

Participant Number: _____

Latino Elders

The Aging Gracefully Study



Questionnaire

Dear _____,

Thank you for agreeing to be in our study and for sharing your experiences with us. We hope to learn more about the experience of growing older from the Latino point of view, and we will share what we learn with you and with professionals who serve older adults. Hopefully, this study will help all of us to understand more about how Latino elders can live a happier and healthier life.

Although this questionnaire seems lengthy, it is printed in large type and many of the questions just need to be checked off. It only takes about an hour and a half to complete, and I will help you fill it out.

If you get tired and need a break, just let me know and we will stop and rest for a bit.

Let's discuss your GENERAL INFORMATION first...

1. Are you: 0 = _____ Male 1 = _____ Female
2. What is your age? _____ years
3. Approximate height in inches: _____ inches
4. Approximate weight in pounds: _____ lbs.
5. Which of these groups best describes you:
____ 1 = Mexican
____ 2 = Mexican American
____ 3 = Puerto Rican
____ 4 = Cuban
____ 5 = Other Hispanic/Latino: Please specify _____
____ 6 = Mixed race: Please specify: _____
6. Marital Status:
____ 1 = Never married
____ 2 = Divorced
____ 3 = Separated
____ 4 = Widowed
____ 5 = Living as married (cohabitating)
____ 6 = Married
7. List the relationships of all those who live in your household
____ 0 = I live alone
____ 1 = Spouse
____ 2 = Son (how many) ____
____ 3 = Daughter (how many) ____
____ 4 = Mother
____ 5 = Father
____ 6 = Mother-in-law
____ 7 = Father-in-law
____ 8 = Stepmother or stepmother-in-law
____ 9 = Stepfather or stepfather-in-law
____ 10 = Stepson or stepdaughter (how many) _____
____ 11 = Other relative (please describe) _____
____ 12 = Other non-relative (please describe) _____
8. _____ Number of Years of Education
9. Are you employed?
____ 0 = No, I am retired
____ 1 = No, I am unemployed
____ 2 = Yes, I work part time
____ 3 = Yes, I work full time

10. Monthly after-tax household income from all sources:
- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$500 | <input type="checkbox"/> \$2,500 -- \$3,000 | <input type="checkbox"/> \$5,000 -- \$5,500 |
| <input type="checkbox"/> \$500 -- \$1,000 | <input type="checkbox"/> \$3,000 -- \$3,500 | <input type="checkbox"/> \$5,500 -- \$6,000 |
| <input type="checkbox"/> \$1,000 -- \$1,500 | <input type="checkbox"/> \$3,500 -- \$4,000 | <input type="checkbox"/> \$6,000 -- \$6,500 |
| <input type="checkbox"/> \$1,500 -- \$2,000 | <input type="checkbox"/> \$4,000 -- \$4,500 | <input type="checkbox"/> \$6,500 -- \$7,000 |
| <input type="checkbox"/> \$2,000 -- \$2,500 | <input type="checkbox"/> \$4,500 -- \$5,000 | <input type="checkbox"/> Over \$7,000 |

11. What types of health insurance do you have? (check all that apply)

- 0 = None
 1 = Medicare
 2 = Medicaid
 3 = Employer sponsored group health insurance
 4 = Private health insurance
 5 = Other (please explain) _____

12. Next I have some questions about your mother.

Is your mother still living? Yes No

If alive, how old is she? _____

If not, how old was she when she passed away? _____

13. Compared to other people her age, how would you describe your mother's physical health in her later years? Would you say it was:

- 1 = A lot worse
 2 = A little worse
 3 = About the same
 4 = A little better
 5 = A lot better
 6 = Don't know

14. These questions are about your father

Is your father still living? Yes No

If alive, how old is he? _____

If not, how old was he when he died? _____

15. Compared to other people his age, how would you describe your father's physical health in later life? Would you say it was or is:

- 1 = A lot worse
 2 = A little worse
 3 = About the same
 4 = A little better
 5 = A lot better
 6 = Don't know

16. Do or did either of your parents have serious problems with memory or mental confusion?

- 0 = Neither had problems
- 1 = Mother had problems
- 2 = Father had problems
- 3 = Both had problems

17. How old were your grandparents when they died

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> 1. Mother's mother | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 2. Mother's father | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 3. Father's mother | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 4. Father's father | <input type="checkbox"/> Don't know |

Thinking back to your most recent doctor's visit...

