Preferences for Everyday Living Inventory: Home Care (PELI-HC©)

An inventory designed to

- document the lifestyle preferences of older persons and
- provide information to caregivers to assist in customizing care delivery

Please do not reprint without permission. Contact Kimberly S. Van Haitsma, Ph.D. Polisher Research Institute, North Wales, PA 215.371.1895 or kvanhaitsma@abramsoncenter.org
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.”]

1. Do you like to be active?

   1  2  3  4  7  9  T1

[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

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 1
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 □ □ □
1. Do you like to follow a routine right before you go to bed and right after you get up?  

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…………………………………………………….  
   b. take medications/vitamins…………………………………  
   c. brush/floss teeth or you’re your dentures………………  
   d. shower/take a bath………………………………………….  
   e. wash up…………………………………………………………  
   f. watch TV…………………………………………………………  
   g. read……………………………………………………………….  
   h. other (specify)………………………………………………….

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...
<table>
<thead>
<tr>
<th>Activity</th>
<th>ID</th>
<th>Value</th>
<th>0</th>
<th>1</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. relax in bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>j. shower/take a bath</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>k. wash up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>l. dress for the day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>m. take medication/vitamins</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>n. brush/floss teeth or put in dentures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>o. have coffee or tea [ask for and circle preference]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>p. read the newspaper</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>q. other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

2. Do you like to nap?

- 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

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

- 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
4. Do you like to choose what to eat?

[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?

b. Are there any breakfast foods you particularly dislike?

c. What do you usually like to eat and drink for lunch?

d. What do you usually like to eat and drink for supper?

e. Are there any other foods you particularly dislike?

f. Are there any foods that are your favorites?

g. What kinds of seasonings or spices do you like to use?
5. Do you like to snack?

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

k. What is your favorite food to snack on?
   7 9 A5k

6. Do you like alcoholic beverages on occasion?

How often do you like to drink…

Codes:

a. …beer? ________   0 = never 7 9 A6a
   1 = at holidays and special occasions
b. …wine? ________   2 = once every few months
   3 = once per month
   4 = several times per month
c. …liquor? ________   5 = 2-3 times per week
   6 = daily
   7 = no pref 9 = not applicable
Do you like to choose what to wear?

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

a. What do you usually like to wear when the weather is warm?
   [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?
   [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
   Describe:

   d. What do you like to wear to sleep?

e. Do you like to dress up for special occasions (holidays, birthdays)?… 0    1
   Describe:

f. Do you like to carry a purse or bag?…………………………………………… 0    1

g. Do you like to carry a wallet?…………………………………………………… 0    1

h. What time do you usually like to get dressed?

[If qualified response is given, emphasize usual time for dressing.]
8. Do you like to take a bath or shower at a specific time?  

   1 = morning  
   2 = afternoon  
   3 = evening

id: ________________

[IF "NOT AT ALL" SKIP TO b]

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

   1 = morning   
   2 = afternoon  
   3 = evening


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

   1 = bath  
   2 = shower


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

   1 = once per week (specify day: ________________________)  
   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?

   1 = once per week  
   2 = 2-3 times per week  
   3 = every other day  
   4 = daily  
   5 = twice per day  
   6 = other (specify: __________________________________________)
9. Do you like to spend a lot of time on your appearance and dress? □

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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Shave (legs or face) or groom beard</td>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Less than once/2 months</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Once/1-2 months</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Once/month</td>
</tr>
<tr>
<td>b. Wear cosmetics</td>
<td>4</td>
<td>2-3 times/month</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Once/week</td>
</tr>
<tr>
<td>c. Wear cologne/perfume</td>
<td>6</td>
<td>2-3 times/week</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Daily</td>
</tr>
<tr>
<td>d. Groom my nails</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>e. Have my hair cut</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Have my hair styled</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Codes: 0 = never, 1 = less than once/2 months, 2 = once/1-2 months, 3 = once/month, 4 = 2-3 times/month, 5 = once/week, 6 = 2-3 times/week, 7 = daily
Do you like taking care of things around the house?

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 □ □ □
1. Do you like to keep certain things on display where you live?………

   1  2  3  4  7  9  E1

   [IF "NO" SKIP TO #2]

   a. What things do you like to have on display

   [If respondent cannot think of anything, give these examples: photos, art, collections.]

2. Do you like being in a place that is carpeted?……………………………

   1  2  3  4  7  9  E2

3. Do you like a colorful environment?………………………………………

   1  2  3  4  7  9  E3

   a. What color(s) would you choose for a bedroom?

   7  9  E3a

   b. What color(s) would you choose for a living room?

   7  9  E3b

   c. What color(s) would you choose for upholstered furnishings?

   7  9  E3c

   d. What is/are your favorite color(s)?

   7  9  E3d

   e. What is/are your least favorite color(s)?

   7  9  E3e

4. Do you like to have a place to lock your things to keep them safe?

   1  2  3  4  7  9  E4

□ □ □ END OF SECTION □ □ □
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.

