

Health Indicators Survey Tool:
Advancing Healthy Aging in Communities
United Hospital Fund (Revised in 2010)

COVER SHEET

Interview Date: _____

Respondent First Name: _____

Respondent Last Name: _____

Respondent Date of Birth:

Month (Jan – Dec):

_ _ _ _

Day (1-31):

_ _

Year:

_ _ _ _

Interviewer First Name: _____

Interviewer Last Name: _____

Health Indicators Manager records:

Respondent ID: _____

Respondent ID number: _____

Health Indicators Survey Tool:
Advancing Healthy Aging in Communities

Start Time: _____
[Interviewer records]

Interviewer Name

First Name: _____

Last Name: _____

Date of Interview:

(Interviewer Note: Record today's date)

Month (Jan – Dec):

Day (1-31):

Year:

2 0 ____

- | | | |
|-----------|---|---|
| A. | Case type
<i>[Circle All That Apply]</i> | <ol style="list-style-type: none">1. Case management2. Case assistance3. Healthcare management4. Healthcare assistance5. In-take/New client6. Group service7. Other |
| B. | Interview conducted by proxy
<i>(Interviewer Note: Mark yes if someone is answering on behalf of the respondent, such as a spouse, child, caregiver, etc. This does not apply for an interpreter assisted interview.)</i> | <ol style="list-style-type: none">1. Yes2. No → <i>MARK QUESTION C=97</i> |
| C. | If yes, then the proxy is being used because of:
<i>[Circle One]</i> | <ol style="list-style-type: none">1. Cognitive challenges2. Health condition96. Other97. <i>Not applicable (DO NOT READ)</i> |

Respondent ID number: _____

THE INTERVIEW BEGINS HERE

First, I have a few routine questions about you:

Q1.	Gender of respondent	1. Male 2. Female
Q2.	How old are you? <i>(Interviewer Note: Age must be between 60-110 years)</i>	___ __ __ (Record Number) 998. Don't know (<i>DO NOT READ</i>) 999. Refused (<i>DO NOT READ</i>)
Q3.	What language do you speak most often at home? <i>[If Necessary Read List]</i>	1. English 2. Spanish 3. Chinese 4. Russian 5. Other 98. Don't know (<i>DO NOT READ</i>) 99. Refused (<i>DO NOT READ</i>)
Q4.	How well do you speak English? <i>[Read List]</i>	1. Very well 2. Well 3. Not well 4. Not at all 98. Don't know (<i>DO NOT READ</i>) 99. Refused (<i>DO NOT READ</i>)
Q5.	Which one of the following would you say is your race? <i>[Read List; Circle One]</i>	1. White 2. Black or African American 3. Asian 4. Native Hawaiian or Other Pacific Islander 5. American Indian, Alaska Native 6. Other 98. Don't know (<i>DO NOT READ</i>) 99. Refused (<i>DO NOT READ</i>)
Q6.	Are you Hispanic or Latino?	1. Yes 2. No 98. Don't know (<i>DO NOT READ</i>) 99. Refused (<i>DO NOT READ</i>)

Respondent ID number: _____

-
- Q7. Where were you born? Please tell me the country.**
[If Necessary Read List]
- | | | | |
|-----|--------------------|-----|------------------------------------|
| 1. | USA | 33. | Italy |
| 2. | Argentina | 34. | Jamaica |
| 3. | Australia | 35. | Japan |
| 4. | Bangladesh | 36. | Korea |
| 5. | Barbados | 37. | Mexico |
| 6. | Belarus | 38. | Nicaragua |
| 7. | Bolivia | 39. | Nigeria |
| 8. | Brazil | 40. | Pakistan |
| 9. | Canada | 41. | Panama |
| 10. | Caribbean | 42. | Peru |
| 11. | Chile | 43. | Philippines |
| 12. | China | 44. | Poland |
| 13. | Columbia | 45. | Puerto Rico |
| 14. | Costa Rica | 46. | Romania |
| 15. | Cuba | 47. | Russia |
| 16. | Dominican Republic | 48. | Sierra Leone |
| 17. | Ecuador | 49. | South America |
| 18. | Egypt | 50. | Spain |
| 19. | El Salvador | 51. | Taiwan |
| 20. | France | 52. | Trinidad & Tobago |
| 21. | Germany | 53. | Turkey |
| 22. | Ghana | 54. | Ukraine |
| 23. | Greece | 55. | United Kingdom |
| 24. | Guatemala | 56. | Venezuela |
| 25. | Guyana | 57. | Vietnam |
| 26. | Haiti | 58. | West Indian |
| 27. | Honduras | 59. | Yugoslavia |
| 28. | Hong Kong | 60. | Other |
| 29. | Hungary | 98. | Don't know
<i>(DO NOT READ)</i> |
| 30. | India | 99. | Refused
<i>(DO NOT READ)</i> |
| 31. | Ireland | | |
| 32. | Israel | | |
-

