

SURVEY INSTRUMENT

INTRODUCTION

Hello. My name is _____. I'm calling from the University of Pittsburgh. We are conducting a telephone survey of local residents aged 55 and over as part of a research study about the state of aging in Allegheny County. Participants will receive \$15 for a 30-45 minute survey. The survey covers a variety of topics such as work; retirement confidence; housing; neighborhood perceptions; transportation; health care; health status; social relationships; caregiving; volunteering; and service use. The only risks to participation are the potential for mild distress when answering the questions and a very unlikely chance of breach of confidentiality. There are no direct benefits to you. Your participation is voluntary and your responses are completely confidential. You may refuse to answer any questions that you would prefer not to answer. Your name and other identifying information will not be linked to your responses in any way. Your contact information, if you decide to provide it, will only be used for payment purposes. If you so request, any information that you provide to us will be deleted. Do I have your permission to ask a few questions to determine if you are eligible to participate?

SCREENING QUESTIONS

Cell Phone Study Screeners

After confirming phone #, phone type (cellular), in a safe place, and that phone is not a business phone, ask:

AGE55. Are you 55 years of age or older?

1. Yes
2. No → terminate interview

PRVTRES. Do you live in a private residence, that is, not a nursing home or other type of group living situation?

1. Yes → skip to COUNTY
2. No → ask PRVRES2

PRVRES2. Do you live independently in a senior housing community?

1. Yes
2. No → terminate interview

COUNTY. Do you reside in Allegheny County?

1. Yes
2. No → terminate interview

Landline Phone Study Screeners

After confirming phone # and phone type (landline), ask:

HH55. Is anyone in your household 55 or over?

1. Yes
2. No → terminate interview

PRVTRES. Is this a private residence, that is, not a business, nursing home, or other type of group living situation?

1. Yes → skip to COUNTY
2. No → ask PRVRES2

PRVRES2. Do you live independently in a senior housing community?

1. Yes
2. No → terminate interview

COUNTY. Is this residence located in Allegheny County?

1. Yes

2. No → terminate interview

Use most recent birthday method to randomly select an adult age 55 or over from the household to interview.

[ONCE SCREENING COMPLETED AND IF ELIGIBLE] Do I have your permission to begin the survey?

This call may be monitored for quality assurance. Okay, let's begin.

SURVEY QUESTIONS

WORK AND RETIREMENT STATUS

WORKRD. The first section of the survey is about work and retirement issues. I'll ask you some questions about work and your plans for retirement if you aren't yet retired, or about your retirement experiences if you are retired. Remember, your responses are voluntary and will be kept completely confidential.

WORK1. My first question is: Are you currently working for pay?

1. Yes → go to WORK2
2. No → go to WORK8
3. DISABLED → go to WORK14
4. HOMEMAKER → go to WORK14
5. NEVER WORKED → go to next section

WORK2. Over the last month, on average how many hours a week did you work? _____
[if < 35 (PT) go to WORK3; if 35 or more (FT) go to WORK6]

WORK3. Are you looking for more hours?

1. Yes
2. No

WORK4. Have you retired or partially retired from a previous job?

1. Yes
2. No

WORK6. Realistically, at what age do you expect to [fully] retire? _____

WORK7. Do you now expect to retire later, at an older age than before?

1. Yes
 2. No
- [if FT go to next section; if PT go to WORK5]

WORK5. At this time do you consider yourself partly retired?

1. Yes → go to next section
2. No → go to next section

WORK8. What is your work status? Do any of the following categories apply to you? (check all that apply)

1. Retired → go to WORK9
2. Unemployed and looking for work → go to WORK12
3. Temporarily laid off → go to WORK12
4. Disabled and unable to work → go to WORK14
5. A homemaker → go to WORK14
6. Never worked → go to next section
7. Something else (specify)
10. Unemployed and not looking for work → go to WORK12

WORK9. At what age did you retire? _____

WORK10. Did you retire earlier than you planned, later than you planned, or about when you planned?

1. Earlier than you planned
2. Later than you planned
3. About when you planned

WORK11. At this time do you consider yourself partly retired or completely retired?

1. Partly retired → *go to next section*
2. Completely retired → *go to next section*
3. NOT RETIRED → *go to WORK12*
4. DISABLED → *go to WORK14*
5. HOMEMAKER → *go to WORK14*
6. NEVER WORKED → *go to next section*

WORK12. Realistically, at what age do you expect to [fully] retire? _____

WORK13. Do you now expect to retire later, at an older age than before?

1. Yes → *go to next section*
2. No → *go to next section*

WORK14. Were you ever employed full-time?

1. Yes → *go WORK15*
2. No → *go to next section*

WORK15. How old were you when you quit working full-time? _____

RETIREMENT CONFIDENCE

Next, I would like to know how confident you are about certain aspects related to retirement.

CONF1. Overall, how confident are you that you will have enough money to live comfortably throughout your retirement years?

1. Very
2. Somewhat
3. Not Too
4. Not At All

CONF2. You will have enough money to take care of your basic expenses during your retirement?

1. Very
2. Somewhat
3. Not Too
4. Not At All

CONF3. You are doing/did a good job of preparing financially for retirement?

1. Very
2. Somewhat
3. Not Too
4. Not At All

CONF4. You will have enough money to take care of your medical expenses during your retirement?

1. Very
2. Somewhat
3. Not Too
4. Not At All

CONF5. You will have enough money to pay for long-term care should you need it during your retirement?

1. Very
2. Somewhat
3. Not Too
4. Not At All

CONF6. If you were to need home health care, help with personal care needs or help with chores around the house because of disability or poor health, how confident are you that you would have enough money or resources to pay for it?

