

INTERVIEW NO.: _____

SURVEY OF NEEDS OF DELAWARE'S ELDERS

Confidential: In accordance with the law and HEW guidelines, information provided in connection with this project will not be disclosed or used in any way that would permit identification of any individual.

READ INSTRUCTIONS: Because many people have never been in an interview like this, we begin each interview by reading a short paragraph which tells a little bit about how it works.

I have a set of questions that I have to ask exactly the way they are written. That way, we know everyone in the study is answering the same questions and we can compare their answers.

For many questions I will read a list of answers. Whenever possible you should choose one of the answers I read with the question.

It is important that your answers be as accurate as you can make them. So, take time, if you need it, to think about your answers; and please stop me if you have any questions about the kind of information we want.

INTERVIEWER REMINDER:

MAKE SURE THAT YOU HAVE DISCUSSED WITH R THAT:

1. ANSWERS ARE CONFIDENTIAL:
2. PARTICIPATION IS VOLUNTARY:
3. GIVING NO ANSWER IS BETTER THAN GIVING A WRONG ANSWER.

1. In general, how is your health now--would you say excellent, good, fair, or poor?

- (19) 008
- 1 EXCELLENT
 - 2 GOOD
 - 3 FAIR
 - 4 POOR
 - 7 DON'T KNOW

2. Overall, how is your general health today compared to what it was five years ago---better, about the same, or worse?

- (20) 009
- 1 BETTER
 - 2 ABOUT THE SAME
 - 3 WORSE

(21) 010

3. Were you a patient in a hospital for overnight or longer during the last 12 months?

- 1 YES
- 2 NO (SKIP TO Q. 5)

4. How many days altogether were you in the hospital during the last 12 months?

- (22-24) 011
- ____ (DAYS)
Number
- 0 NOT ASKED

(25) 5. And were you a patient in a nursing home for overnight or longer during the last 12 months? 012

1 YES

2 NO (SKIP TO Q. 7)

(26-28) 6. How many days altogether were you in the nursing home during the last 12 months? 013

(DAYS)

Number

0 NOT ASKED

(29) 7. (Other than when you were a patient in a hospital or nursing home), about how many days altogether during the last 12 months were you in bed all or most of the day because of illness or a health condition--would you say no days, a week or less, a week to a month, 1 to 3 months, or 4 months or more? 014

1 NO DAYS

2 A WEEK OR LESS

3 A WEEK TO A MONTH

4 1 TO 3 MONTHS

5 4 MONTHS OR MORE

(30-31) 8. (Other than when you were a patient in a hospital or nursing home), about how many times did you see or talk to a medical doctor about your health during the last 12 months? 015

(TIMES)

Number

(32) 9. Where do you usually go when you want to see a doctor--a clinic, a hospital, the doctor's office, or some other place, or does the doctor come to your home? 016

1 HOSPITAL OUTPATIENT CLINIC OR EMERGENCY ROOM: 016

WHICH HOSPITAL? _____

2 DOCTOR'S OFFICE (INCLUDES GROUP PRACTICE OFFICE)

3 NEIGHBORHOOD HEALTH CENTER OR CLINIC: WHICH ONE? _____

4 PATIENT'S HOME

5 ~~8~~ OTHER PLACE (SPECIFY) _____

6 ~~8~~ NO USUAL PLACE

(33) 10. Are you presently married, widowed, separated or divorced, or have you never been married? C17

1 MARRIED (SKIP TO Q. 14)

2 WIDOWED

3 SEPARATED OR DIVORCED

4 NEVER MARRIED

5 ☒ OTHER (SPECIFY):

(SKIP TO Q. 12)

(34-35) 11. What year did your spouse die? C18

0 NOT ASKED

(36) 12. Are you now living alone? C19

1 YES (SKIP TO Q. 14)

2 NO

0 NOT ASKED

(37-40) 13. Who is presently living with you? (CHECK ALL THAT APPLY)

(37) 1 CHILDREN ☒ checked 020

(38) 2 RELATIVE ☐ not checked 021

(39) 3 FRIEND 022

(40) 4 OTHER (SPECIFY): 023

0 NOT ASKED

(41) 14. In this next set of questions we are trying to find out what kinds of health care services you have received during the last 12 months.

Other than a flu shot, did you get any shots or injections on a regular basis during the last 12 months? C24

1 YES

2 NO

(42) 15. Did you take any prescription medicines on a regular basis during the last 12 months? C25

1 YES

2 NO

☒ DON'T KNOW

(SKIP TO Q. 17)

- (43-44) 16. How many different kinds of prescription medicines have you taken regularly during the last 12 months? (Medicines for chronic condition.)

026

Number

0 NOT ASKED

- (45) 17. During the last 12 months, did you regularly receive any special care ordered by a doctor like dressings, irrigations, enemas, or special care of a similar kind?

027

1 YES

2 NO

7 DON'T KNOW

- (46) 18. At the present time, do you use a walker?

028

1 YES

2 NO

- (47) 19. At the present time, do you usually use a wheelchair?

029

1 YES

2 NO

- (48) 20. Do you exercise regularly?

030

1 YES

2 NO

- (49) 21. Next I need to find out about some activities of daily living. I know you've given me some of the information already, but I need to make sure I get it down correctly in this section.

(31)

Do you generally get help from another person to walk across a small room?

