Time 4 Questionnaire

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

Rowan University APPROVED
IRB#: PRO2013003160
APPROVAL DATE: 10/15/2013
EXPIRATION DATE: 6/25/2014

ROWAN UNIVERSITY
NJISA
NEW JERSEY INSTITUTE FOR SUCCESSFUL AGING

Dear ORANJ BOWL Member:

Hurricane Sandy hit New Jersey on October 29, 2012. Many of you were in harm's way and may still be recovering from the massive storm. Whether you were directly affected by the storm or not, we want to know how you're doing.

My colleague, George Bonanno, Ph.D., from Columbia University's Teachers College, and I would like to learn about your experiences during and just after Hurricane Sandy. Funding from Teachers College has enabled us to mail this questionnaire to ask about your experiences, your health, your neighborhood, and your contact information.

As in the past, any and all information you provide is kept confidential and you may 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 <u>one</u> 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 me at 1-856-566-6822.

Upon completing this questionnaire, please fold it in half and insert it into the pre-addressed, postage-paid envelope provided. Questionnaires should be mailed to …

ORANJ BOWL[SM] Research Program
Rachel Pruchno, Ph.D.
Rowan University
New Jersey Institute for Successful Aging
University Doctors Pavilion
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PO Box 1011
Stratford, NJ 08084

Thanks in advance!

Rachel Pruchno, Ph.D.
Director of Research
New Jersey Institute for Successful Aging
Rowan University School of Osteopathic Medicine

Note: As of July 1, 2013 the School of Osteopathic Medicine is part of Rowan University.

This first set of questions asks about your experience during and immediately after Hurricane Sandy.

1. For each question below, please indicate the answer that best describes your experience.

	No	Yes, a little	Yes, a lot
a. Did you feel that you were in immediate physical danger during Hurricane Sandy?	☐	☐	☐
b. Did you sustain physical injuries during Hurricane Sandy?	☐	☐	☐
c. Were you distressed or fearful during Hurricane Sandy?	☐	☐	☐
d. Did you need medical attention during or immediately after Hurricane Sandy?	☐	☐	☐
e. Did your home sustain damage from Hurricane Sandy?	☐	☐	☐
f. Did your automobile sustain damage from Hurricane Sandy? ***(Note: Answer for the most damaged vehicle, if more than one.)***	☐	☐	☐

2. Were any family members or close friends injured or killed during Hurricane Sandy?

☐ No

☐ Yes

2A. Please describe the injuries of the person among your family (not including you) or close friends who was the most severely injured.

- ☐ Minor injuries
- ☐ Seriously injured
- ☐ Killed, or died shortly after

3. The grid on the next two pages presents difficulties that people sometimes have after experiencing a stressful event such as Hurricane Sandy (referred to simply as "Sandy"). Please read each item carefully and indicate how often each has bothered you ***DURING THE PAST MONTH***.

	Not at all or only one time	Once a week or less – only once in a while	2 to 4 times per week – often	5 or more times a week – almost always
a. Having upsetting thoughts or images about Sandy come to mind when you didn't want them to.	☐	☐	☐	☐
b. Having bad dreams or nightmares about Sandy.	☐	☐	☐	☐
c. Reliving Sandy, acting or feeling as if it were happening again.	☐	☐	☐	☐
d. Feeling very emotionally upset when you were reminded of Sandy (e.g., feeling scared, angry, sad, guilty, etc.).	☐	☐	☐	☐
e. Experiencing physical reactions when you were reminded of Sandy (e.g., breaking out in a sweat, heart beating fast).	☐	☐	☐	☐
f. Trying not to think, talk, or have feelings about Sandy.	☐	☐	☐	☐
g. Trying to avoid activities, people, or places that remind you of Sandy.	☐	☐	☐	☐
h. Not being able to remember an important part of Sandy.	☐	☐	☐	☐
i. Having much less interest or participating much less often in activities that were important before Sandy.	☐	☐	☐	☐
j. Feeling distant or cut off from people around you.	☐	☐	☐	☐
k. Feeling emotionally numb (e.g., being unable to cry or being unable to have loving feelings).	☐	☐	☐	☐
l. Feeling as if future plans or hopes will not come true (e.g., will not have a career, marriage, children, or long life).	☐	☐	☐	☐
m. Having trouble falling asleep or staying asleep.	☐	☐	☐	☐
n. Feeling irritable or having fits of anger.	☐	☐	☐	☐

o. Having trouble concentrating (e.g., drifting in and out of conversations, losing track of a story on television, forgetting what you read).	☐	☐	☐	☐

Grid continues on the next page

	Not at all or only one time	Once a week or less –only once in a while	2 to 4 times per week – often	5 or more times a week – almost always
p. Being overly alert (e.g., checking to see who is around you, being uncomfortable with your back to a door).	☐	☐	☐	☐
q. Being jumpy or more easily startled than before (e.g., when someone walks up behind you).	☐	☐	☐	☐

This section focuses on what your neighborhood is like now.