1. Very
2. Somewhat
3. Not Too
4. Not At All

CONF7. How do you expect you would pay for home health care or personal care if you do need it because of disability or poor health? [EXAMPLES IF NEEDED: FAMILY HELP, YOUR SAVINGS OR FINANCIAL ASSETS, YOUR HOME EQUITY, PRIVATE INSURANCE] _____

CONF8. How often does your household have difficulty paying for basic necessities like monthly rent or mortgage, food, and utilities?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

CONF9. In the past 3 years, has your household's financial situation:

1. Gotten significantly better
2. Gotten somewhat better
3. Stayed about the same
4. Gotten somewhat worse
5. Gotten significantly worse

CONF10. Thinking about your current financial situation, how would you describe your level of debt? Is it a ..

1. Major problem
2. Minor problem
3. Not a problem

CONF11. Compared with five years ago, would you say your current level of debt is higher, lower, or about the same?

1. Higher
2. Lower
3. About the Same

SOURCES OF INCOME

Next I'll ask you about several sources of income. We're interested in whether you (or your spouse/partner if married) expect to receive income from several sources during your retirement. Remember, your responses are voluntary and will be kept completely confidential. [IF MARRIED: Here we are interested in income from you and your spouse/partner] together.]

Do you expect the following will be a major source of income, a minor source of income, or not a source of income at all during your retirement?

INC1. Social Security

1. Major
2. Minor
3. Not a source

INC2. An employer retirement savings plan or a defined contribution plan like a 401k

1. Major
2. Minor
3. Not a source

INC3. An employer pension plan or a defined benefit plan where you receive a guaranteed fixed amount

1. Major
2. Minor
3. Not a source

INC4. An individual retirement account or IRA

1. Major
2. Minor
3. Not a source

INC5. Your other savings and investments

1. Major
2. Minor
3. Not a source

INC6. Income from Supplemental Security Income (or SSI) or other government assistance payments

1. Major
2. Minor
3. Not a source

INC7. Working during retirement

1. Major
2. Minor
3. Not a source

INC8. Income transfers or material support from other members of your family

1. Major
2. Minor
3. Not a source

INC9. Are you currently receiving Social Security retirement income?

1. Yes → ask INC10
2. No → ask INC11

[If yes]

INC10. At what age did you first start receiving Social Security retirement income? _____
(skip to INC12 if married or next section if not married)

[If no to INC9]

INC11. At what age do you first anticipate to begin receiving Social Security retirement income? [IF NOT ELIGIBLE FOR SOCIAL SECURITY, ENTER 777] _____
(skip to INC12 if married or next section if not married)

INC12. Is your spouse/partner currently receiving Social Security retirement income?

1. Yes → ask INC13
2. No → ask INC14

[If yes to INC12]

INC13. At what age did your spouse/partner first start receiving Social Security retirement income? _____

[If no to INC12]

INC14. At what age does your spouse/partner first anticipate to begin receiving Social Security retirement income? [IF NOT ELIGIBLE FOR SOCIAL SECURITY, ENTER 777] _____

ADDITIONAL FINANCIAL QUESTIONS

Just a few more questions on financial issues.

INC15. In the past 12 months, did you [or your (spouse/partner)] RECEIVE financial help or gifts of \$500 or more FROM any of your children or grandchildren"?

1. Yes
2. No

INC16. In the past 12 months, did you [or your (spouse/partner)] GIVE financial help or gifts of \$500 or more TO any of your children or grandchildren"?

1. Yes
2. No

INC17. In the past 12 months, have you paid for a product or service that was never received?

1. Yes
2. No

INC18. In the past 12 months, have you been billed for a product or service that you had not agreed to purchase?

1. Yes
2. No

INC19. In the past 12 months, have you been the victim of any other types of financial frauds or scams?

1. Yes
2. No

INC20. Is there anyone who has taken your money or belongings without your OK or prevented you from getting them even when you asked?

1. Yes
2. No

LIVING ARRANGEMENTS AND MOBILITY/MIGRATION

LIV1. Shifting topics, what are your current living arrangements? Do you ...

1. Live alone → go to LIV6
2. Live in a household with family or others
3. Have some other living arrangements (*specify*)

LIV2. Including you, how many adults, age 18 and older, currently live in your household? _____

LIV3. How many children under age 18 currently live in your household? _____

LIV4. What is the relationship of each of these people to you? (*check all that apply*)

1. Your spouse / partner
2. Your child(ren)
3. Your grandchild(ren)
4. Your parent(s)
5. Other relatives of yours
6. Non-relatives

[If grandchildren in HH]

LIV5. Do you have primary responsibility for your grandchild(ren)?

1. Yes
2. No

LIV6. How many years have you lived at your current residence?

1. Less than 1 year
2. 1 to 5 years
3. 5 to 10 years
4. 10 to 20 years
5. More than 20 years

LIV7. Do you or your family own the place where you currently live, do you rent, or something else?

1. Own
2. Rent
3. Lives with relative(s) who own home
4. Lives with relative(s) who rent
5. Other (specify)

LIV8. Which of the following categories best describes the home where you live?

1. A single family house (INCLUDES DETACHED OR ROW HOUSE)
2. A duplex
3. An apartment building or condominium with multiple units → *ask LIV8A*
4. A mobile home
5. Some other dwelling (specify)

[If apartment building or condominium with multiple units]

LIV8A. How many units are in the building where you live?

