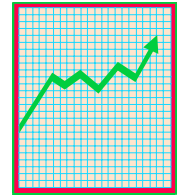
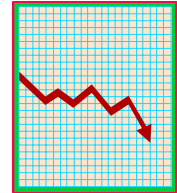


OLDER ADULT COMMUNITY HEALTH SURVEY



Please have the person 55 years or older with the next birthday in your household complete the survey.

If there is no one 55 and older in your household, please check this box and return it in the postage paid envelope.

GENERAL HEALTH

1. In general, how would you rate your health?

Excellent.....	<input type="checkbox"/>	1
Very good.....	<input type="checkbox"/>	2
Good.....	<input type="checkbox"/>	3
Fair.....	<input type="checkbox"/>	4
Poor.....	<input type="checkbox"/>	5

2. In the past 7 days, on how many days have you...
(CHECK ONE ANSWER FOR EACH QUESTION BELOW)

		0 Days	1 to 3 Days	4 to 7 Days
a.	Felt that everything was an effort?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Felt sad or lonely?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Enjoyed life?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Felt hopeful about the future?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Felt physically fit?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Feared for your personal safety?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Felt safe in your own home?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Have you been told by your doctor or health care provider to use a cane or walker to get around your home?

Yes.....	<input type="checkbox"/>	1	➔ CONTINUE WITH QUESTION 3a
No.....	<input type="checkbox"/>	2	➔ GO TO QUESTION 4

3a. How often do you use a cane or walker to get around your home?

Always.....	<input type="checkbox"/>	1
Nearly always.....	<input type="checkbox"/>	2
Sometimes.....	<input type="checkbox"/>	3
Seldom.....	<input type="checkbox"/>	4
Never.....	<input type="checkbox"/>	5

4. Some people have a need for minor modifications to their home for safety reasons. Does your home need or not need these modifications?
 (CHECK ONE ANSWER FOR EACH QUESTION BELOW)

		Home needs	Home does not need
a.	Grab bars in bathroom.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	Bath bench in shower or tub.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

5. In the past 12 months, have you fallen and injured yourself at home?

Yes.....	<input type="checkbox"/> ₁	➔ CONTINUE WITH QUESTION 5a
No.....	<input type="checkbox"/> ₂	➔ GO TO QUESTION 6

- 5a. For the treatment of your last injury due to a fall, did you...(CHECK ONLY ONE ANSWER)

Call an ambulance and receive treatment at home?.....	<input type="checkbox"/> ₁
Call an ambulance and go to the emergency room?.....	<input type="checkbox"/> ₂
Go to the emergency room on your own?.....	<input type="checkbox"/> ₃
See your personal physician?.....	<input type="checkbox"/> ₄
Go to Urgent Care?.....	<input type="checkbox"/> ₅
Not seek care immediately?.....	<input type="checkbox"/> ₆
Not seek care at all?.....	<input type="checkbox"/> ₇

- 5b. As a result of your last injury due to a fall, were you hospitalized?

Yes.....	<input type="checkbox"/> ₁
No.....	<input type="checkbox"/> ₂

6. In an average week, how many alcoholic beverages do you drink? (One drink equals one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.)

None.....	<input type="checkbox"/> ₁
One to two drinks per week.....	<input type="checkbox"/> ₂
Three to four drinks per week.....	<input type="checkbox"/> ₃
Five to seven drinks per week.....	<input type="checkbox"/> ₄
Eight or more drinks per week.....	<input type="checkbox"/> ₅

7. In the past 12 months, has your doctor or health care provider discussed prescription drug use including possible interactions between prescription drugs, over the counter drugs, alcohol, or other substances?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

CAREGIVER IN HOUSEHOLD

8. Are you caring for someone who is sick or disabled?

Yes	<input type="checkbox"/>	1	➔ CONTINUE WITH QUESTION 8a
No	<input type="checkbox"/>	2	➔ GO TO QUESTION 9

8a. What is the relationship of the person you are caring for?

