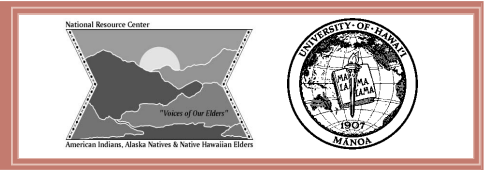




Identifying Our Needs: A Survey of Elders III



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- Use black or blue pen or a number 2 pencil.
- Make dark marks that fill the oval completely.
- Do not use pens with ink that soaks through the paper.
- Make no stray marks and do not bend survey.



Correct



Incorrect

GENERAL HEALTH STATUS

1. Would you say your health in general is excellent, very good, good, fair, or poor?

- Excellent
- Very Good
- Good
- Fair
- Poor

NUMBER OF TIMES

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2. During the past 12 months, how many different times did you stay in the hospital overnight or longer?

3. Has a doctor ever told you that you had any of the following diseases . . . (Please mark all that apply)

- Arthritis?
- Congestive Heart Failure?
- Stroke?
- Asthma?
- Cataracts?
- High Blood Pressure?
- Osteoporosis?
- Depression?
- Diabetes?
- (For men only) Prostate Cancer?
- Colon/Rectal Cancer?
- Lung Cancer?
- (For women only) Breast Cancer?
- (For women only) Cervical Cancer?
- Other Cancer?

- Do you take oral medication?
- Do you take insulin?
- Are you on dialysis?
- (For women only) Was this only during a pregnancy?

NUMBER OF FALLS

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

4. How many falls, if any, have you had in the past year?

ACTIVITIES OF DAILY LIVING (ADL'S)

5. Because of a health or physical problem that lasted more than 3 months, did you have any difficulty... (Please mark all that apply)

- Bathing or showering?
- Dressing?
- Eating?
- Getting in or out of bed?
- Walking?
- Using the toilet, including getting to the toilet?

6. Because of a health or physical problem that lasted longer than 3 months, did you have any difficulty... (Please mark all that apply)

- Preparing your own meals?
- Shopping for personal items (such as toilet items or medicines)?
- Managing your money (such as keeping track of expenses or paying bills)?
- Using the telephone?
- Doing heavy housework (such as scrubbing floors, or washing windows)?
- Doing light housework (such as doing dishes, straightening up, or light clean up)?
- Getting outside?

VISION, HEARING & DENTAL

7. Do you have total blindness in one or both eyes?

- Yes, one eye
- Yes, both eyes
- No

8. Do you use eyeglasses or contact lenses?

- Yes
- No

9. Do you have trouble seeing with one or both eyes (even when wearing glasses or contact lenses)?

- Yes, one eye
- Yes, both eyes
- No

10. Have you seen an optometrist (eye doctor) in the past year?

- Yes
- No

11. Do you now have total deafness in one or both ears?

- Yes, one ear
- Yes, both ears
- No

12. Do you use a hearing aid?

- Yes
- No

13. Do you have trouble hearing (even when wearing your hearing aid)?

- Yes
- No

14. Have you had a hearing test in the past year?

- Yes
- No

15. What type of dental care do you need now? (Please mark all that apply)

- Teeth filled or replaced (for example, fillings, crowns, and/or bridges)
- Teeth pulled
- Gum treatment
- Denture work (new dentures)
- Relief of pain
- Work to improve appearance (for example, braces or bonding)
- Other
- None

PLEASE DO NOT WRITE IN THIS AREA



16. Have you seen a dentist or dental hygienist in the past year?

- Yes No

SCREENING

17. About how long ago has it been since you last visited a doctor/health care provider for a routine check-up?

- Never had a check-up Within the past 3 years
 Within the past year Within the past 5 years
 Within the past 2 years 5 or more years ago

18. How long has it been since you had your stool tested for blood using a home kit?

- Never had this test Within the past 3 years
 Within the past year Within the past 5 years
 Within the past 2 years 5 or more years ago

19. (FOR WOMEN ONLY) How long has it been since you had your last mammogram?

- Never had this test Within the past 3 years
 Within the past year Within the past 5 years
 Within the past 2 years 5 or more years ago

20. (FOR WOMEN ONLY) How long has it been since you had your last Pap smear?

- Never had this test Within the past 3 years
 Within the past year Within the past 5 years
 Within the past 2 years 5 or more years ago

21. (FOR MEN ONLY) How long has it been since you had your last PSA, prostate-specific antigen test, a blood test used to check MEN for prostate cancer?

