

ID # _____

Survey 2



We would like to thank you for being willing to complete this second survey. This survey is just as important as the first one. Your candid answers to the items in this survey are very important to us. This will not take too long to complete. Remember....

- **you should complete this survey AFTER you have worn the meter for seven days,**
- we want to know what you think,
- there are no right or wrong answers,
- everything you tell us will be kept strictly confidential (secret), and
- please don't skip any questions.
- Please do not include your name anywhere on this survey or on the return envelope.

If you prefer, call us toll-free at **1-800-990-6757** and we can do some or all of the survey by phone.

For Office Use Only

Date mailed _____

Date received _____

Date entered _____

By _____

Date entered _____

By _____

A. Social Cohesion of Neighborhood

How much do you agree or disagree with the following statements? Please **CIRCLE** a number between 1 and 5, with 1=strongly disagree and 5=strongly agree, for each item below.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. People around my neighborhood are willing to help their neighbors.	1	2	3	4	5
2. This is a close-knit neighborhood.	1	2	3	4	5
3. People in this neighborhood can be trusted.	1	2	3	4	5
4. People in this neighborhood generally don't get along with each other.	1	2	3	4	5
5. People in this neighborhood do not share the same values.	1	2	3	4	5



B. Social Life in Your Neighborhood

These questions are about interactions with your neighbors. Neighbors are people who live nearby, including your apartment complex. They do not have to live on your street, but they should live within a short (10-15 minute) walking distance. Do not consider neighbors who are also relatives and do not count neighbors who are children.

How many days in the past month (**30 days**) have you:

Please provide one number, not a range. If none, put "0".

- a. _____ days Waved to a neighbor
- b. _____ days Said hello to a neighbor
- c. _____ days Stopped and talked with a neighbor
- d. _____ days Gone to a neighbor's home to socialize
- e. _____ days Had a neighbor at your home to socialize
- f. _____ days Gone somewhere (restaurant, shopping, ball game) with a neighbor
- g. _____ days Asked a neighbor for help
- h. _____ days Sought advice from a neighbor
- i. _____ days Borrowed things and exchanged favors with a neighbor

C. Quality of Life

The next questions are about how you feel about different aspects of your life. Please **CIRCLE** one answer.

1. In general, would you say your health is:

1	2	3	4	5
Excellent	Very Good	Good	Fair	Poor

2. All things considered, how satisfied are you with your life as a whole?

1	2	3	4	5
Very Satisfied	Moderately satisfied	No feelings either way	Moderately dissatisfied	Very dissatisfied

3. During the **past 4 weeks**, how much did pain interfere with your normal work (including both work outside the home and housework)?

1	2	3	4	5
Not at all	A little bit	Moderately	Quite a bit	Extremely

4. How often do you feel isolated from others?

1	2	3
Hardly ever	Some of the time	Often

D. Activity Checklist

Please **CIRCLE** the option that applies to you.

1. Which of the following statements best describes **how active** you have been during the past 4 weeks, that is, had hobbies, work, social activities, or other activities that kept you busy?

1	2	3	4	5	6
Not at all active	A little active	Fairly active	Quite active	Very active	Extremely active

2. Which of the following statements best describes **how physically active** you have been during the past 4 weeks, that is, done activities such as brisk walking, swimming, dancing, general conditioning, or recreational sports?

1	2	3	4	5	6
Not at all active	A little active	Fairly active	Quite active	Very active	Extremely active

3. During the past 4 weeks, about how many **flights of stairs** did you climb during a typical day? (1 flight = 12-15 steps, equivalent to going from one floor to another)

1	2	3	4	5
None	Less than one	1-2 flights	3-4 flights	5 or more flights

Think about the past 4 weeks. The next few pages list various activities you might have done.

Step 1: Number of times each week.

For each activity, write on the line provided **how many times during an average week** you did that activity. If you did an activity less than once a week, please write a zero "0" on the line provided. **Please write only one number, not a range.**

Step 2: Total time each week.