18. What type of doctor did you see?

- 1. Primary care physician
- 2. Specialist (what type: _____)
- 3. Emergency room doctor
- 4. Urgent care doctor
- 5. Other (please explain: _____)

19. When was your most recent visit to this doctor?

Month _____ Year _____

20. What was the purpose of your visit? (**Please check all that apply**)

- 1. Illness
- 2. Accident/injury
- 3. Concern about a health issue
- 4. Routine checkup
- 5. Lab work or screening tests
- 6. Other (Please explain: _____)

21. Did the doctor discuss your health condition and/or lab results with you?

- 1 Yes
- 0 No (*skip to question 22*)

If yes, did the doctor discuss more than one way of dealing with your health condition and/or lab results?

- 1 Yes
- 0 No

22. Did your doctor prescribe medication?

- 1 Yes
- 0 No (*skip to question 23*)

23. If your doctor prescribed medication, which of the following occurred?
(Please check all that apply)
- 1. The doctor explained when to take my medication
 - 2. The doctor explained how often to my medication
 - 3. The doctor asked me to repeat the instructions, to be sure I understood
 - 4. At the end of the visit, the doctor asked me if I had any other questions or concerns
 - 5. When I left the doctor's office I completely understood when to take my medication
 - 6. When I left the doctor's office, I completely understood how often to take my medication
24. How many prescription medications do you currently take? _____
25. At your doctor's visit, did anyone interpret for you, so that you could communicate with your doctor?
- 1. Yes
 - 0. No (*skip to question 26*)

If you needed an interpreter, which of the following individuals did the interpreting for you?

- 1. Family member
- 2. Friend
- 3. Medical staff person
- 4. Professional interpreter

If your interpreter was a family member, what is their relationship to you?

- 1. Parent
- 2. Child
- 3. Sibling
- 4. Aunt/Uncle
- 5. Cousin
- 6. Other (**please specify:** _____)

26. Is your doctor....
- 1. Female
 - 0. Male

27. What is the racial/ethnic background of your doctor?
- 1. Asian
 - 2. Black/African American
 - 3. Anglo/White
 - 4. Latino/Hispanic
 - 5. Native American
 - 6. Other (please specify: _____)

28. Overall, how satisfied are you with your patient-doctor relationship?
(Please circle the number that best describes your level of satisfaction)

1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Completely Dissatisfied Completely Satisfied

29. What could the doctor do to make you more satisfied with your visits to her/his office?

30. *When you think about aging well what comes to mind? Please tell us what successful aging means to you....*

31. Overall, how physically active would you say you are (including your daily exercise, regular activity around the house, work in the yard, doing errands, etc.)
___ 0 = Spend most of my time sitting or lying down
___ 1 = Light physical activity, with frequent rest periods
___ 2 = Moderate physical activity, with occasional rest periods
___ 3 = On my feet and moving, most of the day

32. During the past month, how many of the following activities did you do for at least 15 minutes on three or more days of the week: (check all that apply)

- ___ 1 = Walk for exercise
- ___ 2 = Hike
- ___ 3 = Ride a bike or exercycle
- ___ 4 = Do calisthenics or aerobics
- ___ 5 = Swim or do water aerobics
- ___ 6 = Weight training or strengthening
- ___ 7 = Gardening
- ___ 8 = Other exercise (please describe) _____

33. Does your health limit the kinds or amounts of...

Intense activities that you can do (e.g., running; lifting heavy objects)

0 = No
 1 = Yes

Moderate activities that you can do (e.g., Walking one block, uphill, or a few flights of stairs)

0 = No
 1 = Yes

Light activities that you can do (e.g., carrying groceries; moving a table; bending or lifting)

