

TIME PREFERENCES

*I'm going to ask you a series of questions. Some of the questions may ask about things you feel you can no longer do, but I'd like to know whether you would enjoy these things if you could do them, for example, if you were healthy enough or if you had assistance. **Imagine that you could do anything you wanted to do.** Imagine all your aches and pains, all the things that hold you back were gone. I would like you to answer each question as either (show response options): *not at all, a little, somewhat, a lot, or no preference.* After you make your rating, I will ask you some follow-up questions.*

For example, if the question were, "Do you like to watch TV," you first would decide how true that is for you (show response options): not at all, a little, somewhat, a lot. If you have no preference regarding a given item, that's OK, just say that you don't have a preference.

Then I would ask you some follow-up questions like, "Do you like to watch soap operas?" You would answer no, yes, or no preference. Do you have any questions before we begin?

The first section includes questions about how you spend your time during the day. I'll read a question, and then you pick the answer that's right for you.

[Any time the respondent states that they can no longer do anything, remind them to imagine they are healthy enough to do these things or that they have the assistance to do them. You should encourage the respondent to "imagine that you could do anything you wanted to."]

Comments

- | | | | | | | | | |
|----|------------------------------------|------------------------------|---|---|---|---|---|-----|
| 1. | Do you like to be active? | 1 | 2 | 3 | 4 | 7 | 9 | T1 |
| | | <input type="checkbox"/> | | | | | | |
| | | [IF "NOT AT ALL" SKIP TO #2] | | | | | | |
| | Do you like to be active in the... | | | | | | | |
| | a. morning..... | 0 | 1 | | | 7 | 9 | T1a |
| | b. afternoon..... | 0 | 1 | | | 7 | 9 | T1b |
| | c. evening..... | 0 | 1 | | | 7 | 9 | T1c |
| | d. late night..... | 0 | 1 | | | 7 | 9 | T1d |

Comments

2. Do you like to keep to the same routine each day?

1 2 3 4 7 9 T2

a. If you could choose any time you wanted, what time would you like to go to bed in the evening? _____ 7 9 T2a

b. If you could choose any time you wanted, what time would you like to get up in the morning? _____ 7 9 T2b

END OF SECTION

Next, I'm going to ask you questions about the activities you do during the day to take care of yourself. These are questions about eating, sleeping, and things like that. Some of the questions may ask about things you feel you can no longer do, but I'd like to know whether you would enjoy these things if you could do them, for example, if you were healthy enough or with assistance from someone else.

[Any time the respondent states that they can no longer do something, remind them to imagine they are healthy enough to do these things or that they have the assistance to do them. You should encourage the respondent to "imagine that you could do anything you wanted to."]

Comments

1. Do you like to follow a routine right before you go to bed and right after you get up? 1 2 3 4 7 9 A1

I'm going to read you a list of things some people like to do **just before going to bed**. When I say "just before going to bed" I mean within about a half hour before bedtime. Remember, I want you to imagine that you are healthy enough to do any of these things or that you have the assistance to do them. As part of your bedtime routine, do you like to...

- | | | | | | | |
|---|---|---|--|---|---|-----|
| a. have a snack..... | 0 | 1 | | 7 | 9 | A1a |
| b. take medications/vitamins..... | 0 | 1 | | 7 | 9 | A1b |
| c. brush/floss teeth or you're your dentures..... | 0 | 1 | | 7 | 9 | A1c |
| d. shower/take a bath..... | 0 | 1 | | 7 | 9 | A1d |
| e. wash up..... | 0 | 1 | | 7 | 9 | A1e |
| f. watch TV..... | 0 | 1 | | 7 | 9 | A1f |
| g. read..... | 0 | 1 | | 7 | 9 | A1g |
| h. other (specify)..... | 0 | 1 | | 7 | 9 | A1h |

I'm going to read you a list of things some people like to do **just after they wake up** in the morning. When I say "just after waking up" I mean within about a half hour after waking up. Remember, I want you to imagine that you are healthy enough to do any of these things or that you have the assistance to do them. Upon waking up, do you like to...

Comments

i. relax in bed.....	0	1		7	9	A1i
j. shower/take a bath.....	0	1		7	9	A1j
k. wash up.....	0	1		7	9	A1k
l. dress for the day.....	0	1		7	9	A1l
m. take medication/vitamins.....	0	1		7	9	A1m
n. brush/floss teeth or put in dentures.....	0	1		7	9	A1n
o. have coffee or tea [<i>ask for and circle preference</i>]..	0	1		7	9	A1o
p. read the newspaper.....	0	1		7	9	A1p
q. other (specify).....	0	1		7	9	A1q

2. Do you like to nap?

1 2 3 4 7 9 A1

Do you like to nap in the...

