

## STATE OF AGING, DISABILITY, AND FAMILY CAREGIVING IN ALLEGHENY COUNTY, 2022

Hello. My name is \_\_\_\_\_. I'm calling from the University of Pittsburgh. We are conducting a telephone survey of local residents aged 55 and over as part of a research study about the state of aging in Allegheny County. Participants will receive \$15 for a 30-45 minute survey.

The survey covers a variety of topics such as work; retirement confidence; housing; neighborhood perceptions; transportation; health care; health status; social relationships; caregiving; and service use.

The only risks to participation are the potential for mild distress when answering the questions and a very unlikely chance of breach of confidentiality. There are no direct benefits to you.

Your participation is voluntary and your responses are completely confidential. You may refuse to answer any questions that you would prefer not to answer. Your name and other identifying information will not be linked to your responses in any way. Your contact information, if you decide to provide it, will only be used for payment purposes. If you so request, any information that you provide to us will be deleted.

This study is being conducted by Dr. Scott Beach, who can be reached at 412-624-5442.

Do I have your permission to begin the survey?

**WORK**

First, I'll ask you about your work status.

WORK1. Are you currently working for pay? [Yes, No]

[IF WORKING]

WORK2. Over the last month, on average how many hours a week did you work? \_\_\_\_\_

WORK3. Realistically, at what age do you expect to retire? \_\_\_\_\_

[IF NOT WORKING]

WORK4. What is your work status? Which of the following categories apply to you? [CHECK ALL THAT APPLY: Retired, Unemployed and looking for work, Unemployed and not looking for work, Temporarily laid off, Disabled and unable to work, Homemaker, Never worked]

[IF RETIRED]

WORK5. At what age did you retire? \_\_\_\_\_

WORK6. Did you retire earlier than you planned, later than you planned, or about when you planned?

[IF RETIRED EARLIER THAN PLANNED]

WORK7. Please tell me which of the following are reasons why you retired earlier than planned. [CHECK ALL THAT APPLY: There were changes at your company, such as downsizing, closure, or reorganization; You had a health problem or a disability; You could afford to retire earlier than you planned; You wanted to do something else; You had to care for a spouse or another family member ; Your skills no longer matching job requirements; You had another work-related reason]

WORK8. All in all, would you say that your retirement has turned out to be very satisfying, moderately satisfying, or not at all satisfying?

**RETIREMENT CONFIDENCE**

Next, I would like to know how confident you are about certain aspects related to retirement. Overall, how confident are you that... [Very, Somewhat, Not too, Not at all]

CONF1. You will have enough money to live comfortably throughout your retirement years?

CONF2. You will have enough money to take care of your basic expenses during your retirement?

CONF3. You are doing/did a good job of preparing financially for retirement?

CONF4. You will have enough money to take care of your medical expenses during your retirement?

CONF5. You will have enough money to pay for long-term care should you need it during your retirement?

CONF6. If you were to need home health care, help with personal care needs, or help with chores around the house because of disability or poor health, how confident are you that you would have enough money or resources to pay for it?

CONF7. How do you expect you would pay for home health care or personal care if you do need it because of disability or poor health? IF NEEDED, GIVE EXAMPLES: For example, family help, your savings or financial assets, your home equity, private insurance, etc. [OPEN-ENDED]

CONF8. How often does your household have difficulty paying for your monthly rent or mortgage? [Never, Rarely, Sometimes, Often, Always]

CONF9. How often does your household have difficulty paying for food? [Never, Rarely, Sometimes, Often, Always]

CONF10. How often does your household have difficulty paying for utilities? [Never, Rarely, Sometimes, Often, Always]

CONF11. In the last month, how much difficulty did you have handling your bills and banking by yourself? [None, A little, Some, A lot]

CONF12. How confident are you in your ability to manage day-to-day finances as you age? [Very, Somewhat, Not]

**INCOME SOURCES**

The next questions are about income sources for your retirement. (IF MARRIED: Please include your [spouse / partner]'s income sources when answering.) All responses are voluntary and will be kept completely confidential. Do you expect the following will be a source of income during your retirement? [Yes, No]

INC1. Social Security

INC2. A workplace retirement savings plan

INC3. A defined benefit or traditional pension plan

INC4. An individual retirement account or IRA

INC5. Personal retirement savings or investments

INC6. Working for pay

INC7. Financial support from family or friends, including inheritances

INC8. Are you currently receiving Social Security retirement income? [Yes, No]

[IF CURRENTLY RECEIVING SOCIAL SECURITY]

INC9. At what age did you first start receiving Social Security retirement income? \_\_\_\_\_

**LIVING ARRANGEMENTS**

LIV1. What are your current living arrangements? Do you live alone or live with others? [Live alone, Lives with others]

