Community Life Questionnaire for Senior Properties-Final

INTERVIEWER'S INTRODUCTION: Thank you for taking the time to answer our community survey. We are gathering information from residents to improve programs and services offered in the community. Your participation in this survey is voluntary and any questions you do not want to answer will be skipped.

Section A: Community Questions

INTERVIEWERS READ: I would like to start by asking you some questions about the community you live in and your support network.

1. In the following statements, tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. These questions are about the neighbors that live with you in Click or tap here to enter text.

Resident's Level of Agreement						*Do not Read*	
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Refused
I am comfortable with the neighbors in my building	☐	☐	☐	☐	☐	☐	☐
I could count on my neighbors if I had an urgent situation and needed help	☐	☐	☐	☐	☐	☐	☐
People generally get along in this building	☐	☐	☐	☐	☐	☐	☐

2. In the next question, please tell us how safe you feel

Resident's Response					*Do not Read*	
	I always feel safe	I feel safe most of the time	I feel safe sometimes	I never feel safe	Don't know	Refused
How safe do you feel in your apartment building?	☐	☐	☐	☐	☐	☐
How safe do you feel in your community?	☐	☐	☐	☐	☐	☐

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INTERVIEWER READ: The next questions are about your relationships with friends and family. This includes people who live close by or far away.

3. Considering the people to whom you are related by birth, marriage, adoption, etc.

	Resident's Response						*Do not Read*	
	none	one	two	three or four	five thru eight	nine or more	Don't know	Refused
How many relatives do you see or hear from at least once a month?	☐	☐	☐	☐	☐	☐	☐	☐
How many relatives do you feel at ease with that you can talk about private matters?	☐	☐	☐	☐	☐	☐	☐	☐
How many relatives do you feel close to such that you could call on them for help?	☐	☐	☐	☐	☐	☐	☐	☐

4. Now, considering all of your friends including those who live in your neighborhood

	Resident's Response						*Do not Read*	
	none	one	two	three or four	five thru eight	nine or more	Don't know	Refused
How many friends do you see or hear from at least once a month?	☐	☐	☐	☐	☐	☐	☐	☐
How many friends do you feel at ease with that you can talk about private matters?	☐	☐	☐	☐	☐	☐	☐	☐
How many friends do you feel close to such that you could call on them for help?	☐	☐	☐	☐	☐	☐	☐	☐

5. What programs in your building would you attend if they are offered?

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6. When you travel outside of Presidential Place, how do you typically get there?
Check all that apply

☐My car
☐Someone else's car
☐Public transportation
☐Paratransit services (for example RIDE, Logisticare)

Do not Read:
☐Don't know
☐Refused

7. Are you an active member of any of these groups or clubs? By "active" I mean regularly going to meetings or events held by the group.
Check all that apply

☐Church, Temple, Mosque, or other religious group
☐Recreation or sport league
☐Civic, political, service, housing site or other community organization
☐Professional, trade, or labor organization like a union

What other organizations do you belong to?

Do not Read:
☐None of the above
☐Don't know
☐Refused

8. Do you attend an adult day program? NEED TO DEFINE PROGRAM
☐Yes → GO TO QUESTION 9

☐No → GO TO QUESTION 11

Do not Read
☐Don't know
☐Refused

9. How many times a week do you attend the program?
Number of times ____________

10. Which program do you attend?

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Section B: Health and Well-being

INTERVIEWER READ: The next section is about your overall health. I would like to remind you that all answers will be kept confidential.