1. Less than 10
2. 10 to 19
3. 20 to 49
4. 50 or more

LIV9. How would you rate the overall physical or structural condition of the dwelling in which you live? Would you say the condition is:

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

LIV9A. Is your residence designed or modified to make it easier for older adults or those who may have disabilities to live there? This might include things like no stairs to climb, easier accessibility from the street, and being easy to maintain?

1. Yes
2. No

LIV9B. Do you plan to make any future modifications or improvements in your residence to make it easier for older adults or those who have disabilities to live there, like some of the things I just mentioned?

1. Yes
2. No

LIV10. Taking everything into consideration, how satisfied or dissatisfied are you with your housing situation? Are you:

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

IF LIVED IN CURRENT RESIDENCE 10 YEARS OR MORE, SKIP TO LIV17

[If lived in current residence under 10 years]

LIV11. Have you lived in Allegheny County for all of the last 10 years? (INTERVIEWER, being away from Allegheny County for short periods (up to 6 months) still counts as residing in Allegheny County.)

1. Yes → go to LIV16
2. No

[If no]

LIV12. Did you live in the Southwestern Pennsylvania region for all of the last 10 years?

1. Yes → go to LIV15
2. No

[If no – moved into region in last 10 years]

LIV13. Where did you live just before you moved to the Southwestern Pennsylvania region? (NAME OF STATE IF IN U.S.; COUNTRY IF NOT IN U.S.)

[Moved into region in last 10 years]

LIV14. What was the primary reason you moved into the Southwestern Pennsylvania region? Was it:

1. An employment-related reason
2. A health-related reason
3. A family-related reason
4. Some other reason (specify)

[Moved into region in last 10 years]

LIV14A. Was your retirement or the retirement of someone in your family part of the reason that you moved?

1. Yes
2. No

SKIP TO LIV16

[If lived in SWPA region, but not Allegheny County, for the last 10 years]

LIV15. So you lived in the region for all of the past 10 years, but not in Allegheny County. What was the primary reason you moved to Allegheny County? Was it:

1. An employment-related reason
2. A health-related reason
3. A family-related reason
4. Accessibility to services or amenities
5. Some other reason (specify)

[If lived in SWPA region, but not Allegheny County, for the last 10 years]

LIV15A. Was your retirement or the retirement of someone in your family part of the reason that you moved?

1. Yes
2. No

[If moved in the last 10 years]

LIV16. Now thinking about the specific neighborhood or community you currently live in, what factors were important to you in choosing that neighborhood or community? CHECK ALL THAT APPLY

1. Housing costs
2. Crime and safety
3. Proximity to family
4. Accessibility to health care
5. Accessibility to other public services
6. Proximity to local retail or other commercial establishments
7. Accessibility of public transit
8. Other (specify)

LIV17. In the last year, did you live outside of the Southwestern Pennsylvania region for more than 3 months?

1. Yes
2. No → go to LIV19

[If yes]

LIV18. And where was that? (NAME OF STATE IF IN U.S.; COUNTRY IF NOT IN U.S.)

LIV19. Do you or your family intend to move from your home in the next five years?

1. Yes
2. No → go to LIV27

[If yes – plan to move in next 5 years]

LIV20. How likely are you to move from your current residence within the NEXT YEAR? Would you say:

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely

[If plan to move in next 5 years]

LIV21. Do you intend to move out of Allegheny County in the next five years?

1. Yes
2. No → go to LIV24

[If yes -- plan to move out of the county in the next 5 years]

LIV22. Do you intend to move out of the Southwestern Pennsylvania region in the next five years?

1. Yes
2. No → go to LIV24

[If yes -- plan to move out of the SWPA region in the next 5 years]

LIV23. What is the primary reason you are planning to move out of the Southwestern Pennsylvania region? Is it:

1. An employment-related reason
2. A health-related reason
3. A family-related reason
4. Some other reason (specify)

SKIP TO LIV26

[If planning to move within the region in next 5 years]

LIV24. What factors will be important to you when you choose the specific neighborhood or community you move to next? CHECK ALL THAT APPLY

1. Housing costs
2. Crime and safety
3. Proximity to family
4. Accessibility to health care
5. Accessibility to other public services
6. Proximity to local retail or other commercial establishments
7. Accessibility of public transit
8. Other (specify)

SKIP TO LIV26

LIV25 HAS BEEN DROPPED

[If intend to move in the next 5 yrs]

LIV26. Will your retirement or the retirement of someone in your family be part of the reason that you will move?

1. Yes
2. No

LIV26A. In your next choice of residence, how important do you think having a house that is designed or modified to accommodate older adults or those who have disabilities will be to you?

1. Very important
2. Somewhat important
3. Slightly important
4. Not very important

LIV27. How would you rate the Southwestern Pennsylvania region as a place to retire?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

NEIGHBORHOOD

Now a few questions about the neighborhood you live in.

NEIGH1. How would you describe the condition of the other houses or buildings in your neighborhood? Would you say that, in general, the physical condition of surrounding houses and buildings is:

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

NEIGH2. Next, think about the kinds of things you would like to have near where you live – places you go fairly often, like the supermarket, other shopping areas, restaurants, doctor's office, and your job, if you are employed. How conveniently located would you say your current residence is? Is it:

1. Very convenient
2. Somewhat convenient
3. Somewhat inconvenient
4. Very inconvenient

NEIGH3. Now, thinking about the neighborhood and community in which you live, in general how good is it as a place for older people to live?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

NEIGH4. How safe do you feel in your neighborhood?

1. Very safe
2. Somewhat safe
3. Somewhat unsafe
4. Very unsafe

NEIGH5. How accessible is a grocery store that sells fresh produce and healthy food?