[IF LIVES WITH OTHERS]

LIV2. Including you, how many adults age 18 and older currently live in your household? \_\_\_\_\_

LIV3. How many children under age 18 currently live in your household? \_\_\_\_\_

LIV4. What is the relationship of each of these people to you? [CHECK ALL THAT APPLY: Your spouse / partner, Your child(ren), Your grandchild(ren), Your parent(s), Other relatives , Non-relatives]

LIV5. How many years have you lived at your current residence? [Less than 1 year, 1 to 5 years, 5 to 10 years, 10 to 20 years, More than 20 years]

LIV6. Do you or your family own the place where you currently live, or do you rent? [Own, Rent, Lives with relative(s) who own, Lives with relative(s) who rent]

LIV7. Which of the following best describes where you live? [A single family house, A duplex, An apartment building or condominium with multiple units, A mobile home]

LIV8. How would you rate the overall physical or structural condition of the dwelling in which you live? [Excellent, Very good, Good, Fair, Poor]

LIV9. Is your residence designed or modified to make it easier for older adults or those who may have disabilities to live there? Please tell me if your residence has any of the following features. [CHECK ALL THAT APPLY: No stairs or steps are required to get into the residence; There is a railing or ramp to help get into the residence; A kitchen and a full bathroom with a shower or tub are on the same floor; There is a stair lift or glide; There are grab bars in the bathroom; There is a seat for the shower or tub; The residence has an emergency call system; Anything else? ]

LIV10. How many levels or floors are in your home, including a basement if you have one? \_\_\_\_\_

LIV11. Do you plan to make any future modifications or improvements in your residence to make it easier for older adults or those who have disabilities to live there, like some of the things I just mentioned? [Yes, No]

LIV12. Taking everything into consideration, how satisfied or dissatisfied are you with your housing situation? [Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied]

LIV13. Are you planning to move away from the region at any point in the future? [Yes, No]

[IF PLANNING TO MOVE]

LIV14. What is/are the reasons you are planning to move away from the Pittsburgh region in the future? [CHECK ALL THAT APPLY: Family-related reasons (for example to be closer to family members), Moving to a region with better weather/climate, Moving to a region with amenities I desire (other than weather / climate), Moving to a region with types of housing I desire, Taxes, Cost of living or other economic reasons, Other reason]

LIV15. In your next choice of residence, how important do you think having a house that is designed or modified to accommodate older adults or those who have disabilities will be to you? [Very important, Somewhat important, Slightly important, Not very important]

LIV16. How would you rate the Southwestern Pennsylvania region as a place to retire? [Excellent, Very good, Good, Fair, Poor]

## NEIGHBORHOOD

Now a few questions about the neighborhood you live in.

NEIGH1. How would you describe the condition of the occupied houses or buildings in your neighborhood? Would you say that, in general, the physical condition of surrounding houses and buildings is: [Excellent, Very good, Good, Fair, Poor]

NEIGH2. Are there unoccupied buildings in your neighborhood? [Yes, No]

Next, think about the kinds of things you would like to have near where you live – places you go fairly often. How would you rate the access from your residential location to: [Excellent, Very good, Good, Fair, Poor]

NEIGH3. Community Centers

NEIGH4. Restaurants and entertainment

NEIGH5. Doctors offices and urgent care

NEIGH6. A public library

NEIGH7. Now, thinking about the neighborhood and community in which you live, in general how good is it as a place for older people to live? [Excellent, Very good, Good, Fair, Poor]

NEIGH8. How safe do you feel in your neighborhood? [Very safe, Somewhat safe, Somewhat unsafe, Very unsafe]

How would you rate your neighborhood access to: [Excellent, Very good, Good, Fair, Poor]

NEIGH9. A grocery store that sells fresh produce and healthy food

NEIGH10. A farmers' market

NEIGH11. Green spaces or public parks

NEIGH12. How good is your neighborhood as a place to walk and to be physically active? [Excellent, Very good, Good, Fair, Poor]

Now I'd like to ask a few questions about your interactions with your neighbors.

NEIGH13. About how many of your neighbors would you say you know? [Most of them, Many of them, A few of them, None or almost none]

NEIGH14. About how often do you talk to or visit with your immediate neighbors? [Just about every day, Several times a month, Once a month, Several times a year, Never]

Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statements:

NEIGH15. The people in my neighborhood are willing to help their neighbors.

NEIGH16. The people in my neighborhood can be trusted.

NEIGH17. The people in my neighborhood generally don't get along with each other.

NEIGH18. The people in my neighborhood do not share the same values.

NEIGH19. My neighborhood is a close-knit neighborhood.