1 YES, HELP RECEIVED

2 NO, NO HELP RECEIVED (SKIP TO Q. 23)

3 DOES NOT WALK AT ALL (SKIP TO Q. 24)

(50) 22. Who usually helps? (GET RELATIONSHIP AND THEN CHECK)

-
- 0 OTHER 032
1 SPOUSE
2 OTHER HOUSEHOLD MEMBERS
3 OTHER FRIEND OR RELATIVE
4 PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE
5 PAID PRIVATE SOURCE
6 HOSPITAL PERSONNEL
0 8 OTHER: _____
0 NOT ASKED

(51) 23. At the present time, do you feel you could use some (extra) help walking across a small room, but don't have anyone to help you on a regular basis?

- 1 YES 033
2 NO
0 NOT ASKED

(52) 24. Do you generally get help from another person to get dressed or does anyone stay with you while you dress?

- 1 YES, OTHER INVOLVED 034
2 NO, DRESSES SELF
7 DON'T KNOW (SKIP TO Q. 26)

(53) 25. Who is that usually? (GET RELATIONSHIP AND THEN CHECK)

-
- 0 OTHER 035
1 SPOUSE
2 OTHER HOUSEHOLD MEMBERS
3 OTHER FRIEND OR RELATIVE
4 PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE
5 PAID PRIVATE SOURCE
6 HOSPITAL PERSONNEL
0 8 OTHER: _____
0 NOT ASKED

(54) 26. At the present time, do you feel you could use some (extra) help getting dressed, but don't have anyone to help you on a regular basis?

1 YES

2 NO

036

(55) 27. Do you generally get help from another person with bathing or does anyone stay with you while you bathe?

1 YES, OTHER INVOLVED

2 NO, BATHES BY SELF

9 ☒ DON'T KNOW

(SKIP TO Q. 29)

037

(56) 28. Who is that usually? (GET RELATIONSHIP AND THEN CHECK)

0 OTHER

1 SPOUSE

2 OTHER HOUSEHOLD MEMBERS

3 OTHER FRIEND OR RELATIVE

4 PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE

5 PAID PRIVATE SOURCE

6 HOSPITAL PERSONNEL

0 ☒ OTHER: _____

0 NOT ASKED

038-

(57) 29. At the present time, do you feel you could use some (extra) help bathing, but don't have anyone to help you on a regular basis?

1 YES

2 NO

039

(58) 30. Do you generally get help from another person with eating or does someone need to be in the room with you while you eat?

1 YES, OTHER INVOLVED

2 NO, FEEDS SELF

7 DON'T KNOW

(SKIP TO Q. 32)

040

31. Who is that usually? (GET RELATIONSHIP AND THEN CHECK)

(59)
0 OTHER

1 SPOUSE

041

2 OTHER HOUSEHOLD MEMBERS

3 OTHER FRIEND OR RELATIVE

4 PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE

5 PAID PRIVATE SOURCE

6 HOSPITAL PERSONNEL

8 OTHER: _____

0 NOT ASKED

(60) 32. At the present time, do you feel you could use some (extra) help with eating, but don't have anyone to help you on a regular basis?

1 YES

042

2 NO

(61) 33. Do you generally get help from another person with personal care needs like brushing hair, shaving, cutting toenails, or having another person stay with you while you do these things?

1 YES, OTHER INVOLVED

043

2 NO, GROOMS SELF

7 DON'T KNOW

(SKIP TO Q. 35)

(62) 34. Who is that usually? (GET RELATIONSHIP AND THEN CHECK)

0 OTHER

1 SPOUSE

044

2 OTHER HOUSEHOLD MEMBERS

3 OTHER FRIEND OR RELATIVE

4 PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE

5 PAID PRIVATE SOURCE

6 HOSPITAL PERSONNEL

8 OTHER: _____

0 NOT ASKED

(63) 35. At the present time, do you feel you could use some (extra) help with personal care, but don't have anyone to help you on a regular basis?

- 1 YES
2 NO

045

(64-65) 36. Who usually does most of the housekeeping like washing clothes and cleaning here? (GET RELATIONSHIP AND THEN CHECK)

(BEFORE CHECKING "SELF AND OTHER HOUSEHOLD MEMBERS" ASK:

Do you (both/all) have equal responsibility, or is one person primarily responsible and the other just helps? MUST BE EQUAL RESPONSIBILITY)

- 0 other
1 SELF
2 SPOUSE
3 OTHER HOUSEHOLD MEMBERS
4 OTHER FRIEND OR RELATIVE
5 PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE
6 PAID PRIVATE SOURCE
7 SELF AND OTHER HOUSEHOLD MEMBERS¹

046

08 OTHER: _____

¹INTERVIEWER NOTE: THIS CATEGORY MUST IMPLY EQUAL RESPONSIBILITY; IF DEPENDENCY OF ONE PERSON OR RESPONSIBILITY OF THE OTHER IS INDICATED, THEN CHECK ONLY THE PRINCIPAL OR PRIMARY PERSON.

(66) 37. At the present time do you feel you could use some (extra) help with housekeeping, but don't have anyone to help you on a regular basis?

- 1 YES
2 NO

047

(67) 38. If you were sick, is there someone--either in your household or not--you could call on to help out around the house or to help take care of you?