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

1. Do you like a good challenge?

2. Do you like trying new things?
   a. What new things would you like to do?

3. Do you like to stay around the house?
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]

<table>
<thead>
<tr>
<th>Relationship</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1a1r</td>
<td>F1a1n</td>
</tr>
<tr>
<td>F1a2r</td>
<td>F1a2n</td>
</tr>
<tr>
<td>F1a3r</td>
<td>F1a3n</td>
</tr>
<tr>
<td>F1a4r</td>
<td>F1a4n</td>
</tr>
<tr>
<td>F1a5r</td>
<td>F1a5n</td>
</tr>
<tr>
<td>F1a6r</td>
<td>F1a6n</td>
</tr>
<tr>
<td>1 = spouse/partner</td>
<td>4 = sister</td>
</tr>
<tr>
<td>2 = daughter</td>
<td>5 = brother</td>
</tr>
<tr>
<td>3 = son</td>
<td>6 = daughter-in-law</td>
</tr>
<tr>
<td>7 = son-in-law</td>
<td>8 = granddaughter</td>
</tr>
<tr>
<td>10 = niece</td>
<td>11 = nephew</td>
</tr>
<tr>
<td>12 = friend</td>
<td>13 = other (specify)</td>
</tr>
</tbody>
</table>

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

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

   Relationship
   F21r  F21n
   F22r  F22n
   F23r  F23n
   F24r  F24n
   F25r  F25n
   F26r  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?)

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

   Relationship
   F31r  F31n
   F32r  F32n
   F33r  F33n
   F34r  F34n
   F35r  F35n
   F36r  F36n

   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)
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.]

<table>
<thead>
<tr>
<th>Relationship</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>F37r</td>
<td>F37n</td>
</tr>
<tr>
<td>F38r</td>
<td>F38n</td>
</tr>
<tr>
<td>F39r</td>
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<td>F310n</td>
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<tr>
<td>F311r</td>
<td>F311n</td>
</tr>
<tr>
<td>F312r</td>
<td>F312n</td>
</tr>
</tbody>
</table>

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

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
1. Do you, or would you, like to discuss personal things with the staff who care for you?

   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?

   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

---

The next section is about staff or caregivers who help you now or would help you if you needed assistance in the future.
HEALTH CARE SERVICES

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. Do you like to make sure you have regularly scheduled medical/dental exams?  

   [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

   Comments
2. Do you like to have access to alternative medicine Providers such as chiropractors, acupuncturists, etc?

   a. What kind of alternative medicine providers?

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

   Which kinds do you take?

   a. herbs
   b. vitamins or minerals
   c. nutritional supplements (e.g., Ensure)
   d. none currently

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

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

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

   a. Talk to a counselor or therapist.................................
   b. Talk to a religious counselor....................................
   c. Talk to a physician..................................................
   d. Take medication for your mood/nerves.........................
   e. Other (specify)......................................................
**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.”]

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you like spending time with large groups of people?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Do you like spending time by yourself?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Do you like being a member of clubs, committees, and other organizations?</td>
</tr>
</tbody>
</table>

[IF “NOT AT ALL” SKIP TO 4]

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Do you like to keep in regular contact with your family?</td>
</tr>
</tbody>
</table>

[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.]
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?

<table>
<thead>
<tr>
<th>First Name</th>
<th>Relationship</th>
<th>Mode(s) of contact</th>
<th>Total frequency of contact</th>
</tr>
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<tr>
<td>S4a1F</td>
<td>S4a1R</td>
<td>S4a1M</td>
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<td>S4a4R</td>
<td>S4a4M</td>
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<tr>
<td>S4a5F</td>
<td>S4a5R</td>
<td>S4a5M</td>
<td>S4a5T</td>
</tr>
</tbody>
</table>

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

Do you like the following kinds of physical contact?

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
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 0]

   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 S7g
   h. playing with
   - 0 1 7 9 S7h
   i. feeding
   - 0 1 7 9 S7i
   j. walking
   - 0 1 7 9 S7j
   k. training
   - 0 1 7 9 S7k
   l. watching
   - 0 1 7 9 S7l
   m. animal as guard
   - 0 1 7 9 S7m
   n. would you like to have a pet now?
   - 0 1 7 9 S7n
   o. when was the last time you had a pet?
   - 9 S7o
ID#_____________________

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? ______________________

q. What kind of pet did you have?_____________________

r. Are you allergic to animals?..............................
   If yes, what kind(s)?_______________________________

s. Are you afraid of animals?..............................
   If yes, what kind(s)?_______________________________

☐ ☐ ☐ 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?**

   **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
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 02a

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

b. attend religious services………………………………………………………… 0 1 7 9 02b

c. pray………………………………………………………………………………… 0 1 7 9 02c

d. read scriptures……………………………………………………………………… 0 1 7 9 02d

e. listen to radio services or audiotapes of services…. 0 1 7 9 02e

f. watch services on TV……………………………………………………………. 0 1 7 9 02f

g. observe food restrictions because of your religion.