If you did the activity at least once a week, circle one letter representing how much total time you spent doing it **during an average week**. **Please circle only one letter.**

	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
Social Activities:							
EXAMPLE: Meet friends for lunch	<u>2</u> times per week	a	<input checked="" type="radio"/> b	c	d	e	f
4. Visit with friends or family (other than those you live with)	___ times per week	a	b	c	d	e	f
5. Go to the senior center	___ times per week	a	b	c	d	e	f
6. Do volunteer work	___ times per week	a	b	c	d	e	f
7. Attend church or take part in church activities	___ times per week	a	b	c	d	e	f
8. Attend other club or group meetings	___ times per week	a	b	c	d	e	f



Recreation and Hobbies:	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
9. Use a computer	___times per week	a	b	c	d	e	f
10. Dance (such as square, folk, line, ballroom). Do not include aerobic dance here.	___times per week	a	b	c	d	e	f
11. Do woodworking, needlework, drawing, or other arts or crafts	___times per week	a	b	c	d	e	f
12. Play golf, riding in a cart (count <u>riding time</u> only)	___times per week	a	b	c	d	e	f
13. Play golf, carrying or pulling your equipment from hole to hole (count <u>walking time</u> only)	___times per week	a	b	c	d	e	f
14. Attend a concert, movie, lecture, or sport event	___times per week	a	b	c	d	e	f
15. Play cards, bingo, or board games with other people	___times per week	a	b	c	d	e	f
16. Shoot pool or billiards	___times per week	a	b	c	d	e	f
17. Play singles tennis (do <u>not</u> count doubles)	___times per week	a	b	c	d	e	f

	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
18. Play doubles tennis (do <u>not</u> count singles)	___times per week	a	b	c	d	e	f
19. Skate (ice, roller, in-line)	___times per week	a	b	c	d	e	f
20. Play a musical instrument	___times per week	a	b	c	d	e	f
21. Read	___times per week	a	b	c	d	e	f
22. Watch TV	___times per week	a	b	c	d	e	f
23. Talk on the phone	___times per week	a	b	c	d	e	f
24. Sit and talk with friends (not on phone) or listen to music	___times per week	a	b	c	d	e	f

Work around the house:	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
25. Do heavy work around the house (such as washing windows, cleaning gutters)	___times per week	a	b	c	d	e	f
26. Do light work around the house (such as sweeping or vacuuming)	___times per week	a	b	c	d	e	f

	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
27. Do heavy gardening (such as spading or raking)	___times per week	a	b	c	d	e	f
28. Do light gardening (such as watering plants)	___times per week	a	b	c	d	e	f

Transportation	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
29. Drive a car	___times per week	a	b	c	d	e	f
30. Ride in a car being driven by someone else	___times per week	a	b	c	d	e	f
31. Travel by bus, on a regularly scheduled service	___times per week	a	b	c	d	e	f
32. Travel by subway, metro, ferry, rail, or train	___times per week	a	b	c	d	e	f
33. Use a "dial-a-ride" service or other senior transport service	___times per week	a	b	c	d	e	f
34. Walk to do <u>errands</u> (such as to/from a store – count <u>walk</u> time only)	___times per week	a	b	c	d	e	f
35. Bicycle to do <u>errands</u> (count <u>bicycling</u> time only)	___times per week	a	b	c	d	e	f

Walking and Jogging (Including Treadmill)	Number of Times a week (if none, write "0")	Less than 1 hour week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
36. Walk <u>leisurely</u> for exercise or pleasure	___times per week	a	b	c	d	e	f
37. Walk your dog	___times per week or <input type="checkbox"/> NO DOG	a	b	c	d	e	f
38. Walk <u>fast or briskly</u> for exercise (do <u>not</u> count walking leisurely or uphill)	___times per week	a	b	c	d	e	f
39. Walk uphill or hike uphill (count only uphill part)	___times per week	a	b	c	d	e	F
40. Jog or run	___times per week	a	b	c	d	e	f