- 1 YES
2 NO (SKIP TO Q. 41)

048

39. Who is that? (GET RELATIONSHIP AND THEN CHECK: LIST MULTIPLE HELPERS IF REQUIRED AT DIFFERENT TIMES)

- (68-71)
(7-9)
(68) other 044
(69) 1 SPOUSE 050
(70) 2 OTHER HOUSEHOLD MEMBERS 051
(71) 3 OTHER FRIEND OR RELATIVE 052
(7) 4 PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE 054
(8) 5 PAID PRIVATE SOURCE 055
(9) 6 DIFFERENT PEOPLE AT DIFFERENT TIMES 056
8 OTHER: _____

0 - not checked
1 - checked
7
89

0 - NOT ASKED

40. How available (is/are PERSON(S) IN PRECEDING ITEM) to help at any particular time if you were sick--always available, often available, sometimes available, available on an emergency basis only.

- (10)
1 ALWAYS AVAILABLE 057
2 OFTEN AVAILABLE
3 SOMETIMES AVAILABLE
4 AVAILABLE ON AN EMERGENCY BASIS ONLY
0 NOT ASKED

41. In an emergency, is there someone you could call on to get help for you right away?

- (11)
1 YES 058
2 NO

42. Do you have a telephone in your apartment or not?

- (12)
1 YES (SKIP TO Q. 44)
2 NO 059

43. Is there a telephone you can use without going outside?

- (13) 1 YES C 60
2 NO (SKIP TO Q. 46)
0 NOT ASKED

44. About how often do you talk with friends or relatives on the telephone--
(14) several times a day, once a day, a few times a week, once a week, or less often?

- 1 SEVERAL TIMES A DAY
2 ONCE A DAY C 61
3 A FEW TIMES A WEEK
4 ONCE A WEEK
5 LESS OFTEN
9 X DON'T KNOW
0 NOT ASKED

45. Is there a friend or relative who calls you just about every day?

- (15) 1 YES
2 NO C 62
9 X DON'T KNOW
0 NOT ASKED

46. About how often do you talk in person to someone who does not live with
(16) you--almost every day, a few times a week, once a week, a few times a month, once a month, or less often?

- 1 ALMOST EVERY DAY C 63
2 A FEW TIMES A WEEK
3 ONCE A WEEK
4 A FEW TIMES A MONTH
5 ONCE A MONTH
6 LESS OFTEN
9 X DON'T KNOW

(117) 47. Do you generally spend most of the day with someone, or alone?

- 1 YES, SOMEONE
- 2 ALONE

064

(118) 48. Would you say you see as much of your relatives as you would like or not?

- 1 YES
- 2 NO

065

(119) 49. Is there someone you know that you feel particularly close to, that is somebody you can be completely yourself with and in whom you have complete trust and confidence? (Can include spouse)

- 1 YES
- 2 NO (SKIP TO Q. 51)

066

(120) 50. Do you see as much of that person as you would like or not?

- 1 YES
- 2 NO
- 0 NOT ASKED

067

(121) 51. About how often do you get out of your APARTMENT for any reason (SHOW CARD)--
almost every day, a few times a week, about once a week, several times a month, less than several times a month but more than just for emergencies, never or almost never except for emergencies?

- 1 ALMOST EVERY DAY
- 2 A FEW TIMES A WEEK
- 3 ABOUT ONCE A WEEK
- 4 SEVERAL TIMES A MONTH
- 5 LESS THAN SEVERAL TIMES A MONTH BUT MORE THAN JUST FOR EMERGENCIES
- 6 NEVER OR ALMOST NEVER EXCEPT FOR EMERGENCIES (SKIP TO Q. 54)

068

(28) 52. Do you regularly participate in any planned and organized social or recreational programs or in any group activities or classes. (EXCLUDE EMPLOYMENT-RELATED CLASSES)

1 YES

2 NO (SKIP TO Q. 54)

069

(29) 53. About how often do you participate in these activities?

1 ONCE OR TWICE A MONTH OR LESS

2 ONCE A WEEK

3 2-3 TIMES A WEEK

4 4 TIMES A WEEK OR MORE

0 NOT ASKED

070

(24) 54. Do you feel you need to participate in any planned and organized social or recreational programs or in any group activities or classes?

1 YES

2 NO

071

(25) 55. Which of these three statements (SHOW CARD) best describes your present transportation pattern:

1. I am completely free to go and return as I want, when I want, and for what I want.

2. I go out for most things I need or like, but I don't do many extra things like going visiting.

3. I only go out for special occasions and/or basic necessities like food shopping.

1 COMPLETELY FREE (SKIP TO Q. 57)

2 MOST THINGS

3 SPECIAL OCCASIONS/BASIC NECESSITIES ONLY

0 NOT ASKED

072

(26) 56. How often are you able to go to the places you would like to--would you say you go as often as you'd like, most of the time or not nearly as often as you'd like?

- 073
- 1 OFTEN
 - 2 MOST OF THE TIME
 - 3 NOT NEARLY AS OFTEN
 - 0 NOT ASKED

(27) 57. When you are going someplace that is too far to walk, how do you usually get there--by car, public transportation, taxi, transportation for the elderly, or what?

- 074
- 1 CAR
 - 2 PUBLIC TRANSPORTATION
 - 3 TAXI
 - 4 TRANSPORTATION FOR THE ELDERLY
 - 8 OTHER (SPECIFY): _____

(28) 58. When you go somewhere by car, who usually drives--do you usually drive yourself, does someone living here drive you, or does someone else usually drive you? (Who is that?)