Some people find that they need or want to move out of their neighborhood as they get older. If you were to consider moving out of your current neighborhood, would the following be a major factor, a minor factor, or not a factor at all in your decision to move?

NEIGH20. Your personal safety or security concerns

NEIGH21. Wanting to move to an area that has better access to health care facilities

NEIGH22. Wanting to live in area that is walkable

NEIGH23. Needing more access to public transportation

NEIGH24. Wanting to live in an area that has a lower housing costs

NEIGH25. Wanting to live in an area with better opportunities for social interaction

NEIGH26. Wanting to live in an area with better access to stores and amenities



**TRANSPORTATION**

Now I will ask a few questions about transportation issues.

TRANS1. Do you currently have valid driver's license? [Yes, No]

[IF HAVE A DRIVER'S LICENSE]

TRANS2. How often do you drive? [Never, Less than once a month, At least once a month, At least once a week, 5 days a week or more]

TRANS3. What are the main forms of transportation that you generally use - say to run errands, visit people, get to appointments, go to the doctor, etc.? [CHECK ALL THAT APPLY: Drive yourself, Use public transportation, Get a ride from relatives, Get a ride from friends or neighbors, Use Access or other form of paratransit, Use a taxi or jitney service, Walk]

[IF CURRENTLY WORKING]

TRANS4. What is your primary mode of travel to your place of employment? [Drive yourself, Use public transportation, Get a ride from relatives, Get a ride from friends or neighbors, Use Access or other form of paratransit, Use a taxi or jitney service, Walk]

TRANS5. How often do you use public transit? [Never, Less than once a month, At least once a month, At least once a week, 5 days a week or more, Public transit is not available]

[IF USES PUBLIC TRANSPORTATION]

TRANS6. How satisfied are you with the public transit available to you? [Completely satisfied, Very satisfied, Moderately satisfied, Slightly satisfied, Not at all satisfied]

TRANS7. How convenient is public transit in the region for you to use? [Very convenient, Somewhat convenient, Somewhat inconvenient, Very inconvenient, Inaccessible]

**HEALTH (PHYSICAL, MENTAL, SOCIAL)**

Now I would like to switch topics a little bit and talk briefly about your own health, and any problems you may have been having recently. Remember, your responses are voluntary and will be kept completely confidential.

HLTH1. In general, would you say your health is excellent, very good, good, fair, or poor?

HLTH2. In general, would you say your quality of life is excellent, very good, good, fair, or poor?

Next I'll ask you about some chronic health conditions.

HLTH3. Have you ever been told by a doctor that you have high blood pressure? [Yes, No]

HLTH4. Have you ever been told by a doctor that you have diabetes? [Yes, No]

HLTH5. Have you ever been told by a doctor that you have coronary heart disease or coronary artery disease? [Yes, No]

HLTH6. Have you ever had a heart attack? [Yes, No]

HLTH7. Have you ever been told by a doctor that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? [Yes, No]

HLTH8. Have you ever been told by a doctor that you had asthma, emphysema, chronic bronchitis, COPD, or any other serious respiratory problem? [Yes, No]

HLTH9. Have you ever been told by a doctor that you had cancer? [Yes, No]

HLTH10. Do you have any other major health problems that I have not asked you about? [Yes, No]

[IF HAS OTHER MAJOR HEALTH PROBLEMS]

HLTH11. What is that?

[Response set for PROM1 – PROM4: Without any difficulty, With a little difficulty, With some difficulty, With much difficulty, Unable to do]

PROM1. Are you able to do chores such as vacuuming or yard work?

PROM2. Are you able to go up and down stairs at a normal pace?

PROM3. Are you able to go for a walk of at least 15 minutes?

PROM4. Are you able to run errands and shop?

[Response set for PROM5 – PROM12: Never, Rarely, Sometimes, Often, Always]

PROM5. In the past 7 days, I felt fearful.

PROM6. In the past 7 days, I found it hard to focus on anything other than my anxiety.

PROM7. In the past 7 days, my worries overwhelmed me.

PROM8. In the past 7 days, I felt uneasy.

PROM9. In the past 7 days, I felt worthless.

PROM10. In the past 7 days, I felt helpless.

PROM11. In the past 7 days, I felt depressed.

PROM12. In the past 7 days, I felt hopeless.

[Response set for PROM13 - PROM16: Not at all, A little bit, Somewhat, Quite a bit, Very much]

PROM13. During the past 7 days, I feel fatigued.

PROM14. During the past 7 days, I have trouble starting things because I am tired.

PROM15. In the past 7 days, how run-down did you feel on average?

PROM16. In the past 7 days, how fatigued were you on average?

