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Strengths and Needs Assessment of Older Adults in the State of Colorado

Grand County

Executive Summary of Survey Results

September 2004



Table of Contents

Executive Summary..... 1

- Background 1
- Purpose..... 1
- Methods 1
- Problems Faced by Older Adults..... 2
- Caregiving..... 2
- Health/Health Care 2
- In-home Services..... 2
- Nutrition/Food Security..... 2
- Transportation 3
- Quality of Life..... 3
- Information Sources..... 3
- Demographics..... 3

Survey Results..... 4

- Potential Problems 4
- Caregiving 5
- Health/Health Care 7
- In-home Services..... 10
- Nutrition/Food Security..... 11
- Transportation 12
- Quality of Life..... 14
- Information Sources..... 17
- Demographics..... 18

Appendix A: Complete Set of Frequencies 23

Appendix B: Detailed Survey Methodology 41

- Survey Administration and Response Rate..... 41
- Data Analysis and Weighting 41

Appendix C: Survey Instrument..... 43

Executive Summary

Background

- ◆ The State of Colorado, Division of Aging and Adult Services, contracted with National Research Center, Inc. to conduct a high-quality, rigorous, statistically valid survey of seniors in the state.
- ◆ This executive summary was prepared for Grand County, and contains the County's results only. The complete results for the State of Colorado and the 16 Area Agencies on Aging (AAAs) within the state can be found in the report titled, *Strengths and Needs Assessment of Older Adults in the State of Colorado*.
- ◆ Because the study was designed at the state level, all discussions pertaining to the purpose, methods and response rate are presented at the state level unless otherwise noted. For additional information on methods, including data collection and data weighting, see *Appendix B: Detailed Survey Methodology*.

Purpose

- ◆ The purpose of the study was to conduct a high-quality assessment that included a statistically valid survey of the strengths and needs of older adults in the state of Colorado. The reports from the study were intended to enable the State of Colorado, local governments and other policymakers to understand more accurately and predict the services and resources required to serve an increasingly aging population. Using these reports, stakeholders can shape public policy, educate the public and assist communities and organizations in their efforts to sustain a high quality of life for older adults.
- ◆ The objectives of the study were identify the strengths and articulate the needs of older adults in the state; develop estimates of and projections for the cost of meeting the needs; and provide useful, timely and important qualitative and quantitative information for planning, resources development and advocacy efforts.

Methods

- ◆ The Strengths and Needs Assessment of Older Adults was administered by phone to a representative sample of 8,903 residents from across the state from April 14 through July 7, 2004. Individuals were sampled from randomly dialed phone numbers of households with a member age 60 years or older.
- ◆ The demographic characteristics of the sample were compared to population norms, and the results were weighted to those population norms to reflect the appropriate percent of residents by age, gender, tenure and race. Results for Grand County were weighted by age, gender, tenure and race to reflect better the population characteristics of the community.
- ◆ The margin of error is no greater than plus or minus eight percentage points around any given percent based on the entire sample for Grand County (109 completed interviews).

Problems Faced by Older Adults

- ◆ The most problematic issues reported by respondents included their physical health and ability to pay for their medications (36% and 22%, respectively, reported these issues as at least a “minor” problem).
- ◆ The least problematic issues reported by respondents were being a victim of a crime (99% “no problem”), and being physically or emotionally abused (99%).

Caregiving

- ◆ Twenty-four percent of respondents provided care for one or more family members on a regular basis. Of those who said that they provide care, most (95%) provided care for only one family member or friend, while the rest (5%) provided care for two family members or friends.
- ◆ Seventy-two percent of caregivers “never” felt burdened by their caregiving, while 21% “sometimes” felt burdened, and 6% felt burdened “frequently.”
- ◆ About seven in ten respondents (67%) said that they needed no help in their caregiving.

Health/Health Care

- ◆ In terms of their health, 54% percent of respondents rated it as “very good” or “excellent,” while only 3% rated their health as “poor.”
- ◆ About 95% of respondents engaged in moderate physical activity for at least 30 minutes a day at least one day per week.
- ◆ Seventy-three percent of respondents had a physical exam in the last 12 months prior to the survey, and 61% had an eye exam.
- ◆ Seventy-four percent of respondents had Medicare, 10% had Medicaid, 77% had private health insurance.
- ◆ Twenty-one percent of respondents reported having significant hearing loss and 15% of respondents reported having a condition that substantially limited their daily activities (walking, climbing stairs, reaching, lifting, carrying, etc.).

In-home Services

- ◆ Ninety-four percent of respondents could do light housework like dusting or vacuuming “without any help”, while 23% of respondents needed at least “some help” with yard work and snow shoveling.

Nutrition/Food Security

- ◆ Ninety-six percent of respondents ate at least two complete meals a day.
- ◆ Eight percent of respondents said that they were “sometimes” or “frequently” unable to afford the kinds of foods they wanted to eat in the prior 30 days.

Transportation

- ◆ Almost all respondents (99%) drove or rode in a car for most of their local trips.
- ◆ Seven percent reported that they needed “some” help getting or arranging transportation.
- ◆ Six percent of respondents reported that they “sometimes” or “frequently” encounter difficulty arranging transportation for shopping; 96% percent “never” had problems arranging transportation for medical trips.

Quality of Life

- ◆ Ninety-five percent of respondents rated their overall quality of life as either “good” or “very good.” Only 1% rated it as “bad.”
- ◆ Nine in ten respondents “somewhat” or “strongly” agreed with the statement, “My community values older people,” and all respondents (100%) “somewhat” or “strongly” agreed with the statement, “I am generally a happy person.”
- ◆ Ninety-six percent of respondents spent at least one hour per week doing housework or home maintenance. Respondents were least likely to participate in senior center activities, with 74% reporting that they spent no hours per week participating in activities.
- ◆ About half of the respondents (49%) spent at least one hour per week volunteering in their community.

Information Sources

- ◆ The most commonly used sources for information about services and activities were the newspaper and television. Over half of respondents (57%) reported using the newspaper “frequently”, and 46% used the television “frequently.”
- ◆ Respondents were least likely to use the library or Internet as information sources.

Demographics

- ◆ Eighty-eight percent of respondents owned their own home.
- ◆ About seven in ten respondents (72%) were fully retired; 16% were working full or part-time (non-retired).
- ◆ Fifty-six percent of respondents were male; 44% were female.

Survey Results

Potential Problems

Potential Problems				
Thinking back over the last 12 months, how much of a problem has each of the following been for you?	Percent of respondents			
	Major problem	Minor problem	No problem	Total
Your physical health	10%	26%	64%	100%
Affording the medications you need	7%	15%	77%	100%
Getting the health care you need	12%	11%	78%	100%
Having financial problems	5%	13%	82%	100%
Feeling depressed	5%	13%	83%	100%
Performing everyday activities such as walking, bathing or getting in and out of a chair	6%	11%	83%	100%
Providing care for another person	6%	11%	83%	100%
Feeling lonely, sad or isolated	5%	12%	84%	100%
Being financially exploited	4%	9%	87%	100%
Dealing with legal issues	4%	10%	87%	100%
Having too few activities or feeling bored	3%	10%	87%	100%
Having inadequate transportation	0%	4%	96%	100%
Having enough food to eat	0%	4%	96%	100%
Having housing suited to your needs	0%	3%	97%	100%
Being physically or emotionally abused	0%	1%	99%	100%
Being a victim of crime	0%	1%	99%	100%

Caregiving

Caregiving Status	
Do you provide care for one or more family members or friends on a regular basis?	Percent of respondents
Yes	24%
No	76%
Total	100%

Overall Number of Family Members or Friends Cared For	
For how many family members or friends do you provide care?	Percent of respondents
1	95%
2	5%
3	0%
Total	100%

Caregiving Categories			
For whom do you provide this care? How many do you care for? About how many hours per week do you spend providing care for this person or these persons?	Percent of respondents*	Average Number Cared For	Average Caregiving Hours
Spouse	73%	1.0	7.8
Parent	11%	1.6	8.4
Friend/neighbor	0%	0.0	0.0
Adult child	0%	0.0	0.0
Grandchild	4%	2.0	30.0
Child	4%	1.0	3.0
Partner	0%	0.0	0.0
Other family member	15%	1.4	3.0
Other	0%	0.0	0.0

**Total may exceed 100% as respondents could select more than one category.*

Caregiving Burden	
How often in the past two months have you felt burdened by your caregiving?	Percent of respondents
Frequently	6%
Sometimes	21%
Never	72%
Total	100%

Frequency of Caregiving Problems				
The following are problems that some caregivers face. Is the person you care for...	Percent of respondents			
	Frequently	Sometimes	Never	Total
Uncooperative?	9%	19%	72%	100%
Verbally aggressive?	6%	4%	89%	100%
Sexually aggressive?	6%	2%	91%	100%
Physically aggressive?	2%	4%	93%	100%

Caregiving Help Needed	
What kinds of help could you use more of in your caregiving?	Percent of respondents*
Financial support	29%
Organized support groups	7%
Informal advice or emotional support (from family, friends or neighbors) - on issues such as caring for grandchildren and other caregiving issues	7%
Formal advice or emotional support (from a therapist, counselor, psychologist or doctor) - on issues such as caring for grandchildren and other caregiving issues	7%
Respite, free time for myself	7%
Services or information on services (such as babysitting, supervision, benefits, transportation)	6%
Legal assistance	2%
Equipment (such as toys, clothing, etc.)	0%
Other	0%
None	67%