[IF "NOT AT ALL" SKIP TO #3]

a. morning.....	0	1		7	9	A2a
b. afternoon.....	0	1		7	9	A2b
c. evening.....	0	1		7	9	A2c
d. whenever you're tired.....	0	1		7	9	A2d
e. How long do you like to nap? _____						A2e

3. Do you like to choose when you eat your meals,
That is, the time of day?

1 2 3 4 7 9 A1

[IF "NOT AT ALL" SKIP TO #4]

[If respondent states that he/she doesn't eat a meal, score than item a 9.]

a. What time do you usually like to eat breakfast? _____				7	9	A3a
b. What time do you usually like to eat lunch? _____				7	9	A3b
c. What time do you usually like to eat supper? _____				7	9	A3c

Comments

4. Do you like to choose what to eat? 1 2 3 4 7 9 A4

[Skip items excluded by answers in item 3 above, that is, don't ask breakfast questions if the respondent states that s/he doesn't eat that breakfast. Also ask for both foods and beverages, if necessary. NOTE SPECIFIC AVERSIONS IF OFFERED.]

a. What do you usually like to eat and drink for **breakfast**? 7 9 A4a

b. Are there any **breakfast** foods you particularly dislike? 7 9 A4b

c. What do you usually like to eat and drink for **lunch**? 7 9 A4c

d. What do you usually like to eat and drink for **supper**? 7 9 A4d

e. Are there any other foods you particularly dislike? 7 9 A4e

f. Are there any foods that are your favorites? 7 9 A4f

g. What kinds of seasonings or spices do you like to use? 7 9 A4g

Comments

5. Do you like to snack? 1 2 3 4 7 9 A1



[IF "NOT AT ALL" SKIP TO #6]

Do you like to snack in the...

- | | | | | | |
|-----------------------|---|---|---|---|-----|
| a. morning..... | 0 | 1 | 7 | 9 | A5a |
| b. afternoon..... | 0 | 1 | 7 | 9 | A5b |
| c. evening/night..... | 0 | 1 | 7 | 9 | A5c |

Do you like to snack on...

- | | | | | | |
|--|---|---|---|---|-------|
| d. sweet foods..... | 0 | 1 | 7 | 9 | A5d |
| e. salty foods..... | 0 | 1 | 7 | 9 | A5e |
| f. fruits..... | 0 | 1 | 7 | 9 | A5f |
| g. vegetables..... | 0 | 1 | 7 | 9 | A5g |
| h. candy..... | 0 | 1 | 7 | 9 | A5h |
| i. beverages..... | 0 | 1 | 7 | 9 | A5i |
| j. other (specify)..... | 0 | 1 | 7 | 9 | A5j |
| | | | | | A5j1 |
| k. What is your favorite food to snack on? | | | 7 | 9 | A5k |
| | | | | | A5jk1 |

6. Do you like alcoholic beverages on occasion? 1 2 3 4 7 9 A6

How often do you like to drink...

- | | | | | | |
|---------------------|---------------|---------------------------------------|---|---|-----|
| a. ...beer? _____ | <u>Codes:</u> | 0 = never | 7 | 9 | A6a |
| b. ...wine? _____ | | 1 = at holidays and special occasions | 7 | 9 | A6b |
| c. ...liquor? _____ | | 2 = once every few months | 7 | 9 | A6c |
| | | 3 = once per month | | | |
| | | 4 = several times per month | | | |
| | | 5 = 2-3 times per week | | | |
| | | 6 = daily | | | |

7 Do you like to choose what to wear? 1 2 3 4 7 9 A1

[IF "NOT AT ALL" SKIP TO #8]

a. What do you usually like to wear when the weather is warm? 7 9 A7a

[If respondent cannot think of anything, give these examples: shorts, short sleeved dress/shirt, sandals, t-shirts]

b. What do you usually like to wear when the weather is cold? 7 9 A7b

[If respondent cannot think of anything, give these examples: sweaters, long pants, long sleeved dress/shirt, boots]

c. Do you like to change clothes during the day?..... 0 1 7 9 A7c

Describe:

A7c1

d. What do you like to wear to sleep? 7 9 A7d

e. Do you like to dress up for special occasions (holidays, birthdays)?... 0 1 7 9 A7e

Describe:

A7e1

f. Do you like to carry a purse or bag?..... 0 1 7 9 A7f

g. Do you like to carry a wallet?..... 0 1 7 9 A7g

h. What time do you usually like to get dressed? _____ 7 9 A7h

[If qualified response is given, emphasize usual time for dressing.]