Spouse	<input type="checkbox"/>	1
Child	<input type="checkbox"/>	2
Grandchild	<input type="checkbox"/>	3
Parent	<input type="checkbox"/>	4
Other relative	<input type="checkbox"/>	5
Other _____	<input type="checkbox"/>	6

8b. What is age of the person you are caring for? _____ years old

8c. If you were to become sick or disabled, do you have arrangements for someone else to take care of the person you are caring for?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

9. Is someone caring for you?

Yes	<input type="checkbox"/> ₁	➔ CONTINUE WITH QUESTION 9a
No	<input type="checkbox"/> ₂	➔ GO TO QUESTION 10

9a. What is the relationship of the person who is caring for you?

Spouse	<input type="checkbox"/> ₁
Child	<input type="checkbox"/> ₂
Grandchild	<input type="checkbox"/> ₃
Parent	<input type="checkbox"/> ₄
Other relative	<input type="checkbox"/> ₅
Other _____	<input type="checkbox"/> ₆

9b. What is age of the person who is caring for you? _____ years old

9c. If your caregiver were to become sick or disabled, do you have arrangements for your care?

Yes	<input type="checkbox"/> ₁
No	<input type="checkbox"/> ₂

TRANSPORTATION ISSUES

10. In the past month, which forms of transportation have you used?
(CHECK ONE ANSWER FOR EACH QUESTION BELOW)

		Yes	No
a.	Drive my own car	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	Ride with family or friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	City bus / Taxi	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.	Elder Care Line / Transit Express	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.	Lilac Bus	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f.	Walk.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g.	Ride with volunteer services.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h.	Other _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

11. Please state the level of difficulty you have had arranging transportation...
(CHECK ONE ANSWER FOR EACH QUESTION BELOW)

		Very Difficult	Somewhat Difficult	Not at all Difficult
a.	To medical or dental appointments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b.	For routine shopping (grocery, pharmacy, department store)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c.	To social activities or visiting others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d.	To religious worship services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e.	To a senior center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

MEALS

12. Do you generally eat meals alone?

Yes	<input type="checkbox"/> ₁
No	<input type="checkbox"/> ₂

13. In the past month, have you gone without a meal on any day?

Yes	<input type="checkbox"/> ₁	➔ CONTINUE WITH QUESTION 13a
No	<input type="checkbox"/> ₂	➔ GO TO QUESTION 14

13a. In the past month, which of the following were reasons you went without a meal?
(CHECK ONE ANSWER FOR EACH QUESTION BELOW)

		Yes	No
a.	I couldn't get to the store	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	I couldn't get to a food pantry	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	I couldn't prepare a meal	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.	I had no appetite	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.	I had no money for food	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f.	My home meal was not delivered	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

ASSISTANCE

14. What do you feel is the most important problem facing you of the list below?
(CHECK ONLY ONE ANSWER)

Health problems.....	<input type="checkbox"/> 1
Access to health care	<input type="checkbox"/> 2
Cost of prescriptions.....	<input type="checkbox"/> 3
Transportation.....	<input type="checkbox"/> 4
Staying in current residence	<input type="checkbox"/> 5
Home safety.....	<input type="checkbox"/> 6
Neighborhood safety.....	<input type="checkbox"/> 7
Property taxes.....	<input type="checkbox"/> 8

15. If you had any problems, where would you turn to for information?
(CHECK ALL THAT APPLY)

Family/friends	<input type="checkbox"/> 1	West Allis Health Department	<input type="checkbox"/> 7
Church/clergy.....	<input type="checkbox"/> 2	Newspapers, radio or television.....	<input type="checkbox"/> 8
Doctor or other health care provider.....	<input type="checkbox"/> 3	Internet.....	<input type="checkbox"/> 9
Senior Center.....	<input type="checkbox"/> 4	Library	<input type="checkbox"/> 10
West Central Interfaith.....	<input type="checkbox"/> 5	Phone book/yellow pages	<input type="checkbox"/> 11
Milwaukee County Department on Aging Resource Center.....	<input type="checkbox"/> 6	Toll-free hotline/helpline.....	<input type="checkbox"/> 12
		S.A.F.E. book.....	<input type="checkbox"/> 13