- 075
- 1 DRIVES SELF
 - 2 SOMEONE IN HOUSEHOLD DRIVES
 - 3 SOMEONE OUT OF HOUSEHOLD DRIVES (SPECIFY) _____
 - 4 NEVER GOES IN CAR

(29) 59. Do you find getting where you need to go is usually a big problem, a little problem, or no problem at all?

- 076
- 1 BIG PROBLEM
 - 2 LITTLE PROBLEM
 - 3 NO PROBLEM AT ALL
 - 7 DON'T KNOW

(30) 60. In general, how satisfied are you with the way you spend your time--
would you say very satisfied, somewhat satisfied, or not at all satisfied?

- 1 VERY SATISFIED
- 2 SOMEWHAT SATISFIED
- 3 NOT AT ALL SATISFIED

077

(31) 61. How would you finish this statement: As I get older, things are--
better than I thought they would be, worse than I thought they would be,
or about the same as I thought they would be?

- 1 BETTER
- 2 WORSE
- 3 ABOUT THE SAME

078

(32) 62. Overall, how satisfied are you with your life today--would you say
very satisfied, fairly satisfied, satisfied, or not satisfied?

- 1 VERY SATISFIED
- 2 FAIRLY SATISFIED
- 3 SATISFIED
- 4 NOT SATISFIED

079

(33) 63. How do you feel about being alone--would you say that you generally enjoy
it, sometimes enjoy it, rarely enjoy it, never enjoy it?

- 1 GENERALLY ENJOY IT
- 2 SOMETIMES ENJOY IT
- 3 RARELY ENJOY IT
- 4 NEVER ENJOY IT

080

(34) 64. How often are you lonely--would you say that you are always lonely, often lonely, sometimes lonely, never lonely?

- 1 ALWAYS LONELY
- 2 OFTEN LONELY
- 3 SOMETIMES LONELY
- 4 NEVER LONELY

081

(35) 65. To what extent do you do what you want to do when you want to do it--would you say always, most of the time, some of the time, or never?

- 1 ALWAYS (SKIP TO Q. 67)
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 NEVER

082

(36-37) 66. What is the one thing that most often prevents you from doing what you want to do?

083

0 NOT ASKED

(38) 67. During the past 12 months did someone regularly have to prepare meals for you? That is, did your wife/husband or someone else regularly cook because you were unable to, or did you have to go out for meals? (INTERVIEWER CHECK IF RESIDES IN CONGREGATE HOUSING)

- 1 YES
- 2 NO (SKIP TO Q. 69)
- 3 RESIDES IN CONGREGATE HOUSING (SKIP TO Q. 76)

084

68. Who usually prepares your food? (GET RELATIONSHIP AND THEN CHECK)

(39) 0 other

1 SPOUSE 85

2 OTHER HOUSEHOLD MEMBERS

3 OTHER FRIEND OR RELATIVE

4 PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE

5 PAID PRIVATE SOURCE

(SKIP TO Q. 76)

6 SELF AND OTHER (EQUAL RESPONSIBILITY)

8 OTHER:

9 NOT ASKED

69. At the present time, do you feel you could use some (extra) help with meal preparation, but don't have anyone to help you on a regular basis?

(40) 1 YES 86

2 NO

0 NOT ASKED

70. For a lot of different reasons, people sometimes don't eat the right kinds of food or don't get enough of the foods they should have.

(41) Do you think there are times when you do not eat enough of the right kinds of foods?

1 YES 87

2 NO

(SKIP TO Q. 72)

9X DON'T KNOW

0 NOT ASKED

71. About how often do you not eat enough of the right kinds of foods--would you say you often don't eat the right kinds of foods, or sometimes don't eat the right foods, or just once in a while don't eat the right foods?

(42) 1 OFTEN 88

2 SOMETIMES

3 JUST ONCE IN A WHILE

9X DON'T KNOW

0 NOT ASKED

(43) 72. Which of these statements (SHOW CARD) best describes your usual eating pattern:

089

1. I usually eat 3 regular meals; some snacks may be extra.
2. I usually eat 2 regular meals; some snacks may be extra.
3. I usually eat 1 regular meal and snack quite a bit.
4. I usually eat 1 regular meal and only rarely snack during the day.
5. I usually skip regular meals and just snack all day long.

- 1 3 REGULAR MEALS
- 2 2 REGULAR MEALS
- 3 1 REGULAR MEAL: SNACK QUITE A BIT
- 4 1 REGULAR MEAL: RARELY SNACK
- 5 0 REGULAR MEALS: SNACK ALL DAY LONG
- 0 NOT ASKED

(44) 73. How much of a problem is shopping for food and other things you need around the house--is it a big problem, a little problem, or no problem at all?

- 1 BIG PROBLEM
- 2 LITTLE PROBLEM
- 3 NO PROBLEM AT ALL
- 9 7 DON'T KNOW
- 0 NOT ASKED

090

(45) 74. How often is the food shopping done--would you say it's as often as you'd like, not quite as often as you'd like, or not nearly as often as you'd like?