Comments

8. Do you like to take a bath or shower at a specific time? 1 2 3 4 7 9 A8

[IF "NOT AT ALL" SKIP TO b]

a. What time of day do you like to take a bath or shower? 7 9 A8a

- 1 = morning
- 2 = afternoon
- 3 = evening

b. Which do you prefer, a bath or a shower? 7 9 A8b

- 1 = bath
- 2 = shower

c. How often do you like to take a bath or shower? 7 9 A8c

- 1 = once per week (specify day: _____) A8c1
- 2 = 2-3 times per week (specify days: _____)
- 3 = daily
- 4 = twice per day
- 5 = other (specify: _____)

d. How frequently do you like to wash your hair? 7 9 A8d

- 1 = once per week
- 2 = 2-3 times per week
- 3 = every other day
- 4 = daily
- 5 = twice per day
- 6 = other (specify: _____) A8d1

Comments

9. Do you like to spend a lot of time on your appearance
And dress? 1 2 3 4 7 9 A9

How often do you like to do the following grooming activities? Remember, I want you to imagine that you are healthy enough to do any of these things or that you have assistance to do them.

Codes:

- | | | | | | |
|--|-------|-----------------------------|---|---|-----|
| a. shave (legs or face) or groom beard | _____ | 0 = never | 7 | 9 | A9a |
| b. wear cosmetics | _____ | 1 = less than once/2 months | 7 | 9 | A9b |
| c. wear cologne/perfume | _____ | 2 = once/1-2 months | 7 | 9 | A9c |
| d. groom my nails | _____ | 3 = once/month | 7 | 9 | A9d |
| e. have my hair cut | _____ | 4 = 2-3 times/month | 7 | 9 | A9e |
| f. have my hair styled | _____ | 5 = once/week | 7 | 9 | A9f |
| | | 6 = 2-3 times/week | | | |
| | | 7 = daily | | | |

Comments

10. Do you like taking care of things around the house? 1 2 3 4 7 9 A10

Remember, I want you to imagine that you are healthy enough to do any of these things or have the assistance to do them. Do you like doing the following household tasks?

a. dusting.....	0	1	7	9	A10a
b. ironing.....	0	1	7	9	A10b
c. sweeping, vacuuming, mopping.....	0	1	7	9	A10c
d. tending the lawn.....	0	1	7	9	A10d
e. taking out the trash.....	0	1	7	9	A10e
f. organizing things (e.g., cupboards, closets, or drawers....	0	1	7	9	A10f
g. cleaning the bathroom.....	0	1	7	9	A10g
h. polishing the silver.....	0	1	7	9	A10h
i. cooking.....	0	1	7	9	A10i
j. baking.....	0	1	7	9	A10j
k. laundry (washing, folding).....	0	1	7	9	A10k
l. handling finances (e.g., balancing checkbook, paying bills)	0	1	7	9	A10l
m. other (specify).....	0	1	7	9	A10m

END OF SECTION

INDIVIDUALIZATION

This next section is about what makes you different from other people. It includes questions about your personality and what makes you tick, what's special about you.

[Any time the respondent states that they can no longer do something, remind them to imagine they are healthy enough to do these things or that they have the assistance to do them. You should encourage the respondent to "imagine that you could do anything you wanted to."]

1. Do you like a good challenge?

1 2 3 4 7 9 11

2. Do you like trying new things?

1 2 3 4 7 9 12

[IF "NOT AT ALL" SKIP TO #3]

a. What new things would you like to do?

7 9 12a

[If respondent cannot think of anything, give these examples: try a new food, take up a new hobby, learn a language.]

12a1

3. Do you like to stay around the house?

1 2 3 4 7 9 13

Comments

a. Do you learn best by...

- 1 = READING about how to do something?
- 2 = LISTENING to someone tell you how to do something?
- 3 = having someone SHOW YOU how to do something?
- 4 = TRYING something yourself?

4. I'm going to read you a list of things that people might do to make themselves feel better when they are upset. When you are upset, do you like to...

a.	talk to a family member.....	0	1	7	9	I4a
b.	talk to a friend.....	0	1	7	9	I4b
c.	eat something.....	0	1	7	9	I4c
d.	take a deep breath.....	0	1	7	9	I4d
e.	focus on how to solve the problem.....	0	1	7	9	I4e
f.	be by yourself.....	0	1	7	9	I4f
g.	think about happier times.....	0	1	7	9	I4g
h.	keep busy with an activity.....	0	1	7	9	I4h
i.	get some exercise.....	0	1	7	9	I4i
j.	try not to think about what has upset you.....	0	1	7	9	I4j
k.	tell yourself it's not as bad as it seems.....	0	1	7	9	I4k
l.	cry.....	0	1	7	9	I4l
m.	listen to music.....	0	1	7	9	I4m

[Note whether respondent discriminates between coping strategies for anger versus sadness.]

n. Are there other things to do to make yourself feel better when you're upset? 0 1 7 9 I4n

Describe: I4n1

END OF SECTION

FAMILY/FRIEND INVOLVEMENT

The next questions are about having your family and friends involved in your care, if there came a time when you required assistance. I'll be asking you some questions about how you feel about your family and friends helping you out with various things.