0 = No
 1 = Yes

34. Would you say that on most days you eat...(check all that apply)

1. Breakfast: Yes No
2. Three meals a day: Yes No
3. A healthy and balanced diet Yes No

35. During the past month, did you have one or more alcoholic drinks?

0 = No (*skip to question 39*)
 1 = Yes

36. During the past month, on about **how many different days** did you have one or more alcoholic drinks? _____

37. During the past month, about how many alcoholic drinks did you USUALLY have in a DAY on the days that you drank? _____

38. On about how many days did you have five or more drinks on the same occasion during the past month? by occasion we mean at the same time or within a couple of hours of each other _____

39. Have you ever smoked regularly?

0 = No (*skip to next page*)
 1 = Yes

40. At what age did you begin smoking regularly? _____

41. Do you smoke cigarettes regularly now?

0 = No
 1 = Yes

42. How old were you when you last smoked regularly? _____

Next we will check off any MEDICAL CONDITIONS you might have

	<i>Please circle the number of each condition that you have, and then tell us how serious it is and whether there is a family history of the disorder</i>	<i>How serious is the condition? Please ✓</i>			<i>Is there a family history of this disorder? (circle answer)</i>	
		Mild	Moderate	Severe	No	Yes
1	Cancer				No	Yes
2	Heart attack or heart disease				No	Yes
3	Stroke				No	Yes
4	High blood pressure				No	Yes
5	Diabetes				No	Yes
6	Arthritis or joint problems				No	Yes
7	Blindness or poor vision that cannot be corrected				No	Yes
8	Hearing impairment				No	Yes
9	Neurological disorder (e.g., Parkinson's; multiple sclerosis)				No	Yes
10	Obesity				No	Yes
11	Drug or alcohol addiction				No	Yes
12	Alzheimer's disease				No	Yes
13	Schizophrenia or psychosis				No	Yes
14	Bi-Polar disorder				No	Yes
15	Slow learner or learning disorder				No	Yes

Please tell us about your relationship with the doctor who is most important to you, or the one you see the most often.

Please Circle the number that best describes how often you have the following experiences when you visit your doctor

MY DOCTOR...		Never	Seldom	Sometimes	Usually	Always	Not Sure
1	speaks the language I usually speak at home	1	2	3	4	5	6
2	has brochures or handouts in my preferred language in the waiting room	1	2	3	4	5	6
3	has some medical staff in the office from my racial/ethnic group	1	2	3	4	5	6
4	understands the different ideas that I and others from my group have about health practices	1	2	3	4	5	6
5	understands the differences between her/his culture and mine	1	2	3	4	5	6
6	acknowledges the importance of my cultural beliefs in treating me	1	2	3	4	5	6
7	respects my religious or spiritual beliefs	1	2	3	4	5	6
8	is flexible about providing alternative approaches to medical care	1	2	3	4	5	6

9	is willing to help me get healing remedies or services that are used in my culture	1	2	3	4	5	6
10	asks whether I am satisfied with the health services his office provides	1	2	3	4	5	
11	has earned my trust and confidence	1	2	3	4	5	6
	<i>My doctor's MEDICAL STAFF...</i>	Never	Seldom	Sometimes	Usually	Always	Not Sure
12	speak the language I usually speak at home	1	2	3	4	5	6
13	understand the different ideas that I and others from my group have about health practices	1	2	3	4	5	6
14	understand the differences between their culture and mine	1	2	3	4	5	6
15	acknowledge the importance of my cultural beliefs in treating me	1	2	3	4	5	6
16	respect my religious or spiritual beliefs	1	2	3	4	5	6
17	are willing to help me get healing remedies or services that are used in my culture	1	2	3	4	5	6

When you think about growing older, what is important to you?

