Time 3 Questionnaire

Ongoing Research on Aging in New Jersey
Bettering Opportunities for Wellness in Life

Dear ORANJ BOWL Member:

It's taken a few years, but we've now had the good fortune to receive funding from the UMDNJ Foundation to allow us to update the ORANJ BOWL panel. In this questionnaire we ask about your health, current experiences, and contact information.

As in the past, any information you provide is kept confidential and you are free to refuse to answer any question.

Please answer each question by writing your answer in the space provided or by choosing among the alternatives offered.

If you are torn between two answers, choose the one you think is better.

As you complete the booklet, please try to avoid skipping any question or item.

If you have questions or need assistance in completing this form, please call us at 1-856-566-6822.

Upon completing this questionnaire, please return it to …

ORANJ BOWL℠ Research Program
New Jersey Institute for Successful Aging
42 East Laurel Road, Suite 2300
Stratford, New Jersey 08084

… using the pre-addressed, postage-paid envelope provided.

1. Using a scale from 0 to 10 where 0 means "Not Successful At All" and 10 means "Completely Successful," please tell me which number best describes your aging experience?

Not successful at all ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Completely successful

2. Please indicate which of the following experiences you have had during the past 12 months.

	Yes	No
a. Changed your place of residence	☐	☐
b. An adult child left home	☐	☐
c. An adult child moved back home with you	☐	☐
d. Moved in with an adult child	☐	☐
e. Assumed responsibility for a sick or elderly loved one	☐	☐
f. Lost a job unexpectedly	☐	☐
g. Diagnosed with a major illness or condition IF YES: What was the diagnosis? _____	☐	☐
h. Involved in an accident in which you were seriously injured	☐	☐
i. Victim of a crime	☐	☐
j. Arrested for violating the law (either you or a close family member)	☐	☐
k. Spouse died	☐	☐
l. A close family member became seriously ill or injured	☐	☐
m. A close family member (other than spouse) died	☐	☐
n. A close friend died	☐	☐
o. Gained a new close family member through marriage, birth, or adoption	☐	☐
p. Got married	☐	☐
q. Got divorced	☐	☐
r. Stopped driving a car	☐	☐

Please check that you have marked "Yes" or "No" for each item before continuing.

3. When did you move into your current home?

_____ _____
MONTH YEAR

Select the alternative that best completes the following statement:

4. When I think about my neighborhood, I think of the places located within …

- ☐ … less than 2 city blocks of my home.
- ☐ … ¼ mile or so – that is, 2 to 3 city blocks – of my home.
- ☐ … ½ mile or so of my home.
- ☐ … ¾ mile or so of my home.
- ☐ … a mile or so of my home.

5. Using a scale from 0 to 10, where 0 means "the worst possible life" and 10 means "the best possible life", how would you rate your life these days?

The worst possible life ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ The best possible life
0 1 2 3 4 5 6 7 8 9 10

6. How would you rate your overall health at the present time?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

7. How much do you weigh without shoes?

_____ POUNDS

8. How often are you troubled with pain?

☐ Almost always ☐ Often ☐ Sometimes ☐ Almost never

8a. How bad is the pain most of the time? (NOTE: IF TAKING PAIN MEDICATION, INDICATE PAIN SEVERITY WHEN MEDICATED.)

- ☐ Not at all
- ☐ Mild
- ☐ Moderate
- ☐ Severe

8b. How often does the pain make it difficult for you to do your usual activities such as household chores or work?

- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Almost never
- ☐ Never

9. Have you ever been told by a doctor or other health professional that you had …

	Yes	No
a. Arthritis?	☐	☐
b. Hypertension or high blood pressure?	☐	☐
c. Any kind of heart condition or heart disease such as coronary artery disease, angina, or heart attack (sometimes called a coronary, MI, or myocardial infarction)?	☐	☐
d. Cancer?	☐	☐
e. Diabetes?	☐	☐
f. Osteopenia or osteoporosis?	☐	☐
g. A stroke?	☐	☐
h. Lung or breathing problems, such as chronic bronchitis, asthma, or emphysema?	☐	☐

Please check that you have marked "Yes" or "No" for each item before continuing.