1. Do you like having certain family members or friends involved in your life?

1 2 3 4 7 9 F1

[IF "NOT AT ALL" SKIP TO #2]

a. Do you want to have family or friends involved in major Decisions about your life, such as decisions about medical Care, where you live, and decisions about your finances?

0 1 7 9 F1a

[IF "NOT AT ALL" SKIP TO 2]

Relationship

First Name

F1a1r _____
 F1a2r _____
 F1a3r _____
 F1a4r _____
 F1a5r _____
 F1a6r _____

F1a1n _____
 F1a2n _____
 F1a3n _____
 F1a4n _____
 F1a5n _____
 F1a6n _____

1 = spouse/partner	4 = sister	7 = son-in-law	10 = niece	13 = other (specify)
2 = daughter	5 = brother	8 = granddaughter	11 = nephew	
3 = son	6 = daughter-in-law	9 = grandson	12 = friend	

Comments

2. Do you want to have family or friends help you with day-to-day things (e.g., going shopping, preparing meals, doing housework?)

1 2 3 4 7 9 F2

[IF "NOT AT ALL" SKIP TO #3]

Relationship

First Name

F21r

F22r

F23r

F24r

F25r

F26r

F21n

F22n

F23n

F24n

F25n

F26n

3. Do you want to have family or friends help you do things to take care of yourself (e.g., eating, dressing/undressing, combing hair, shaving, walking, getting in/out of bed, bathing, using bathroom)?

1 2 3 4 7 9 F2

[IF "NOT AT ALL" SKIP TO #4]

Relationship

First Name

F31r

F32r

F33r

F34r

F35r

F36r

F31n

F32n

F33n

F34n

F35n

F36n

1 = spouse/partner	4 = sister	7 = son-in-law	10 = niece	13 = other (specify)
2 = daughter	5 = brother	8 = granddaughter	11 = nephew	
3 = son	6 = daughter-in-law	9 = grandson	12 = friend	

ID# _____

Comments

Are there certain family members or friends you definitely do not want involved in your care?

[Emphasize that all information is confidential and responses will not be shared with others.]

Relationship

First Name

_____ F37r

_____ F37n

_____ F38r

_____ F38n

_____ F39r

_____ F39n

_____ F310r

_____ F310n

_____ F311r

_____ F311n

_____ F312r

_____ F312n

1 = spouse/partner 2 = daughter 3 = son	4 = sister 5 = brother 6 = daughter-in-law	7 = son-in-law 8 = granddaughter 9 = grandson	10 = niece 11 = nephew 12 = friend	13 = other (specify)
---	--	---	--	----------------------

□ □ □ **END OF SECTION** □ □ □

>>>
>>> **ASK THE PARTICIPANT IF THEY WOULD**
>>> **LIKE TO TAKE A BREAK FOR A FEW MINUTES.**
>>>

Main: 1=not at all 2=a little 3=somewhat 4=a lot 7=no pref 9=not applicable Sub: 0=no 1=yes 7=no pref 9=not applicable Page 16

CARE PROVIDERS

The next section is about staff or caregivers who help you now or would help you if you needed assistance.

Comments

1. Do you, or would you, like to discuss personal things with the staff who care for you?
- | | | | | | | |
|---|--------------------------|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 7 | 9 | C1 |
| | <input type="checkbox"/> | | | | | |
- [IF "NOT AT ALL" SKIP TO d]
- a. Do you like to **joke** with staff who care for you..... 0 1 7 9 C1a
- b. Do you like to **chat** with staff who care for you..... 0 1 7 9 C1b
- c. Do you like to **share your worries** with staff who care for you..... 0 1 7 9 C1c
- d. Do you like to **be touched** (e.g., have caregiver give you a hug, hold your hand, pat you on the back)..... 0 1 7 9 C1d

2. Do you, or would you, like the people who care for you to be religious? 0 1 7 9 C2

3. Do you, or would you, like having a caregiver who is the same gender as you?
- | | | | | | | |
|---|--------------------------|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 7 | 9 | C3 |
| | <input type="checkbox"/> | | | | | |
- [IF "NOT AT ALL" SKIP TO c]
- a. Do you like having a caregiver who is the same gender as you for personal care (e.g., showering, dressing)..... 0 1 7 9 C3a
- b. Do you like having a caregiver who is the same gender as you for medical care..... 0 1 7 9 C3b
- c. What kind of person would you like to have care for you? 7 9 C3c

[This question only refers to people who provide personal services such as help with bathing, cooking, dressing. If respondent cannot think of anything, use these examples: energetic, talkative, quiet, gets things done quickly, takes their time.]