Q8.	Do you live alone or live with other(s)?	1. Live alone → MARK Q9=97 2. Live with other(s) → ASK Q9 98. Don't know (DO NOT READ) → MARK Q9=97 99. Refused (DO NOT READ) → MARK Q9=97
Q9.	Who lives with you in your house or apartment? Do you live ... <i>[Read List; Circle All That Apply]</i>	1. with your spouse or partner 2. with your parent 3. with your child → MARK Q11=1 4. with a grandchild 5. with another relative 6. with friends 7. with a 24-hour or live-in aide 8. with someone else 97. Not applicable (DO NOT READ) 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)
Q10.	<u>ASK ALL RESPONDENTS</u> How many living children do you have? <i>[If Necessary Read List]</i> <i>(Interviewer Note: This is for children only and should not include grandchildren.)</i>	0. None → MARK Q11=97 1. One 2. Two 3. Three or more 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)
Q11.	How far away does the nearest child live? <i>[Read List]</i> <i>(Interviewer Note: If Q9 answer is "3. With your child", mark this question's answer as "1. Lives with child.")</i>	1. Lives with child (DO NOT READ) 2. Less than a half-hour away 3. Between a half-hour and 1 hour away 4. Between 1 and 2 hours away 5. More than 2 hours away 97. Not applicable/No living children (DO NOT READ) 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)

Now I'd like to ask you some general questions about your health insurance and health care experiences.

Q12. What is the primary health care insurance you use to pay for your doctor and hospital expenses?
[If Necessary Read List; Circle One]

(Interviewer Note: For explanation of the choices see Guide to Answering Health Insurance Questions)

1. Medicare
2. Medicare Advantage → MARK Q13=1
3. Medicaid → MARK Q13=1
4. Employer/union
5. Self or spouse-funded policy
6. Military
7. Other
8. None
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

Q13. What type of secondary health care insurance do you use to pay for your doctor and hospital expenses?
[If Necessary Read List; Circle All That Apply]

(Interviewer Note: For explanation of the choices see Guide to Answering Health Insurance Questions)

1. None
2. Employer/union
3. Medicaid
4. Medicare
5. Medicare supplement
6. Self or spouse funded policy
7. Military
8. Other
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

Q14. What type of insurance do you use to pay for your prescription drugs?
[If Necessary Read List; Circle All That Apply]

(Interviewer Note: For explanation of the choices see Guide to Answering Health Insurance Questions)

1. None
2. Medicare D
3. Medicare Advantage
4. Medicare supplement
5. Medicaid
6. Employer/union
7. State Pharmaceutical Insurance Coverage – such as EPIC in New York State
8. Military
9. Other
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

<p>Q15. Were there times in the past 12 months when you had problems paying for health care or health care related expenses? <i>(Interviewer Note: This may include dental work, eye glasses, prescription medications, and/or assistive devices such as a walker, wheelchair, or cane.)</i></p>	<p>1. Yes 2. No 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q16. Do you have a regular source of health care (practice/clinic/physician's office)?</p>	<p>1. Yes → ASK Q17 2. No → MARK Q17=97 98. Don't know (DO NOT READ) → MARK Q17=97 99. Refused (DO NOT READ) → MARK Q17=97</p>
<p>Q17. How many times in the past 12 months have you visited this regular source of health care because you thought you needed medical care or advice? <i>[If Necessary Read List]</i></p>	<p>1. None 2. 1-3 times 3. 4-6 times 4. 7 or more times 97. Not applicable (DO NOT READ) 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q18. During the last 12 months, how many times have you used a hospital emergency room? <i>[If Necessary Read List]</i></p>	<p>1. Once 2. More than once 3. Not at all 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q19. Have you signed a form that designates a health care proxy (someone who can make decisions for you about your health care if you are unable to do so yourself)?</p>	<p>1. Yes 2. No 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q20. How many prescription and non-prescription medications are you currently taking? <i>[If Necessary Read List]</i></p>	<p>1. None 2. 1-4 3. 5-9 4. 10+ 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q21. During the past 12 months, have you had a <u>flu shot</u>?</p>	<p>1. Yes 2. No 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q22. At what age was your most recent <u>pneumonia vaccine</u>?</p>	<p>1. Never 2. Below age 60 3. Age 60-64 4. Age 65 or older 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>