- 1 OFTEN
- 2 NOT QUITE AS OFTEN
- 3 NOT NEARLY AS OFTEN
- 0 NOT ASKED

091

(46-47) 75. Who usually does the grocery shopping? (GET RELATIONSHIP AND THEN CHECK)

- 1 SELF
- 2 SPOUSE
- 3 OTHER HOUSEHOLD MEMBERS
- 4 OTHER FRIEND OR RELATIVE
- 5 PUBLIC/SOCIAL/COMMUNITY AGENCY SOURCE
- 6 PAID PRIVATE SOURCE
- 7 SELF AND OTHER (EQUAL RESPONSIBILITY)
- 00 8 OTHER: _____
- 0 NOT ASKED

092

(48) 76. Are you on a special diet ordered by a doctor?

1 YES

2 NO

093

77. As you might already know, there are many special services for the citizens of Delaware. Some of the special services are available to everyone, others are available to people over 60 years of age. I would like to take a little time to ask you about some of these special services, to find out whether you know about their availability, how you heard about them, whether you have used them, and things like that. Here is a list of these special services (SHOW CARD). Let's go over them one at a time. I can briefly explain the services you might be unfamiliar with.

Let's start with the first one. Did you know that FREE PUBLIC HEALTH CLINICS are available? ...

a)
Did you know
the service
was available?

b)
How did you first
hear about the
service?

78. FREE PUBLIC HEALTH SCREEN-
ING CLINICS (for all re-
gardless of age) (49) 1 YES-----> C94 (50-51) C95
2 NO (SKIP TO d) 100
0 NOT ASKED
79. VISITING NURSES (for all
regardless of age) (56) 1 YES-----> (57-58) 101
2 NO (SKIP TO d)
0 NOT ASKED
80. HOMEMAKER SERVICES (63) 1 YES-----> 106 (64-65) 107
2 NO (SKIP TO d)
0 NOT ASKED
81. COUNSELING SERVICES (70) 1 YES-----> 112 (71) 1-6 I.N. 114
2 NO (SKIP TO d) (72) CARD # 2 7-8
(73-80) 113
0 NOT ASKED
82. FRIENDLY VISITING SERVICES (113) 1 YES-----> 119 (14-15) 120
2 NO (SKIP TO d)
0 NOT ASKED
83. TELEPHONE REASSURANCE
SERVICES (120) 1 YES-----> 125 (21-22) 126
2 NO (SKIP TO d)
0 NOT ASKED
84. HOT MEALS IN SENIOR CENTERS (127) 1 YES-----> 131 (28-29) 132
2 NO (SKIP TO d)
0 NOT ASKED
85. HOME DELIVERED MEALS
PROGRAM (such as Meals
on Wheels) (134) 1 YES-----> 137 (35-36) 138
2 NO (SKIP TO d)
0 NOT ASKED

c)
Did you ever use this
service during the
last 12 months?

d)
Would you ever con-
sider using this ser-
vice if you thought
you needed it?

e)
Do you feel you
need such a
service now?

f)
How satisfied
(were/are) you
with this service?

(52) 102
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

(59) 102
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

(66) 108
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

(9) 105
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

(16) 121
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

(23) 127
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

(30) 133
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

(37) 139
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

(53) 097
1 YES----->
2 NO (SKIP TO Q.79)
0 NOT ASKED

(60) 103
1 YES----->
2 NO (SKIP TO Q.80)
0 NOT ASKED

(67) 109
1 YES----->
2 NO (SKIP TO Q.81)
0 NOT ASKED

(10) 106
1 YES----->
2 NO (SKIP TO Q.82)
0 NOT ASKED

(17) 122
1 YES----->
2 NO (SKIP TO Q.83)
0 NOT ASKED

(24) 128
1 YES----->
2 NO (SKIP TO Q.84)
0 NOT ASKED

(31) 134
1 YES----->
2 NO (SKIP TO Q.85)
0 NOT ASKED

(38) 140
1 YES----->
2 NO (SKIP TO Q.86)
0 NOT ASKED

(54) 098
1 YES
2 NO
0 NOT ASKED

(61) 104
1 YES
2 NO
0 NOT ASKED

(68) 110
1 YES
2 NO
0 NOT ASKED

(11) 117
1 YES
2 NO
0 NOT ASKED

(18) 123
1 YES
2 NO
0 NOT ASKED

(25) 129
1 YES
2 NO
0 NOT ASKED

(32) 135
1 YES
2 NO
0 NOT ASKED

(39) 141
1 YES
2 NO
0 NOT ASKED

(55) 099
1 VERY SATISFIED
2 SOMEWHAT SATISFIED
3 NOT VERY SATISFIED
0 NOT ASKED

(62) 105
1 VERY SATISFIED
2 SOMEWHAT SATISFIED
3 NOT VERY SATISFIED
0 NOT ASKED

(69) 111
1 VERY SATISFIED
2 SOMEWHAT SATISFIED
3 NOT VERY SATISFIED
0 NOT ASKED

G
O (12) 118
T 1 VERY SATISFIED
O 2 SOMEWHAT SATISFIED
N 3 NOT VERY SATISFIED
E 0 NOT ASKED

X (19) 124
T 1 VERY SATISFIED
S 2 SOMEWHAT SATISFIED
E 3 NOT VERY SATISFIED
R 0 NOT ASKED

V (26) 130
I 1 VERY SATISFIED
C 2 SOMEWHAT SATISFIED
E 3 NOT VERY SATISFIED
0 NOT ASKED

(33) 136
1 VERY SATISFIED
2 SOMEWHAT SATISFIED
3 NOT VERY SATISFIED
0 NOT ASKED

(40) 142
1 VERY SATISFIED
2 SOMEWHAT SATISFIED
3 NOT VERY SATISFIED
0 NOT ASKED

a)
Did you know
the service
was available?

b)
How did you first
hear about the
service?