4. Do you, or would you, like to give instructions to someone who cares for you? 1 2 3 4 7 9 C4

ID# _____

The next section includes questions about health care services.

[Any time the respondent states that they can no longer do something, remind them to imagine they are healthy enough to do these things or that they have the assistance to do them. You should encourage the respondent to “imagine that you could do anything you wanted to.”]

		1 2 3 4 7 9 H1					Comments
1.	Do you like to make sure you have regularly scheduled medical/dental exams?	<input type="checkbox"/>					
[IF “NOT AT ALL” SKIP TO c]							
	a. How frequently do you like to have regularly scheduled medical exams?			7	9	H1a	
	_____						H1a1
	b. How frequently do you like to have regularly scheduled dental exams?			7	9	H1b	
	_____						H1b1
	c. There are many different kinds of professionals who help people with their medical care. Which of the following medical professionals do you feel comfortable having take care of you?						
	1. physician	0	1	7	9	H1c1	
	2. physician’s assistant	0	1	7	9	H1c2	
	3. nurse practitioner	0	1	7	9	H1c3	
	4. RN (Registered Nurse)	0	1	7	9	H1c4	
	5. LPN (Licensed Practical Nurse)	0	1	7	9	H1c5	
	6. other (specify) _____	0	1	7	9	H1c6	
	d. Would you refuse treatment from a professional other than an MD?	0	1	7	9	H1d	

ID# _____

		1 2 3 4 7 9 T2					Comments
2.	Do you like to have access to alternative medicine Providers such as chiropractors, acupuncturists, etc?	<input type="checkbox"/>					

[IF "NOT AT ALL" SKIP TO #3]

a. What kind of alternative medicine providers?

7 9 H2a
H2a1

3. Do you like to take herbs, vitamins, minerals, or nutritional supplements?

1 2 3 4 7 9 H3

[IF "NOT AT ALL" SKIP TO #4]

Which kinds do you take?

a. herbs

0 1 7 9 H3a

b. vitamins or minerals

0 1 7 9 H3b

c. nutritional supplements (e.g., Ensure)

0 1 7 9 H3c

d. none currently

0 1 7 9 H3d

[Note any specific types that the person spontaneously mentions.]

H3d1

4. Would you like to have the chance to talk with a professional if you had an emotional problem or worry?

1 2 3 4 7 9 H4

[IF "NOT AT ALL" SKIP TO d]

If you had an emotional problem or worry, would you want to

a. Talk to a counselor or therapist.....

0 1 7 9 H4a

b. Talk to a religious counselor.....

0 1 7 9 H4b

c. Talk to a physician.....

0 1 7 9 H4c

d. Take medication for your mood/nerves.....

0 1 7 9 H4d

e. Other (specify).....

H4e
H4e1

Main: 1=not at all 2=a little 3=somewhat 4=a lot 7=no pref 9=not applicable

Sub: 0=no 1=yes 7=no pref 9=not applicable

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SOCIAL ACTIVITIES

The next set of questions is about social activities. I'll be asking you some questions about the things you like to do with other people. Some of the statements may ask about things you feel you can no longer do, but I'd like to know whether you would enjoy these things if you could do them, for example, if you were healthy enough or with assistance.

[Any time the respondent states that they can no longer do something, remind them to imagine they are healthy enough to do these things or that they have the assistance to do them. You should encourage the respondent to “imagine that you could do anything you wanted to.”]

Comments

1. Do you like spending time with large groups of people? 1 2 3 4 7 9 s1

2. Do you like spending time by yourself? 1 2 3 4 7 9 s2

3. Do you like being a member of clubs, committees, and other organizations? 1 2 3 4 7 9 s3

[IF “NOT AT ALL” SKIP TO 4]

4. Do you like to keep in regular contact with your family? 1 2 3 4 7 9 s4

[IF “NOT AT ALL” SKIP TO 5]

[Ask for one family member at a time: first name, relationship, mode(s) of contact, and frequency of contact.]

ID# _____

Comments

- a. Tell me the name of one family member you keep in contact with.
What kind of contact do you have with him or her (e.g., phone, cards, visits, etc.)?
Adding all these ways you keep in touch, how often do you have contact with him or her?

First Name	Relationship	Mode(s) of contact	Total frequency of contact
S4a1F	S4a1R	S4a1M	S4a1T
S4a2F	S4a2R	S4a2M	S4a2T
S4a3F	S4a3R	S4a3M	S4a3T
S4a4F	S4a4R	S4a4M	S4a4T
S4a5F	S4a5R	S4a5M	S4a5T

Relationships:

- 1 = spouse/partner
- 2 = child
- 3 = sibling
- 4 = in-law
- 5 = grandchild
- 6 = niece/nephew
- 7 = other (specify)

Mode:

- 1 = phone
- 2 = cards/letters
- 3 = 4-mail
- 4 = I visit them
- 5 = they visit me
- 6 = live with
- 7 = other (specify)

Frequency:

- 1 = daily
- 2 = 2-3 times/week
- 3 = weekly
- 4 = 2-3 times/month
- 5 = monthly
- 6 = every few months
- 7 = on holidays

5. Do you like touching someone you care about? 1 2 3 4 7 9 s5

Do you like the following kinds of physical contact?