Other Types of Exercise	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
41. Ride a bicycle or stationary cycle using <u>legs only</u>	___times per week	a	b	c	d	e	f
42. Do aerobic machines involving <u>arms and legs</u> (such as rowing or cross-country ski machines)	___times per week	a	b	c	d	e	f
43. Do stair or step machine	___times per week	a	b	c	d	e	f
44. Swim gently	___times per week	a	b	c	d	e	f
45. Swim moderately or fast	___times per week	a	b	c	d	e	f

Other Types of Exercise	Number of Times a week (if none, write "0")	Less than 1 hour a week	1-2½ hours a week	3-4½ hours a week	5-6½ hours a week	7-8½ hours a week	9 or more hours a week
46. Do water exercises (do <u>not</u> count other swimming)	___times per week	a	b	c	d	e	f
47. Do stretching or flexibility exercises (do <u>not</u> include yoga or Tai-chi)	___times per week	a	b	c	d	e	f
48. Do yoga or Tai-chi	___times per week	a	b	c	d	e	f
49. Do aerobics or aerobic dancing	___times per week	a	b	c	d	e	f
50. Do moderate to heavy strength training (such as hand-held weights of <u>more than 5 lbs.</u> , weight machines, or push-ups)	___times per week	a	b	c	d	e	f
51. Do light strength training (such as hand-held weights of <u>5 lbs. or less</u> or elastic bands)	___times per week	a	b	c	d	e	f
52. Do general conditioning exercises, such as light calisthenics or chair exercises (do <u>not</u> count strength training)	___times per week	a	b	c	d	e	f
53. Play basketball, soccer, or racquetball (do <u>not</u> count time on sidelines)	___times per week	a	b	c	d	e	f
54. Do other types of physical activity not previously mentioned (please specify): _____	___times per week	a	b	c	d	e	f

E. Daily Activities

Please rate **how much difficulty you would have** with each of the following activities. **CIRCLE** a number between 1 and 5 for each item below.

Without the help of someone else and without the use of any assistive walking device like a cane or walker, how much difficulty do you have...

	Cannot do	Quite a lot of difficulty	Some difficulty	A little difficulty	No difficulty
1. Walking 1 mile, taking rests as necessary	1	2	3	4	5
2. Running ½ mile or more	1	2	3	4	5
3. Going up and down a flight of stairs, without a handrail	1	2	3	4	5
4. Running a short distance, such as to catch a bus	1	2	3	4	5
5. Hiking a couple of miles	1	2	3	4	5
6. Going up and down 3 flights of stairs, with a handrail	1	2	3	4	5
7. Carrying something in both arms while climbing stairs	1	2	3	4	5
8. Getting up from the floor	1	2	3	4	5
9. Walking several blocks	1	2	3	4	5
10. Taking a 1 mile brisk walk without stopping to rest	1	2	3	4	5
11. Walking on a slippery surface outdoors	1	2	3	4	5
12. Stepping up and down from a curb	1	2	3	4	5
13. Getting into and out of a car	1	2	3	4	5
14. Stepping on and off a bus	1	2	3	4	5

15. Do you regularly use a cane, walker, or another walking device?

- 1. Yes
- 0. No **(If no, skip to Section F, page 12, Places for Activity)**

When you use your cane, walker, or other walking device, how much difficulty do you have...

	Cannot do	Quite a lot of difficulty	Some difficulty	A little difficulty	No difficulty
16. Walking 1 mile, taking rests as necessary	1	2	3	4	5
17. Going up and down a flight of stairs outside, without a handrail	1	2	3	4	5
18. Stepping up and down from a curb	1	2	3	4	5
19. Walking around one floor of your home, taking into consideration thresholds, doors, furniture, and a variety of floor coverings (e.g., rugs)	1	2	3	4	5
20. Walking several blocks	1	2	3	4	5
21. Taking a 1 mile, brisk walk without stopping to rest	1	2	3	4	5
22. Walking on a slippery surface outdoors	1	2	3	4	5





F. Places for Activity

The following questions ask about the places where you may do physical activity. Please **CIRCLE** the option that applies to you.