10. Has a physician ever told you that you have osteoarthritis of the knee?

☐ No ☐ Yes → 10 a. When was the diagnosis made?

_____ _____
MONTH YEAR

11. Please indicate how much difficulty you have with each of the following activities.

How difficult is it for you to …	Not at all difficult	Only a little difficult	Somewhat difficult	Very difficult	Can't do it at all
a. Walk for a quarter of a mile, which is about 3 city blocks?	☐	☐	☐	☐	☐
b. walk up 10 steps without resting?	☐	☐	☐	☐	☐
c. stand or be on your feet for about 2 hours?	☐	☐	☐	☐	☐
d. sit for about 2 hours?	☐	☐	☐	☐	☐
e. stoop, bend, or kneel (including getting back up again afterwards)?	☐	☐	☐	☐	☐
f. reach up over your head:(such as reaching for an object on a shelf)?	☐	☐	☐	☐	☐
g. use your fingers to grasp or handle small objects?	☐	☐	☐	☐	☐
h. lift or carry something as heavy as 10 pounds, such as a full bag of groceries?	☐	☐	☐	☐	☐
i. push or pull large objects like a living room chair?	☐	☐	☐	☐	☐

12. Next, are some statements about feelings. Please indicate how often each has described you ***DURING THE PAST WEEK.***

	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of the time	Most or all of the time
a. I was bothered by things that usually don't bother me.	☐	☐	☐	☐
b. I had trouble keeping my mind on what I was doing.	☐	☐	☐	☐
c. I felt depressed.	☐	☐	☐	☐
d. I felt that everything I did was an effort.	☐	☐	☐	☐
e. I felt hopeful about the future.	☐	☐	☐	☐
f. I felt fearful.	☐	☐	☐	☐
g. My sleep was restless.	☐	☐	☐	☐
h. I was happy.	☐	☐	☐	☐
i. I felt lonely.	☐	☐	☐	☐
j. I could not get "going."	☐	☐	☐	☐

13. Below are some words. Please indicate how often you have felt each one ***DURING THE PAST WEEK.***

	Never	Rarely	Sometimes	Often	Nearly always
a. Happy	☐	☐	☐	☐	☐
b. Irritated	☐	☐	☐	☐	☐
c. Warm-hearted	☐	☐	☐	☐	☐
d. Sad	☐	☐	☐	☐	☐
e. Interested	☐	☐	☐	☐	☐
f. Annoyed	☐	☐	☐	☐	☐
g. Content	☐	☐	☐	☐	☐
h. Worried	☐	☐	☐	☐	☐
i. Energetic	☐	☐	☐	☐	☐
j. Depressed	☐	☐	☐	☐	☐

14. Please think about your aging experience. Using a scale from 0 to 10, where 0 means "Not well at all" and 10 means "Extremely well", what number would you choose to describe how well you are aging?

Not well at all										Extremely well
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10

15. Are you currently:

- ☐ Married → 15a. How old is your spouse or significant other? _____ years
- ☐ Living with someone in a committed relationship → 15a. How old is your spouse or significant other? _____ years
- ☐ Divorced/ separated
- ☐ Widowed
- ☐ Never married

15b. Has a physician ever told your spouse or significant other that he/she has osteoarthritis of the knee?

- ☐ No
- ☐ Yes → When was the diagnosis made?

_____ MONTH _____ YEAR

For the ORANJ BOWL℠ Research Program to continue and for it to provide valuable scientific knowledge about aging, it is vitally important to keep our contact records for you and other participants accurate and up to date.

Your Mailing Address PLEASE PRINT _____

_____

Your Telephone Contact Information

Best _____ **AREA CODE** _____ **NUMBER**

Alternative _____ **AREA CODE** _____ **NUMBER**

Your e-Mail Address: _____ @ _____

Thank you for your continued participation in the ORANJ BOWL℠ Research Program!

Please use the pre-addressed, postage-paid envelope provided to return your completed questionnaire.