[IF "NOT AT ALL" SKIP TO 6]

- | | | | |
|--------------------------------|-----|-----|-----|
| a. shaking hands..... | 0 1 | 7 9 | S5a |
| b. holding hands..... | 0 1 | 7 9 | S5b |
| c. sitting close together..... | 0 1 | 7 9 | S5c |
| d. hugging..... | 0 1 | 7 9 | S5d |
| e. kissing..... | 0 1 | 7 9 | S5e |
| f. getting a back rub..... | 0 1 | 7 9 | S5f |
| g. other: (specify)..... | 0 1 | 7 9 | S5g |

Main: 1=not at all 2=a little 3=somewhat 4=a lot 7=no pref 9=not applicable

Sub: 0=no 1=yes 7=no pref 9=not applicable

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ID# _____

Comments

6. Do you like meeting new people? 1 2 3 4 7 9 s6

7. Do you like animals? 1 2 3 4 7 9 S7

Do you like the following kinds of animals:

[IF "NOT AT ALL" SKIP TO O]

- a. dogs..... 0 1 7 9 S7a
- b. cats..... 0 1 7 9 S7b
- c. fish..... 0 1 7 9 S7c
- d. birds..... 0 1 7 9 S7d
- e. other: (specify)..... 0 1 7 9 S7e

Do you like the following kinds of contact with animals (imagine you had no health or apartment restrictions):

- f. petting..... 0 1 7 9 S7f
- g. holding in lap..... 0 1 7 9 S5g
- h. playing with..... 0 1 7 9 S5h
- i. feeding..... 0 1 7 9 S5i
- j. walking..... 0 1 7 9 S5j
- k. training..... 0 1 7 9 S5k
- l. watching..... 0 1 7 9 S5l
- m. animal as guard..... 0 1 7 9 S5m
- n. would you like to have a pet now?..... 0 1 7 9 S5n
- o. when was the last time you had a pet?..... 9 S5o

Comments

- 1 = I have one now
- 2 = within the past year, but not now
- 3 = less than 10 years ago
- 4 = more than 10 years ago
- 5 = only when I was a child
- 6 = never had a pet [IF 6 SKIP TO R]

- p. What is/was your pet's name? _____ 9 S7p
- q. What kind of pet did you have? _____ 9 S5q
- r. Are you allergic to animals?..... 0 1 7 9 S7r
 If yes, what kind(s)? _____ 0 1 7 9 S7r1
- s. Are you afraid of animals?..... 0 1 7 9 S7s
 If yes, what kind(s)? _____ 0 1 7 9 S7s1

END OF SECTION

OTHER ACTIVITIES

We're almost finished now. This is the last section, and it includes questions about other things that you do for leisure and other things about yourself. Again, some of the questions may ask about things you feel you can no longer do, but I'd like to know whether you would enjoy these things if you could do them, for example, if you were healthy enough or with assistance.

Any time the respondent states that they can no longer do something, remind them to imagine they are healthy enough to do these things or that they have the assistance to do them. You should encourage the respondent to "imagine that you could do anything you wanted to." For respondents with blindness or paralysis, if there is any possibility that they could do something, please ask the questions. For instance, just because someone is blind does not mean they would not like watching TV, so you would ask these questions. If there is no possibility they could do something (e.g., a paralyzed person cannot walk) skip the item.]

1. Do you like to be active? 1 2 3 4 7 9 01

Comments

[IF "NOT AT ALL" SKIP TO #2]

a. Do you like to exercise in the...

1. morning.....	0	1	7	9	O1a1
2. afternoon.....	0	1	7	9	O1a2
3. evening.....	0	1	7	9	O1a3

Do you have an interest in, or think you would have an interest in the following kinds of activities?

b. walking.....	0	1	7	9	O1b
c. biking.....	0	1	7	9	O1c
d. swimming.....	0	1	7	9	O1d
e. calisthenics/stretching.....	0	1	7	9	O1e
f. yoga/tai chi.....	0	1	7	9	O1f
g. stair climbing.....	0	1	7	9	O1g
h. racquet sports.....	0	1	7	9	O1h
i. bowling.....	0	1	7	9	O1i
j. weight lifting	0	1	7	9	O1j
k. golf	0	1	7	9	O1k
l. other (specify).....	0	1	7	9	O1l

ID# _____

2. Do you like to participate in religious/spiritual activities?

1 2 3 4 7 9 02

Comments

[IF "NOT AT ALL" SKIP TO #3]

a. What is your religion?