86. LEGAL SERVICES FOR THE
ELDERLY

(141) 143
1 YES----->
2 NO (SKIP TO d)

(42-43) 144

87. INFORMATION AND REFERRAL
SERVICES

(48) 149
1 YES----->
2 NO (SKIP TO d)

0 NOT ASKED
(49-50) 150

88. SOCIAL/RECREATIONAL SER-
VICES FOR THE ELDERLY
(i.e., SENIOR CENTERS)

(55) 155
1 YES----->
2 NO (SKIP TO d)

0 NOT ASKED
(56-57) 156

89. TRANSPORTATION SERVICES
FOR THE ELDERLY

(62) 161
1 YES----->
2 NO (SKIP TO d)

0 NOT ASKED
(63-64) 162

0- NOT ASKED

c)
Did you ever use this
service during the
last 12 months?

(44) 145
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

(51) 151
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

(58) 157
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

(65) 163
1 YES (SKIP TO f)
2 NO----->
0 NOT ASKED

d)
Would you ever con-
sider using this ser-
vice if you thought
you needed it?

(45) 146
1 YES----->
2 NO (SKIP TO Q.87)
0 NOT ASKED

(52) 152
1 YES----->
2 NO (SKIP TO Q.88)
0 NOT ASKED

(59) 158
1 YES----->
2 NO (SKIP TO Q.89)
0 NOT ASKED

(66) 164
1 YES----->
2 NO (SKIP TO Q.90)
0 NOT ASKED

e)
Do you feel you
need such a
service now?

(46) 147
1 YES
2 NO
0 NOT ASKED

(53) 153
1 YES
2 NO
0 NOT ASKED

(60) 159
1 YES
2 NO
0 NOT ASKED

(67) 165
1 YES
2 NO
0 NOT ASKED

f)
How satisfied
(were/are) you
with this service?

(47) 148
1 VERY SATISFIED
2 SOMEWHAT SATISFIED
G 3 NOT VERY SATISFIED
O 0 NOT ASKED

T (54) 154
O 1 VERY SATISFIED
N 2 SOMEWHAT SATISFIED
E 3 NOT VERY SATISFIED
X 0 NOT ASKED

T (61) 160
S 1 VERY SATISFIED
E 2 SOMEWHAT SATISFIED
R 3 NOT VERY SATISFIED
V 0 NOT ASKED
I

C (68) 166
E 1 VERY SATISFIED
2 SOMEWHAT SATISFIED
3 NOT VERY SATISFIED
0 NOT ASKED

90. Let me ask some questions about your housing situation. How long have you lived at this present address?

169-710
167
____ (YEARS)

91. How many rooms are there in this APARTMENT, not counting halls, closets, bathrooms?

(71) 169
6- Suite or more 168
____ (ROOMS)

(72) CARD #3
(73-80) ID #
(1-6) ID #
92. Which one of these choices best describes your previous residence? (SHOW CARD)

- (7)
- 1 PRIVATE APARTMENT 170
 - 2 PRIVATE HOME
 - 3 APARTMENT IN PUBLIC HOUSING
 - 4 SUBSIDIZED APARTMENT OR APARTMENT WITH SPECIAL ALLOWANCE
 - 5 & OTHER (SPECIFY): _____
 - 7 DON'T KNOW

93. Were you previously living alone or with someone else?

- (8)
- 1 ALONE (SKIP TO Q. 95) 171
 - 2 WITH SOMEONE ELSE

94. Who was living with you? (CHECK AS MANY AS APPLY)

- (9-13)
- (9) 1 SPOUSE 172
 - (10) 2 CHILDREN 173
 - (11) 3 RELATIVE 174
 - (12) 4 FRIEND 175
 - (13) 5 OTHER (SPECIFY): 176 _____
 - 0 NOT ASKED

(14) 95. Would you rather live in an apartment house which has just people your own age, or one that has people of all ages, or doesn't it make any difference to you?

- 177
- 1 OWN AGE
 - 2 ALL AGES
 - 3 NO DIFFERENCE

96. In the next few questions I would like to find out what you like and what you don't like about your own APARTMENT and about your neighborhood in general, meaning the several blocks around your APARTMENT. Let's talk about the neighborhood first.

(15) In general, how satisfied are you with your neighborhood--very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?

- 1 VERY SATISFIED
- 2 SOMEWHAT SATISFIED
- 3 NEITHER SATISFIED NOR DISSATISFIED
- 4 SOMEWHAT DISSATISFIED
- 5 VERY DISSATISFIED

178

97. Can you tell me specifically about the one thing that makes you most satisfied with your neighborhood?

179

98. Is there one thing about the neighborhood that you particularly dislike?

180

99. Does this neighborhood have the kinds of facilities or services that you need?

- 1 YES (SKIP TO Q. 101)
- 2 NO
- 7 DON'T KNOW

181

100. What is the one kind of facility or service that you would most like to see available in this neighborhood?

0 NOT ASKED

101. Now let's talk about your own APARTMENT. In general, how satisfied are you with this particular APARTMENT--very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?

