



# National Health & Aging Trends Study

how daily life changes as we age

## **SHOW CARDS**

**February 2016**

**Free-standing (detached) single house**

**Single house but attached to others (row house, townhouse, duplex, triplex, or triple decker)**

**Mobile home or trailer**

**Multi-unit (2+) building**

**Not at all**

**Several days**

**More than half the days**

**Nearly every day**

**Every night (7 nights a week)**

**Most nights (5-6 nights a week)**

**Some nights (2-4 nights a week)**

**Rarely (once a week or less)**

**Never**

- 1. Private residence**
- 2. A group home, board and care, or supervised housing**
- 3. Assisted living facility or continuing care retirement community (CCRC)**
- 4. Religious group quarters**

- 1. No schooling completed**
- 2. 1<sup>st</sup>-8<sup>th</sup> grade**
- 3. 9<sup>th</sup>-12<sup>th</sup> grade (no diploma)**
- 4. High school graduate (high school diploma or equivalent)**
- 5. Vocational, technical, business, or trade school certificate or diploma (beyond high school level)**
- 6. Some college but no degree**
- 7. Associate's degree**
- 8. Bachelor's degree**
- 9. Master's, professional, or doctoral degree**

- 1. Private residence**
- 2. A group home, board and care, or supervised housing**
- 3. Assisted living facility or continuing care retirement community (CCRC)**
- 
- 5. Nursing home**

- 1. No schooling completed**
- 2. 1<sup>st</sup>-8<sup>th</sup> grade**
- 3. 9<sup>th</sup>-12<sup>th</sup> grade (no diploma)**
- 4. High school graduate (high school diploma or equivalent)**
- 5. Vocational, technical, business, or trade school certificate or diploma (beyond high school level)**
- 6. Some college but no degree**
- 7. Associate's degree**
- 8. Bachelor's degree**
- 9. Master's, professional, or doctoral degree**



# Examples of wheelchairs



MD1

# Examples of scooters



**Every day (7 days a week)**

**Most days (5-6 days a week)**

**Some days (2-4 days a week)**

**Rarely (once a week or less)**

**Never**

**Back**

**Hips**

**Knees**

**Feet**

**Hands**

**Wrists**

**Shoulders**

**Head**

**Neck**

**Arms**

**Legs**

**Stomach**

**Every day (7 days a week)**

**Most days (5-6 days a week)**

**Some days (2-4 days a week)**

**Rarely (once a week or less)**

**Never**

**Much better**

**Better**

**Same**

**Worse**

**Much Worse**

**Every day (7 days a week)**

**Most days (5-6 days a week)**

**Some days (2-4 days a week)**

**Rarely (once a week or less)**

**Never**

**Every time**

**Most times**

**Sometimes**

**Rarely**

**Never**



**Most times**

**Sometimes**

**Rarely**

**Never**

**Every day (7 days a week)**

**Most days (5-6 days a week)**

**Some days (2-4 days a week)**

**Rarely (once a week or less)**

**Never**

**In the last month...**

- 1. I always did it by myself**
- 2. I always did it together with someone else**
- 3. Someone else always did it for me**
- 4. It varied (more than one way)**

## **In the last month...**

- 1. He/she always did it by himself/herself**
- 2. He/she always did it together with someone else**
- 3. Someone else always did it for him/her**
- 4. It varied (more than one way)**

**Cash**

**Check**

**Debit or gift card**

**Credit card**

- 1. Drove**
- 2. Got a ride from a family member or friend or someone paid to help**
- 3. Used a van or shuttle service provided by the place SP lives**
- 4. Used a van or shuttle service for people with disabilities or seniors NOT provided by the place SP lives**
- 5. Took public transportation (bus, subway, train, or tram)**
- 6. Took a taxi**
- 7. Walked**

**Every time**

**Most times**

**Sometimes**

**Rarely**

**Never**

**Every time**

**Most times**

**Sometimes**

**Rarely**



**Most times**

**Sometimes**

**Rarely**

**Never**

**Every time**

**Most times**

**Sometimes**

**Rarely**

**Never**

**Every day (7 days a week)**

**Most days (5-6 days a week)**

**Some days (2-4 days a week)**

**Rarely (once a week or less)**

**Never**

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**Every time**

**Most times**

**Sometimes**

**Rarely**

**Never**

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- 2. Got a ride from a family member or friend or someone paid to help**
- 3. Used a van or shuttle service provided by the place SP lives**
- 4. Used a van or shuttle service for people with disabilities or seniors NOT provided by the place SP lives**
- 5. Took public transportation (bus, subway, train, or tram)**
- 6. Took a taxi**
- 7. Walked**
- 8. Home visit**