<i>Please Circle the number that describes how important each of the following is to you</i>		Not at all Important	Slightly Important	Somewhat Important	Very important	Extremely Important
1	Living a very long time	1	2	3	4	5
2	Remaining in good health until close to death	1	2	3	4	5
3	Feeling satisfied with my life the majority of the time	1	2	3	4	5
4	Having the kind of genes (heredity) that would help me age well	1	2	3	4	5
5	Having friends and family who are there for me	1	2	3	4	5
6	Staying involved with the world and people around me	1	2	3	4	5
7	Being able to make choices about things that affect how I age, like my diet, exercise, and smoking	1	2	3	4	5
8	Not feeling lonely or isolated	1	2	3	4	5
9	Being able to meet all of my needs and some of my wants	1	2	3	4	5
10	Adjusting to changes that are related to aging	1	2	3	4	5

	<i>Please Circle the number that describes how important each of the following is to you</i>	Not at all Important	Slightly Important	Somewhat Important	Very important	Extremely Important
11	Being able to take care of myself until close to the time of my death	1	2	3	4	5
12	Having a sense of peace when thinking about the fact that I will not live forever	1	2	3	4	5
13	Feeling that I have been able to influence others' lives in positive ways	1	2	3	4	5
14	Having no regrets about how I have lived my life	1	2	3	4	5
15	Being able to work in paid or volunteer activities after usual retirement age (65 years)	1	2	3	4	5
16	Feeling good about myself	1	2	3	4	5
17	Being able to cope with the challenges of my later years	1	2	3	4	5
18	Remaining free of chronic disease	1	2	3	4	5
19	Continuing to learn new things	1	2	3	4	5
20	Being able to act according to my own inner standards and values	1	2	3	4	5

Please Share Some Thoughts about Your Life

<i>Please Circle the number</i> <i>that describes how much you agree or disagree with each statement</i>		Strongly Disagree	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Strongly Agree
1	I like most parts of my personality	1	2	3	4	5	6
2	I think it is important to have new experiences that challenge how you think about yourself and the world	1	2	3	4	5	6
3	The demands of everyday life often get me down	1	2	3	4	5	6
4	Maintaining close relationships has been difficult and frustrating for me	1	2	3	4	5	6
5	I tend to be influenced by people with strong opinions	1	2	3	4	5	6
6	I have confidence in my own opinions, even if they are different from the way most other people think	1	2	3	4	5	6
7	I live life one day at a time and don't really think about the future	1	2	3	4	5	6
8	I have not experienced many warm and trusting relationships with others	1	2	3	4	5	6
9	When I look at the story of my life, I am pleased about how things have turned out	1	2	3	4	5	6

<i>Please Circle the number that describes how much you agree or disagree with each statement</i>		Strongly Disagree	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Strongly Agree
10	In many ways, I feel disappointed about my achievements in life	1	2	3	4	5	6
11	People would describe me as a giving person, willing to share my time with others	1	2	3	4	5	6
12	I gave up trying to make big improvements or changes in my life a long time ago	1	2	3	4	5	6
13	In general, I feel I am in charge of the situation in which I live	1	2	3	4	5	6
14	I sometimes feel as if I have done all there is to do in life	1	2	3	4	5	6
15	I am quite good at managing the many responsibilities of my daily life	1	2	3	4	5	6
16	Some people wander aimlessly through life, but I am not one of them	1	2	3	4	5	6
17	For me, life has been a continuous process of learning, changing, and growth	1	2	3	4	5	6
18	I judge myself by what I think is important	1	2	3	4	5	6

Now for Some Questions about Your Social Life

<i>About how often do you spend time with...</i>		Never	Several times a year	About once a month	About once a week	Several times a week
1	Relatives	0	1	2	3	4
2	A neighbor	0	1	2	3	4
3	People you work with or used to work with	0	1	2	3	4
4	Friends who live outside the neighborhood	0	1	2	3	4
<i>About how often do you....</i>		Never	Several times a year	About once a month	About once a week	Several times a week
5	Attend a social event at your place of worship	0	1	2	3	4
6	Go to a bar or tavern	0	1	2	3	4
7	Participate in an activity like bowling, golf, or dancing	0	1	2	3	4
8	Participate in a group hobby such as a card club or discussion group	0	1	2	3	4
9	Participate in Latino community activities	0	1	2	3	4
10	Participate in volunteer activities	0	1	2	3	4

How about Your Feelings?