1. Very accessible
2. Somewhat accessible
3. Somewhat inaccessible
4. Very inaccessible

NEIGH6. How about green spaces or public parks where you can spend time relaxing or exercising?

1. Very accessible
2. Somewhat accessible
3. Somewhat inaccessible
4. Very inaccessible

NEIGH7. How good is your neighborhood as a place to walk and to be physically active? [EXAMPLES IF NECESSARY: GARDENING, BICYCLING, JOGGING, OR EXERCISING]

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Now I'd like to ask a few questions about your interactions with your neighbors.

NEIGH8. About how many of your neighbors would you say you know? Would you say you know:

1. Most of them
2. Many of them
3. A few of them
4. None or almost none of them

NEIGH9. About how often do you talk to or visit with your immediate neighbors? Would you say:

1. Just about every day
2. Several times a month
3. Once a month
4. Several times a year
5. Never

Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statements:

NEIGH10. The people in my neighborhood are willing to help their neighbors. Do you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

NEIGH11. The people in my neighborhood can be trusted. Do you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

NEIGH12. The people in my neighborhood generally don't get along with each other. Do you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

NEIGH13. The people in my neighborhood do not share the same values. Do you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

NEIGH14. My neighborhood is a close-knit neighborhood. Do you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

TRANSPORTATION

Now I will ask a few questions about transportation issues.

TRANS1. Do you currently have a valid driver's license?

1. Yes → *ask TRANS1A*
2. No → *go to TRANS2*

TRANS1A. How often do you drive?

1. Never
2. Less than once a month
3. At least once a month
4. At least once a week
5. 5 days a week or more

TRANS2. What are the main forms of transportation that you generally use, say to run errands, visit people, get to appointments, go to the doctor, etc.? [DON'T READ THE CATEGORIES. CHECK ALL THAT APPLY]

1. Drives him/herself
2. Uses public transportation
3. Gets a ride from relatives
4. Gets a ride from friends or neighbors
5. Uses Access
6. Uses a taxi or jitney service
7. Walks
8. Other (specify) _____

TRANS3. How often do you use public transit?

1. Never → go to TRANS6
2. Less than once a month
3. At least once a month
4. At least once a week
5. 5 days a week or more
6. Public transit is not available → go to TRANS6

[For public transit users]

TRANS4. How satisfied are you with the public transit available to you?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

[If dissatisfied]

TRANS5. Why are you dissatisfied with the public transit available to you? _____

[For public transit NON-users]

TRANS6. How convenient is public transit in the region for you to use? Would you say:

1. Very convenient
2. Somewhat convenient
3. Somewhat inconvenient
4. Very inconvenient

[If not "very convenient"]

TRANS7. Would you use public transit more if it was more convenient for you?

1. Yes
2. No

HEALTH

Now I would like to switch topics a little bit and talk briefly about your own health, and any problems you may have been having recently. Remember, your responses are voluntary and will be kept completely confidential.

[SF-8]

HEALTH1. Overall, how would you rate your health during the past 4 weeks?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Very Poor

HEALTH2. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

1. Not at all
2. Very little
3. Somewhat
4. Quite a lot
5. Could not do physical activities

HEALTH3. During the past 4 weeks, how much difficulty did you have doing your daily work both at home and away from home, because of your physical health?

1. None at all
2. A little bit
3. Some
4. Quite a lot
5. Could not do daily work

HEALTH4. How much bodily pain have you had during the past 4 weeks?

1. None
2. Very mild
3. Mild
4. Moderate
5. Severe
6. Very severe

HEALTH5. During the past 4 weeks, how much energy did you have?

1. Very much
2. Quite a lot
3. Some
4. A little
5. None

HEALTH6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?

1. Not at all
2. Very little
3. Somewhat
4. Quite a lot
5. Could not do social activities

HEALTH7. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

1. Not at all
2. Slightly
3. Moderately
4. Quite a lot
5. Extremely

HEALTH8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

1. Not at all
2. Very little
3. Somewhat
4. Quite a lot
5. Could not do daily activities

HEALTH9. Compared to one year ago, how would you rate your health in general now? Would you say it is..

1. Much better now than one year ago
2. Somewhat better now than one year ago
3. About the same as one year ago
4. Somewhat worse now than one year ago
5. Much worse now than one year ago

Next I'll ask you about some chronic health conditions

HEALTH10. Have you ever been told by a doctor that you have high blood pressure?

1. Yes
2. No

HEALTH11. Have you ever been told by a doctor that you have diabetes?

1. Yes
2. No

HEALTH12. Have you ever been told by a doctor that you have coronary heart disease or coronary artery disease?

1. Yes
2. No

HEALTH13. Have you ever had a heart attack?

1. Yes
2. No

HEALTH14. Have you ever been told by a doctor that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1. Yes
2. No

HEALTH15. Have you ever been told by a doctor that you had asthma, emphysema, chronic bronchitis, COPD, or any other serious respiratory problem?

1. Yes
2. No

HEALTH16. Have you ever been told by a doctor that you had cancer?

1. Yes
2. No

HEALTH17. Do you have any other major health problems that I have not asked you about?

1. Yes
2. No

[If yes]

HEALTH18. What? _____

HEALTH19. During the past month, how would you describe your stress level? Would you say you have had...

1. No stress
2. Mild stress
3. Moderate stress
4. Severe stress

FUNCTIONAL STATUS & DISABILITY

FS1. Do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, toileting, or moving from one place to another, due to a health problem you have or problems with your memory?