**Total may exceed 100% as respondents could select more than one category.*

Health/Health Care

Overall Quality of Health	
In general, would you say that your health is excellent, very good, good, fair or poor?	Percent of respondents
Excellent	23%
Very good	31%
Good	37%
Fair	6%
Poor	3%
Total	100%

Days Exercised	
How many days per week do you engage in moderate physical activity for at least 30 minutes a day? Moderate physical activity would include activities like walking at a brisk pace, bicycling or gardening.	Percent of respondents
1 day	2%
2 days	5%
3 days	19%
4 days	5%
5 days	14%
6 days	11%
7 days	38%
Zero days	5%
Total	100%

Has Doctor or Health Care Provider	
Do you have someone you think of as your doctor or health care provider?	Percent of respondents
Yes	88%
No	12%
Total	100%

Visited Doctor or Health Care Provider in Past	
Have you visited this doctor or health care provider in the past 12 months?	Percent of respondents
Yes	92%
No	8%
Total	100%

Exams in the Past 12 Months			
Have you had the following in the past 12 months?	Percent of respondents		
	Yes	No	Total
Physical exam?	73%	27%	100%
Dental exam?	72%	28%	100%
Eye exam?	61%	39%	100%
Hearing exam?	21%	79%	100%

Insurance Coverage			
Which of the following kinds of health insurance do you have?	Percent of respondents		
	Yes	No	Total
Private insurer	77%	23%	100%
Medicare	74%	26%	100%
Medicaid	10%	90%	100%
Other insurance	31%	69%	100%

Health-Related Conditions			
Do you have any of the following conditions?	Percent of respondents		
	Yes	No	Total
Significant hearing loss?	21%	79%	100%
A condition that substantially limits your daily activities such as walking, climbing stairs, reaching, lifting or carrying?	15%	85%	100%
Blindness or severe vision impairment?	9%	91%	100%
An emotional or mental illness that limits your daily activities?	2%	98%	100%

Falls Requiring Medical Attention in Past 12 Months	
Thinking back over the past 12 months, how many times have you fallen and injured yourself seriously enough to need medical attention?	Percent of respondents
No times	91%
Once or twice	8%
Three to five times	0%
More than five times	1%
Total	100%

Days Spent in Various Facilities in Past 12 Months					
Thinking back over the past 12 months, please tell me how many days you spent in...	Percent of respondents				
	Zero days	1 to 2 days	3 to 5 days	6 days or more	Total
A hospital	77%	8%	8%	7%	100%
A nursing home	99%	1%	0%	0%	100%
A rehabilitation facility	97%	1%	1%	2%	100%

Recent Health Needs that Could not be Afforded			
Have you recently needed any of the following, but could not afford them?	Percent of respondents		
	Yes	No	Total
Eyeglasses	5%	95%	100%
Hearing aids	5%	95%	100%
Prescription medications	3%	97%	100%
Wheelchairs	2%	98%	100%
Dentures	1%	99%	100%
Walkers	0%	100%	100%
Canes	0%	100%	100%

In-home Services

Activities Ability				
Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you...	Percent of respondents			
	Without any help	With some help	Cannot do this at all	Total
Do interior or exterior repairs	75%	20%	5%	100%
Do yard work and snow shoveling	77%	15%	8%	100%
Do heavy housework like moving furniture, or washing windows	79%	15%	6%	100%
Do light housework like dusting or vacuuming	94%	3%	3%	100%
Manage your money	95%	5%	0%	100%
Bathe	96%	3%	1%	100%
Prepare your meals	97%	2%	1%	100%
Shop for personal items	97%	2%	1%	100%
Walk	98%	2%	0%	100%
Dress yourself	98%	2%	0%	100%
Get in and out of bed or a chair	98%	2%	0%	100%
Manage your medications	99%	1%	0%	100%
Use available transportation	99%	0%	1%	100%
Use a telephone	100%	0%	0%	100%
Eat	100%	0%	0%	100%
Use the toilet	100%	0%	0%	100%

Nutrition/Food Security

Two or More Complete Meals a Day	
Do you eat two or more complete meals a day?	Percent of respondents
Yes	96%
No	4%
Total	100%

Help Needed Getting Food	
In the past 2 months, how much help have you needed trying to get enough food or the right kinds of food to eat?	Percent of respondents
A lot	0%
Some	2%
None	98%
Total	100%

Frequency of Food Affordability Issues				
The following are statements people have made about the food in their household. Please tell me how often this statement has been true for your household in the last 30 days.	Percent of respondents			
	Frequently	Sometimes	Never	Total
We were not able to afford the kinds of food we wanted to eat	1%	7%	93%	100%
We were not able to afford to eat healthier meals	0%	5%	95%	100%
We were not able to afford enough food to eat	0%	1%	99%	100%

Unintentional Weight Loss in Last 6 Months	
Have you lost ten or more pounds in the past 6 months without meaning to?	Percent of respondents
Yes	4%
No	96%
Total	100%

Transportation

Transportation Mode Used for Most of Local Trips	
For most of your local trips, how do you travel?	Percent of respondents
Drive or ride in a car	99%
Walk	1%
Take public transportation	0%
Take a senior van, shuttle, or minibus	0%
Take a taxi	0%
Other	0%
Not applicable – never leave house	0%
Not applicable – don't have transportation	0%
Total	100%

Frequency of Needing Transportation Help in Past 12 Months	
In the past 12 months, how much help have you needed getting or arranging transportation?	Percent of respondents
A lot	0%
Some	7%
None	93%
Total	100%

Frequency of Transportation Difficulties				
How often has it been difficult for you to arrange transportation for each of the following kinds of activities?	Percent of respondents			
	Frequently	Sometimes	Never	Total
Medical trips	1%	3%	96%	100%
Personal errands	1%	4%	95%	100%
Recreational or social trips	2%	3%	95%	100%
Shopping	1%	5%	94%	100%

Transportation Needs	
When you have trouble getting the transportation you need, what would you say is the main reason?	Percent of respondents*
Car doesn't work/problems with vehicle	21%
Not available in my community	19%
Not available when I need to go	18%
Can't afford it	13%
Have to rely on others	11%
Transportation does not go where I need to go	8%
Other	3%
Have trouble getting around without someone to help	2%
Weather	2%
Disability/health-related	2%
Too far/Distance-related	2%
Unfamiliar with transportation options or system	0%
Don't know who to call	0%
Not applicable	0%

**Total may exceed 100% as respondents could select more than one category.*

Quality of Life

Overall Quality of Life	
Overall, how do you rate your quality of life?	Percent of respondents
Very good	60%
Good	35%
Neither good nor bad	5%
Bad	1%
Very bad	0%
Total	100%

Agreement or Disagreement with Statements About Life					
How much do you agree or disagree with the following statements?	Percent of respondents				
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Total
My community values older people.	61%	29%	6%	4%	100%
My family and friends rely on me.	57%	32%	8%	3%	100%
I am satisfied with the relationships in my life.	82%	17%	1%	1%	100%
I am willing to ask for and accept help from others.	46%	40%	9%	5%	100%
I feel like I have control over the things that happen to me.	69%	29%	1%	1%	100%
I take responsibility for my own actions.	95%	5%	0%	0%	100%
I have planned for my financial future.	73%	25%	1%	2%	100%
Religion or spirituality is important in my life.	61%	23%	9%	7%	100%
I have a sense of purpose.	79%	20%	2%	0%	100%
I can handle about anything that life throws at me.	80%	19%	2%	0%	100%
I feel hopeful about the future.	67%	28%	5%	0%	100%
I am generally a happy person.	87%	13%	0%	0%	100%
I generally feel peaceful and calm.	74%	25%	1%	0%	100%
My community values my language and traditions.	59%	34%	5%	3%	100%

Amount of Practical Support					
How much practical support do you receive these days from the following sources? Examples of practical support are being given a ride somewhere, having someone shop for you, loan you money or do a home repair for you.	Percent of respondents				
	A lot of support	Some support	A little support	No support	Total
Your family	46%	23%	8%	22%	100%
Your friends	32%	23%	14%	31%	100%
Your neighbors	17%	20%	14%	49%	100%
A church or spiritual group	26%	20%	3%	51%	100%
A club or social group	10%	16%	4%	70%	100%
A non-profit or community agency	3%	3%	9%	85%	100%

Amount of Social Support					
How much social support do you receive these days from the following sources? Social support includes being cared for, loved, listened to and respected.	Percent of respondents				
	A lot of support	Some support	A little support	No support	Total
Your family	78%	16%	2%	4%	100%
Your friends	65%	26%	5%	5%	100%
Your neighbors	32%	32%	8%	27%	100%
A church or spiritual group	31%	18%	5%	47%	100%
A club or social group	13%	19%	4%	64%	100%
A non-profit or community agency	8%	10%	4%	78%	100%

Participation in Activities				
During a typical week, how many hours do you spend doing the following?	Percent of respondents			
	No hours	1 to 5 hours	6 or more hours	Total
Doing housework or home maintenance	4%	48%	48%	100%
Visiting with friends in person or on the phone	5%	64%	31%	100%
Visiting with family in person or on the phone	7%	64%	29%	100%
Participating in a hobby such as art, gardening, or music	23%	42%	36%	100%
Providing help to friends or relatives	34%	47%	19%	100%
Participating in religious or spiritual activities with others	40%	53%	6%	100%
Attending movies, sporting events or group events	52%	44%	4%	100%
Participating in a club or civic group	57%	25%	18%	100%
Caring for a pet	61%	18%	21%	100%
Working for pay	69%	8%	23%	100%
Participating in senior center activities	74%	22%	4%	100%