16. Do you have internet access at home?

Yes	<input type="checkbox"/> 1
No.....	<input type="checkbox"/> 2

17. Because of a physical or mental health condition, do you need help with...
(CHECK ONE ANSWER FOR EACH QUESTION BELOW)

		My Friends/ Family Help	I Pay for Help	I Need To Find Help	I Don't Need Help
a.	Personal care?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b.	Paperwork/finances?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c.	Household chores such as cleaning, maintenance or yard work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

18. If you have family and friends helping you now, how likely will they be able to continue giving you help a year from now?

Very likely	<input type="checkbox"/> ₁
Somewhat likely	<input type="checkbox"/> ₂
Not too likely	<input type="checkbox"/> ₃
Not likely at all	<input type="checkbox"/> ₄
My family/friends <u>do not</u> help now.....	<input type="checkbox"/> ₅

19. If you haven't received the help you need, what is most often the reason why?
(CHECK ONLY ONE ANSWER)

I <u>have</u> received the help I need.....	<input type="checkbox"/> ₁
I can't afford to pay for help	<input type="checkbox"/> ₂
I can't find reliable help	<input type="checkbox"/> ₃

20. Would neighbors, family or friends check on you if they hadn't heard from you ...
(CHECK ONE ANSWER FOR EACH QUESTION BELOW)

		Yes	No
a.	In 12 hours?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	In 24 hours?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	In 48 hours?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

21. In the past 12 months, were there any times when you did not have enough money to....
(CHECK ONE ANSWER FOR EACH QUESTION BELOW)

		Yes	No
a.	Pay for dental care?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	Pay for vision care or eyeglasses/contacts?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	Obtain a hearing aid?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.	Pay for medical care?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.	Fill a prescription for medicine?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f.	Buy the food you need?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g.	Pay your rent, mortgage or real estate taxes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h.	Pay your utility bills?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i.	Pay credit card bills?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j.	Pay for home repairs?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

ACTIVITIES

22. In the past week, did you... (CHECK ONE ANSWER FOR EACH QUESTION BELOW)

		Yes	No
a.	Go to worship services or other religious activity?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	Talk to family or friends on the phone?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	Go to a social event like a movie, play, concert, restaurant or club meeting?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.	Visit with family or friends in person in some other setting?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.	Volunteer for a church, hospital, library or other organization?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f.	Exercise or walk regularly?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

23. How often do you use the services or participate in the activities offered at a senior center?

Never	<input type="checkbox"/> ₁
Less than once per month	<input type="checkbox"/> ₂
1 to 3 times per month	<input type="checkbox"/> ₃
1 to 3 times per week	<input type="checkbox"/> ₄
4 to 6 times per week	<input type="checkbox"/> ₅

24. Regarding your present social activities, do you feel you ...

Do too much?	<input type="checkbox"/> ₁
Do about enough?.....	<input type="checkbox"/> ₂
Would like to be doing more?	<input type="checkbox"/> ₃

LIVING IN YOUR HOME

25. What is your current living situation? Do you live...

In a home that you own?.....	<input type="checkbox"/> ₁
In an apartment or home that you rent?	<input type="checkbox"/> ₂
With a relative in their home?	<input type="checkbox"/> ₃
Other _____	<input type="checkbox"/> ₄

26. How important is it that you live in your current residence as you grow older?

It is most important to me.....	<input type="checkbox"/> 1
It is very important to me.....	<input type="checkbox"/> 2
It is somewhat important to me	<input type="checkbox"/> 3
Not important.....	<input type="checkbox"/> 4

27. How confident are you that you will be able to continue living in your current residence for as long as you would like?