1. How often do you do physical activity inside your home or in the exercise room located in your building or complex?

1	2	3	4
More than once a week	Once a week	Less than once a week	Hardly ever

2. How often do you do physical activity in an indoor exercise facility (not in your building or complex), health club, community setting or shopping mall?

1	2	3	4
More than once a week	Once a week	Less than once a week	Hardly ever

3. How often do you do physical activity outdoors in a green or open space (e.g., park, outdoor recreation facility, or trail)? Do not include streets, sidewalks, or running track.

1	2	3	4
More than once a week	Once a week	Less than once a week	Hardly ever

4. How often do you do physical activity outdoors within your local neighborhood, mostly on streets, sidewalks, or a running track. Please think of your local neighborhood as the area within a 10-15 minute walk from your home. Do not include green or open space.

1	2	3	4
More than once a week	Once a week	Less than once a week	Hardly ever

5. How often do you do physical activity outdoors outside of your local neighborhood, mostly on streets, sidewalks, or a running track? Do not include green or open space.

1	2	3	4
More than once a week	Once a week	Less than once a week	Hardly ever

G. Neighborhood Preference

In this section, we'd like you to imagine moving from your current residence. Read the two options of potential places to move, and choose either option 1 or option 2 by **CHECKING** the one option that most appeals to you.

1. Would you rather move to...

- 1. A single-family, detached house
- 2. An apartment, condominium, townhouse, or other multi-family unit or residence

2. Would you rather move to...

- 1. A residence located in a 'seniors-only' or senior residential housing setting or neighborhood
- 2. A residence located in a multi-generational housing setting or neighborhood that is not targeted specifically to seniors

H. About Your Housing

Please **CHECK** your answer to the following questions.

1. Do you live in a neighborhood that consists of mostly senior citizens, or do you live in a multi-generational neighborhood?

- 1. Senior Neighborhood
- 2. Multi-generational

2. Do you live in a senior housing setting, such as a retirement community?

- 1. Yes
- 0. No **(If no, skip to Section I, page 14: Reasons for Moving Here)**

3. If you live in a senior housing setting, do you have exercise facilities or exercise classes available on-site?

- 1. Yes
- 0. No



You're making great progress.....keep it up!



I. Reasons for Moving Here

1. Have you moved to your current residence within the past 5 years?

1. Yes

0. No (if no, skip to SECTION J, page 15: Eating Habits)

If yes, please rate how important each of the following reasons was in your decision to move to your neighborhood. For each reason, please **CIRCLE** a number between 1 and 5, with 1 = not at all important and 5= very important, for each item below.

	Not at all important	1	2	Somewhat important	3	4	Very important	5
2. Affordability/Value	1	2	3	4	5			
3. Closeness to open space (e.g., parks)	1	2	3	4	5			
4. Closeness to job or school	1	2	3	4	5			
5. Closeness to public transportation	1	2	3	4	5			
6. Desire for nearby shops and services	1	2	3	4	5			
7. Ease of walking/To be able to drive less	1	2	3	4	5			
8. Sense of community	1	2	3	4	5			
9. Safety from crime	1	2	3	4	5			
10. Quality of schools	1	2	3	4	5			
11. Closeness to recreational facilities	1	2	3	4	5			
12. Access to freeways and/or driving routes	1	2	3	4	5			
13. Closeness to family or friends	1	2	3	4	5			
14. Ability to find desired size home	1	2	3	4	5			
15. Health reasons or to avoid stairs	1	2	3	4	5			
16. Closeness to senior services	1	2	3	4	5			
17. Closeness to medical care	1	2	3	4	5			
18. To live in a retirement community	1	2	3	4	5			

J. Eating Habits

For each of the following questions, please select the **one response** that is most correct for you at the present time. Please **CHECK ONE BOX** for each question.