- Never had this test Within the past 3 years
 Within the past year Within the past 5 years
 Within the past 2 years 5 or more years ago

HEALTH CARE ACCESS

22. What type of health care coverage do you have? (Please mark all that apply)

- Medicare Veteran's administration
 Medicaid Indian Health Service
 Private Insurance: Health/Medical Alaska Native Health Organization
 Private Insurance: Long-term care Indian Health/Tribal Insurance
 Other: _____

23. Do you have one person you think of as your personal doctor or health care provider?

- Yes, only one No
 More than one Don't know/not sure

24. When you are sick or need professional advice about your health, to which of the following places do you usually go? (Please mark all that apply)

- A doctor's office Urgent care center
 A clinic Community Health Aide (CHA/CHR)
 A hospital outpatient department Traditional healer
 A hospital emergency room No usual place
 Other: _____

25. Have any of the following kept you from medical care in the past 12 months? (Please mark all that apply)

- Cost No child care
 Distance No transportation
 Office wasn't open when I could get there No access for people with disabilities
 Too long a wait for an appointment No one spoke my language
 Too long a wait in waiting room Other: _____

TOBACCO & ALCOHOL USAGE

26. Do you smoke cigarettes now?

- Yes, everyday
 Yes, some days (e.g. ceremonial or social)
 No (If no, skip to question #28)

27. How many cigarettes do you smoke per day?

NUMBER OF CIGARETTES

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

28. Do you use chewing tobacco or snuff?

- Yes
 No (If no, skip to question #30)

29. How many containers of snuff or chewing tobacco per week do you use?

NUMBER OF CONTAINERS

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

30. The next few questions are about drinks of alcoholic beverages. By a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. How long has it been since you last drank an alcoholic beverage?

- Within the past 30 days
 More than 30 days ago but within the past 12 months
 More than 12 months ago but within the past 3 years
 More than 3 years ago
 I have never had an alcoholic drink in my life (skip to question #32)

31. During the past 30 days, on how many days did you have five or more drinks on the same occasion? (By "occasion," we mean at the same time or within a couple hours of each other).

- None 3 to 5 days
 1 or 2 days 6 or more days

WEIGHT & NUTRITION

32. How tall are you without shoes?

FEET INCHES

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

33. How much do you weigh today?

POUNDS

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

34. Are you presently trying to lose or gain weight?

- Yes, trying to lose weight
 Yes, trying to gain weight
 No

35. Please mark all that apply to your nutritional health.

- I have an illness or condition that made me change the kind and/or amount of food I eat.
- I eat fewer than 2 meals per day.
- I eat few fruits or vegetables or milk products.
- I have 3 or more drinks of beer, liquor or wine almost every day.
- I have tooth or mouth problems that make it hard for me to eat.
- I don't always have enough money to buy the food I need.
- I eat alone most of the time.
- I take 3 or more different prescribed or over-the-counter drugs a day.
- Without wanting to, I have lost or gained 10 pounds in the last 6 months.
- I am not always physically able to shop, cook and/or feed myself.

36. Over the past 30 days, what vigorous exercises did you do? (Please mark all that apply)

- Aerobics
- Bicycling or bicycling on a stationary bike
- Gardening
- Jogging
- Running
- Walking
- Swimming
- Weight Lifting
- Yard Work
- Traditional Dancing (Pow-wow, Hula)

SOCIAL SUPPORT/HOUSING

37. How often do you attend traditional ceremonies?

TIMES PER MONTH

38. How often do you attend church or religious services?

TIMES PER MONTH

39. How often do you attend meetings, clubs, or organizations that you belong to? (besides tradition ceremonies or religious meetings)?

TIMES PER MONTH

40. How long have you lived at your present address?

- Less than 10 years
- 10-20 years
- Over 20 years

41. What type of housing do you presently have?

- Single family residence
- An apartment
- Sleeping room/boarding house
- *Retirement home
- *A health facility (available medical personnel)
- Homeless
- Other

*(If retirement home/health facility is marked, skip to question #46.)

42. Are you living with family members, non-family members, or alone?

- With family members
- With non-family members
- With both family and non-family members
- Alone

43. How many (including yourself) live in your household?

NUMBER IN HOUSEHOLD

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

44. Do you have a family member who provides care for you?

- Yes
- No

45. Do you take care of grandchildren?

- Yes
- No

46. Are you now using, or if at some point you became unable to meet your own needs, would you be willing to use the following services? (Please mark all that apply)

(Interviewer, please see guide for definitions).

