐	Doctor	☐
Other, Please specify: _____			☐

What is (his/her) mailing address? Please provide the street and city names.

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

STATE: _____

ZIP: _____

What is (his/her) telephone number, beginning with the area code please?

			–				–				

Is there an e-mail address where we can reach (him/her)?

☐ No

☐ Yes→ What is the best e-mail address where we can reach (him/her)?

_____

Thank you for your continued participation in the ORANJ BOWL℠ Research Program!

Please use the pre-addressed, postage-paid envelope provided to return your completed questionnaire.

You should receive your thank you gift in approximately 2-3 weeks.