1. Weight Change

In the past 6 months...

- I have **gained** quite a bit of weight (6 pounds or more)
- I have **gained** some weight (2 to 5 pounds)
- I have **gained** a little weight (less than 2 pounds)
- My weight has not changed
- I have **lost** some weight (2 to 5 pounds)
- I have **lost** quite a bit of weight (6 to 10 pounds)
- I have **lost** a lot of weight (more than 10 pounds)
- I don't know if I have lost or gained weight

2. Frequency of Eating

I usually eat...

- At least 3 times each **day**
- 2 times each **day**
- Less than 2 times each **day**

Please **CIRCLE** the option that applies to you.

3. I find it hard to bite or chew food...

0	1	2	3	4
Never	Rarely	Sometimes	Often	Always

4. I choke, cough, or have pain when I swallow food or fluids...

0	1	2	3	4
Never	Rarely	Sometimes	Often	Always

5. I take meal replacements or drink supplements (e.g., Ensure)...

0	1	2	3	4
Never	Rarely	Sometimes	Often	Always

6. My appetite is usually...

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

K. Food You Eat

Please think about what you usually ate or drank during the past month, that is, the past 30 days. Please read each question carefully and:

**Report how often you ate each food.
Mark only one response for each question.**

How often did you...	Never	1-3 times last month	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 or more times per day
EXAMPLE: eat soup	a	b	Ⓒ	d	e	f	g	h	i
1. usually eat cold cereals?	a	b	c	d	e	f	g	h	i
2. use milk, either to drink or on cereal?	a	b	c	d	e	f	g	h	i

2a. What kind of milk or milk-substitute (including soy milk) did you usually use?

- Whole milk
- 2% fat
- 1% fat
- ½% fat
- Non-fat or skim
- Did not drink milk in the past month



How often did you...	Never	1-3 times last month	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 or more times per day
3. usually eat bacon or sausage, not including low-fat, light, or turkey varieties?	a	b	c	d	e	f	g	h	i
4. usually eat hot dogs made of beef or pork?	a	b	c	d	e	f	g	h	i

How often did you...	Never	1-3 times last month	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 or more times per day
5. eat 100% whole grain bread, including toast, rolls, and in sandwiches? 100% whole grain breads include whole wheat, rye, oatmeal, and pumpernickel.	a	b	c	d	e	f	g	h	i
6. drink 100% fruit juice such as orange, grapefruit, apple, and grape juices? <u>Do not count</u> fruit drinks such as Kool-Aid, lemonade, cranberry juice cocktail, Hi-C, and Tang.	a	b	c	d	e	f	g	h	i
7. eat fruit? Count fresh, frozen, or canned fruit. Do not count juices.	a	b	c	d	e	f	g	h	i
8. use regular fat salad dressing or mayonnaise, including on salad and sandwiches? Do not include low-fat, light, or diet dressings.	a	b	c	d	e	f	g	h	i
9. eat lettuce or green leafy salad, with or without other vegetables?	a	b	c	d	e	f	g	h	i
10. eat French fries, home fries, or hash brown potatoes?	a	b	c	d	e	f	g	h	i

How often did you...	Never	1-3 times last month	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2 times per day	3 times per day	4 or more times per day
11. eat other white potatoes? Count baked potatoes, boiled potatoes, mashed potatoes, and potato salad. Do not include yams or sweet potatoes.	a	b	c	d	e	f	g	h	i
12. eat cooked beans, such as refried beans, baked beans, bean soup, and pork and beans?	a	b	c	d	e	f	g	h	i
13. usually eat other vegetables? Count any form of vegetable – raw, cooked, canned, or frozen. Do not count lettuce salads, white potatoes, cooked dried beans, or rice.	a	b	c	d	e	f	g	h	i
14. usually eat any kind of pasta? Count spaghetti, noodles, macaroni and cheese, pasta salad, rice noodles, soba, and any other kind of pasta.	a	b	c	d	e	f	g	h	i
15. eat peanuts, walnuts, seeds, or other nuts? Do not include peanut butter.	a	b	c	d	e	f	g	h	i
16. eat regular fat potato chips, tortilla chips, or corn chips? Do not include low-fat chips.	a	b	c	d	e	f	g	h	i



L. Neighborhood Food Environment

For each of these statements, please **CIRCLE** the option that applies to your neighborhood. In answering these questions, please think of your neighborhood as the area within about a 10-15 minute walk from your home.