- 1 VERY SATISFIED
- 2 SOMEWHAT SATISFIED
- 3 NEITHER SATISFIED NOR DISSATISFIED
- 4 SOMEWHAT DISSATISFIED
- 5 VERY DISSATISFIED

102. Can you tell me specifically about the one thing that makes you most satisfied with this particular APARTMENT?

103. Is there one thing about this particular APARTMENT that you particularly dislike?

(28) 104. Does this housing complex have the kinds of facilities or services that you need? 186

1 YES (SKIP TO Q. 106)

2 NO

X DON'T KNOW

9

(29-30) 105. What is the one kind of facility or service that you would most like to see available in this housing complex? 187

0 NOT ASKED

(31) 106. Let me ask a question about maintenance. In your opinion, does your apartment or apartment building need substantial repairs, moderate repairs, minor repairs, or almost no repairs? 188

1 SUBSTANTIAL REPAIRS

2 MODERATE REPAIRS

3 MINOR REPAIRS

4 ALMOST NO REPAIRS

(32) 107. Are you now on a waiting list for a rest home, (other) housing for the elderly, nursing home, or anything like that? 189

1 YES (SPECIFY NAME):

2 NO

9X DON'T KNOW

(33) 108. In the next few years, do you think you would want to live in some kind of rest home? 190

1 YES

2 NO

(34) 109. In the next few years, do you think you would want to live in some (other) kind of apartment housing designed specially for older people?

1 YES 191

2 NO

(35) 110. In the next few years, do you think you would want to share an apartment with someone not related to you?

1 YES 192

2 NO (SKIP TO Q. 112)

(36) 111. How many other people do you think you would like to share an apartment with?

_____ (NUMBER) 193

0 NOT ASKED

(37) 112. In the next few years, do you think you would want to live in a smaller apartment than you have now?

1 YES (SKIP TO Q. 115) 194

2 NO

(38) 113. Are you satisfied with the amount of room that you have now?

1 YES 195

2 NO

0 NOT ASKED

(39) 114. How likely is it that you would want to move in the next few years-- very likely, somewhat likely, or not at all likely?

1 VERY LIKELY 196

2 SOMEWHAT LIKELY

3 NOT AT ALL LIKELY

4 DON'T KNOW

0 NOT ASKED

115. Who decided that you would live here?

(40)

0 Other

1 SELF

197

2 SPOUSE

3 CHILDREN

4 FRIEND OR RELATIVE

5 HOSPITAL PERSONNEL

6 PUBLIC AGENCY

08 OTHER (SPECIFY):

7 DON'T KNOW

116. When it was decided that you would live here, did you feel that you had any alternatives?

(41)

198

1 YES

2 NO (SKIP TO Q. 118)

7 DON'T KNOW (SKIP TO Q. 119)

117. What were your alternatives?

(42-43)

199

(GO TO Q. 119)

0 NOT ASKED

118. Why didn't you have any alternatives?

(44-45)

200

0 NOT ASKED

(46) 119. Now let's talk about your neighborhood again. How safe do you feel or would you feel being out alone in your neighborhood--very safe, reasonably safe, somewhat unsafe, or very unsafe?

- 1 VERY SAFE
- 2 REASONABLY SAFE
- 3 SOMEWHAT UNSAFE
- 4 VERY UNSAFE

201

47-50 120. Overall, what do you think are the most important crime problems affecting older people in your neighborhood? (Anything else?)

- (47-48) 1. _____ 202
- (49-50) 2. _____ 203
- (51-52) 3. _____ 204

(53) 121. Over the past year, would you say that crime in this neighborhood has gone up, gone down, or stayed about the same?

- 1 GONE UP
- 2 GONE DOWN
- 3 STAYED ABOUT THE SAME

205

(54) 122. How often do you limit your activities because of your fear of crime--would you say you frequently limit your activities, occasionally limit your activities, or hardly ever limit your activities because of your fear of crime?

- 1 FREQUENTLY
- 2 OCCASIONALLY
- 3 HARDLY EVER
- 9 X DON'T KNOW

206

Now let me ask some questions about your vision and hearing.

(55) 123. Do you ever use anything like eyeglasses or a magnifying glass to see anything?

- 1 YES
2 NO

207

(56) 124. How would you rate your vision (when using your glasses/magnifying glass)--
excellent, good, fair, or poor?

- 1 EXCELLENT
2 GOOD
3 FAIR
4 POOR

208

(57) 125. Do you ever use any kind of hearing aid?

- 1 YES
2 NO

209

(58) 126. How would you rate your hearing (when using the hearing aid)--
excellent, good, fair, or poor?

- 1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
7 DON'T KNOW

210

(59) 127. Are you able to hear on the telephone (when you use the hearing aid)?

- 1 YES
2 NO

211

(60) 128. Are you working at a job now?

- 1 YES
2 NO (SKIP TO Q. 130)

212

129. Full or part time?

- (61)
- 1 FULL TIME (SKIP TO Q. 138) 213
 - 2 PART TIME (SKIP TO Q. 133)
 - 0 NOT ASKED

130. Would you like to be working at a job now?

- (62)
- 1 YES
 - 2 NO
 - 9 ✓ DON'T KNOW (SKIP TO Q. 133) 214
 - 0 NOT ASKED

131. Full time or part time?

- (63)
- 1 FULL TIME 215
 - 2 PART TIME
 - 9 ✓ DON'T KNOW
 - 0 NOT ASKED

(132. Do you need assistance in finding a job?