- 1. A fracture, sprain, or injury**
- 2. A hip, knee, or other joint replacement**
- 3. Another musculoskeletal condition**
- 4. A stroke or TIA**
- 5. A heart attack**
- 6. Another heart condition or vascular disease**
- 7. A breathing condition**
- 8. A neurological condition like MS or Parkinson's**
- 9. Cancer**



**Back**

**Hip(s)**

**Knee(s)**

**Feet**

**Hand(s)**

**Wrist(s)**

**Shoulder(s)**

**Head**

**Neck**

**Arm(s)**

**Leg(s)**

**Stomach**

**Mouth or Throat**

**Heart**

**Lungs**

- 1. Difficulty chewing or swallowing**
- 2. Difficulty speaking or being understood**
- 3. Pain level**
- 4. Problem with breathing**
- 5. Problem with strength (muscle weakness)**
- 6. Problem with movement (range of motion)**
- 7. Low energy level**
- 8. Problem with balance or coordination**
- 9. Problem with falls**
- 10. Problem with memory**

- 1. Getting out of bed**
- 2. Walking around inside at home**
- 3. Leaving home to go outside**
- 4. Walking distances outside (several blocks)**
- 5. Climbing stairs**
- 6. Driving**
- 7. Using other forms of transportation**

- 1. Caring for self (washing up, toileting, dressing, eating)**
- 2. Household tasks (shopping for groceries, preparing meals, doing laundry)**
- 3. Using a computer, laptop or tablet**
- 4. Working or volunteering**
- 5. Providing care to someone else**
- 6. Participating in social, religious, or community activities**

**Every day (7 days a week)**

**Most days (5-6 days a week)**

**Some days (2-4 days a week)**

**Rarely (once a week or less)**

**Never**

- 1. Less than \$1,000**
- 2. \$1,000 to less than \$2,000**
- 3. \$2,000 to less than \$3,000**
- 4. \$3,000 to less than \$5,000**
- 5. \$5,000 or more**

- 1. Less than \$250**
- 2. \$250 to less than \$500**
- 3. \$500 to less than \$1,000**
- 4. \$1,000 to less than \$3,000**
- 5. \$3,000 to less than \$5,000**
- 6. \$5,000 or more**

- 1. Less than \$50,000**
- 2. \$50,000 to less than \$75,000**
- 3. \$75,000 to less than \$100,000**
- 4. \$100,000 to less than \$200,000**
- 5. \$200,000 to less than \$300,000**
- 6. \$300,000 to less than \$500,000**
- 7. \$500,000 to less than \$750,000**
- 8. \$750,000 or more**



- 1. Less than \$250**
- 2. \$250 to less than \$500**
- 3. \$500 to less than \$1,000**
- 4. \$1,000 to less than \$3,000**
- 5. \$3,000 to less than \$5,000**
- 6. \$5,000 or more**

- 1. Less than \$1,000**
- 2. \$1,000 to less than \$2,000**
- 3. \$2,000 to less than \$4,000**
- 4. \$4,000 to less than \$6,000**
- 5. \$6,000 to less than \$10,000**
- 6. \$10,000 to less than \$20,000**
- 7. \$20,000 or more**

- 1. Less than \$500**
- 2. \$500 to less than \$1,000**
- 3. \$1,000 to less than \$2,000**
- 4. \$2,000 to less than \$4,000**
- 5. \$4,000 to less than \$6,000**
- 6. \$6,000 to less than \$10,000**
- 7. \$10,000 to less than \$20,000**
- 8. \$20,000 or more**



**A**



**B**



**C**



**D**



**E**



**F**

MA1

- 1. Freestanding nursing home**
- 2. Freestanding assisted living facility**
- 3. Nursing home and assisted living facility**
- 4. Continuing care retirement community (CCRC)**
- 5. Adult family care home**
- 6. Group home**
- 7. Board and care home**
- 8. Retirement community or senior housing (not CCRC)**

**Meals (in common dining areas or in residents' own rooms)**

**FQ2**

**Help with medications**

**Help with bathing and dressing**

**Laundry services for linens or clothing**

**Housekeeping services**

**A van or shuttle to doctors or other medical care providers**

**A van or shuttle to stores or events like concerts**

**An indoor fitness center**

**Areas to walk for pleasure or exercise, like an outdoor walking path**

**Other recreational facilities, like swimming pools, game rooms, or tennis courts, for residents**

**Organized social events and activities**

**Onsite health and wellness programs**

**A medical emergency system to call someone for help**

**Resident or resident's family**

**Social Security or SSI**

**Medicaid**

**Medicare**

**Private insurance**

**Other government source (VA, state, county)**