Volunteerism	
During a typical week, how many hours do you spend doing volunteer work or helping out in your community?	Percent of respondents
No hours	51%
1 to 5 hours	38%
6 to 10 hours	8%
11 to 20 hours	1%
More than 20 hours per week	2%
Total	100%

Information Sources

Information Sources Used				
Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?	Percent of respondents			
	Frequently	Sometimes	Never	Total
Word of mouth	30%	62%	8%	100%
Newspaper	57%	32%	11%	100%
Television	46%	38%	16%	100%
Senior publications	18%	47%	36%	100%
Radio	30%	33%	37%	100%
Library	17%	45%	37%	100%
Internet	38%	24%	38%	100%

Demographics

County of Residence	
What county do you live in?	Percent of respondents
Grand	100%
Total	100%

Zip Code	
What is your zip code?	Percent of respondents
80264	1%
80442	6%
80446	23%
80447	27%
80451	1%
80459	19%
80466	2%
80468	4%
80478	9%
80482	5%
81501	2%
81503	1%
Total	100%

Respondent Age	
Respondent age	Percent of respondents
60 to 64 years	24%
65 to 69 years	31%
70 to 74 years	27%
75 to 79 years	6%
80 to 84 years	7%
85 to 89 years	4%
90 to 94 years	0%
95 years and over	0%
Total	100%

Respondent Ethnicity/Origin	
Do you consider yourself to be Hispanic or Latino?	Percent of respondents
Yes	4%
No	96%
Total	100%

Respondent Race	
Which one or more of the following would you say is your race?	Percent of respondents*
White	97%
Black or African American	0%
Asian	0%
Native Hawaiian or Other Pacific Islander	0%
American Indian, Alaskan Native	0%
Other	3%

**Total may exceed 100% as respondents could select more than one category.*

Housing Unit Type	
Which of the following best describes where you live?	Percent of respondents
Single family home	82%
Townhouse, condominium, duplex or apartment	13%
Mobile home	2%
Assisted living residence	0%
Nursing home	0%
Subsidized housing	0%
Other	3%
Total	100%

Tenure	
Do you currently rent or own your home?	Percent of respondents
Rent	12%
Own	88%
Other	0%
Total	100%

Number of Household Members	
How many people, including yourself, live in your household?	Percent of respondents
1 person	28%
2 people	68%
3 people	1%
4 people	2%
5 or more people	1%
Total	100%

Household Member Categories	
Who lives with you?	Percent of respondents*
Spouse (wife/husband)	91%
Significant other	2%
At least one child	3%
Child(ren) and his/her/their family	2%
Other relative(s)	1%
Unrelated adults/friends	1%
Grandchildren/ great-grandchildren	2%
Other	0%

**Total may exceed 100% as respondents could select more than one category.*

Number of Adults Age 60 or Older in Household	
How many of these people, including yourself, are 60 or older?	Percent of respondents
1	50%
2	49%
3	1%
4	0%
5	0%
Total	100%

Marital Status	
What is your marital status?	Percent of respondents
Married	69%
Partnered, not married but living with partner of opposite sex	0%
Partnered, living with partner of same sex	0%
Widowed	22%
Divorced	7%
Separated	0%
Single (never married)	2%
Other	0%
Total	100%

Educational Attainment	
How much formal education have you completed?	Percent of respondents
0-11 years, no diploma	5%
High school graduate	24%
Some college with no degree	24%
Associate's degree	4%
Bachelor's degree	17%
Graduate or professional degree	26%
Total	100%

Employment Status	
What is your employment status?	Percent of respondents
Fully retired	72%
Retired but working part-time	9%
Working full-time	12%
Working part-time	4%
Unemployed, looking for work	0%
Homemaker (unemployed but not looking for work)	2%
Disabled	0%
Other	0%
Total	100%

Military Service Status	
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	Percent of respondents
Yes	39%
No	61%
Total	100%

Respondent Income	
What do you think your household's total income before taxes was for 2003? Please include in your total income money from all sources for all persons living in your household.	Percent of respondents
Less than \$10,000	5%
\$10,000 to less than \$15,000	4%
\$15,000 to less than \$20,000	7%
\$20,000 to less than \$25,000	16%
\$25,000 to less than \$30,000	6%
\$30,000 to less than \$35,000	1%
\$35,000 to less than \$40,000	14%
\$40,000 to less than \$45,000	4%
\$45,000 to less than \$50,000	10%
\$50,000 to less than \$60,000	1%
\$60,000 to less than \$75,000	10%
\$75,000 or more	20%
Total	100%

Respondent Gender	
Respondent gender	Percent of respondents
Male	56%
Female	44%
Total	100%

Appendix A: Complete Set of Frequencies

The following tables contain the complete set of frequencies. Totals may not equal 100% due to rounding or multiple response options.

Question 1: County of Residence	
What county do you live in?	Percent of respondents
Grand	100%
Total	100%

Question 3: Respondent Age	
Please stop me when I reach the category that includes your age	Percent of respondents
60 to 64 years	24%
65 to 69 years	31%
70 to 74 years	27%
75 to 79 years	6%
80 to 84 years	7%
85 to 89 years	4%
90 to 94 years	0%
95 years and over	0%
Total	100%

Question 4: Respondent Ethnicity/Origin	
Do you consider yourself to be Hispanic or Latino?	Percent of respondents
Yes	4%
No	96%
Don't know/refused	0%
Total	100%

Question 5: Respondent Race	
Which one or more of the following would you say is your race?	Percent of respondents*
White	97%
Black or African American	0%
Asian	0%
Native Hawaiian or Other Pacific Islander	0%
American Indian, Alaskan Native	0%
Other	3%
Don't know/refused	0%

**Total may exceed 100% as respondents could select more than one category.*

Question 6: Overall Quality of Life

Overall, how do you rate your quality of life?	Percent of respondents
Very good	60%
Good	35%
Neither good nor bad	5%
Bad	1%
Very bad	0%
Don't know/refused	0%
Total	100%

Question 7: Potential Problems

Thinking back over the last 12 months, how much of a problem has each of the following been for you?	Percent of respondents				
	Major problem	Minor problem	No problem	Don't know/refused	Total
Your physical health	10%	26%	63%	2%	100%
Having housing suited to your needs	0%	3%	97%	0%	100%
Getting the health care you need	12%	11%	78%	0%	100%
Having inadequate transportation	0%	4%	96%	0%	100%
Feeling lonely, sad or isolated	5%	12%	84%	0%	100%
Having enough food to eat	0%	4%	96%	0%	100%
Affording the medications you need	7%	15%	77%	1%	100%
Having financial problems	5%	13%	82%	0%	100%
Feeling depressed	5%	13%	82%	0%	100%
Being physically or emotionally abused	0%	1%	99%	0%	100%
Being financially exploited	4%	9%	87%	0%	100%
Being a victim of crime	0%	1%	99%	0%	100%
Dealing with legal issues	4%	10%	86%	0%	100%
Performing everyday activities such as walking, bathing or getting in and out of a chair	6%	11%	83%	0%	100%
Having too few activities or feeling bored	3%	10%	87%	0%	100%
Providing care for another person	6%	10%	82%	2%	100%

Question 8: Participation in Activities					
During a typical week, how many hours do you spend doing the following?	Percent of respondents				
	No hours	1 to 5 hours	6 or more hours	Don't know/refused	Total
Participating in a club or civic group	57%	25%	18%	1%	100%
Participating in religious or spiritual activities with others	40%	53%	6%	1%	100%
Visiting with family in person or on the phone	7%	64%	29%	1%	100%
Visiting with friends in person or on the phone	5%	62%	30%	3%	100%
Providing help to friends or relatives	33%	45%	19%	3%	100%
Participating in senior center activities	72%	21%	4%	2%	100%
Caring for a pet	61%	18%	21%	1%	100%
Doing housework or home maintenance	4%	47%	47%	1%	100%
Participating in a hobby such as art, gardening, or music	22%	41%	35%	2%	100%
Working for pay	69%	8%	23%	1%	100%
Attending movies, sporting events or group events	51%	43%	4%	2%	100%

Question 9: Volunteerism	
During a typical week, how many hours do you spend doing volunteer work or helping out in your community?	Percent of respondents
No hours	50%
1 to 5 hours	38%
6 to 10 hours	8%
11 to 20 hours	1%
More than 20 hours per week	2%
Don't know/refused	2%
Total	100%

Question 10: Help Needed Getting Food	
In the past 2 months, how much help have you needed trying to get enough food or the right kinds of food to eat?	Percent of respondents
A lot	0%
Some	2%
None	98%
Don't know/refused	0%
Total	100%

Question 11: Frequency of Food Affordability Issues				
The following are statements people have made about the food in their household. Please tell me how often this statement has been true for your household in the last 30 days.	Percent of respondents			
	Frequently	Sometimes	Never	Total
We were not able to afford enough food to eat	0%	1%	99%	100%
We were not able to afford the kinds of food we wanted to eat	1%	7%	93%	100%
We were not able to afford to eat healthier meals	0%	5%	95%	100%

Question 12: Two or More Complete Meals a Day	
Do you eat two or more complete meals a day?	Percent of respondents
Yes	96%
No	4%
Don't know/refused	0%
Total	100%

Question 13: Unintentional Weight Loss in Last 6 Months	
Have you lost ten or more pounds in the past 6 months without meaning to?	Percent of respondents
Yes	4%
No	95%
Don't know/refused	1%
Total	100%