7 9 O2a

O2a1

Do you like to do the following religious/spiritual activities:

b. attend religious services.....	0	1	7	9	O2b
c. pray.....	0	1	7	9	O2c
d. read scriptures.....	0	1	7	9	O2d
e. listen to radio services or audiotapes of services....	0	1	7	9	O2e
f. watch services on TV.....	0	1	7	9	O2f
g. observe food restrictions because of your religion.	0	1	7	9	O2g

What kind of restrictions?

O2g1

- h. have visits from clergy..... 0 1 7 9 O2h
O2h1
Visits from whom?
- i. Receive holy communion *[Do not ask this question if respondent is Jewish or Muslim.]* 0 1 7 9 O2i
- j. Are there any other religious/spiritual activities you enjoy? 0 1 7 9 O2j
O2j1
Describe:

ID# _____

3. Do you like doing volunteer work? 1 2 3 4 7 9 O3
- [IF "NOT AT ALL" SKIP TO #4]

Comments

What kind of volunteer work do you like doing? O31

4. Do you like music? 1 2 3 4 7 9 O4
- [IF "NOT AT ALL" SKIP TO #5]

Do you like, or would you like, to listen to the following types of music:

- a. country..... 0 1 7 9 O4a
- b. jazz..... 0 1 7 9 O4b
- c. blues..... 0 1 7 9 O4c
- d. religious (hymns, gospel, klezmer)..... 0 1 7 9 O4d
- e. classical..... 0 1 7 9 O4e
- f. big band (Mitch Miller, Lawrence Welk)..... 0 1 7 9 O4f
- g. show tunes..... 0 1 7 9 O4g
- h. opera..... 0 1 7 9 O4h
- i. popular/contemporary (Top 40)..... 0 1 7 9 O4i
- j. rock..... 0 1 7 9 O4j
- k. folk 0 1 7 9 O4k
- l. other (specify)..... 0 1 7 9 O4l

m. Do you have favorite musicians? 0 1 7 9 O4m
 If Yes, specify: O4m1

Do you like to listen to music in the...

n. morning..... 0 1 7 9 O4n
 o. afternoon..... 0 1 7 9 O4o
 p. evening..... 0 1 7 9 O4p
 q. late night..... 0 1 7 9 O4q
 r. Do you like to play a musical instrument?..... 0 1 7 9 O4r
 What instrument(s) _____ 7 9 O4r1

s. _____ 0 1 7 9 O4rs
 t. Do you like to dance?..... 0 1 7 9 O4t
 What kind of dancing? O4t1

5. Do you like doing hobbies?

1 2 3 4 7 9 05

[IF "NOT AT ALL" SKIP TO #6]

Comments

Do you have an interest in, or think you would have an interest in the following kinds of activities?

a. sewing..... 0 1 7 9 O5a
 b. painting..... 0 1 7 9 O5b
 c. woodworking..... 0 1 7 9 O5c
 d. building things..... 0 1 7 9 O5d
 e. collecting things (e.g., coins, stamps, figurines)..... 0 1 7 9 O5e
 f. crocheting..... 0 1 7 9 O5f
 g. knitting..... 0 1 7 9 O5g
 h. metal working..... 0 1 7 9 O5h
 i. fixing things..... 0 1 7 9 O5i
 j. drawing/sketching..... 0 1 7 9 O5j
 k. ceramics..... 0 1 7 9 O5k
 l. gardening..... 0 1 7 9 O5l

m. cooking.....	0 1	7 9	O5m
n. baking.....	0 1	7 9	O5n
o. fishing.....	0 1	7 9	O5o
p. playing cards.....	0 1	7 9	O5p
q. board games.....	0 1	7 9	O5q
r. bingo.....	0 1	7 9	O5r
s. computers.....	0 1	7 9	O5s
t. cars.....	0 1	7 9	O5t
u. other (specify)	0 1	7 9	O5u

ID# _____

6. Do you like watching TV?

1 2 3 4 7 9 06

[IF "NOT AT ALL" SKIP TO #7]

Comments

Do you like to watch TV in the...

a. morning.....	0 1	7 9	O6a
b. afternoon.....	0 1	7 9	O6b
c. evening.....	0 1	7 9	O6c
d. late night.....	0 1	7 9	O6d

Do you enjoy...