1. It is easy to purchase fresh fruits and vegetables in my neighborhood.

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

2. There is a large selection of fresh fruits and vegetables available in my neighborhood.

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

3. The fresh produce in my neighborhood is of high quality.

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

4. It is easy to purchase low-fat products (such as low-fat milk or lean meats) in my neighborhood.

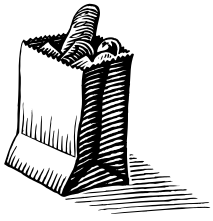
1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

5. There is a large selection of low-fat products available in my neighborhood.

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

6. The low-fat products in my neighborhood are of high quality.

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree



M. Food Procurement and Eating Locations

When you go shopping for food, how often do you go to each of the following types of stores? Please **CIRCLE** the one option that applies to you.

How often do you go to the...	Less than one time per month	About one time per month	About two times per month	About one time per week	Two or more times per week
1. Supermarket	a	b	c	d	e
2. Convenience store	a	b	c	d	e
3. Small grocery store or market/bodega	a	b	c	d	e
4. Bakery	a	b	c	d	e
5. Fruit/Vegetable store or farmer's market	a	b	c	d	e
6. Restaurant with waiter/waitress service	a	b	c	d	e
7. Buffet, cafeteria (including school or workplace cafeteria), or restaurant where you order at the counter and food is brought to your	a	b	c	d	e
8. Fast food restaurant	a	b	c	d	e
9. Deli (stand-alone or in shop)	a	b	c	d	e

How often do you go to the...	Less than one time per month	About one time per month	About two times per month	About one time per week	Two or more times per week
10. Bar, tavern, or lounge	a	b	c	d	e
11. Coffee shop	a	b	c	d	e



N. Quality of Transportation Services

1. In a typical week can you conveniently, safely and affordably travel to all the places you would like to?

- 1. Yes
- 0. No

2. Are there places you would like to go that you feel you cannot get to?

- 1. Yes
- 0. No **(if no, skip to question #4, page 22)**

3. If yes, which of the following destinations would you choose to visit but feel it is too difficult to arrange transportation? **Check all that apply.**

- a. Parks and open space
- b. Stores and services
- c. Medical services
- d. Theatres and places for entertainment
- e. The gym or fitness center
- f. A friend or family member's home
- g. Place of worship
- h. Library
- i. Other, please describe: _____

4. Please mark any of the following concerns which reduce the number of trips you might make by bus or dial-a-ride service (King County Metro Access Transportation)? **Check all that apply.**

- a. Concerns about safety
- b. Inability to pay the costs
- c. Unaware of existing options
- d. Not able to walk to vehicle
- e. Difficulty getting into vehicle
- f. Not able to travel alone
- g. Fearful of getting lost
- h. It is not senior friendly
- i. Have to reserve in advance
- j. Hours of service
- k. Limited service area
- l. Being stranded/having to wait
- m. No help with transportation
- n. Other, please describe: _____
- o. I do not use public transportation, and I do not plan to do so
- p. I do not use public transportation, but I would consider it

O. Ease of Everyday Activities

Please **CHECK** your answer to the following questions.