1. Yes
2. No → go to FS4

[If yes]

FS2. Who usually helps you with your personal care needs? (DO NOT READ; CHECK ALL THAT APPLY)

1. Spouse
2. Son or daughter / son or daughter-in-law
3. Other relative
4. Friend
5. Paid caregiver

[If yes to FS1]

FS3. Is the assistance you receive to meet your personal care needs from all sources usually adequate, sometimes adequate, or rarely adequate?

1. Usually adequate
2. Sometimes adequate
3. Rarely adequate

FS4. Do you need the help of other persons with your routine needs, such as everyday household chores, managing money, taking medications, shopping, or transportation outside the house, due to a health problem you have or problems with your memory?

1. Yes
2. No → go to FS7 (or FS8)

[If yes]

FS5. Who usually helps you with your routine needs? ? (DO NOT READ; CHECK ALL THAT APPLY)

1. Spouse
2. Son or daughter / son or daughter-in-law
3. Other relative
4. Friend
5. Paid caregiver

[If yes to FS4]

FS6. Is the assistance you receive to meet your routine needs from all sources usually adequate, sometimes adequate, or rarely adequate?

1. Usually adequate
2. Sometimes adequate
3. Rarely adequate

[If no to FS1 and FS4]

FS7. How likely do you think it is that you will need help with either personal care needs or routine needs at some point in the future?

1. Very likely
2. Somewhat likely
3. Not very likely
4. Not at all likely

FS8. How concerned are you about the possibility of becoming a burden to your family or friends in the future because of ill health or disability?

1. Extremely concerned
2. Somewhat concerned
3. Not very concerned
4. Not at all concerned

Next, I'll ask you a couple of questions about advance directives which some people have to make their choices known in advance of incapacitating illness or death.

FS9. Do you have a Health Care Power of Attorney in which you name someone to make decisions about your health care in the event you become incapacitated?

1. Yes
2. No

FS10. Do you have a living will in which you state the kind of health care you want or don't want under certain circumstance?

1. Yes
2. No

FS11. Do you have a will that controls how your assets are to be distributed?

1. Yes
2. No

HEALTH BEHAVIORS & CARE ACCESS

Now a few questions about health care coverage and some other health issues.

BEH1. Do you have any kind of health care coverage, including health insurance or government plans such as Medicare?

1. Yes
2. No

BEH2. Do you have Long Term Care Insurance?

1. Yes
2. No

BEH3. Do you have a physician who coordinates the medical care you receive?

1. Yes
2. No → go to BEH5

[If yes]

BEH4. What type of physician is that? DO NOT READ RESPONSES

1. Primary care physician / PCP / family doctor / generalist → go to BEH8
2. Other (specify)

[If not PCP]

BEH5. Do you have a primary care physician?

1. Yes → *go to BEH8*
2. No

[If no]

BEH6. Is there a place that you USUALLY go to when you are sick or need advice about your health?

1. Yes
2. No → *go to BEH8*

[If yes]

BEH7. What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

1. Clinic or health center
2. Doctor's office or HMO
3. Hospital emergency room
4. (if volunteered) Hospital outpatient department
5. Some other place (specify)
6. Does not go to one place most often

BEH8. About how long has it been since you last visited a medical doctor?

1. Within past year
2. Within past 2 years
3. Within past 5 years
4. 5 or more years ago

BEH9. Were you hospitalized in the last year?

1. Yes
2. No → *go to BEH12*

[If yes]

BEH10. How many times were you hospitalized in the last year? _____

[If yes to BEH9]

BEH11. What was the reason you were hospitalized the most recent time you were admitted? Was it for:

1. Heart attack or heart disease
2. Diabetes
3. Congestive heart failure (CHF)
4. COPD (Chronic obstructive pulmonary disease)
5. Other reason (specify)

BEH12. Was there a time during the last 12 months when you needed to see a doctor but could not because of the cost?

1. Yes
2. No

BEH13. Now, thinking about the quality, cost, and convenience of your health care, altogether would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with your health care?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

Now a couple questions about health-related behaviors.

BEH14. Do you NOW smoke cigarettes every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all

BEH15. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

1. Yes
2. No → go to BEH18

[If yes]

BEH16. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage? _____

[If yes to BEH15]

BEH17. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? _____

BEH18. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1. Yes
2. No

BEH19. How tall are you without shoes? _____

BEH20. How much do you weigh without shoes? _____

If necessary: One way to learn a lot about a person's general health status is to know their height and weight. We know this is somewhat personal, but we'd really appreciate your honesty, and we want to reassure you that this is an anonymous survey and that all data will be kept strictly confidential.

BEH21. During the past 12 months, have you had a seasonal flu shot?

1. Yes
2. No

BEH22. Have you ever had a pneumonia vaccination? (It's also known as a "pneumococcal" vaccination.)

1. Yes
2. No

BEH23. Have you ever had the Shingles vaccine also known as the zoster vaccine?

1. Yes
2. No

COGNITION

The next few questions are about memory and thinking.

COG1. First, how would you rate your memory at the present time? Would you say it is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

COG2. Compared with 1 year ago, would you say your memory is:

1. Better now
2. About the same
3. Worse now than it was then

COG3. To what degree is the following statement true for you? "In the past 7 days, my thinking has been as fast as usual."

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

ANXIETY AND DEPRESSION (from BRFSS – basically PHQ8)

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks. Remember, your responses are voluntary and will be kept completely confidential.

ANXDEP1. Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

ANXDEP2. Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

ANXDEP3. Over the last 2 weeks, how often have you been bothered by trouble falling asleep or staying asleep or sleeping too much?