11. Compared to other people your age, would you say your health is:

☐Very good
☐Good
☐Fair
☐Poor

Do not Read
☐Don't know
☐Refused

12. Has a doctor or nurse practitioner ever told you have any of the following? For each tell me "yes", "no", or "don't know"

Condition	Yes	No	Don't know	Refused
High blood pressure or hypertension	☐	☐	☐	☐
Diabetes or high blood sugar	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
Chronic lung disease/breathing problems	☐	☐	☐	☐
Heart problems	☐	☐	☐	☐
Arthritis or rheumatism	☐	☐	☐	☐
Eye problems like cataracts, glaucoma, or macular degeneration	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Hearing loss or trouble hearing	☐	☐	☐	☐
Back pain	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Dental issues	☐	☐	☐	☐
Podiatric issues/issues with your feet	☐	☐	☐	☐
Thyroid issues	☐	☐	☐	☐

13. Do you have any other conditions?

☐Yes → GO TO QUESTION 14

☐No → ANSWER TOTAL NUMBER OF CONDITIONS

Do not Read
☐Don't know
☐Refused

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14. What are they?

____

Total number of conditions resident has ____________________

If the total number of conditions the resident has is 0 → GO TO QUESTION 18

If the resident has been diagnosed with any chronic conditions, please complete the following chart on how they manage those conditions.

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Condition Name	Medication for Condition		Annual Check-up for Condition		Dietary Changes for Condition	
	Has a doctor prescribed a medication for this condition?	Does the resident take the medication prescribed?	Has a doctor recommended a yearly appointment for this condition?	Does the resident see a doctor each year for the condition?	Has a doctor recommended changes in your diet because of this condition?	Have you consistently followed the changes in your diet your doctor recommends?
High blood pressure or hypertension	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Diabetes or high blood sugar	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Cancer	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Chronic lung disease/breathing problems	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Heart problems	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Arthritis or rheumatism	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Eye problems like cataracts, glaucoma, or macular degeneration	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Stroke	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused

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Condition Name	Medication for Condition		Annual Check-up for Condition		Dietary Changes for Condition	
	Has a doctor prescribed a medication for this condition?	Does the resident take the medication prescribed?	Has a doctor recommended a yearly appointment for this condition?	Does the resident see a doctor each year for the condition?	Has a doctor recommended changes in your diet because of this condition?	Have you consistently followed the changes in your diet your doctor recommends?
Hearing loss or trouble hearing	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Back pain	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Depression	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Dental issues	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Podiatric issues/issues with your feet	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Thyroid issues	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused
Other condition:	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused	☐Yes ☐No	☐Yes ☐No ☐Don't know ☐Refused

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18. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
☐Within the last year (any time less than 12 months ago)
☐Within the past 2 years (1 year but less than 2)
☐Within the past 5 years (2 years but less than 5 years)
☐5 or more years ago
☐Never

Do not Read
☐Don't know
☐Refused

If the resident is younger than 62, skip to Question 22

19. In the past 12 months, how many times have you fallen?

Number of times ________________

20. Do you ever limit your activities because you are afraid of falling?
☐Yes
☐Sometimes
☐No

Do not Read
☐Don't know
☐Refused

21. Do you feel like your apartment building and the surrounding property is hazard-free and easy to walk in?
☐Yes
☐Sometimes
☐No

Do not Read
☐Don't know
☐Refused

22. During the past 6 months, have you been a patient in the hospital?
☐Yes → GO TO QUESTION 23

☐No → GO TO QUESTION 24

Do not Read
☐Don't know
☐Refused

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23. How many times?

Number of times ________________

24. In the last week, how many days did you do physical exercise for at least 30 minutes?

Number of days ______________________________

Do not Read
☐Don't know
☐Refused

25. Is there anything that keeps you from exercising?

Interviewers do not read, select the best option based on the resident's response

☐ No, nothing keeps me from exercising
☐Don't have the space or the equipment
☐Not motivated
☐Physical or health limitations
☐Other (please specify)

Do not Read
☐Don't know
☐Refused

26. Do you have difficulty doing any of these activities on your own? For each tell me, "yes", "no", or "I don't know"

	Yes	No	Don't Know	If yes, do you receive help with this?		Who provides this help? (agency name)	*Do not Read*
				Yes	No		Refused
Bathing/showering	☐	☐	☐	☐	☐		☐
Dressing	☐	☐	☐	☐	☐		☐
Getting in and out of a bed or chair	☐	☐	☐	☐	☐		☐
Shopping	☐	☐	☐	☐	☐		☐
Preparing meals and/or eating	☐	☐	☐	☐	☐		☐
Doing laundry	☐	☐	☐	☐	☐		☐
Managing medications	☐	☐	☐	☐	☐		☐
Managing money or finances	☐	☐	☐	☐	☐		☐

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27. Who does the bulk of your housekeeping?