PROM17. In the past 7 days, my sleep quality was... Very poor, Poor, Fair, Good, Very good

[Response set for PROM18 – PROM20: Not at all, A little bit, Somewhat, Quite a bit, Very much]

PROM18. In the past 7 days, my sleep was refreshing.

PROM19. In the past 7 days, I had a problem with my sleep.

PROM20. In the past 7 days, I had difficulty falling asleep.

[Response set for PROM21 – PROM24: Never, Rarely, Sometimes, Usually, Always]

PROM21. I have trouble doing all of my regular leisure activities with others.

PROM22. I have trouble doing all of the family activities that I want to do.

PROM23. I have trouble doing all of my usual work, including work at home.

PROM24. I have trouble doing all of the activities with friends that I want to do.

[Response set for PROM25 – PROM28: Not at all, A little bit, Somewhat, Quite a bit, Very much]

PROM25. In the past 7 days, how much did pain interfere with your day to day activities?

PROM26. In the past 7 days, how much did pain interfere with work around the home?

PROM27. In the past 7 days, how much did pain interfere with your ability to participate in social activities?

PROM28. In the past 7 days, how much did pain interfere with your household chores?

PROM29. In the past 7 days, how would you rate your pain on average? Use a number between 0 and 10, where 0 means "no pain" and 10 means "worst imaginable pain".

[Response set for COG1 to COG4: Never; Rarely (Once); Sometimes (2-3 times); Often (about once a day); Very often (several times a day)]

COG1. In the past 7 days, my thinking has been slow.

COG2. In the past 7 days, It has seemed like my brain was not working as well as usual.

COG3. In the past 7 days, I have had to work harder than usual to keep track of what I was doing.

COG4. In the past 7 days, I have had trouble shifting back and forth between different activities that require thinking.

**FUNCTIONAL STATUS & DISABILITY**

FS1. Do you need the help of other persons with your personal care activities, such as eating, getting a shower or bath, dressing, going to the bathroom, or moving from one place to another, due to a health problem? [Yes, No]

[IF NEEDS HELP WITH PERSONAL CARE]

FS2. Who usually helps you with your personal care activities? [CHECK ALL THAT APPLY; DO NOT READ: Spouse, Son or daughter / son- or daughter-in-law, Other relative, Friend, Paid caregiver]

FS3. Is the assistance you receive to meet your personal care needs from all sources usually adequate, sometimes adequate, or rarely adequate?

FS4. In the past 12 months, have you changed the way you complete personal activities like getting a shower or bath, dressing, using the bathroom or moving from one place to another? [Yes, No]

FS5. In the past 12 months, have you done any or some of these personal care activities less frequently? [Yes, No]

The next questions ask about difficulties you may have doing certain activities because of a health problem. [No - no difficulty; Yes – some difficulty; Yes – a lot of difficulty; Cannot do at all]

FS6. Do you have difficulty seeing, even if wearing glasses?

FS7. Do you have difficulty hearing, even if using a hearing aid?

FS8. Do you have difficulty walking or climbing steps?

FS9. Do you have difficulty remembering or concentrating?

FS10. Do you have difficulty with self-care such as washing all over or dressing?

FS11. Using your usual / customary language, do you have difficulty communicating, for example understanding or being understood?

FS12. Do you need the help of other persons with your routine home activities, such as everyday shopping, laundry, house cleaning, managing money, taking medications, or transportation outside the house, due to a health problem you have or problems with your memory? [Yes, No]

[IF NEEDS HELP WITH ROUTINE NEEDS]

FS13. Who usually helps you with your routine needs? [CHECK ALL THAT APPLY; DO NOT READ: Spouse, Son or daughter / son- or daughter-in-law, Other relative, Friend, Paid caregiver]

FS14. Is the assistance you receive to meet your routine needs from all sources usually adequate, sometimes adequate, or rarely adequate?

FS15. Do you use any of the following types of devices to assist with your mobility: [CHECK ALL THAT APPLY: Walker, Cane, Wheelchair, Motorized scooter]

FS16. Have you experienced a fall or unintentionally slipped, tripped, stumbled, or lost your balance in the past 12 months? [Yes, No]

[IF FELL]

FS17. Did you get injured as a result of the fall? [Yes, No]

FS18. Are you afraid of falling? [Yes, No]

[IF AFRAID OF FALLING]

FS19. In what situations are you afraid of falling? [CHECK ALL THAT APPLY: Taking a bath or shower, Getting on or off the toilet, Getting in or out of a car, Going up and down steps, Walking in the house, Walking on a sidewalk outdoors, During meal preparation activities]

FS20. How concerned are you about the possibility of becoming a burden to your family or friends in the future because of ill health or disability? [Extremely concerned, Somewhat concerned, Not very concerned, Not at all concerned]

## HEALTH BEHAVIORS & CARE ACCESS

Now a few questions about health care coverage and some other health issues.