<i>How many days in the past week did you have the following feelings?</i>		<i>Number of days I felt this way</i>								
1	Felt bothered by things that usually don't bother me	0	1	2	3	4	5	6	7	
2	Didn't feel like eating; appetite was poor	0	1	2	3	4	5	6	7	
3	Felt like I could not shake off the blues even with help from family or friends	0	1	2	3	4	5	6	7	
4	Had trouble keeping my mind on what I was doing	0	1	2	3	4	5	6	7	
5	Felt depressed	0	1	2	3	4	5	6	7	
6	Felt that everything that I did was an effort	0	1	2	3	4	5	6	7	
7	Felt fearful	0	1	2	3	4	5	6	7	
8	Slept restlessly	0	1	2	3	4	5	6	7	
9	Talked less than usual	0	1	2	3	4	5	6	7	
10	Felt lonely	0	1	2	3	4	5	6	7	
11	Felt sad	0	1	2	3	4	5	6	7	
12	Felt like I could not get going	0	1	2	3	4	5	6	7	
13	Worried that my income will not be enough to cover my future needs	0	1	2	3	4	5	6	7	

<i>I consider myself...</i>		Strongly Disagree	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Strongly Agree
14	As happy as most other people my age	1	2	3	4	5	6
15	As healthy as most other people my age	1	2	3	4	5	6

Spirituality

Spirituality is about your relationship to God or a Higher Power.

On a scale from 1 to 10, please circle the *number* that best reflects your experience of spirituality. For example, if you thought that spirituality answered a lot of your questions, but not all of them, you might answer number 7 or 8 for the first question.

1.	In terms of the questions I have about my life, my spirituality answers...	No questions 1	2	3	4	5	6	7	8	9	Absolutely all of my questions 10
2.	Growth in my spirituality is...	More important than anything else in my life 1	2	3	4	5	6	7	8	9	Of no importance to me 10
3.	When I am faced with an important decision, my spirituality....	Plays absolutely no role 1	2	3	4	5	6	7	8	9	Is always the overriding consideration 10
4.	Spirituality is...	The most important part of my life, influencing everything else 1	2	3	4	5	6	7	8	9	Not a part of my life 10
5.	When I think of the things that help me to grow and mature as a person, my spirituality...	Has no effect on my personal growth 1	2	3	4	5	6	7	8	9	Is absolutely the most important thing in my personal growth 10
6.	My spiritual beliefs affect...	Absolutely every aspect of my life 1	2	3	4	5	6	7	8	9	No aspect of my life 10

What your Religion Means to You

<i>Please Circle the number that describes how much you agree or disagree with each statement</i>		Strongly Disagree	Mostly Disagree	Slightly Disagree	Slightly Agree	Mostly Agree	Strongly Agree
1	The church is the most important as a place to find good social relationships	1	2	3	4	5	6
2	The purpose of prayer is to secure a happy and peaceful life	1	2	3	4	5	6
3	What religion offers me most is comfort when sorrows and misfortune strike	1	2	3	4	5	6
4	It doesn't matter so much what I believe as long as I lead a moral life	1	2	3	4	5	6
5	I refuse to let my religion control my everyday affairs	1	2	3	4	5	6
6	I pray mainly because I have been taught to pray	1	2	3	4	5	6
7	One of the main reasons for joining a religion is that it offers friendly social activities	1	2	3	4	5	6
8	Sometimes I find it necessary to compromise my religious beliefs in order to protect my social and economic well-being	1	2	3	4	5	6
9	The primary purpose of prayer is to gain relief and protection	1	2	3	4	5	6
10	There are many more important things in my life than religion	1	2	3	4	5	6
11	Religion helps keep my life balanced and steady in the same way that my citizenship, friendships, and other memberships do	1	2	3	4	5	6
12	A good reason for being a church member is that it helps to establish a person in the community	1	2	3	4	5	6

Is there anything else you want to tell us about aging in the Latino community?