<p>Q23. In the past 12 months have you had your <u>blood pressure</u> taken?</p>	<ol style="list-style-type: none"> 1. Yes 2. No 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)
<p>Q24. In the past 12 months have you had a <u>hearing test</u>?</p>	<ol style="list-style-type: none"> 1. Yes 2. No 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)
<p>Q25. In the past 12 months have you seen an <u>eye doctor</u>?</p>	<ol style="list-style-type: none"> 1. Yes 2. No 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)
<p>Q26. In the past 12 months have you seen a <u>dentist</u>?</p>	<ol style="list-style-type: none"> 1. Yes 2. No 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)
<p>Q27. <u>ASK FEMALES ONLY – MARK 97 FOR MALES</u> When was the last time you had a <u>mammogram</u>? <i>[If Necessary Read List]</i></p>	<ol style="list-style-type: none"> 1. Within the past year 2. Within the past 2 years 3. Within the past 3 years 4. Within the past 5 years 5. 5 or more years ago 6. Never 97. <i>Not applicable (DO NOT READ) → MALES ONLY</i> 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)
<p>Q28. <u>ASK ALL RESPONDENTS</u> When was the last time you had a <u>colonoscopy</u>? <i>[If Necessary Read List]</i> <i>(Interviewer Note: Colonoscopy is an exam to check for signs of cancer or other health problems in the colon)</i></p>	<ol style="list-style-type: none"> 1. Within the past year 2. Within the past 5 years 3. Within the past 10 years 4. More than 10 years ago 5. Never 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)
<p>Q29. When was the last time you had a <u>bone mass measurement</u>? <i>[If Necessary Read List]</i> <i>(Interviewer Note: A bone mass measurement is also known as a bone density test and can diagnose osteoporosis and show whether a person is at risk for osteoporosis or brittle bones)</i></p>	<ol style="list-style-type: none"> 1. Within the past year 2. Within the past 2 years 3. Within the past 3 years 4. Within the past 5 years 5. 5 or more years ago 6. Never 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)

The next questions are about physical activities and habits.

<p>Q30. On average, how often do you do <u>vigorous</u> activities for <u>at least 20 minutes</u> that cause <u>heavy sweating</u> or <u>large increases in breathing</u> or <u>heart rate</u>? <i>[Read List]</i> <i>(Interviewer Note: Examples of vigorous activities might include fast walking, fast bicycling, jogging, strenuous swimming or sports play, vigorous aerobic dance and strenuous gardening)</i></p>	<p>1. Never 2. One to two times/week 3. Three or more times/week 98. Don't know (<i>DO NOT READ</i>) 99. Refused (<i>DO NOT READ</i>)</p>
<p>Q31. On average, how often do you do <u>light or moderate</u> activities for <u>at least 30 minutes</u> that cause only <u>light sweating</u> or <u>slight to moderate</u> increases in breathing or heart rate? <i>[Read List]</i> <i>(Interviewer Note: Examples of light or moderate activities include such activities as leisurely walking or bicycling, slow swimming or sports play, light or moderate aerobic dance, and light or moderate gardening)?</i></p>	<p>1. Never 2. Less than twice/week 3. Two to four times/week 4. Five or more times/week 98. Don't know (<i>DO NOT READ</i>) 99. Refused (<i>DO NOT READ</i>)</p>
<p>Q32. Do you now smoke cigarettes (or cigars or pipe)?</p>	<p>1. Yes 2. No 98. Don't know (<i>DO NOT READ</i>) 99. Refused (<i>DO NOT READ</i>)</p>
<p>Q33. In the past <u>month</u>, how often did you speak by phone with a family member who does not live with you? <i>[If Necessary Read List]</i></p>	<p>1. Every day 2. Few times/week 3. Once a week 4. Few times a month 5. Once a month 6. Not at all 97. <i>Not applicable/Don't have family members (DO NOT READ) → MARK Q34=97</i> 98. Don't know (<i>DO NOT READ</i>) 99. Refused (<i>DO NOT READ</i>)</p>
<p>Q34. In the past <u>month</u> how often have you seen a family member who does not live with you? <i>[If Necessary Read List]</i></p>	<p>1. Every day 2. Few times/week 3. Once a week 4. Few times a month 5. Once a month 6. Not at all 97. <i>Not applicable/Don't have family members (DO NOT READ)</i> 98. Don't know (<i>DO NOT READ</i>) 99. Refused (<i>DO NOT READ</i>)</p>

Q35. In the past month, how often have you socialized with friends?
[If Necessary Read List]

1. Every day
2. Few times/week
3. Once a week
4. Few times a month
5. Once a month
6. Not at all
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

Q36. Do you and your neighbors do favors and chores for each other?