Question 14: Days Exercised	
How many days per week do you engage in moderate physical activity for at least 30 minutes a day? Moderate physical activity would include activities like walking at a brisk pace, bicycling or gardening.	Percent of respondents
1 day	2%
2 days	5%
3 days	19%
4 days	5%
5 days	14%
6 days	11%
7 days	38%
Zero days	5%
Don't know/refused	0%
Total	100%

Question 15: Overall Quality of Health	
In general, would you say that your health is excellent, very good, good, fair or poor?	Percent of respondents
Excellent	23%
Very good	31%
Good	37%
Fair	6%
Poor	3%
Don't know/refused	0%
Total	100%

Question 16: Days Spent in Various Facilities in Past 12 Months					
Thinking back over the past 12 months, please tell me how many days you spent in...	Percent of respondents				
	Zero days	1 to 2 days	3 to 5 days	6 days or more	Total
A hospital	77%	8%	8%	7%	100%
A nursing home	99%	1%	0%	0%	100%
A rehabilitation facility	97%	1%	1%	2%	100%

Question 17: Falls Requiring Medical Attention in Past 12 Months	
Thinking back over the past 12 months, how many times have you fallen and injured yourself seriously enough to need medical attention?	Percent of respondents
No times	91%
Once or twice	8%
Three to five times	0%
More than five times	1%
Don't know/refused	0%
Total	100%

Question 18: Has Doctor or Health Care Provider	
Do you have someone you think of as your doctor or health care provider?	Percent of respondents
Yes	88%
No	12%
Don't know/refused	0%
Total	100%

Question 19: Visited Doctor or Health Care Provider in Past	
Have you visited this doctor or health care provider in the past 12 months?	Percent of respondents
Yes	92%
No	8%
Don't know/refused	0%
Total	100%

Question 20: Exams in the Past 12 Months				
Have you had the following in the past 12 months?	Percent of respondents			
	Yes	No	Don't know/refused	Total
Eye exam?	61%	39%	0%	100%
Hearing exam?	21%	78%	1%	100%
Dental exam?	71%	27%	2%	100%
Physical exam?	73%	27%	0%	100%

Question 21: Health-Related Conditions				
Do you have any of the following conditions?	Percent of respondents			
	Yes	No	Don't know/refused	Total
Blindness or severe vision impairment?	9%	91%	0%	100%
Significant hearing loss?	21%	79%	0%	100%
A condition that substantially limits your daily activities such as walking, climbing stairs, reaching, lifting or carrying?	15%	84%	1%	100%
An emotional or mental illness that limits your daily activities?	2%	98%	0%	100%

Question 22: Insurance Coverage				
Which of the following kinds of health insurance do you have?	Percent of respondents			
	Yes	No	Don't know/refused	Total
Medicaid	10%	90%	0%	100%
Medicare	74%	26%	0%	100%
Private insurer	77%	23%	1%	100%
Other insurance	31%	68%	1%	100%

Question 23: Recent Health Needs that Could not be Afforded				
Have you recently needed any of the following, but could not afford them?	Percent of respondents			
	Yes	No	Not applicable	Total
Eyeglasses	5%	94%	1%	100%
Hearing aids	5%	91%	4%	100%
Walkers	0%	95%	5%	100%
Wheelchairs	2%	94%	4%	100%
Canes	0%	96%	4%	100%
Dentures	1%	98%	1%	100%
Prescription medications	3%	96%	1%	100%

Question 24: Activities Ability					
Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you...	Percent of respondents				
	Without any help	With some help	Cannot do this at all	Don't know/refused	Total
Prepare your meals	96%	2%	1%	2%	100%
Shop for personal items	97%	2%	1%	0%	100%
Manage your medications	98%	1%	0%	1%	100%
Manage your money	95%	5%	0%	0%	100%
Use a telephone	100%	0%	0%	0%	100%
Do light housework like dusting or vacuuming	93%	3%	3%	2%	100%
Do heavy housework like moving furniture, or washing windows	79%	15%	6%	0%	100%
Use available transportation	99%	0%	1%	0%	100%
Do interior or exterior repairs	73%	20%	5%	2%	100%
Do yard work and snow shoveling	76%	14%	8%	2%	100%
Walk	98%	2%	0%	0%	100%
Eat	100%	0%	0%	0%	100%
Dress yourself	98%	2%	0%	0%	100%
Bathe	96%	3%	1%	0%	100%
Use the toilet	100%	0%	0%	0%	100%
Get in and out of bed or a chair	98%	2%	0%	0%	100%

Question 25: Transportation Mode Used for Most of Local Trips	
For most of your local trips, how do you travel?	Percent of respondents
Drive or ride in a car	98%
Take public transportation	0%
Take a senior van, shuttle, or minibus	0%
Take a taxi	0%
Walk	1%
Other	0%
Not applicable – never leave house	1%
Not applicable – don't have transportation	0%
Don't know/refused	0%
Total	100%

Question 26: Transportation Needs	
When you have trouble getting the transportation you need, what would you say is the main reason?	Percent of respondents*
Have to rely on others	3%
Not available when I need to go	5%
Can't afford it	3%
Unfamiliar with transportation options or system	0%
Car doesn't work/problems with vehicle	5%
Have trouble getting around without someone to help	1%
Don't know who to call	0%
Not available in my community	5%
Transportation does not go where I need to go	2%
Other	1%
Not applicable	61%
Weather	1%
Disability/health-related	1%
Too far/Distance-related	1%
Don't know	13%

**Total may exceed 100% as respondents could select more than one category.*

Question 27: Frequency of Needing Transportation Help in Past 12 Months	
In the past 12 months, how much help have you needed getting or arranging transportation?	Percent of respondents
A lot	0%
Some	7%
None	92%
Don't know/refused	1%
Total	100%

Question 28: Frequency of Transportation Difficulties				
How often has it been difficult for you to arrange transportation for each of the following kinds of activities?	Percent of respondents			
	Frequently	Sometimes	Never	Total
Medical trips	1%	3%	96%	100%
Shopping	1%	5%	94%	100%
Personal errands	1%	4%	95%	100%
Recreational or social trips	2%	3%	95%	100%

Question 29: Caregiving Status	
Do you provide care for one or more family members or friends on a regular basis?	Percent of respondents
Yes	24%
No	74%
Don't know/refused	2%
Total	100%

Question 30: Overall Number of Family Members or Friends Cared For	
For how many family members or friends do you provide care?	Percent of respondents
1	87%
2	4%
4	6%
Don't know/refused	2%
Total	100%

Questions 31aa to 31cc: Caregiving Categories

For whom do you provide this care?	Percent of respondents*	Average Number Cared For	Average Caregiving Hours
Spouse	73%	1.0	7.8
Parent	11%	1.6	8.4
Friend/neighbor	0%	0.0	0.0
Adult child	0%	0.0	0.0
Grandchild	4%	2.0	30.0
Child	4%	1.0	3.0
Partner	0%	0.0	0.0
Other family member	15%	1.4	3.0
Other	0%	0.0	0.0
Don't know/refused	0%	NA	NA

**Total may exceed 100% as respondents could select more than one category.*

Question 31a: Caregiving Help Needed

What kinds of help could you use more of in your caregiving?	Percent of respondents*
Financial support	26%
Organized support groups	6%
Informal advice or emotional support (from family, friends or neighbors) - on issues such as caring for grandchildren and other caregiving issues	6%
Formal advice or emotional support (from a therapist, counselor, psychologist or doctor) - on issues such as caring for grandchildren and other caregiving issues	6%
Services or information on services (such as babysitting, supervision, benefits, transportation)	6%
Respite, free time for myself	6%
Legal assistance	2%
Equipment (such as toys, clothing, etc.)	0%
Other	0%
None	61%
Don't know/refused	9%

**Total may exceed 100% as respondents could select more than one category.*

Question 32: Caregiving Burden	
How often in the past two months have you felt burdened by your caregiving?	Percent of respondents
Frequently	6%
Sometimes	21%
Never	72%
Don't know/refused	0%
Total	100%

Question 33: Frequency of Caregiving Problems				
The following are problems that some caregivers face. Is the person you care for...	Percent of respondents			
	Frequently	Sometimes	Never	Total
Verbally aggressive?	6%	4%	89%	100%
Physically aggressive?	2%	4%	93%	100%
Sexually aggressive?	6%	2%	91%	100%
Uncooperative?	9%	19%	72%	100%

Question 34: Agreement or Disagreement with Statements About Life						
How much do you agree or disagree with the following statements?	Percent of respondents					
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't know/refused	Total
My community values older people.	59%	28%	6%	4%	3%	100%
My family and friends rely on me.	54%	31%	8%	3%	5%	100%
I am satisfied with the relationships in my life.	81%	16%	1%	1%	1%	100%
I am willing to ask for and accept help from others.	45%	40%	9%	5%	1%	100%
I feel like I have control over the things that happen to me.	69%	29%	1%	1%	1%	100%
I take responsibility for my own actions.	95%	5%	0%	0%	1%	100%
I have planned for my financial future.	71%	25%	1%	2%	2%	100%
Religion or spirituality is important in my life.	60%	22%	9%	7%	1%	100%
I have a sense of purpose.	77%	19%	2%	0%	2%	100%
I can handle about anything that life throws at me.	80%	19%	2%	0%	0%	100%
I feel hopeful about the future.	64%	27%	4%	0%	5%	100%
I am generally a happy person.	87%	13%	0%	0%	0%	100%
I generally feel peaceful and calm.	73%	25%	1%	0%	1%	100%
My community values my language and traditions.	51%	29%	4%	2%	13%	100%