HBCA1. Do you have any kind of health care coverage, including health insurance or government plans such as Medicare? [Yes, No]

[IF HAS HEALTH CARE COVERAGE]

HBCA2. What is the primary source of your health care coverage? [Read if necessary: A plan purchased through an employer or union (including plans purchased through another person's employer); A plan that you or another family member buys on your own; Medicare; Medicaid or other state program; TRICARE (formerly CHAMPUS), VA, or Military; Some other source]

HBCA3. During the past 12 months, how many times have you seen a doctor or other health care professional about your own health in person at a doctor's office, a clinic, or some other place? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls. [None, 1, 2-3, 4-5, 6-7, 8-9, 10-12, 13-15, 16 or more]

HBCA4. During the past 12 months, how many times have you contacted or visted a doctor or other health care professional about your own health via telephone, computer, Zoom or some other telehealth method? [None, 1, 2-3, 4-5, 6-7, 8-9, 10-12, 13-15, 16 or more]

[IF 'NONE' TO BOTH QUESTIONS 3 & 4]

HBCA5. About how long has it been since you last visited a medical doctor? [Within past 2 years, Within past 5 years, 5 or more years ago]

HBCA6. Was there a time during the last 12 months when you needed to see a doctor but could not because of the cost? [Yes, No]

HBCA7. If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? [Very worried, Somewhat worried, or Not at all worried?]

HBCA8. About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. [Never; 6 months or less; More than 6 mos, but not more than 1 yr ago; More than 1 yr, but not more than 2 yrs ago; More than 2 yrs, but not more than 5 yrs ago; More than 5 yrs ago]

HBCA9. During the past 12 months, have you seen or talked to any of the following health care providers about your own health: A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker. [Yes, No]



HBCA10. During the past 12 months, have you seen or talked to any of the following health care providers about your own health: An optometrist, ophthalmologist, or eye doctor (someone who prescribes eye glasses). [Yes, No]

HBCA11. Were you hospitalized in the last year? [Yes, No]

[IF HOSPITALIZED IN LAST YEAR]

HBCA12. How many times were you hospitalized in the last year? \_\_\_\_\_

HBCA13. During the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes emergency room visits that resulted in a hospital admission. [None, 1, 2-3, 4-5, 6-7, 8-9, 10-12, 13-15, 16 or more]

HBCA14. During that past 12 months, did you receive care at home from a nurse or other health care professional? [Yes, No]

HBCA15. Now, thinking about the quality, cost, and convenience of your health care, altogether would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with your health care?

HBCA16. Since the start of the Coronavirus pandemic, has there ever been a time when you needed or had planned to see a doctor or other health provider but put off getting care? [Yes, no]

[IF PUT OFF GETTING CARE]

HBCA17. What types of care did you put off? [CHECK ALL THAT APPLY: Seeing your usual doctor; Seeing a specialist; Vision / dental / hearing appointment; Having surgery; Physical therapy; Mental health care; Emergency or urgent care; Other (specify)]

HBCA18. What are the reasons that you put off care? [CHECK ALL THAT APPLY: You couldn't afford it; You couldn't get an appointment; The provider cancelled, closed, or suggested rescheduling; You decided it could wait; You were afraid to go; A family member did not want you to go; Other (specify)]

Now a couple questions about health-related behaviors.

HBCA19. Do you now smoke cigarettes every day, some days, or not at all?

HBCA20. How many alcoholic beverages - such as beer, wine, malt beverage, or liquor - do you consume in average week? [0; 1-6; 7-13; 14-20; 21+]

HBCA21. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? [Yes, No]

HBCA22. How tall are you without shoes? \_\_\_\_ ft \_\_\_\_ in

HBCA23. How much do you weigh without shoes? If necessary: One way to learn a lot about a person's general health status is to know their height and weight. We know this is somewhat personal, but we'd really appreciate your honesty, and we want to reassure you that this is an anonymous survey and that all data will be kept strictly confidential. \_\_\_\_\_ lbs

HBCA24. During the past 12 months, have you had a seasonal flu shot? [Yes, No]

HBCA25. Have you ever had a pneumonia vaccination? It's also known as a "pneumococcal" vaccination. [Yes, No]

HBCA26. Have you ever had the Shingles vaccine also known as the zoster vaccine? [Yes, No]

HBCA27. During the last 12 months, have you had a regular medical check-up with your doctor? [Yes, No]

HBCA28. Have you had a Covid vaccine? [Yes, No]

## **SOCIAL HEALTH / SUPPORT**

Now a few questions about social relationships and support. Considering the people to whom you are related by birth, marriage, adoption, etc. ....