Very confident	<input type="checkbox"/> 1
Somewhat confident.....	<input type="checkbox"/> 2
Not too confident.....	<input type="checkbox"/> 3
Not confident at all	<input type="checkbox"/> 4

28. Why do you think you might need to move from your current residence?
(CHECK ALL THAT APPLY)

Health reasons	<input type="checkbox"/> 1
Economic reasons.....	<input type="checkbox"/> 2
Transportation reasons	<input type="checkbox"/> 3
Other reasons: _____	<input type="checkbox"/> 4
I do not think I will need to move.....	<input type="checkbox"/> 5

29. Have you made preparations for the future for ...
(CHECK ONE ANSWER FOR EACH QUESTION)

		Yes	No
a.	<u>Long-term</u> care such as in-home help, assisted living or nursing home options?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b.	Legal arrangements naming someone to make <u>health care</u> decisions on your behalf if you are not able to do so?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c.	Legal arrangements naming someone to make <u>financial</u> decisions on your behalf if you are not able to do so?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

YOU AND YOUR HOUSEHOLD

30. Including yourself, how many people live in your household? _____ number of people

31. With whom do you live? (CHECK ALL THAT APPLY)

Alone	<input type="checkbox"/> 1
With a partner or spouse.....	<input type="checkbox"/> 2
With my child.....	<input type="checkbox"/> 3
With my parent	<input type="checkbox"/> 4
With another relative (sister, brother, grandchild)	<input type="checkbox"/> 5
Someone else	<input type="checkbox"/> 6

32. What is your present age? _____ years

33. What is your racial heritage?

White, Caucasian	<input type="checkbox"/> 1
Black, African American.....	<input type="checkbox"/> 2
Asian	<input type="checkbox"/> 3
Native Hawaiian or other Pacific Islander	<input type="checkbox"/> 4
American Indian or Alaska Native.....	<input type="checkbox"/> 5
Some other race.....	<input type="checkbox"/> 6
Two or more races	<input type="checkbox"/> 7

34. Are you of Spanish, Latino or Hispanic origin?

Yes	<input type="checkbox"/> 1
No.....	<input type="checkbox"/> 2

35. What is the highest grade level of education you have completed?

Some high school or less.....	<input type="checkbox"/> 1
High school graduate or GED	<input type="checkbox"/> 2
Some college or technical school	<input type="checkbox"/> 3
Technical school graduate	<input type="checkbox"/> 4
College graduate.....	<input type="checkbox"/> 5
Advanced or professional degree	<input type="checkbox"/> 6

36. Are you employed...

Full-time	<input type="checkbox"/> 1
Part-time.....	<input type="checkbox"/> 2
Not employed for pay	<input type="checkbox"/> 3

37. What is your annual household income before taxes?

Less than \$10,000.....	<input type="checkbox"/> 1
\$10,000 to \$13,500	<input type="checkbox"/> 2
\$13,501 to \$17,000	<input type="checkbox"/> 3
\$17,001 to \$20,500	<input type="checkbox"/> 4
\$20,501 to \$25,000	<input type="checkbox"/> 5
\$25,001 to \$40,000	<input type="checkbox"/> 6
\$40,001 to \$60,000	<input type="checkbox"/> 7
\$60,001 or more	<input type="checkbox"/> 8

38. Where do you live?

City of West Allis	<input type="checkbox"/> 1
Village of West Milwaukee	<input type="checkbox"/> 2
Other	<input type="checkbox"/> 3

39. What is your zip code?

53214	<input type="checkbox"/> 1
53219	<input type="checkbox"/> 2
53227	<input type="checkbox"/> 3
Other	<input type="checkbox"/> 4

Thank you for completing this important questionnaire.
 Please send it in the enclosed postage paid envelope to:
JKV Research
W4443 Moore Road
Hilbert WI 54129