

# SURVEY OF ADULT AND AGING POPULATIONS

## Core Questionnaire

(SAMPLE)

### Section I: Demographics

#### Personal Data (Please Print):

(1) The town/city that I live in or zip code:

\_\_\_\_\_

(2) I have lived in this community for:

\_\_\_ months \_\_\_\_\_ years

(3) Birth Date or Age:

\_\_\_\_\_

(4) Gender:

Male  Female  Transgender  
 Decline to State

(5) Marital Status:

Single (never married)  Married  
 Domestic Partner   
Separated  
 Divorced  Widowed  
 Decline to State

(6) Sexual Orientation:

Heterosexual  Bisexual  
 Gay  Lesbian  
 Decline to State

(7) Education (highest grade level completed):

0-8<sup>th</sup> Grade  Some College  
 9-12<sup>th</sup> Grade  College Degree  
 Post Graduate Degree  
 Decline to State

(8) Impairments:

Physical (e.g. hearing, vision, mobility)  
 Cognitive (e.g. Dementia, Alzheimer's)  
 Decline to State

#### Financial Information:

(9) Approximate Household Income (include all members):

\$ \_\_\_\_\_ per  month  year  
 Decline to State

(10) SSI/SSP:

Yes  No  
 Decline to State

(11) Employment:

Full Time  Unemployed  
 Part Time  Retired  
 Decline to State

#### Racial and Ethnic Background:

(12) Ethnicity:

Not Hispanic/Latino  
 Hispanic/Latino (if yes, check one)  
 Mexican, Mexican American  
 Puerto Rican  
 Cuban  
 Other \_\_\_\_\_  
 Decline to State

(13) Race:

White  Black  
 American Indian/Alaska Native  
 Other Race  
 Multiple Race

Asian:

Asian Indian  Cambodian  Chinese  
 Filipino  Japanese  Korean  
 Laotian  Vietnamese  Other Asian

Hawaiian/Other Pacific Islander:

Guamanian  Hawaiian  Samoan  
 Other Pacific Islander  
 Decline to State

(14) Primary Language:

\_\_\_\_\_

(15) Ability to Speak English:

Very Well  Less Than "Very Well"  
 Not at All  
 Decline to State

**Household Arrangement:****(16) Living Arrangement:**

- Alone    With Others  
 Decline to State

**(17) Living Quarters:**

- House  
 Condominium/Townhouse  
 Apartment  
 Mobile Home/Trailer  
 Hotel  
 Boarding House/Board and Room  
 Board and Care/Residential Home  
 Assisted Living Facility  
 Shelter

 No Residence Other: \_\_\_\_\_ Decline to State**Section II: Service Needs**

**(16) Below is a list of activities that are difficult for some people. Check the box which best describes how difficult each activity is for you.**

Activity	1 – Independent	2 – Verbal Assistance	3 – Some Physical Assistance	4 – Lots of Physical Assistance	5 – Dependent	Decline to State
Eating						
Bathing						
Toileting						
Transferring in/out of bed/chair						
Walking						
Dressing						
Meal preparation						
Shopping						
Managing medication						
Managing money						
Using telephone						
Heavy housework						
Light housework						
Transportation						

**(17) For each activity with which you have difficulty, check who helps you with that activity. (For example, your daughter is paid to assist you with “eating,” check the “paid worker” box.)**

Activity	Spouse/ Partner	Other Relative	Non Relative	Agency Volunteer	Paid Worker	No One	Decline to State
Eating							
Bathing							
Getting to the bathroom							
Getting in and out of bed							
Walking							
Dressing/undressing							
Preparing meals							
Shopping							
Managing medication							
Managing money							
Using the telephone							
Doing heavy housework							
Doing light housework							
Transportation ability							

**(19) Below is a list of issues/conditions/concerns, which could affect an individual’s quality of life. Check the box which best describes how much each one is a problem for you.**

Problem	No Problem	Minor Problem	Serious Problem
Accidents in/out of the home (e.g. falling)			
Crime			
Depressed mood			
Employment			
Energy/utilities			
Health care			
Household chores			
Housing			
Isolation			
Legal affairs			
Loneliness			
Money to live on			
Obtaining information about services/benefits			
Receiving services/benefits			
Taking care of another person			
(1) child under 18 years of age			
(2) Adult			
Other (specify):			
Other (specify):			
Other (specify):			

**The two problems from Question 19 that affect me the most are:**

First problem: \_\_\_\_\_ This is a problem to me because:

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Second problem: \_\_\_\_\_ This is a problem to me because:

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**Identify whether you have access to the services listed below.**

<b>Current Access to Nutrition:</b>
<p><b>(20) At the end of each month do you have enough money to purchase food for balanced meals?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No <input type="checkbox"/> Decline to State</p>
<p><b>(21) Are you able to drive to the grocery store, shop for food and carry the bags of groceries home?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No <input type="checkbox"/> Decline to State</p>
<p><b>(22) Are you physically able to cook nutritionally balanced meals? (For example: Can you stand by the stove to cook food; Are you able to reach into high or low cabinets?)</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No <input type="checkbox"/> Decline to State</p>
<p><b>(23) Do your household appliances function properly? (For example: Does your refrigerator hold cold temperatures? Do your oven and stove elements heat correctly?)</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No <input type="checkbox"/> Decline to State</p>
<p><b>(24) Have you unintentionally lost or gained 10 pounds in the last 6 months?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No <input type="checkbox"/> Decline to State</p>

**Current Access to Transportation:**

**(25) Do you have public transportation available in your area or community?**

- Yes     No
- Decline to State
- Don't know

**(26) Do you know if it is available where you live?**

- Yes     No
- Decline to State
- Don't know

**(27) Do you use public transportation?**

- Yes     No
- Decline to State

**27 (a) If yes, how often have you used public transportation in the past month?**

- None
- 1-4 times
- 5-10 times
- More than 10
- Decline to State

**27 (b) If no, why haven't you used public transportation? (Check all that apply)**

- Accessibility (getting to the stop or station—too far, no sidewalks, highways to cross)
- Difficulty getting on or off the bus
- Difficulty getting information about fares, routes, and schedules
- Public transportation takes too long
- Public transportation doesn't go where I need to go
- There is no public transportation where I live
- Other \_\_\_\_\_

**(28) In general, when you need to get somewhere how do you usually get there?**

- My own vehicle
- Relatives
- Friends
- Senior Bus
- Public Transportation
- Taxi
- Dial-a-Ride/Paratransit
- None Available
- Other: \_\_\_\_\_
- Decline to State

**29) Please check what applies for you to be mobile.**

- Walk with No Assistance
- Walk with Assistance (e.g. cane, walker)
- Mobility scooter
- Wheelchair
- Decline to State

***You are finished***

Thank you for your time!