- (64)
- 1 YES 216
 - 2 NO
 - 0 NOT ASKED

133. Did you ever work regularly at a full time job?

- (65)
- 1 YES
 - 2 NO (SKIP TO Q. 138) 217
 - 0 NOT ASKED

134. Are you retired?

- (66)
- 1 YES
 - 2 NO (EXPLAIN: _____ 218
_____) (SKIP TO Q. 138)
 - 0 NOT ASKED

135. What year did you retire?

(67-68)

0 NOT ASKED

219

136. Did you retire because your company had a mandatory retirement age?

(69)

1 YES

220

2 NO

0 NOT ASKED

137. Have you applied for any kind of a job since you retired?

(70)

1 YES

221

2 NO

0 NOT ASKED

138. Do you now participate in any voluntary activities?

(71)

1 YES (SKIP TO Q. 140) 222

2 NO

223

(72) CARD #4
(13-80) B
(1-6) IN

139. How likely is it that you would want to participate in some form of volunteer activity--very likely, somewhat likely, or not at all likely?

(73)

1 VERY LIKELY

224

2 SOMEWHAT LIKELY

3 NOT AT ALL LIKELY

0 NOT ASKED

140. Do you presently belong to a church, synagogue, or other religious group?

(74)

1 YES (SKIP TO Q. 142)

225

2 NO

3 OTHER _____

141. Would you like to join a church, synagogue, or other religious group?

- (9) 1 YES 226
2 NO
0 NOT ASKED

142. Now I need some information about the financial situation of your household. I want to repeat and emphasize that this information will not ever be linked to you as an individual. Income information is necessary to correctly understand the results of all the respondents in this study. The people who interpret the results need to know if people with different financial positions view the problems differently.

In 1978, did you (and your SPOUSE) have any income from:

(10) a) Rents?

- 227
1 YES
2 NO

b) Interest from stocks, bonds, or savings?

- (11) 1 YES 228
2 NO

c) Old Age Assistance or Supplemental Security Income (SSI) benefits?

- (12) 1 YES 229
2 NO

d) Other sources like social security retirement pensions, veterans benefits?

- (13) 1 YES 230
2 NO

143. In 1978, did you (and your SPOUSE) get any financial help from children, relatives, or anyone else, either living here with you or not?

- (14) 1 YES 231
2 NO

144. Considering all sources of income, salaries and financial help, what was the total income for you (and your SPOUSE) (and all others related to you in this household) (but not roomers or boarders) in 1978--before deductions for taxes or anything? Would you look at this card and tell me in which group your income falls? (SHOW CARD)

232

APPROXIMATE
MONTHLY
EQUIVALENTS

01	a.	UNDER \$1,000	\$ 85
02	b.	\$1,000 to \$1,999	\$ 165
03	c.	\$2,000 to \$2,999	\$ 250
04	d.	\$3,000 to \$3,999	\$ 333
05	e.	\$4,000 to \$4,999	\$ 415
06	f.	\$5,000 to \$5,999	\$ 500
07	g.	\$6,000 to \$6,999	\$ 585
08	h.	\$7,000 to \$7,999	\$ 666
09	i.	\$8,000 to \$8,999	\$ 750
10	j.	\$9,000 to \$9,999	\$ 835
11	k.	\$10,000 to \$14,999	\$1250
12	l.	\$15,000 to \$19,999	\$1666
13	m.	\$20,000 to \$24,999	\$2085
14	n.	\$25,000 to \$49,999	\$4166
15	o.	\$50,000 or MORE	\$4167 OR MORE

145. Are any of your medical expenses covered by the Medicare plan?

(17)

- 1 YES 233
2 NO
7 DON'T KNOW

146. Are any of your medical expenses covered by Medicaid or public assistance of any kind?

(18)

- 1 YES 234
2 NO
7 DON'T KNOW

119 147. Are you covered under any other private health insurance plan? We are interested in all kinds of health insurance except those that pay only for accidents.

- 235
- 1 YES
 - 2 NO
 - 7 DON'T KNOW

148. Please tell me how well you think you (and your spouse) are now doing financially as compared to other people your age--better, about the same, or worse? (PROBE AS NECESSARY)

- 236
- 1 BETTER
 - 2 ABOUT THE SAME
 - 3 WORSE

149. How well does the amount of money you have take care of your needs--very well, fairly well, or poorly?

- 237
- 1 VERY WELL
 - 2 FAIRLY WELL
 - 3 POORLY

150. Do you usually have enough to buy those little "extras"; that is, those small luxuries?

- 238
- 1 YES
 - 2 NO

151. Do you feel that you will have enough for your needs in the future?

- 239
- 1 YES
 - 2 NO

152. How much formal education have you had? (If "HIGH SCHOOL" or "COLLEGE":
Did you graduate?)

(24-25)

240

00 NONE

1 SOME GRADE SCHOOL

2 FINISHED GRADE SCHOOL

3 SOME HIGH SCHOOL

4 HIGH SCHOOL GRADUATE

5 TECHNICAL TRAINING

6 SOME COLLEGE

7 COLLEGE GRADUATE

✓ 8 BEYOND COLLEGE

153. How old were you on your last birthday? _____

(26-27)

241