Question 35: Amount of Practical Support

How much practical support do you receive these days from the following sources? Examples of practical support are being given a ride somewhere, having someone shop for you, loan you money or do a home repair for you.	Percent of respondents					
	A lot of support	Some support	A little support	No support	Don't know/refused	Total
Your family	46%	23%	8%	22%	1%	100%
Your friends	31%	22%	13%	30%	4%	100%
Your neighbors	17%	20%	14%	49%	0%	100%
A church or spiritual group	26%	19%	3%	51%	1%	100%
A club or social group	10%	15%	4%	69%	2%	100%
A non-profit or community agency	3%	3%	8%	84%	1%	100%

Question 36: Amount of Social Support

How much social support do you receive these days from the following sources? Social support includes being cared for, loved, listened to and respected.	Percent of respondents					
	A lot of support	Some support	A little support	No support	Don't know/refused	Total
Your family	78%	16%	2%	4%	0%	100%
Your friends	64%	26%	5%	5%	1%	100%
Your neighbors	32%	32%	8%	27%	0%	100%
A church or spiritual group	31%	18%	5%	47%	0%	100%
A club or social group	13%	19%	4%	64%	0%	100%
A non-profit or community agency	8%	10%	4%	78%	0%	100%

Question 37: Information Sources Used					
Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?	Percent of respondents				
	Frequently	Sometimes	Never	Don't know/refused	Total
Newspaper	57%	32%	11%	0%	100%
Radio	30%	33%	36%	2%	100%
Television	46%	37%	15%	2%	100%
Library	17%	45%	37%	0%	100%
Internet	38%	24%	38%	1%	100%
Word of mouth	30%	62%	8%	0%	100%
Senior publications	17%	46%	36%	1%	100%

Question 38: Zip Code	
What is your zip code	Percent of respondents
80264	1%
80442	6%
80446	23%
80447	27%
80451	1%
80459	18%
80466	2%
80468	4%
80478	8%
80482	5%
81501	2%
81503	1%
Don't know/refused	3%
Total	100%

Question 39: Housing Unit Type	
Which of the following best describes where you live?	Percent of respondents
Single family home	82%
Townhouse, condominium, duplex or apartment	13%
Mobile home	2%
Assisted living residence	0%
Nursing home	0%
Other	3%
Subsidized housing	0%
Don't know/refused	0%
Total	100%

Question 40: Tenure	
Do you currently rent or own your home?	Percent of respondents
Rent	12%
Own	88%
Other	0%
Don't know/refused	0%
Total	100%

Question 41: Number of Household Members	
How many people, including yourself, live in your household?	Percent of respondents
1 person	28%
2 people	68%
3 people	1%
4 people	2%
5 or more people	1%
Total	100%

Question 42: Household Member Categories	
Who lives with you?	Percent of respondents*
Spouse (wife/husband)	90%
Significant other	2%
At least one child	3%
Child(ren) and his/her/their family	2%
Other relative(s)	1%
Unrelated adults/friends	1%
Grandchildren/ great-grandchildren	2%
Other	0%
Don't know/refused	1%

**Total may exceed 100% as respondents could select more than one category.*

Question 43: Number of Adults Age 60 or Older in Household	
How many of these people, including yourself, are 60 or older?	Percent of respondents
1	50%
2	49%
3	1%
Don't know/refused	0%
Total	100%

Question 44: Martial Status	
What is your marital status?	Percent of respondents
Married	67%
Partnered, not married but living with partner of opposite sex	0%
Partnered, living with partner of same sex	0%
Widowed	22%
Divorced	6%
Separated	0%
Single (never married)	2%
Other	0%
Don't know/refused	3%
Total	100%

Question 45: Educational Attainment	
How much formal education have you completed?	Percent of respondents
0-11 years, no diploma	5%
High school graduate	24%
Some college with no degree	24%
Associate's degree	4%
Bachelor's degree	17%
Graduate or professional degree	26%
Don't know/refused	0%
Total	100%

Question 46: Employment Status	
What is your employment status?	Percent of respondents
Fully retired	72%
Retired but working part-time	9%
Working full-time	12%
Working part-time	4%
Unemployed, looking for work	0%
Homemaker (unemployed but not looking for work)	2%
Disabled	0%
Other	0%
Don't know/refused	0%
Total	100%

Question 47: Military Service Status	
Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	Percent of respondents
Yes	39%
No	61%
Don't know/refused	0%
Total	100%

Questions 48-50: Respondent Income	
What do you think your household's total income before taxes was for 2003? Please include in your total income money from all sources for all persons living in your household.	Percent of respondents
Less than \$10,000	5%
\$10,000 to less than \$15,000	4%
\$15,000 to less than \$20,000	7%
\$20,000 to less than \$25,000	16%
\$25,000 to less than \$30,000	6%
\$30,000 to less than \$35,000	1%
\$35,000 to less than \$40,000	14%
\$40,000 to less than \$45,000	4%
\$45,000 to less than \$50,000	10%
\$50,000 to less than \$60,000	1%
\$60,000 to less than \$75,000	10%
\$75,000 or more	20%
Total	100%

Question 55: Respondent Gender	
Respondent gender	Percent of respondents
Male	56%
Female	44%
Total	100%

Appendix B: Detailed Survey Methodology

Survey Administration and Response Rate

Phone calls were made from April 14, 2004 to July 7, 2004 using a Computer-Assisted Telephone Interviewing system¹. A sample identifying households with members aged 60 years or older was acquired. The survey was administered and the data were recorded electronically. A majority of the interviews were completed during the daytime hours, although calls were made on the weekend and during the evening, also. All phone numbers were dialed at least three times before replacing with another number, with at least one of the attempts on either a weekend or weekday. The dispositions of the numbers dialed during the survey are listed in the table on the following page. A quota system was used to ensure a representative sample of age, race and ethnicity.

A total of 75,509 phone numbers were dialed during the survey administration. Some of these numbers are considered ineligible for the survey. Of the approximately 46,188 households called², 8,903 completed interviews providing an overall response rate of 19%. Approximately 17,424 households refused the survey.

Of the 8,903 completed interviews, 109 respondents were from Grand County.

Data Analysis and Weighting

The surveys were analyzed using the statistical package, SPSS (Statistical Package for the Social Sciences). Frequency distributions are presented in the report body and *Appendix A: Complete Set of Frequencies*. The demographic characteristics of the sample were compared to population norms for Grand County and were statistically adjusted to reflect the larger population when necessary. The largest differences in opinion were found among County residents in different categories of age, gender, tenure and race. Consequently, sample results were weighted using the population norms to reflect the appropriate percent of residents by age, gender, tenure and race. The results of the weighting scheme are presented in the following table.

¹ CATI is a software program that automatically dials phone numbers, logs dispositions and records responses to completed interviews.

² Disconnected, fax/data line or business phone numbers were not included as eligible households. For 20,153 phone numbers where the eligibility status of the household was unknown, 61% were estimated to be eligible. This proportion was assumed to hold for those households not contacted, or where the household refused, and therefore prevented knowing the eligibility status, and only 61% of these numbers were included in the final response rate calculation.

Weighting Table for Grand County			
	Population Norm*	Unweighted Data	Weighted Data
Sex and Age**			
Male	53%	39%	56%
Female	47%	61%	44%
Age 60-74	80%	83%	82%
Age 75-84	15%	14%	13%
Age 85+	5%	4%	4%
Male 60-74	44%	29%	48%
Male 75-84	8%	8%	7%
Male 85+	2%	1%	1%
Female 60-74	36%	53%	35%
Female 75-84	8%	6%	6%
Female 85+	3%	3%	4%
Housing and Tenure†			
Attached	24%	9%	16%
Detached	76%	91%	84%
Rent	16%	6%	12%
Own	84%	94%	88%
Race and Ethnicity**			
White	99%	97%	97%
Not White	1%	3%	3%
Hispanic	1%	5%	4%
Not Hispanic	99%	95%	96%
Income‡			
Less than \$15,000	22%	8%	10%
\$15,000 to less than \$30,000	23%	29%	29%
\$30,000 and higher	55%	63%	61%
Education‡			
High school or less	43%	31%	28%
Some college or more	57%	69%	72%

* Norms based on 2000 Census.

** For the population age 60+.

† For the population age 55+.

‡ For the population age 65+.

Appendix C: Survey Instrument

The following pages contain the survey instrument.

2004 Strengths and Needs Assessment for Older Adults

Final Version

[TEXT IN CAPS IS USED AS INSTRUCTIONS OR CODES FOR THE INTERVIEWER ONLY AND IS NOT READ ALOUD]

Hello, my name is _____ and I am calling on behalf of the State of Colorado's older adult services planning group. I am calling to get your opinion about some important issues facing people ages 60 and over in Colorado. I'd like to speak to the adult in the household who is 60 years old or older and who most recently had a birthday. Is that you? [REPEAT FIRST PARAGRAPH IF THE BIRTHDAY PERSON IS NOT THE PERSON WHO ANSWERED THE PHONE.] ...All of your answers will be kept in strict confidence and reported in group form only.

To make sure we reach residents in specific counties and demographic categories across the state, I have a couple of questions to ask you first.