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

ANXDEP4. Over the last 2 weeks, how often have you been bothered by feeling tired or having little energy?

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

ANXDEP5. Over the last 2 weeks, how often have you been bothered by having a poor appetite or eating too much?

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

ANXDEP6. Over the last 2 weeks, how often have you been bothered by feeling bad about yourself or that you were a failure or had let yourself or your family down?

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

ANXDEP7. Over the last 2 weeks, how often have you been bothered by trouble concentrating on things, such as reading the newspaper or watching the TV?

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

ANXDEP8. Over the last 2 weeks, how often have you been bothered by moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

ANXDEP9. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of MENTAL HEALTH CONDITION or EMOTIONAL PROBLEM?

1. Yes
2. No

ANXDEP10. Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder? [EXAMPLES: acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, or social anxiety disorder]

1. Yes
2. No

SOCIAL HEALTH / SUPPORT

And now a few questions about social relationships and support.

SOCSUP1. How many relatives including immediate family do you feel close to? That is, how many of them do you feel at ease with, can talk to about private matters, or can call on for help? [INCLUDE IMMEDIATE FAMILY] ____

SOCSUP2. Not including family members, how many close friends do you have? That is, friends with whom you feel at ease, can talk to about private matters, or can call on for help. [EXCLUDE FAMILY MEMBERS] ____

Please tell me if the following statements are true or false for you.

SOCSUP3. The first one is: If I feel lonely, there are several people I can talk to. Is that definitely true, probably true, probably false, or definitely false?

1. Definitely true
2. Probably true
3. Probably false
4. Definitely false

SOCSUP4. The next statement is: If I were sick, it would be easy for me to find someone to take me to the doctor.

1. Definitely true
2. Probably true
3. Probably false
4. Definitely false

SOCSUP5. And the last statement is: When I need suggestions on how to deal with a personal problem, I know someone I can turn to.

1. Definitely true
2. Probably true
3. Probably false
4. Definitely false

SOCSUP6. All things considered, how satisfied are you with the help and support you receive from your family and friends? Would you say you are:

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

SOCSUP7. In the past month how often have others made too many demands on you?

1. Never
2. Once in a while
3. Fairly often
4. Very often

SOCSUP8. In the past month, how often have others been critical of you?

1. Never
2. Once in a while
3. Fairly often
4. Very often

SOCSUP9. In the past month, how often have others taken advantage of you?

1. Never
2. Once in a while
3. Fairly often
4. Very often

How often do the following statements apply to you?

SOCSUP10. I feel left out.

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

SOCSUP11. I feel isolated

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

SOCSUP12. How often can you find companionship when you want it?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

CAREGIVING

Now a few questions about unpaid caregiving. Once again, remember that your responses are voluntary and will be kept completely confidential.

CG1. Does anybody usually RELY ON YOU TO HELP THEM with their personal care needs, such as eating, bathing, dressing, toileting, or moving from one place to another, because of a health problem they have or problems with their memory?

1. Yes
2. No → go to CG6

[If yes]

CG2. What is your relationship to the person you help with their personal care needs? Are you taking care of:

1. Your mother or mother-in-law
2. Your father or father-in-law
3. Your wife
4. Your husband
5. Your daughter or daughter-in-law
6. Your son or son-in-law
7. Some other relative (specify)
8. A non-relative (specify)

[If yes to CG1]

CG3. About how many hours per week on average do you help this person with personal care needs?

1. 8 hours or less per week
2. 9 to 19 hours per week
3. 20 to 39 hours per week
4. 40 or more hours per week

[If yes to CG1]

CG4. For how long have you been helping this person with personal care needs?

1. 3 months or less
2. 4 to 12 months
3. 13 to 24 months
4. 25 months to 5 years
5. More than 5 years

[If yes to CG1]

CG5. Think of a scale from 1 to 5, where 1 is not stressful at all and 5 is very stressful. How stressful is it for you to help the person with their personal care needs? _____

CG6. Does anybody usually RELY ON YOU TO HELP THEM with their routine needs, such as everyday household chores, managing money, taking medications, shopping, or transportation outside the house, because of a health problem they have or problems with their memory?

1. Yes
2. No → go to CG11 (or CG13)

[If yes]

CG7. What is your relationship to the person you help with their routine needs? Are you taking care of:

1. Your mother or mother-in-law
2. Your father or father-in-law
3. Your wife
4. Your husband
5. Your daughter or daughter-in-law
6. Your son or son-in-law
7. Some other relative (specify)
8. A non-relative (specify)

[If yes to CG6]

CG8. About how many hours per week on average do you help this person with routine needs?

1. 8 hours or less per week
2. 9 to 19 hours per week
3. 20 to 39 hours per week
4. 40 or more hours per week

[If yes to CG6]

CG9. For how long have you been helping this person with routine needs?

1. 3 months or less
2. 4 to 12 months
3. 13 to 24 months
4. 25 months to 5 years
5. More than 5 years

[If yes to CG6]

CG10. Think of a scale from 1 to 5, where 1 is not stressful at all and 5 is very stressful. How stressful is it for you to help this person with their routine needs? _____

[If yes to CG1 or CG6]

CG11. As someone providing care for another, on which of the following do you feel you need more help or information?