4. Please indicate your level of agreement or disagreement with each of the following statements.

	Disagree Strongly	Disagree	Neither Agree Nor Disagree	Agree	Agree Strongly
a. People in this neighborhood are willing to help their neighbors.	☐	☐	☐	☐	☐
b. This is a close-knit neighborhood.	☐	☐	☐	☐	☐
c. People in this neighborhood can be trusted.	☐	☐	☐	☐	☐
d. People in this neighborhood generally don't get along with each other.	☐	☐	☐	☐	☐
e. If children were skipping school, neighbors would do something about it.	☐	☐	☐	☐	☐
f. You can count on adults in this neighborhood to watch that children are safe and do not get in trouble.	☐	☐	☐	☐	☐
g. People in this neighborhood do not share the same values.	☐	☐	☐	☐	☐
h. If children were vandalizing or destroying someone's property, neighbors would do something about it.	☐	☐	☐	☐	☐
i. I think of my neighborhood as a real home, not just a place.	☐	☐	☐	☐	☐

j.	When a neighbor is not home, other neighbors watch over their property.	☐	☐	☐	☐	☐
k.	People in my neighborhood often do favors for one another.	☐	☐	☐	☐	☐

Grid continues on the next page

		Disagree Strongly	Disagree	Neither Agree Nor Disagree	Agree	Agree Strongly
l.	I enjoy living in my neighborhood.	☐	☐	☐	☐	☐
m.	If a child were showing disrespect to an adult, neighbors would scold that child.	☐	☐	☐	☐	☐
n.	Given the opportunity, I would like to move out of this neighborhood.	☐	☐	☐	☐	☐
o.	I regularly talk with people in my neighborhood.	☐	☐	☐	☐	☐
p.	I am different from people in my neighborhood.	☐	☐	☐	☐	☐
q.	People in my neighborhood try to be helpful.	☐	☐	☐	☐	☐
r.	I feel comfortable confiding about a personal problem to people in my neighborhood.	☐	☐	☐	☐	☐
s.	I belong in this neighborhood.	☐	☐	☐	☐	☐
t.	People in my neighborhood have parties or get-togethers where other neighbors are invited.	☐	☐	☐	☐	☐

5. Please provide your best estimates for the following three questions.

		None	1 or 2	3 to 5	6 or more
a.	About how many adults who live in your neighborhood do you recognize or know by sight?	☐	☐	☐	☐
b.	In the past 30 days, with how many of your neighbors have you talked for 10 minutes or longer?	☐	☐	☐	☐
c.	How many of your friends live in your neighborhood?	☐	☐	☐	☐

6. Think about the neighbor with whom you are most friendly. How close is your relationship with this neighbor?

☐ Very close

☐ Somewhat close

☐ Not at all close

☐ Don't know or do not have contact with any neighbors

7. Please indicate how well each of the following statements represents how you feel about your neighborhood.

	I feel this way …			
	Not At All	**Somewhat**	**Mostly**	**Completely**
a. It is very important to me to be a part of this neighborhood.	☐	☐	☐	☐
d. I am with other neighbors a lot and enjoy being with them.	☐	☐	☐	☐
e. I expect to be a part of this neighborhood for a long time.	☐	☐	☐	☐
f. Neighbors have shared important events together, such as holidays, celebrations, or disasters.	☐	☐	☐	☐
g. I feel hopeful about the future of this neighborhood.	☐	☐	☐	☐
h. Neighbors care about each other.	☐	☐	☐	☐
i. Fitting into this neighborhood is important to me.	☐	☐	☐	☐
j. This neighborhood can influence other communities.	☐	☐	☐	☐
k. I care about what other neighborhood members think of me.	☐	☐	☐	☐
l. I have influence over what this neighborhood is like.	☐	☐	☐	☐
m. If there is a problem in this neighborhood, members can get it solved.	☐	☐	☐	☐
n. This neighborhood has good leaders.	☐	☐	☐	☐

This section concerns your general mood, your physical health, and your physical abilities.

8. Below 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".	☐	☐	☐	☐

9. Using the 0 to 10 scale below, where 0 means "Not Successful At All" and 10 means "Completely Successful," please indicate how you feel about your aging experience.

Not Successful At All ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ **Completely Successful**

0 1 2 3 4 5 6 7 8 9 10

10. Using the 0 to 10 scale below, where 0 means "The Worst Possible Life" and 10 means "The Best Possible Life," please indicate how you feel about your life experience.

The Worst Possible Life ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ **The Best Possible Life**

0 1 2 3 4 5 6 7 8 9 10

11. Using the 0 to 10 scale below, where 0 means "Not Well At All" and 10 means "Extremely Well," please indicate how you well you feel you are aging.

Not Well At All										Extremely Well
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10

12. How often are you troubled with pain?

☐ Almost always ☐ Often ☐ Sometimes ☐ Almost never

12a. 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

12b. How often does the pain make it difficult for you to do your usual activities such as household chores or work?

- ☐ Almost always
- ☐ Often

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

	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	☐	☐	☐	☐	☐

14. Have you ever been told by your doctor or other medical professional that you now have or have had any of the following conditions? ***Please check "Yes" or "No" for each and every item.***

	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?	☐	☐

For the ORANJ BOWL℠ Research Program to continue so it can 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.

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IRB#: PRO2013003160
APPROVAL DATE: 10/15/2013 EXPIRATION DATE: 6/25/2014