1. Yes → ASK Q37
2. No → MARK Q37=97
98. Don't know (DO NOT READ) → MARK Q37=97
99. Refused (DO NOT READ) → MARK Q37=97

Q37. In a typical month, how often do you and your neighbors do favors and/or chores for each other?
[Read List]

1. Every day
2. Few times/week
3. Once a week
4. Few times a month
5. Once a month
6. Not at all
97. Not applicable (DO NOT READ)
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

Q38. On average, about how many times per week do you leave your home for any reason?
[If Necessary Read List]

1. Never / Less often than 1 time per week
2. 1-2 times per week
3. 3-6 times per week
4. Every day
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

Q39. Do you currently provide help or care, or arrange for help or care, to a relative or friend because they are unable to do some things for themselves?

1. Yes → ASK Q40
2. No → MARK Q40=97
98. Don't know (DO NOT READ) → MARK Q40=97
99. Refused (DO NOT READ) → MARK Q40=97

Q40. On average, how many hours per week are you helping or caring for this person?

1. 1 to 5 hours
2. 6 to 10 hours
3. 11 to 20 hours
4. More than 20 hours
97. Not applicable (DO NOT READ)
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

Now I'd like to ask you about your health.

Q41. Would you say that in general your health is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
98. Don't know (*DO NOT READ*)
99. Refused (*DO NOT READ*)

Q42. Has a doctor ever told you that you have diabetes?

1. Yes → ASK Q43 & ASK Q44
2. No → MARK Q43=97
98. Don't know (*DO NOT READ*) → MARK Q43=97
99. Refused (*DO NOT READ*) → MARK Q43=97

Q43. Do you feel that your symptoms are under control?
[Read List]

1. All of the time
2. Most of the time
3. Some of the time
4. Not at all
97. *Not applicable (DO NOT READ)* → MARK Q44=97
98. Don't know (*DO NOT READ*)
99. Refused (*DO NOT READ*)

Q44. In the past 12 months, did you go to a hospital emergency room because of diabetes problems or symptoms?

1. Yes
2. No
97. *Not applicable (DO NOT READ)*
98. Don't know (*DO NOT READ*)
99. Refused (*DO NOT READ*)

<p>Q45. Has a doctor ever told you that you have <u>lung disease or breathing problems, such as asthma, chronic bronchitis, or emphysema?</u></p>	<p>1. Yes → ASK Q46 & ASK Q47 2. No → MARK Q46=97 98. Don't know (DO NOT READ) → MARK Q46=97 99. Refused (DO NOT READ) → MARK Q46=97</p>
<p>Q46. Do you feel that your symptoms are under control? [Read List]</p>	<p>1. All of the time 2. Most of the time 3. Some of the time 4. Not at all 97. Not applicable (DO NOT READ) → MARK Q47=97 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q47. In the past 12 months, did you go to a hospital emergency room because of lung disease or breathing problems?</p>	<p>1. Yes 2. No 97. Not applicable (DO NOT READ) 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q48. Has a doctor ever told you that you have <u>high blood pressure?</u></p>	<p>1. Yes → ASK Q49 & ASK Q50 2. No → MARK Q49=97 98. Don't know (DO NOT READ) → MARK Q49=97 99. Refused (DO NOT READ) → MARK Q49=97</p>
<p>Q49. Do you feel that your blood pressure is under control? [Read List]</p>	<p>1. All of the time 2. Most of the time 3. Some of the time 4. Not at all 97. Not applicable (DO NOT READ) → MARK Q50=97 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q50. In the past 12 months, did you go to a hospital emergency room because of high blood pressure?</p>	<p>1. Yes 2. No 97. Not applicable (DO NOT READ) 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>

Q51. Has a doctor ever told you that you have heart disease?