☐I do
☐A family member or friend → GO TO QUESTION 29

☐An outside agency → GO TO QUESTION 28

☐It does not get done

Do not Read
☐Don't know
☐Refused → GO TO QUESTION 29

28. If it is an outside agency, what is the name of the agency?

____

29. Do you have a PCA (personal care assistant) or home-health aid that comes to your apartment?

☐Yes → GO TO QUESTION 30

☐No → GO TO QUESTION 32

Do not Read
☐Don't know
☐Refused

30. How many hours a week does this person come to your home?
Number of hours ______________

31. What is the name of the agency that the PCA or home-health aid is from?

____

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Now, I'm going to ask you about your health insurance and places you go for health care

32. As of today, what type of health insurance do you have? (check all that apply)

☐Medicare
☐Medicaid
☐Both Medicare and Medicaid (dual eligible)

☐Supplemental insurance
☐Other (please specify)

→ GO TO QUESTION 33

☐ I don't have insurance → GO TO QUESTION 34

Do not Read
☐Don't know
☐Refused

33. If supplemental or other, who is your insurance provider (e.g. BCBS)?

____

____

34. What hospitals do you use?

____

____

35. Who is your doctor?

____

____

36. In the last 12 months, has there been a time when you did not buy a medication you were prescribed because you did not feel you could afford it?

☐Yes
☐No
☐n/a not on any medications

Do not Read
☐Don't know
☐Refused

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37. In the last 12 months, has there been a time when you did not go to a doctor's appointment, store, or someplace off-site because you could not afford transportation?

☐Yes
☐No

Do not Read
☐Don't know
☐Refused

Section C: Demographics

Now, I would like to ask a few questions about you

38. Are you currently working for pay?

☐Yes → GO TO QUESTION 39

☐No

Do no Read
☐Don't know
☐Refused

(No / Don't know / Refused) → GO TO QUESTION 40

39. What type of work do you do?

____

40. If no, what was your occupation before?

____

41. What is the highest level of schooling you completed?

☐Grade school
☐Some high school but did not graduate and did not get GED
☐Completed high school or got a GED
☐Vocational or trade school after high school
☐Some college or university
☐Associate's degree
☐Bachelor degree from a college or university
☐Post graduate degree from a college or university (for example, master's or doctorate)

Do not Read
☐Don't know
☐Refused

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42. Now thinking about the last year, were there times in the past 12 months when you did not have enough money to buy food that you needed?

☐Yes
☐No

Do not Read
☐Don't Know
☐Refused

43. In general, how do your finances usually work out at the end of the month? Is there:

☐Some money left over
☐Just enough to make ends meet, or
☐Not enough money to make ends meet

Do not Read
☐Don't Know
☐Refused

44. Do you currently receive food stamps? (if needed: SNAP)

☐Yes
☐No

Do not Read
☐Don't Know
☐Refused

45. What is your first or native language?

☐English
☐Spanish
☐Portuguese
☐Vietnamese
☐Russian
☐Haitian-Creole or French Creole
☐Chinese or Mandarin
☐Other (please specify)

46. Do you speak any other languages?

☐Yes → GO TO QUESTION 47

☐No → GO TO QUESTION 48

Do not Read
☐Don't know
☐Refused

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47. If yes, what languages do you speak?

____

48. Is there anything else you would like to share with us today?

____
____
____
____
____
____
____

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