1. What county do you live in? [DON'T READ LIST.]

1. ADAMS (REGION: 3A) → SKIP TO Q3
2. ALAMOSA (REGION: 8) → SKIP TO Q3
3. ARAPAHOE (REGION: 3A) → SKIP TO Q3
4. ARCHULETA (REGION: 9) → SKIP TO Q3
5. BACA (REGION: 6) → SKIP TO Q3
6. BENT (REGION: 6) → SKIP TO Q3
7. BOULDER (REGION: 3B)
8. BROOMFIELD (REGION: 3A) → SKIP TO Q3
9. CHAFFEE (REGION: 13) → SKIP TO Q3
10. CHEYENNE (REGION: 5) → SKIP TO Q3
11. CLEAR CREEK (REGION: 3A) → SKIP TO Q3
12. CONEJOS (REGION: 8) → SKIP TO Q3
13. COSTILLA (REGION: 8) → SKIP TO Q3
14. CROWLEY (REGION: 6) → SKIP TO Q3
15. CUSTER (REGION: 13) → SKIP TO Q3
16. DELTA (REGION: 10) → SKIP TO Q3
17. DENVER (REGION: 3A) → SKIP TO Q3
18. DOLORES (REGION: 9) → SKIP TO Q3
19. DOUGLAS (REGION: 3A) → SKIP TO Q3
20. EAGLE (REGION: 12) → SKIP TO Q3
21. ELBERT (REGION: 5) → SKIP TO Q3
22. EL PASO (REGION: 4) → SKIP TO Q3
23. FREMONT (REGION: 13) → SKIP TO Q3
24. GARFIELD (REGION: 11) → SKIP TO Q3
25. GILPIN (REGION: 3A) → SKIP TO Q3
26. GRAND (REGION: 12) → SKIP TO Q3
27. GUNNISON (REGION: 10) → SKIP TO Q3
28. HINSDALE (REGION: 10) → SKIP TO Q3
29. HUERFANO (REGION: 14) → SKIP TO Q3
30. JACKSON (REGION: 12) → SKIP TO Q3
31. JEFFERSON (REGION: 3A) → SKIP TO Q3

32. KIOWA (REGION: 6) → SKIP TO Q3
33. KIT CARSON (REGION: 5) → SKIP TO Q3
34. LAKE (REGION: 13) → SKIP TO Q3
35. LA PLATA (REGION: 9) → SKIP TO Q3
36. LARIMER (REGION: 2A) → SKIP TO Q3
37. LAS ANIMAS (REGION: 14) → SKIP TO Q3
38. LINCOLN (REGION: 5) → SKIP TO Q3
39. LOGAN (REGION: 1) → SKIP TO Q3
40. MESA (REGION: 11) → SKIP TO Q3
41. MINERAL (REGION: 8) → SKIP TO Q3
42. MOFFAT (REGION: 11) → SKIP TO Q3
43. MONTEZUMA (REGION: 9) → SKIP TO Q3
44. MONTROSE (REGION: 10) → SKIP TO Q3
45. MORGAN (REGION: 1) → SKIP TO Q3
46. OTERO (REGION: 6) → SKIP TO Q3
47. OURAY (REGION: 10) → SKIP TO Q3
48. PARK (REGION: 4) → SKIP TO Q3
49. PHILLIPS (REGION: 1) → SKIP TO Q3
50. PITKIN (REGION: 12) → SKIP TO Q3
51. PROWERS (REGION: 6) → SKIP TO Q3
52. PUEBLO (REGION: 7) → SKIP TO Q3
53. RIO BLANCO (REGION: 11) → SKIP TO Q3
54. RIO GRANDE (REGION: 8) → SKIP TO Q3
55. ROUTT (REGION: 11) → SKIP TO Q3
56. SAGUACHE (REGION: 8) → SKIP TO Q3
57. SAN JUAN (REGION: 9) → SKIP TO Q3
58. SAN MIGUEL (REGION: 10) → SKIP TO Q3
59. SEDGWICK (REGION: 1) → SKIP TO Q3
60. SUMMIT (REGION: 12) → SKIP TO Q3
61. TELLER (REGION: 4) → SKIP TO Q3
62. WASHINGTON (REGION: 1) → SKIP TO Q3
63. WELD (REGION: 2B) → SKIP TO Q3
64. YUMA (REGION: 1) → SKIP TO Q3
65. DON'T KNOW/REFUSED – TERMINATE –Thank you, but we need to speak with people in specific counties.

2. What city or town do you live in?

1. ALLENSPARK (REGION=OTHER)
2. BOULDER (REGION=BOULDER)
3. ELDORADO SPRINGS (REGION=OTHER)
4. ERIE (REGION=OTHER)
5. HYGIENE (REGION=OTHER)
6. JAMESTOWN (REGION=OTHER)
7. LAFAYETTE (REGION=LAFAYETTE)
8. LONGMONT (REGION=LONGMONT)
9. LOUISVILLE (REGION=LOUISVILLE)
10. LYONS (REGION=OTHER)
11. NEDERLAND (REGION=OTHER)
12. NIWOT (REGION=OTHER)
13. PINECLIFFE (REGION=OTHER)
14. SUPERIOR (REGION=OTHER)
15. WARD (REGION=OTHER)
16. GUNBARREL (REGION=BOULDER)
17. DON'T KNOW - TERMINATE

[TERMINATE IF REGIONAL QUOTAS FILLED.]

3. Please stop me when I reach the category that includes your age. [READ LIST. SELECT ONE.]

1. 60 to 64 years
2. 65 to 69 years
3. 70 to 74 years
4. 75 to 79 years
5. 80 to 84 years
6. 85 to 89 years
7. 90 to 94 years
8. 95 years and over
9. REFUSED - TERMINATE [DO NOT READ]

[TERMINATE IF AGE QUOTA IS FILLED FOR REGION.]

4. Do you consider yourself to be Hispanic or Latino?

1. Yes
2. No
3. DON'T KNOW/REFUSED- TERMINATE [DO NOT READ]

5. Which one or more of the following would you say is your race? [MULTIPLE RESPONSE. PROBE.]

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaskan Native
6. Other
7. DON'T KNOW/REFUSED- TERMINATE [DO NOT READ]

[IF Q4=2 AND Q5=1, CODE AS "WHITE/NOT-HISPANIC", IF Q4=1 AND Q5=2, 3, 4, 5 OR 6, CODE AS "NON-WHITE"]

[USING COMBINATION OF Q4 AND Q5: TERMINATE IF ETHNICITY QUOTA IS FILLED FOR REGION.]

Now I'd like to ask you some questions about your quality of life.

6. Overall, how do you rate your quality of life? Would you say it is very good, good, neither good nor bad, bad or very bad?

1. Very good
2. Good
3. Neither good nor bad
4. Bad
5. Very bad
6. DON'T KNOW/REFUSED [DO NOT READ]

7. I am now going to read a list of problems that people may face. Thinking back over the last 12 months, how much of a problem has each of the following been for you? How about [READ LIST. ROTATE A-P.], would you say this has been a major problem, minor problem or no problem?

- a. Your physical health
- b. Having housing suited to your needs
- c. Getting the health care you need
- d. Having inadequate transportation
- e. Feeling lonely, sad or isolated
- f. Having enough food to eat
- g. Affording the medications you need
- h. Having financial problems
- i. Feeling depressed
- j. Being physically or emotionally abused
- k. Being financially exploited
- l. Being a victim of crime
- m. Dealing with legal issues
- n. Performing everyday activities such as walking, bathing or getting in and out of a chair
- o. Having too few activities or feeling bored
- p. Providing care for another person

- 1. Major problem
- 2. Minor problem
- 3. No problem
- 4. DON'T KNOW/REFUSED [DO NOT READ]

8. During a typical week, how many hours do you spend doing the following? How about [READ LIST. ROTATE A-K.], do you spend no hours, 1 to 5 hours or 6 or more hours per week?

- a. Participating in a club or civic group
- b. Participating in religious or spiritual activities with others
- c. Visiting with family in person or on the phone
- d. Visiting with friends in person or on the phone
- e. Providing help to friends or relatives
- f. Participating in senior center activities
- g. Caring for a pet
- h. Doing housework or home maintenance
- i. Participating in a hobby such as art, gardening, or music
- j. Working for pay
- k. Attending movies, sporting events or group events

- 1. No hours
- 2. 1 to 5 hours
- 3. 6 or more hours
- 4. DON'T KNOW/REFUSED [DO NOT READ]

9. During a typical week, how many hours do you spend doing volunteer work or helping out in your community? Do you spend no hours, 1 to 5 hours 6 to 10 hours, 11 to 20 hours or more than 20 hours per week?

1. No hours
2. 1 to 5 hours
3. 6 to 10 hours
4. 11 to 20 hours
5. More than 20 hours per week
6. DON'T KNOW/REFUSED [DO NOT READ]

NUTRITION/FOOD SECURITY

10. In the past 2 months, how much help have you needed trying to get enough food or the right kinds of food to eat? Would you say...

1. A lot
2. Some
3. None
4. DON'T KNOW/REFUSED [DO NOT READ]

11. The following are statements people have made about the food in their household. Please tell me how often this statement has been true for your household in the last 30 days. How about [READ LIST. ROTATE A-C.], would you say this has been true frequently, sometimes or never for your household in the last 30 days?

- a. We were not able to afford enough food to eat
 - b. We were not able to afford the kinds of food we wanted to eat
 - c. We were not able to afford to eat healthier meals
-
1. Frequently
 2. Sometimes
 3. Never
 4. DON'T KNOW/REFUSED [DO NOT READ]

12. Do you eat two or more complete meals a day?

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

13. Have you lost ten or more pounds in the past 6 months without meaning to?

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

HEALTH/HEALTH CARE

14. How many days per week do you engage in moderate physical activity for at least 30 minutes a day?
Moderate physical activity would include activities like walking at a brisk pace, bicycling or gardening.