1. Are you increasingly forgetting important things that are interfering with your normal activities, (e.g. day, recent conversations) more than others your own age?
 - 1. Yes
 - 0. No
2. Are you losing track of things that you need to know well, like family events, news events or sports?
 - 1. Yes
 - 0. No
3. Are you often unable to find common words or familiar names, so you find it difficult to have a normal conversation?
 - 1. Yes
 - 0. No
4. Are you having trouble understanding what other people say, or what they mean, though your hearing is good?
 - 1. Yes
 - 0. No

5. Are you having trouble following the plots of books, TV shows, or movies?
 1. Yes
 0. No
6. Have you become lost or confused when you are driving or walking in a familiar place?
 1. Yes
 0. No
7. Are you having increasing trouble carrying out activities such as paying bills, writing checks, cooking meals, doing simple repairs?
 1. Yes
 0. No
8. Are you unable to keep up on your hobbies or activities because they have become too confusing?
 1. Yes
 0. No
9. Are you becoming overwhelmed by simple tasks that you need to complete in a short time?
 1. Yes
 0. No
10. Are others (spouse, children) taking over personal activities that you would ordinarily do (such as shopping, cleaning, banking, writing cards)?
 1. Yes
 0. No
11. Have you lost interest in going places, doing things, seeing people that you previously enjoyed?
 1. Yes
 0. No
12. Do others think your personality, character, or behavior has changed?
 1. Yes
 0. No
13. If you have noticed changes, have they increased over time?
 1. Yes
 0. No

P. Stress

These questions ask you about your feelings and thoughts during the last month. Please **CIRCLE** the option that applies to you.

1. In the last month, how often have you felt that you were unable to control the important things in your life?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

2. In the last month, how often have you felt confident about your ability to handle your personal problems?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

3. In the last month, how often have you felt that things were going your way?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

0	1	2	3	4
Never	Almost Never	Sometimes	Fairly Often	Very Often

Q. Attitudes towards Aging

1. Where do you rate yourself in terms of "successful aging"? Please **CIRCLE** a number between 0 and 10 with 0 = very unsuccessful and 10 = very successful.

0 1 2 3 4 5 6 7 8 9 10

Very unsuccessful ←————→ Very successful

2. Without looking at a clock or watch, fill in the numerals on this clock, and set the hands to 10 after 11:



For each statement, please **CIRCLE** a number between 1 and 5.

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all of the time
3. I am able to adjust to change	1	2	3	4	5
4. I tend to bounce back after illness or hardship	1	2	3	4	5
5. I work to attain my goals	1	2	3	4	5
6. I have a strong sense of purpose	1	2	3	4	5
7. I am in control of my life	1	2	3	4	5

8. In unclear times, I usually expect the best.

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree

R. General Information

1. Where did you live before your current residence?

a. _____
 Street Apt/Suite

 City State Zip Code

OR Cannot remember

b. How long did you live there? _____ years and _____ months

2. What was the reason you moved from this location? Please **check all that apply**:

- a. To be closer to family members
- b. Wanted a different type of house/dwelling
- c. To be nearer to shops and services
- d. To be able to drive less
- e. To avoid stairs
- f. Financial reasons
- g. Health reasons

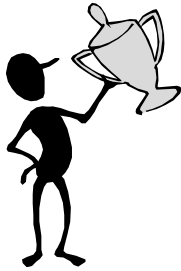
Please continue to the next page for the last two questions...

3a. Is English the only language you speak at home?

- 1. Yes **(if yes, skip to question #4)**
- 0. No

b. If no, what other languages do you speak at home?

4. Weight: _____ pounds



*You're Finished! Thank you for
your time and effort!*

Once you are finished wearing the activity meter for 7 days, mail this survey, the activity meter, and the activity meter log sheet back to us. Don't forget to use the return envelope we sent with the activity meter.

- ✓ Remember, the envelope should include 3 items:
 - the activity meter,
 - the activity meter log sheet,
 - and this survey.

If you don't have the envelope we provided, mail to:

The Neighborhood Quality of Life Study
3900 Fifth Avenue, Suite 310
San Diego, CA 92103

Please feel free to give us a call if you have any questions.

Our **toll-free** number is 1-800-990-6757.

You can also email questions to nqls@projects.sdsu.edu or
visit us on the web at www.nqls.org