Now Using	Would Use	
<input type="checkbox"/>	<input type="checkbox"/>	Adult Day Care
<input type="checkbox"/>	<input type="checkbox"/>	Caregiver Program
<input type="checkbox"/>	<input type="checkbox"/>	Case Management
<input type="checkbox"/>	<input type="checkbox"/>	Elder Abuse prevention Programs
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Response Systems
<input type="checkbox"/>	<input type="checkbox"/>	Employment Services
<input type="checkbox"/>	<input type="checkbox"/>	Financial Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Home Health Services
<input type="checkbox"/>	<input type="checkbox"/>	Home Repair
<input type="checkbox"/>	<input type="checkbox"/>	Home Modification
<input type="checkbox"/>	<input type="checkbox"/>	Information and Referral/Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Home Delivered meals
<input type="checkbox"/>	<input type="checkbox"/>	Congregate meals
<input type="checkbox"/>	<input type="checkbox"/>	Personal care
<input type="checkbox"/>	<input type="checkbox"/>	Respite care
<input type="checkbox"/>	<input type="checkbox"/>	Assisted Living
<input type="checkbox"/>	<input type="checkbox"/>	Retirement communities
<input type="checkbox"/>	<input type="checkbox"/>	Nursing Facilities
<input type="checkbox"/>	<input type="checkbox"/>	Government Assisted Housing
<input type="checkbox"/>	<input type="checkbox"/>	Shared Housing
<input type="checkbox"/>	<input type="checkbox"/>	Senior Center Programs
<input type="checkbox"/>	<input type="checkbox"/>	Telephone Reassurance
<input type="checkbox"/>	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Services

47. Have you been employed full or part-time during the past 12 months?

- Full-time
- Part-time
- No

DEMOGRAPHICS

48. Gender

- Male
- Female

49. Age

ENTER AGE

0	0	0
1	1	1
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

50. Current marital status

- Married or living with partner
- Single/never married
- Divorced or separated
- Widowed

51. What is your personal annual income?

- Under \$5,000
- \$5,000 - \$6,999
- \$7,000 - \$9,999
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 or more

52. What is the highest grade or year of school you completed?
- Never attended or kindergarten only 0
- Elementary 1 2 3 4 5 6 7 8
- High School 9 10 11 12
- College/Technical School 13 14 15 16
- Graduate/Professional School 17

53. What zip code and county/borough do you currently reside?

Zip Code					County/Borough
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

54. Are you American Indian, Alaska Native, Native Hawaiian, or other?
- American Indian Native Hawaiian
 Alaska Native Other
55. Do you reside on/in a reservation, trust land, Alaska village, or Hawaiian homeland?
- Yes (go to next question) No (If no, skip to question #57)
56. How long have you lived on/in a reservation, trust land, Alaska village or Hawaiian homeland?
- Less than 5 years More than 5 years
57. Are you an enrolled member of a federally recognized tribe?
- Yes No
- Tribal Affiliation**
-
58. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?
- Yes No

62. How much of the time, during the past month, have you felt downhearted and blue?
- All of the time Some of the time
 Most of the time A little of the time
 A good bit of the time None of the time
63. How much of the time, during the past month, have you felt so down in the dumps that nothing could cheer you up?
- All of the time Some of the time
 Most of the time A little of the time
 A good bit of the time None of the time
64. We would like to ask the extent to which you feel you can personally influence things by what you do or say. How much influence do you feel over your life in general?
- Almost no influence A lot of influence
 Little influence Total influence
 Some influence
65. Do you have a lot of pride in your American Indian, Alaska Native or Native Hawaiian ethnic group?
- All of the time Some of the time
 Most of the time A little of the time
 A good bit of the times None of the time
66. Do you participate in cultural practices that include traditional food, music and customs?
- All of the time Some of the time
 Most of the time A little of the time
 A good bit of the times None of the time
67. Do family or friends ever help you out in the following ways:
- a. When you are sick?
- Never/ Hardly ever Sometimes All/Most of the time
- b. Shop or run errands for you?
- Never/ Hardly ever Sometimes All/Most of the time
- c. Give you gifts?
- Never/ Hardly ever Sometimes All/Most of the time
- d. Help you out with money?
- Never/ Hardly ever Sometimes All/Most of the time
- e. Fix things around your house?
- Never/ Hardly ever Sometimes All/Most of the time
- f. Keep house for you or help do household chores?
- Never/ Hardly ever Sometimes All/Most of the time
- g. Give advice on business or financial matters?
- Never/ Hardly ever Sometimes All/Most of the time
- h. Provide companionship to you?
- Never/ Hardly ever Sometimes All/Most of the time
- i. Listen to your problems?
- Never/ Hardly ever Sometimes All/Most of the time
- j. Provide transportation for you?
- Never/ Hardly ever Sometimes All/Most of the time

SOCIAL FUNCTIONING

59. During the past month, how much of the time were you a happy person?
- All of the time Some of the time
 Most of the time A little of the time
 A good bit of the time None of the time
60. How much of the time, during the past month, have you felt calm and peaceful?
- All of the time Some of the time
 Most of the time A little of the time
 A good bit of the time None of the time
61. How much of the time, during the past month, have you been a very nervous person?
- All of the time Some of the time
 Most of the time A little of the time
 A good bit of the time None of the time