SOCSUP1. How many relatives do you see or hear from at least once a month? [None, 1; 2; 3-4; 5-8; 9 or more]

SOCSUP2. How many relatives do you feel at ease with that you can talk about private matters? [None, 1; 2; 3-4; 5-8; 9 or more]

SOCSUP3. How many relatives do you feel close to such that you could call on them for help? [None, 1; 2; 3-4; 5-8; 9 or more]

Considering all of your friends including those who live in your neighborhood...

SOCSUP4. How many of your friends do you see or hear from at least once a month? [None, 1; 2; 3-4; 5-8; 9 or more]

SOCSUP5. How many friends do you feel at ease with that you can talk about private matters? [None, 1; 2; 3-4; 5-8; 9 or more]

SOCSUP6. How many friends do you feel close to such that you could call on them for help? [None, 1; 2; 3-4; 5-8; 9 or more]

SOCSUP7. All things considered, how satisfied are you with the help and support you receive from your family and friends? [Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied]

SOCSUP8. In the past month how often have others made too many demands on you? [Never, Once in a while, Fairly often, Very often]

SOCSUP9. In the past month, how often have others been critical of you? [Never, Once in a while, Fairly often, Very often]

SOCSUP10. In the past month, how often have others taken advantage of you? [Never, Once in a while, Fairly often, Very often]

How often do you feel the following? [Often, Some of the time, Hardly ever]

SOCSUP11. I lack companionship.

SOCSUP12. I feel left out.

SOCSUP13. I feel isolated from others.

## **ELDER MISTREATMENT**

For this next section, please think about ways that people behave towards you that bother you. Specifically, think of people and your relationships with them. In the past 12 months..... [Yes, No]

EM1. Has there been a family conflict at home?

EM2. Have you felt uncomfortable with anyone in your family?

EM3. Have you felt that nobody wanted you around?

EM4. Has anyone told you that you gave them too much trouble?

EM5. Have you been afraid of anyone in your family?

EM6. Has anyone close to you tried to hurt or harm you?

EM7. Has someone in your family made you stay in bed or told you that you are sick when you know you are not?

EM8. Has anyone close to you called you names or put you down or made you feel badly?

EM9. Has anyone forced you to do things you didn't want to do?

EM10. Has anyone taken things that belong to you without your OK?

EM11. Has anyone borrowed your money without paying you back?

**CAREGIVING**

CG1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? [Yes; No; Caregiving recipient died in past 30 days]

[IF PROVIDED CARE IN THE LAST 30 DAYS AND CARE RECIPIENT IS STILL ALIVE]

CG2. What is his or her relationship to you? For example is he or she your mother or daughter or father or son?— INTERVIEWER NOTE: If more than one person, say: "Please refer to the person to whom you are giving the most care." [Mother; Father; Mother-in-law; Father-in-law; Child; Husband; Wife; Live-in partner; Brother or brother-in-law; Sister or sister-in-law; Grandmother; Grandfather; Grandchild; Other relative; Non-relative/Family friend]

CG3. For how long have you provided care for that person? [Less than 30 days; 1 month to less than 6 months; 6 months to less than 2 years; 2 years to less than 5 years; More than 5 years]

CG4. In an average week, how many hours do you provide care or assistance? [Up to 8 hours per week; 9 to 19 hours per week; 20 to 39 hours per week; 40 hours or more]

CG5. What is the main health problem, long-term illness, or disability that the person you care for has? IF NECESSARY: Please tell me which one of these conditions would you say is the major problem? [DO NOT READ: RECORD ONE RESPONSE: Arthritis/Rheumatism; Asthma; Cancer; Chronic respiratory conditions such as Emphysema or COPD; Alzheimer's disease, Dementia or other Cognitive Impairment Disorders; Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida; Diabetes; Heart Disease, Hypertension, Stroke; Human Immunodeficiency Virus Infection (HIV); Mental Illnesses, such as Anxiety, Depression, or Schizophrenia; Other organ failure or diseases such as kidney or liver problems; Substance Abuse or Addiction Disorders; Injuries, including broken bones; Old age/infirmity/frailty; Other]

CG6. Does the person you care for also have Alzheimer's Disease, Dementia or other Cognitive Impairment Disorder? [Yes, No]

CG7. In the past 30 days, did you provide care for this person by... Managing personal care such as giving medications, feeding, dressing, or bathing? [Yes, No]

CG8. In the past 30 days, did you provide care for this person by... Managing household tasks such as cleaning, managing money, or preparing meals? [Yes, No]

CG9. Do you feel you had a choice in taking on this responsibility for caring for your family member/friend? [Yes, No]

CG10. Do you feel stressed between caring for your [family member/friend] and trying to meet other responsibilities such as work and family? [Always, Often, Sometimes, Rarely, Never]