1. Yes → ASK Q52, ASK Q53 & ASK Q54
2. No → MARK Q52=97
98. Don't know (DO NOT READ) → MARK Q52=97
99. Refused (DO NOT READ) → MARK Q52=97

Q52. Do you feel that your symptoms are under control?
[Read List]

1. All of the time
2. Most of the time
3. Some of the time
4. Not at all
97. Not applicable (DO NOT READ) → MARK Q53=97
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

Q53. In the past 12 months, did you go to a hospital emergency room because of heart disease?

1. Yes
2. No
97. Not applicable (DO NOT READ) → MARK Q54=97
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

Q54. Which of these heart conditions have you been told you have?
[Read List; Circle All That Apply]

1. Angina
2. Congestive Heart Failure
3. Coronary Artery Disease
4. Myocardial Infarction (heart attack)
5. Other
97. Not applicable (DO NOT READ)
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

Q55. Has a doctor ever told you that you are overweight or obese?

1. Yes
2. No
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

Q56. Has a doctor ever told you that you have any of the following conditions?
[Circle All That Apply]

1. None
2. Arthritis/Rheumatism
3. Cancer
4. Depression
5. Eye Disease
6. HIV/AIDS
7. Osteoporosis
8. Parkinson's Disease
9. Stroke
10. Thyroid Disease
98. Don't know (DO NOT READ)
99. Refused (DO NOT READ)

<p>Q57. Now, thinking about your <u>physical health</u>, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? [If Necessary Read List]</p>	<p>1. No days 2. 1-6 days 3. 7 or more days 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q58. Now, thinking about your <u>mental health</u>, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? [If Necessary Read List]</p>	<p>1. No days 2. 1-6 days 3. 7 or more days 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>IF Q57=NO DAYS AND Q58=NO DAYS, THEN MARK Q59=97</p>	
<p>Q59. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? [If Necessary Read List]</p>	<p>1. No days 2. 1-6 days 3. 7 or more days 97. Not applicable (DO NOT READ) 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q60. In the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?</p>	<p>1. Yes 2. No 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q61. In the past 2 weeks, have you been bothered by little interest or pleasure in doing things?</p>	<p>1. Yes 2. No 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q62. Have you fallen in the past 12 months?</p>	<p>1. Yes → ASK Q63 & ASK Q64 2. No → MARK Q63=97 98. Don't know (DO NOT READ) → MARK 63=97 99. Refused (DO NOT READ) → MARK Q63=97</p>
<p>Q63. Did you tell your doctor? [that you fell]</p>	<p>1. Yes 2. No 97. Not applicable (DO NOT READ) → MARK Q64=97 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>
<p>Q64. Did you go to a hospital emergency room because of a fall (in the past 12 months)?</p>	<p>1. Yes 2. No 97. Not applicable (DO NOT READ) 98. Don't know (DO NOT READ) 99. Refused (DO NOT READ)</p>

Q65. Do you use eyeglasses?

- 1. Yes
- 2. No
- 98. Don't know (*DO NOT READ*)
- 99. Refused (*DO NOT READ*)

Q66. Do you use a hearing aid?

- 1. Yes
- 2. No
- 98. Don't know (*DO NOT READ*)
- 99. Refused (*DO NOT READ*)

Q67. Do you use a cane?

- 1. Yes
- 2. No
- 98. Don't know (*DO NOT READ*)
- 99. Refused (*DO NOT READ*)

Q68. Do you use a walker?

- 1. Yes
- 2. No
- 98. Don't know (*DO NOT READ*)
- 99. Refused (*DO NOT READ*)

Q69. Do you use a wheelchair?

- 1. Yes
- 2. No
- 98. Don't know (*DO NOT READ*)
- 99. Refused (*DO NOT READ*)

Q70. Do you use a shopping cart to help you walk inside or outside?

- 1. Yes
- 2. No
- 98. Don't know (*DO NOT READ*)
- 99. Refused (*DO NOT READ*)

Q71. Do you use a scooter?

- 1. Yes
- 2. No
- 98. Don't know (*DO NOT READ*)
- 99. Refused (*DO NOT READ*)

Q72. Do you have a personal emergency button or cord?

- 1. Yes
- 2. No
- 98. Don't know (*DO NOT READ*)
- 99. Refused (*DO NOT READ*)

Thank respondent.

THE INTERVIEW ENDS HERE

End Time: _____

Duration of Interview (in minutes): _____

Respondent ID number: _____