Do you feel you need more help or information on: (CHECK ALL THAT APPLY)

1. Keeping the person you care for safe at home
2. Managing challenging behaviors, such as repetitive questions, wandering, or sudden changes in personality
3. Easy activities you can do with the person you care for
4. Managing incontinence or toileting problems
5. Moving or lifting the person you care for
6. Balancing your work and family responsibilities
7. Finding time for yourself or respite care
8. Choosing an assisted living facility or nursing home
9. Choosing a home care agency
10. Knowing how to talk with doctors and other healthcare professionals
11. Managing your emotional and physical stress
12. Making end-of-life decisions
13. Where to access information or resources
14. Where to find private pay help that is trustworthy and reasonably priced
15. How to explain to employers the need for flexibility at work
16. Specific training on the illness of the person for whom you are caring
17. Anything else? (specify)

[If yes to CG1 or CG6]

CG12. What concerns you most about your ability to continue caregiving in the future? _____

[If no to CG1 and CG6]

CG13. How likely is it that you will have to provide this kind of care for an adult relative or friend in the future?

1. Very likely
2. Somewhat likely
3. Not very likely
4. Not at all likely

VOLUNTEERING

Next I have some questions about volunteering. What we mean by volunteering is giving time or skills without pay to help a person, friend, family or organization. It may be something you do on a regular basis or just now and then.

VOL1. Other than any help with personal care or routine needs you've already mentioned, in the past 12 months have you volunteered, that is given your time or skills, for a nonprofit ORGANIZATION, a charity, school, hospital, religious organization, neighborhood association, civic or any other organized group?

1. Yes
2. No → *go to VOL4*

[If yes]

VOL2. What types of organizations have you volunteered for in the past 12 months? (CHECK ALL THAT APPLY)

1. A school
2. A hospital
3. A religious organization
4. A neighborhood association
5. A civic group
6. A charity
7. A non-profit organization
8. Some other type of group (specify)

[If yes to VOL1]

VOL3. About how many hours per month, on average, do you spend volunteering for organizations? _____

[INTERVIEWER: If answer is 0, confirmed that the person actually volunteered for an organization in the past 12 months.]

VOL4. Other than any help with personal care or routine needs you've already mentioned, and, aside from an organized group, in the past 12 months have you volunteered your time on your own to help your community or someone who was in need? That is, given your time without pay to help your community or to help someone who is not a member of your family? [IF NECESSARY: This might include things like running errands for a friend, or helping a neighbor with repairs, or taking care of someone who is chronically ill or disabled, or helping others who are poor, or ill, or elderly.]

1. Yes
2. No → *go to VOL6 (or VOL9)*

[If yes]

VOL5. About how many hours per month, on average, do you spend doing this kind of volunteer work, that is, volunteering on your own, not through an organization? _____

[INTERVIEWER: If answer is 0, confirmed that the person actually volunteered for the community or helped someone other than a family member in the past 12 months.]

[If yes to VOL1 or VOL4]

VOL6. Now I'm going to ask you about activities you might have done in the past year without pay, either for organizations or for people who were not family members. For each activity that I mention, please tell me whether yes you did engage in that activity or no you did not engage in that activity in the last year. [RANDOMIZE ORDER]

- a. Coach, referee, or supervise sports teams
- b. Tutor, teach, or mentor someone
- c. Collect, prepare, distribute, or serve food
- d. Collect, make, or distribute clothing, crafts, or goods other than food
- e. Fundraise or sell items to raise money for an organization or cause
- f. Provide counseling, medical care, fire/EMS, or protective services
- g. Provide professional or management assistance including serving on a board or committee
- h. Supply transportation for people
- i. Engage in activities such as biking, walking or running to raise money or awareness for a cause
- j. Help persons with disabilities/activity limitations
- k. Clean up/repair parks, playgrounds, outdoor areas
- l. Political activity (canvassing, phone bank, etc.)

[If yes to VOL1 or VOL4]

VOL7. How do you usually find out about opportunities to volunteer? _____

[If yes to VOL1 or VOL4]

VOL8. I'm going to read you a list of reasons people have for giving their time and efforts to others. Please tell me how important each of the following reasons is for you personally to volunteer. [Read first reason] Would you say this is a very important, somewhat important, not very important, or not at all important reason for you to personally volunteer.

[RANDOMIZE ORDER]

- a. It provides an opportunity to use your knowledge, skills, and experience.
- b. It is something that will help your own neighborhood or community.
- c. It is a way to make a difference on a cause or an issue that is important to you or that you are interested in.
- d. It is a way to meet people or get together with people.
- e. It keeps you active.
- f. Because you feel a personal responsibility to help others when they need it.
- g. It makes your own life more satisfying.
- h. Because of your religious beliefs.
- i. Someone asked you personally to volunteer.
- j. The organization has an established track record of doing good work.
- k. Someone you know was or is affected by the issue.
- l. It is a way to "give back".

VOL9. Do you think there are enough opportunities to volunteer available locally, or would you like to see more volunteering opportunities provided?

1. Enough
2. More

[If more volunteer opportunities]

VOL10. What types of opportunities to volunteer would you like to see more of? _____

VOL11. If you knew about seniors in your community who needed some assistance to get by and could not get help in any other way, would you be willing to volunteer some of your time or effort to help them?

1. Yes
2. No

SERVICE USE

Now I'd like to ask you about formal services for older adults that are available.

SERV1. First, I'd like to know whether you have ever heard of the Allegheny County Area Agency on Aging or their Senior Line, which you can call to learn about senior services. Have you heard about the Area Agency on Aging or the Senior Line?

1. Yes
2. No

SERV2. Next, I'd like to ask you about services or assistance for older adults you may have used in the last 12 months. Here we are talking about your own personal use. By services, I mean things like going to senior centers, receiving home delivered meals, home health care, respite care, legal services, chore services, personal care services, homemaker services, transportation, information and referral services, or adult day care. Have you used any of these types of services during the last 12 months?