CG11. In the past month, did providing support to your [family member/friend] keep you from doing things that are important to you such as visiting family and friends, working, attending church or other group activities, etc.? [Not at all, A little bit, Somewhat, Quite a bit, Very much]

CG12. To what extent do you worry about being able to take care of your own emotional or physical health as a caregiver? [Always, Often, Sometimes, Rarely, Never]

CG13. In the past month, have you been angry or frustrated as a result of your caregiving? [Always, Often, Sometimes, Rarely, Never]

CG14. Has caregiving had any of the following impacts on your financial life? [CHECK ALL THAT APPLY: Prevented you from saving or investing for the future; Led to an increase in your own personal debt; Caused you to stop contributing to or reduce contributions to a workplace retirement plan; Caused you to retire sooner than you wished or plan to retire sooner than you wished; Caused you to retire later than you wished or plan to retire later than you wished]

CG15. Have you ever searched online for support services, aides, facilities, or other help for your care recipient? [Yes, No]

CG16. Have you ever connected with other caregivers online using social media or support groups? [Yes, No]

CG17. Have you ever watched videos online to learn how to do different things you need to do to care for your care recipient? [Yes, No]

CG18. In your experience as a caregiver, have you ever used respite services where someone would take care of your care recipient to give you a break? [Yes, No]

CG19. In your experience as a caregiver, have you ever had an outside service provide transportation for your care recipient instead of you providing the transportation? [Yes, No]

CG20. In your experience as a caregiver, have you ever had modifications made in the house or apartment where your care recipient [lives/lived] to make things easier for them? [Yes, No]

CG21. As someone providing care for another, on which of the following do you feel you need more help or information? [CHECK ALL THAT APPLY: Keeping the person you care for safe at home; Managing challenging behaviors, such as repetitive questions, wandering, or sudden

changes in personality; Easy activities you can do with the person you care for; Managing incontinence or toileting problems; Moving or lifting the person you care for; Balancing your work and family responsibilities; Finding time for yourself or respite care; Choosing an assisted living facility or nursing home; Choosing a home care agency; Knowing how to talk with doctors and other healthcare professionals; Managing your emotional and physical stress; Making end-of-life decisions; Where to access information or resources; Where to find private pay help that is trustworthy and reasonably priced; How to explain to employers the need for flexibility at work; Specific training on the illness of the person for whom you are caring; Other]

[IF DID NOT PROVIDE CARE IN THE LAST 30 DAYS]

CG22. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? [Yes, No]

## SERVICE USE

SU1. Have you ever heard of information and referral services for older adults (a place to call for information and help for older adults)? [Yes, No]

[IF HAS HEARD OF INFO & REFERRAL SERVICES FOR OLDER ADULTS]

SU2. How did you become aware of this service? [CHECK ALL THAT APPLY: Formal referral (e.g., referred by Social Worker); Internet; Print publication (e.g., Pittsburgh Senior News); Radio advertisement; Television advertisement; Word of mouth; Other (specify)]

SU3. In the last 12 months, have you used any information and referral services? [Yes, No]

[IF USED INFO & REFERRAL SERVICES]

SU4. Which service did you use? [CHECK ALL THAT APPLY: 211 (United Way); Allegheny Link; SeniorLine (Area Agency on Aging); Other (Specify)]

The next few questions ask about specific services you may have used in the last 12 months. Please think only of services that you personally used, not those that you may have arranged for someone else.

SU5. In the last 12 months, have you used any of the transportation options available for older adults (e.g., ACCESS 65 Plus, Older Persons Transportation)? [Yes, No]

SU6. In the last 12 months, have you received formal social support (e.g., visits from a volunteer Senior Companion, support group participation)? [Yes, No]

SU7. In the last 12 months, have you received any food or nutritional support (e.g., Home-delivered meals, "Grab and Go Meals", Food boxes)? [Yes, No]

SU8. In the last 12 months, have you received any housekeeping or home maintenance support? [Yes, No]

SU9. In the last 12 months, have you received any personal care support (e.g., bathing assistance, dress assistance)? [Yes, No]

SU10. Over the last 12 months, have you received formal mental health support (e.g., counseling, support group participation)? [Yes, No]

SU11. Have you received any formal disability services and/or supports over the last 12 months (e.g., support equipment, home modifications)? [Yes, No]



SU12. In the last 12 months, have you received any formal dementia or cognitive support services for another older adult (e.g., in-home support services, direct support from dementia specialists, home modifications, support groups)? [Yes, No]

SU13. Have you ever visited a senior community center? [Yes, No]

SU14. Has the coronavirus pandemic prevented you from visiting a senior center? [Yes, No]