1. 1 DAY
2. 2 DAYS
3. 3 DAYS
4. 4 DAYS
5. 5 DAYS
6. 6 DAYS
7. 7 DAYS
8. ZERO DAYS
9. DON'T KNOW/REFUSED [DO NOT READ]

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

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. DON'T KNOW/REFUSED [DO NOT READ]

16. Thinking back over the past 12 months, please tell me how many days you spent in [READ LIST. ROTATE A-C.]...

- a. A hospital
- b. A nursing home
- c. A rehabilitation facility

_____ NUMBER OF DAYS
999. DON'T KNOW/REFUSED [DO NOT READ]

17. Thinking back over the past 12 months, how many times have you fallen and injured yourself seriously enough to need medical attention? Was it...

1. No times
2. Once or twice
3. Three to five times
4. More than five times
5. DON'T KNOW/REFUSED [DO NOT READ]

18. Do you have someone you think of as *your* doctor or health care provider?

1. Yes
2. No → SKIP TO Q20
3. DON'T KNOW/REFUSED → SKIP TO Q20 [DO NOT READ]

19. Have you visited this doctor or health care provider in the past 12 months?

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

20. Have you had the following in the past 12 months? [READ LIST. ROTATE A-D.]

- a. Eye exam?
 - b. Hearing exam?
 - c. Dental exam?
 - d. Physical exam?
-
1. Yes
 2. No
 3. DON'T KNOW/REFUSED [DO NOT READ]

21. Do you have any of the following conditions? [READ LIST. ROTATE A-D.]

- a. Blindness or severe vision impairment?
 - b. Significant hearing loss?
 - c. A condition that substantially limits your daily activities such as walking, climbing stairs, reaching, lifting or carrying?
 - d. An emotional or mental illness that limits your daily activities?
-
1. Yes
 2. No
 3. DON'T KNOW/REFUSED [DO NOT READ]

22. Which of the following kinds of health insurance do you have? Do you have [READ LIST. ROTATE A-C. (ALWAYS ASK D LAST.)]

- a. Medicaid
 - b. Medicare
 - c. Private insurer
 - d. Other insurance
-
1. Yes
 2. No
 3. DON'T KNOW/REFUSED [DO NOT READ]

23. Have you recently needed any of the following, but could not afford them? How about [READ LIST. ROTATE A-G.]...

- a. Eyeglasses
- b. Hearing aids
- c. Walkers
- d. Wheelchairs
- e. Canes
- f. Dentures
- g. Prescription medications

- 1. Yes
- 2. No
- 3. NOT APPLICABLE [DO NOT READ]
- 4. DON'T KNOW/REFUSED [DO NOT READ]

IN-HOME SERVICES

24. Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you [READ LIST. ROTATE A-P.]... [RE-READ SCALE AS NECESSARY.]

- a. Prepare your meals
- b. Shop for personal items
- c. Manage your medications
- d. Manage your money
- e. Use a telephone
- f. Do light housework like dusting or vacuuming
- g. Do heavy housework like moving furniture, or washing windows
- h. Use available transportation
- i. Do interior or exterior repairs
- j. Do yard work and snow shoveling
- k. Walk
- l. Eat
- m. Dress yourself
- n. Bathe
- o. Use the toilet
- p. Get in and out of bed or a chair

- 1. Without any help
- 2. With some help
- 3. Cannot do this at all
- 4. DON'T KNOW/REFUSED [DO NOT READ]

TRANSPORTATION

25. For most of your local trips, how do you travel? [OKAY TO READ LIST ONLY IF PROMPTING IS NECESSARY.]

1. DRIVE OR RIDE IN A CAR
2. TAKE PUBLIC TRANSPORTATION
3. TAKE A SENIOR VAN, SHUTTLE, OR MINIBUS
4. TAKE A TAXI
5. WALK
6. OTHER [SPECIFY]
97. NOT APPLICABLE – NEVER LEAVE HOUSE
98. NOT APPLICABLE – DON'T LEAVE HOUSE BECAUSE I DON'T HAVE TRANSPORTATION
99. DON'T KNOW/REFUSED [DO NOT READ]

26. When you have trouble getting the transportation you need, what would you say is the main reason? [DO NOT PROMPT. CHECK ALL THAT APPLY.]

1. HAVE TO RELY ON OTHERS
2. NOT AVAILABLE WHEN I NEED TO GO
3. CAN'T AFFORD IT
4. UNFAMILIAR WITH TRANSPORTATION OPTIONS OR SYSTEM
5. CAR DOESN'T WORK/PROBLEMS WITH VEHICLE
6. HAVE TROUBLE GETTING AROUND WITHOUT SOMEONE TO HELP
7. DON'T KNOW WHO TO CALL
8. NOT AVAILABLE IN MY COMMUNITY
9. TRANSPORTATION DOES NOT GO WHERE I NEED TO GO
10. OTHER [SPECIFY]
11. NOT APPLICABLE
99. DON'T KNOW

27. In the past 12 months, how much help have you needed getting or arranging transportation? Would you say...

1. A lot
2. Some
3. None
4. DON'T KNOW/REFUSED [DO NOT READ]

28. How often has it been difficult for you to arrange transportation for each of the following kinds of activities? How about [READ LIST. ROTATE A-D.], would you say it has been difficult... [RE-READ SCALE AS NECESSARY.]

- a. Medical trips
 - b. Shopping
 - c. Personal errands
 - d. Recreational or social trips
-
- 1. Frequently
 - 2. Sometimes
 - 3. Never
 - 4. DON'T KNOW/REFUSED [DO NOT READ]

CAREGIVING

29. Do you provide care for one or more family members or friends on a regular basis?

- 1. Yes
- 2. No → SKIP TO Q34
- 3. DON'T KNOW/REFUSED → SKIP TO Q34 [DO NOT READ]

30. For how many family members or friends do you provide care?

- _____ [NUMBER OF FAMILY MEMBERS OR FRIENDS]
- 99. DON'T KNOW/REFUSED → SKIP TO Q34 [DO NOT READ]

31aa. For whom do you provide this care? [DO NOT PROMPT, RECORD FIRST ANSWER ONLY – YOU WILL BE ABLE TO RECORD ADDITIONAL ANSWERS LATER.]

- 1. SPOUSE
- 2. PARENT
- 3. FRIEND/NEIGHBOR
- 4. ADULT CHILD
- 5. GRANDCHILD
- 6. CHILD
- 7. PARTNER
- 8. OTHER FAMILY MEMBER
- 9. OTHER [SPECIFY]
- 10. DON'T KNOW/REFUSED – SKIP TO Q31

31ab. How many [INSERT PLURAL OF ANSWER FROM Q31AA] do you care for?

- _____ [COUNT]
- 99. DON'T KNOW/REFUSED [DO NOT READ]

31ac. About how many hours per week do you spend providing care for this person or these persons? Is it...

- 1. 1-5 hours

2. 6-10 hours
3. 11-20 hours
4. More than 20 hours
5. DON'T KNOW/REFUSED [DO NOT READ]

31ba. Who else do you provide care for? [DO NOT PROMPT, RECORD ONE ANSWER ONLY, YOU WILL BE ABLE TO RECORD ADDITIONAL ANSWERS LATER.]

1. SPOUSE
2. PARENT
3. FRIEND/NEIGHBOR
4. ADULT CHILD
5. GRANDCHILD
6. CHILD
7. PARTNER
8. OTHER FAMILY MEMBER
9. OTHER [SPECIFY]
10. DON'T KNOW/REFUSED→SKIP TO Q31 [DO NOT READ]
11. NO OTHERS→SKIP TO Q31 [DO NOT READ]

31bb. How many [INSERT PLURAL OF ANSWER FROM Q31BA] do you care for?

- _____ [COUNT]
99. DON'T KNOW/REFUSED [DO NOT READ]

31bc. About how many hours per week do you spend providing care for this person or these persons? Is it...

1. 1-5 hours
2. 6-10 hours
3. 11-20 hours
4. More than 20 hours
5. DON'T KNOW/REFUSED [DO NOT READ]

31ca. Who else do you provide care for? [DO NOT PROMPT, RECORD ONE ANSWER ONLY]

1. SPOUSE
2. PARENT
3. FRIEND/NEIGHBOR
4. ADULT CHILD
5. GRANDCHILD
6. CHILD
7. PARTNER
8. OTHER FAMILY MEMBER
9. OTHER [SPECIFY]

10. DON'T KNOW/REFUSED→SKIP TO Q31 [DO NOT READ]
11. NO OTHERS→SKIP TO Q31 [DO NOT READ]

31cb. How many [INSERT PLURAL OF ANSWER FROM Q31CA] do you care for?

- _____ [COUNT]
99. DON'T KNOW/REFUSED [DO NOT READ]

31cc. About how many hours per week do you spend providing care for this person or these persons? Is it...