e. news programs.....	0 1	7 9	O6e
f. nature programs.....	0 1	7 9	O6f
g. political programs (e.g., Meet the Press).....	0 1	7 9	O6g
h. documentaries.....	0 1	7 9	O6h
i. dramas.....	0 1	7 9	O6i
j. mysteries.....	0 1	7 9	O6j

k. game shows.....	0 1	7 9	O6k
l. soap operas.....	0 1	7 9	O6l
m. comedies.....	0 1	7 9	O6m
n. cartoons.....	0 1	7 9	O6n
o. movies.....	0 1	7 9	O6o
p. sports (favorite team_____)	0 1	7 9	O6p
q. other (specify)	0 1	7 9	O6q O6q1
r. Do you have any favorite TV programs? Describe:	0 1	7 9	O6r O6r1

ID# _____

7. Do you like going to movies? 1 2 3 4 7 9 07 **Comments**

8. Do you like listening to the radio? 1 2 3 4 7 9 08

[IF "NOT AT ALL" SKIP TO #9]

Do you like to listen to the radio in the...

a. morning.....	0 1	7 9	O8a
b. afternoon.....	0 1	7 9	O8b
c. evening.....	0 1	7 9	O8c
d. late night.....	0 1	7 9	O8d

On the radio, do you enjoy listening to...

e. music.....	0 1	7 9	O8e
f. sports broadcasts.....	0 1	7 9	O8f
g. news.....	0 1	7 9	O8g
h. talk shows.....	0 1	7 9	O8h
i. religious programs.....	0 1	7 9	O8i

j. other (specify)..... 0 1 7 9 08j

9. Do you like reading? 1 2 3 4 7 9 09

[IF "NOT AT ALL" SKIP TO 0]

Do you like to read in the...

a. morning..... 0 1 7 9 09a

b. afternoon..... 0 1 7 9 09b

c. evening..... 0 1 7 9 09c

d. late night..... 0 1 7 9 09d

Main: 1=not at all 2=a little 3=somewhat 4=a lot 7=no pref 9=not applicable Sub: 0=no 1=yes 7=no pref 9=not applicable Page 28

ID# _____

Comments

Do you like to read...

e. fiction..... 0 1 7 9 09e

f. Science fiction..... 0 1 7 9 09f

g. magazines..... 0 1 7 9 09g

h. romances..... 0 1 7 9 09h

i. nonfiction..... 0 1 7 9 09i

j. biographies..... 0 1 7 9 09j

k. Poetry 0 1 7 9 09k

l. mysteries 0 1 7 9 09l

m. newspaper 0 1 7 9 09m

n. Other (specify) 0 1 7 9 09n

09n1

o. Do you enjoy listening to books on tape? 0 1 7 9 09o

p. Do you enjoy having someone read to you? 0 1 7 9 09p

10. Do you like cultural activities such as concerts, theater, and museums?

1 2 3 4 7 9 010

[IF "NOT AT ALL" SKIP TO 11]

- a. Do you like attending musical concerts?.....
- b. Do you like attending plays?.....
- c. Do you like going to museums?.....

0 1 7 9 010a

0 1 7 9 010b

0 1 7 9 010c

[IF "NOT AT ALL" SKIP TO h]

Do you enjoy going to museums of...

ID# _____

Comments

- d. art..... 0 1 7 9 010d
- e. science..... 0 1 7 9 010e
- f. history..... 0 1 7 9 010f
- g. other (specify)..... 0 1 7 9 010g
- h. nonfiction..... 0 1 7 9 010h
- i. biographies..... 0 1 7 9 010i

O10g1

11 Do you like to eat at restaurants?

1 2 3 4 7 9 011

[IF "NOT AT ALL" SKIP TO #12]

Do you like to eat out for...

- a. breakfast.....
- b. lunch.....
- c. dinner.....
- d. coffee or other beverages.....

0 1 7 9 011a

0 1 7 9 011b

0 1 7 9 011c

0 1 7 9 011d

Do you like the following kinds of food?

- e. Chinese.....

0 1 7 9 011e

f. Italian.....	0 1	7 9	O11f
g. French.....	0 1	7 9	O11g
h. Mexican.....	0 1	7 9	O11h
i. American.....	0 1	7 9	O11i
j. seafood.....	0 1	7 9	O11j
k. pizza.....	0 1	7 9	O11k
l. vegetarian.....	0 1	7 9	O11l
1. Do you consider yourself a vegetarian?	0 1	7 9	O11l1

ID# _____

Comments

m. fast food.....	0 1	7 9	O11m
n. other (specify)	0 1	7 9	O11n
			O11n1

12. Do you like to travel? 1 2 3 4 7 9 O12

a. Do you like traveling to other cities?.....	0 1	7 9	O12-a
b. Do you like traveling to other countries?.....	0 1	7 9	O12b

□ □ □ **END OF INTERVIEW** □ □ □

Main: 1=not at all 2=a little 3=somewhat 4=a lot 7=no pref 9=not applicable

Sub: 0=no 1=yes 7=no pref 9=not applicable

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