SU15. Do you plan to visit a senior community center in the future? [Yes, No]

[IF PLAN TO VISIT SENIOR COMMUNITY CENTER]

SU16. What would be your PRIMARY reason for visiting a senior community center in the future? [Educational activities; Fitness activities; Information and assistance; Meal service; Social activities/socialization; Volunteer opportunities; Other (specify)]

SU17. Are you a veteran? [Yes, No]

[IF VETERAN]

SU18. In the last 12 months, have you received any services directed towards veterans (e.g., counseling, emergency assistance, financial aid)? [Yes, No]

[IF USED SERVICES (i.e, answered 'YES' to any Q5-Q12 or Q18)]

SU19. Overall, how satisfied are you with the services and/or supports you have received over the last 12 months? [Very satisfied; Somewhat satisfied; Somewhat dissatisfied; Very dissatisfied]

SU20. Have you ever heard of Older Adult Protective Services? [Yes, No]

[IF HAS HEARD OF OLDER ADULT PROTECTIVE SERVICES]

SU21. Do you know how to contact Older Adult Protective Services? [Yes, No]

SU22. Are there services and/or supports you need, but are not getting? [Yes, No]

[IF IN NEED OF SERVICES/SUPPORTS]

SU23. What services and/or supports are you in need of? \_\_\_\_\_

SU24. Do you know where to get these services and/or supports? [Yes, No]

**INTERNET / TECHNOLOGY**

Now a couple questions about computer and internet use.

NET1. Do you use the internet, at least occasionally? [Yes, No]

[IF USES INTERNET]

NET2. Do you have access to internet service in your home? [Yes, No]

NET3. Do you have access to internet service through public WiFi, for example, in a library or coffee shops, or a friend's house? [Yes, No]

NET4. Do you access the internet on a cell phone, tablet or other mobile handheld device, at least occasionally? [Yes, No]

NET5. Do you ever use the internet to use a social networking site like Facebook, LinkedIn or Google Plus? [Yes, No]

NET6. Have you ever had a virtual or online visit with a healthcare provider? [Yes, No]

NET7. Have you ever created an online or shared calendar to organize your schedules or activities? [Yes, No]

NET8. Have you ever managed your prescription refills or delivery on an app or website? [Yes, No]

NET9. Have you ever placed an online order for groceries or household supplies? [Yes, No]

NET10. Have you ever used a ride service like Lyft or Uber? [Yes, No]

**COVID IMPACTS (OPEN-ENDED)**

We have covered a lot of topics in this survey – work, retirement, and finances; living arrangements and housing; your neighborhood; transportation; physical, mental, and social health; health care; family caregiving; formal service use; and use of technology. We did not ask a lot about the ongoing COVID-19 pandemic.

Is there anything you would like to add about how the pandemic has affected your life in any of these areas or more broadly – either negatively or positively? Has the pandemic affected your physical or mental health, social relationships, finances, housing situation, use of services and technology, or the ability to care for a family member or friend? If so, how? Any thoughts or information you can provide would be very helpful.

## DEMOGRAPHICS

To finish, just a few more questions for statistical purposes.

SEX. INTERVIEWER: Record respondent's sex. [Male, Female, Other (if volunteered)]

AGE. What is your age now? \_\_\_\_\_

HISP. Are you of Hispanic or Latino descent? [Yes, No]

RACE. How would you describe your race or ethnicity? [CHECK ALL THAT APPLY: Caucasian/White; Asian/Pacific Islander; American Indian or Alaskan Native; Black or African-American]

EDUC. What is the highest level of education you have completed? [DO NOT READ: Eighth grade or less; Some high school; High school graduate or GED; Some college, no degree; Associate's degree, occupational; Associate's degree, academic; Bachelor's degree; Master's degree; Professional degree; Doctoral degree]

INCOME. Which of the following best describes your household's total yearly income? Please just stop me when I get to the category that applies to you. [Under \$25,000; \$25,000 to just under \$50,000; \$50,000 to just under \$75,000; 75,000 to just under \$100,000; \$100,000 to just under \$150,000; \$150,000 or more]

In order for us to compare your answers to publicly available data about your community, we would also like to ask you for the name of your street and the name of the nearest cross-street. We will use this information only to match you to the right geographic unit and then we will discard it. We will not give your information to anyone else or use it for any purpose that you have not authorized.

GEOG1. What is the name of your street? \_\_\_\_\_

GEOG2. What is the name of the nearest cross-street? \_\_\_\_\_

AAAREAD. In case you're interested, I can give you a phone number for the Allegheny County Area Agency on Aging Senior Line which you can call to learn about senior services. Their number is 412-350-5460. They can give you information or provide you with other resources.