1. Yes → *continue with SERV3*
2. No → *go to SERV11A*

[If yes]

SERV3. In the last 12 months, have you used any personal care services?

1. Yes
2. No

SERV4. In the last 12 months, have you used home health care services?

1. Yes
2. No

SERV5. In the last 12 months, have you used any home-delivered meals services?

1. Yes
2. No

SERV6. In the last 12 months, have you visited a Senior Community Center?

1. Yes
2. No

SERV7. In the last 12 months, have you used transportation services for older adults?

1. Yes
2. No

SERV8. In the last 12 months, have you used respite care services? These are services for those taking care of a loved one that involve dropping him/her off for a few hours so you can take a break. They also might include having someone come to your home to sit with your loved one while you go out.

1. Yes
2. No

SERV9. In the last 12 months, have you used services for older adults to help you with chores or light housekeeping and home maintenance?

1. Yes
2. No

SERV10. In the last 12 months, have you had any volunteer service companions?

1. Yes
2. No

SERV11. In the last 12 months, have you used any legal services for older adults or information and referral services for older adults?

1. Yes → go to SERV12
2. No → go to SERV12

SERV11A. Did you arrange for anybody else to use these services in the last 12 months?

1. Yes
2. No → go to SERV13

[If YES to SERV2 or SERV11A (used or arranged services)]

SERV12. Overall, how satisfied are you with the services you have used?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat unsatisfied
4. Very unsatisfied

SERV13. Are there services you need, but are not getting?

1. Yes
2. No → go to next section

[If yes]

SERV14. Which services do you need? _____

[If yes to SERV13]

SERV15. Do you know where to get these services?

1. Yes
2. No

RELIGION

Now a few questions about religion.

RELIG1. What is your current religious preference? (DO NOT READ)

1. Unaffiliated (None / Agnostic / Atheist)
2. Protestant
3. Catholic
4. Jewish
5. Muslim
6. Christian / Other Christian
7. Other (specify)

RELIG2. How often do you usually attend religious services, meetings and/or activities?

1. Every day or nearly every day
2. At least once a week
3. At least once a month
4. A few times a year
5. Never

RELIG3. To what extent do you consider yourself a spiritual person? Would you say you are:

1. Very spiritual
2. Moderately spiritual
3. Slightly spiritual
4. Not spiritual at all

INTERNET

Now a couple questions about computer and Internet use.

NET1. Do you use the internet, at least occasionally?

1. Yes
2. No → *skip to next section*

[If yes]

NET2. How many hours in a typical week do you spend using the Internet?

1. None
2. Less than 1 hour
3. 1 – 5 hours
4. 6 – 10 hours
5. 11 – 20 hours
6. More than 20 hours

[If yes to NET1]

NET3. Do you access the internet on a cell phone, tablet or other mobile handheld device, at least occasionally?

1. Yes
2. No

[If yes to NET1]

NET4. Do you ever use the internet to use a social networking site like Facebook, LinkedIn or Google Plus?

1. Yes
2. No

HAPPINESS (section randomized –half at beginning, half at end)

We would like to [start/finish] off with a couple of questions about how you feel about life in general.

HAPPY1. All things considered, how satisfied would you say you are with life these days? Please tell me on a scale from 1 to 10 where 1 means “Very Dissatisfied,” and 10 means “Very satisfied.” _____

HAPPY2. Taking all things together on a scale of 1 to 10, how happy would you say you are? Here, one means “Very Unhappy” and 10 means “Very Happy.” _____

DEMOGRAPHICS

To finish, just a few more questions for statistical purposes.

SEX. INTERVIEWER: RECORD PERSON'S SEX

1. Male
2. Female
3. Other (if volunteered)

AGE. What is your age now? _____

MARSTAT. To start, could you please tell me your current marital status? Are you:

1. Married
2. Living with a partner in a marital-like relationship
3. Divorced or separated
4. Widowed
5. Single/never married

HISP. Are you of Hispanic or Latino descent?

1. Yes
2. No

RACE. How would you describe your race or ethnicity? (CHECK ALL THAT APPLY)

1. Caucasian/White
2. Asian/Pacific Islander
3. American Indian or Alaskan Native
4. Black or African-American
5. None of the above

EDUC. What is the highest level of education you have completed? DO NOT READ RESPONSES

1. Eighth grade or less
2. Some high school
3. High school graduate or GED
4. Some college, no degree
5. Associate's degree, occupational
6. Associate's degree, academic
7. Bachelor's degree
8. Master's degree
9. Professional degree
10. Doctoral degree

INCOME. Which of the following best describes your household's total yearly income? Please just stop me when I get to the category that applies to you.

1. Under \$25,000
2. \$25,000 to just under \$50,000
3. \$50,000 to just under \$75,000
4. \$75,000 to just under \$100,000
5. \$100,000 to just under \$150,000
6. \$150,000 or More

VET. Are you a veteran?

1. Yes
2. No

In order for us to compare your answers to publicly available data about your community, we would also like to ask you for the name of your street and the name of the nearest cross-street. We will use this information only to match you to the right geographic unit and then we will discard it. We will not give your information to anyone else or use it for any purpose that you have not authorized.

GEOG1. What is the name of your street? _____

GEOG2. What is the name of the nearest cross-street? _____

AAAREAD. A little while ago, I mentioned the Allegheny County Area Agency on Aging Senior Line, which you can call to learn about senior services. In case you're interested, the Senior Line number is 412-350-5460. They can give you information or provide you with other resources.