1. 1-5 hours
2. 6-10 hours
3. 11-20 hours
4. More than 20 hours
5. DON'T KNOW/REFUSED [DO NOT READ]

31. What kinds of help could you use more of in your caregiving? [DO NOT PROMPT. CHECK ALL THAT APPLY.]

1. FINANCIAL SUPPORT
2. ORGANIZED SUPPORT GROUPS
3. INFORMAL ADVICE OR EMOTIONAL SUPPORT (FROM FAMILY, FRIENDS OR NEIGHBORS) – ON ISSUES SUCH AS CARING FOR GRANDCHILDREN AND OTHER CAREGIVING ISSUES
4. FORMAL ADVICE OR EMOTIONAL SUPPORT (FROM A THERAPIST, COUNSELOR, PSYCHOLOGIST OR DOCTOR) – ON ISSUES SUCH AS CARING FOR GRANDCHILDREN AND OTHER CAREGIVING ISSUES
5. SERVICES OR INFORMATION ON SERVICES (SUCH AS BABYSITTING, SUPERVISION, BENEFITS, TRANSPORTATION)
6. RESPITE, FREE TIME FOR MYSELF
7. LEGAL ASSISTANCE
8. EQUIPMENT (SUCH AS TOYS, CLOTHING, ETC.)
9. OTHER [SPECIFY]
10. NONE
99. DON'T KNOW/REFUSED [DO NOT READ]

32. How often in the past two months have you felt burdened by your caregiving? Would you say...

1. Frequently
2. Sometimes
3. Never
4. DON'T KNOW/REFUSED [DO NOT READ]

33. The following are problems that some caregivers face. [Is the person]/[Are the persons] [USE APPROPRIATE ONE BASED ON ANSWER TO Q30.] you care for [READ LIST. ROTATE A-D.]...

- a. Verbally aggressive?
- b. Physically aggressive?
- c. Sexually aggressive ?
- d. Uncooperative?

1. Frequently
2. Sometimes
3. Never
4. DON'T KNOW/REFUSED [DO NOT READ]

QUALITY OF LIFE

34. How much do you agree or disagree with the following statements? Please use the scale: strongly agree, somewhat agree, somewhat disagree or strongly disagree. [READ LIST. ROTATE A-N.] [RE-READ SCALE AS NECESSARY.]

- a. My community values older people.
- b. My family and friends rely on me.
- c. I am satisfied with the relationships in my life.
- d. I am willing to ask for and accept help from others.
- e. I feel like I have control over the things that happen to me.
- f. I take responsibility for my own actions.
- g. I have planned for my financial future.
- h. Religion or spirituality is important in my life.
- i. I have a sense of purpose.
- j. I can handle about anything that life throws at me.
- k. I feel hopeful about the future.
- l. I am generally a happy person.
- m. I generally feel peaceful and calm.
- n. My community values my language and traditions.

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree
5. DON'T KNOW/REFUSED [DO NOT READ]

35. How much practical support do you receive these days from the following sources? Examples of practical support are being given a ride somewhere, having someone shop for you, loan you money or do a home repair for you. How about from [READ LIST. ROTATE A-F.], would you say you receive... [RE-READ SCALE AS NECESSARY.]

- a. Your family
- b. Your friends
- c. Your neighbors
- d. A church or spiritual group
- e. A club or social group
- f. A non-profit or community agency

- 1. A lot of support
- 2. Some support
- 3. A little support
- 4. No support
- 5. DON'T KNOW/REFUSED [DO NOT READ]

36. How much social support do you receive these days from the following sources? Social support includes being cared for, loved, listened to and respected. How about from [READ LIST. ROTATE A-F.], would you say you receive... [RE-READ SCALE AS NECESSARY.]

- a. Your family
- b. Your friends
- c. Your neighbors
- d. A church or spiritual group
- e. A club or social group
- f. A non-profit or community agency

- 1. A lot of support
- 2. Some support
- 3. A little support
- 4. No support
- 5. DON'T KNOW/REFUSED [DO NOT READ]

INFORMATION SOURCES

37. Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you? How about [READ LIST. ROTATE A-G.], do you use this source frequently, sometimes or never?

- a. Newspaper
 - b. Radio
 - c. Television
 - d. Library
 - e. Internet
 - f. Word of mouth
 - g. Senior publications
-
1. Frequently
 2. Sometimes
 3. Never
 4. DON'T KNOW/REFUSED [DO NOT READ]

DEMOGRAPHICS

38. What is your zip code?

_____ [ENTER ZIP CODE]
99999. DON'T KNOW/REFUSED [DO NOT READ]

39. Which of the following best describes where you live? Is it a...

1. Single family home
2. Townhouse, condominium, duplex or apartment
3. Mobile home
4. Assisted living residence
5. Nursing home
6. OTHER
7. DON'T KNOW/REFUSED [DO NOT READ]

40. Do you currently rent or own your home?

1. Rent
2. Own
3. OTHER
4. DON'T KNOW/REFUSED [DO NOT READ]

41. How many people, including yourself, live in your household? [DO NOT PROMPT.]

____ [NUMBER OF HOUSEHOLD MEMBERS (INCLUDING RESPONDENT)] [IF =1, Q43=1, SKIP TO Q44.]

99. DON'T KNOW/REFUSED [DO NOT READ]

42. Who lives with you? [DO NOT PROMPT. CHECK ALL THAT APPLY.]

1. SPOUSE (WIFE/HUSBAND)
2. SIGNIFICANT OTHER
3. AT LEAST ONE CHILD
4. CHILD(REN) AND HIS/HER/THEIR FAMILY
5. OTHER RELATIVE(S)
6. UNRELATED ADULTS/FRIENDS
7. GRANDCHILDREN/ GREAT-GRANDCHILDREN
8. OTHER [SPECIFY]

99. DON'T KNOW/REFUSED [DO NOT READ]

43. How many of these people, including yourself, are 60 or older? [DO NOT PROMPT.]

____ [NUMBER OF HOUSEHOLD MEMBERS 60 OR OLDER (INCLUDING RESPONDENT)]

99. DON'T KNOW/REFUSED [DO NOT READ]

44. What is your marital status? [DO NOT PROMPT. PROBE FOR BEST ANSWER. CHECK ONLY ONE.]

1. MARRIED
2. PARTNERED, NOT MARRIED BUT LIVING WITH PARTNER OF OPPOSITE SEX
3. PARTNERED, LIVING WITH PARTNER OF SAME SEX
4. WIDOWED
5. DIVORCED
6. SEPARATED
7. SINGLE (NEVER MARRIED)
8. OTHER [SPECIFY]

99. DON'T KNOW/REFUSED [DO NOT READ]

45. How much formal education have you completed? Please stop me when I get to the correct response.

1. 0-11 years, no diploma
2. High school graduate
3. Some college with no degree
4. Associate's degree
5. Bachelor's degree
6. Graduate or professional degree
7. DON'T KNOW/REFUSED

[DO NOT READ]

46. What is your employment status? Are you...

1. Fully retired
2. Retired but working part time
3. Working full time
4. Working part time
5. Unemployed, looking for work
6. Homemaker (unemployed but not looking for work)
7. OTHER [SPECIFY] [DO NOT READ]
8. DON'T KNOW/REFUSED [DO NOT READ]

47. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

48. What do you think your household's total income before taxes was for 2003? Please include in your total income money from all sources for all persons living in your household. Please remember your responses to this survey are given in complete anonymity and will be reported in group form only. Was your total income...

1. Less than \$35,000
2. \$35,000 or more → SKIP TO Q50
3. DON'T KNOW/REFUSED [DO NOT READ]

49. Please stop me when I reach the appropriate range.

1. Less than \$10,000 → SKIP TO Q53
2. \$10,000 to less than \$15,000 → SKIP TO Q51
3. \$15,000 to less than \$20,000 → SKIP TO Q51
4. \$20,000 to less than \$25,000 → SKIP TO Q51
5. \$25,000 to less than \$30,000 → SKIP TO Q51
6. \$30,000 to less than \$35,000 → SKIP TO Q51
7. DON'T KNOW/REFUSED → SKIP TO Q51 [DO NOT READ]

50. Please stop me when I reach the appropriate range.

1. \$35,000 to less than \$40,000
2. \$40,000 to less than \$45,000
3. \$45,000 to less than \$50,000
4. \$50,000 to less than \$60,000
5. \$60,000 to less than \$75,000
6. \$75,000 or more
7. DON'T KNOW/REFUSED [DO NOT READ]

ONLY FOR RANDOM HALF OF RESPONDENTS WHO LIVE IN THE EIGHT COUNTY DRCOG REGION, ASK Q51 – Q54.

51. Your local Area Agency on Aging will be conducting a series of discussions about the strengths and needs of older adults in the Denver-Metro region. Would you be willing to participate in one of these discussions in the month of May?

1. Yes
2. No → SKIP TO Q55
3. MAYBE
4. DON'T KNOW/REFUSED → SKIP TO Q55 [DO NOT READ]

52. Your personal information will remain completely confidential. May I please have your first name so that we can contact you regarding these discussions?

- _____ [NAME]
2. NO/REFUSED → SKIP TO Q57, RECODE Q51 AS “NO” (2).

53. Is this the phone number where we should contact you?

1. Yes → SKIP TO Q55
2. No

54. May I have the phone number where we should contact you?

- _____ [PHONE NUMBER]
2. DON'T KNOW/NO/REFUSED, RECODE Q51 AS “NO” (2).

55. RESPONDENT GENDER. [ONLY ASK IF IN DOUBT.]

1. MALE
2. FEMALE

THOSE ARE ALL OF MY QUESTIONS. THANK YOU FOR YOUR TIME.

IF YOU ARE INTERESTED IN SERVICES AVAILABLE TO SENIORS IN YOUR COMMUNITY, PLEASE CALL THE TOLL FREE ELDERCARE LOCATOR NUMBER AT 1-800-677-1116.