What kind of restrictions? 02g1

h. have visits from clergy…………………………………………………………… 0 1 7 9 02h

Visits from whom? 02h1

i. Receive holy communion [Do not ask this question if respondent is Jewish or Muslim.] 0 1 7 9 02i

j. Are there any other religious/spiritual activities you enjoy? 0 1 7 9 02j

Describe: 02j1
3. Do you like doing volunteer work?  

[ ] [IF “NOT AT ALL” SKIP TO #4]  

What kind of volunteer work do you like doing?  

O31

4. Do you like music?  

[ ] [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. Do you like to sing?...................................... 0 1 7 9 O4s  
t. Do you like to dance?.................................... 0 1 7 9 O4t  
   What kind of dancing?
5. Do you like doing hobbies?

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

<p>| | | | | | | | | | |</p>
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<tr>
<td>a</td>
<td>sewing</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>9</td>
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<td>c</td>
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<td>1</td>
<td>7</td>
<td>9</td>
<td>05c</td>
<td></td>
<td></td>
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<tr>
<td>d</td>
<td>building things</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>9</td>
<td>05d</td>
<td></td>
<td></td>
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<tr>
<td>e</td>
<td>collecting things (e.g., coins, stamps, figurines)</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>9</td>
<td>05e</td>
<td></td>
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<td>f</td>
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<td>9</td>
<td>05f</td>
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<td>g</td>
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<td>1</td>
<td>7</td>
<td>9</td>
<td>05g</td>
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<tr>
<td>h</td>
<td>metal working</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>9</td>
<td>05h</td>
<td></td>
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<tr>
<td>i</td>
<td>fixing things</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>9</td>
<td>05i</td>
<td></td>
<td></td>
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<tr>
<td>j</td>
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<td>9</td>
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<td>0</td>
<td>1</td>
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<td>7</td>
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<td>o</td>
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<td>7</td>
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<td>7</td>
<td>9</td>
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<td>7</td>
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<td>7</td>
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<tr>
<td>u</td>
<td>other (specify)</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>9</td>
<td>05u</td>
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</table>

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
6. Do you like watching TV?

Do you like to watch TV in the...

<table>
<thead>
<tr>
<th>Time</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>7</th>
<th>9</th>
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<td>9</td>
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<td>7</td>
<td>9</td>
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Do you enjoy...

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<td>g. political programs (e.g., Meet the Press)</td>
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<td>9</td>
<td>O6g</td>
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<td>9</td>
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<td>7</td>
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<td>O6i</td>
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<td>7</td>
<td>9</td>
<td>O6j</td>
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<td>9</td>
<td>O6k</td>
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<td>7</td>
<td>9</td>
<td>O6o</td>
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<td></td>
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<tr>
<td>p. sports (favorite team__________)</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>9</td>
<td>O6p</td>
<td></td>
<td></td>
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<tr>
<td>q. other (specify)</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>9</td>
<td>O6q</td>
<td></td>
<td></td>
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</tbody>
</table>

r. Do you have any favorite TV programs?
   Describe:

   0 1 7 9 O6r

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
7. Do you like going to movies? 1 2 3 4 7 9 O7 Comments

8. Do you like listening to the radio? 1 2 3 4 7 9 O8

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 O8j

9. Do you like reading? 1 2 3 4 7 9 O9

Do you like to read in the…

a. morning………………………………………………… 0 1 7 9 O9a
b. afternoon………………………………………………… 0 1 7 9 O9b
c. evening…………………………………………………... 0 1 7 9 O9c
d. late night………………………………………………… 0 1 7 9 O9d
Do you like to read...

e. fiction................................................................. 0 1 7 9 O8e
f. Science fiction...................................................... 0 1 7 9 O8f
g. magazines.................................................................. 0 1 7 9 O8g
h. romances................................................................. 0 1 7 9 O8h
i. nonfiction.............................................................. 0 1 7 9 O8i
j. biographies............................................................. 0 1 7 9 O8j
k. Poetry........................................................................ 0 1 7 9 O8k
l. mysteries..................................................................... 0 1 7 9 O8l
m. newspaper................................................................... 0 1 7 9 O8m
n. Other (specify).......................................................... 0 1 7 9 O8n

o. Do you enjoy listening to books on tape? 0 1 7 9 O8o
p. Do you enjoy having someone read to you? 0 1 7 9 O8p

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

   a. Do you like attending musical concerts?............... 0 1 7 9 O10a
   b. Do you like attending plays?................................. 0 1 7 9 O10b
   c. Do you like going to museums?............................. 0 1 7 9 O10c

Do you enjoy going to museums of...
Do you like to eat at restaurants?

Do you like to eat out for...

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

Do you like the following kinds of food?

e. Chinese
f. Italian
g. French
h. Mexican
i. American
j. seafood
k. pizza
l. vegetarian

1. Do you consider yourself a vegetarian?
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 □ □ □