



CPH-NEW

Center for the Promotion of Health
in the New England Workplace

T3

MSD & Aging - Goodrich

Today's Date

 / /

For each question, please fill in the blank or circle that matches your response. Remember that all surveys will be kept completely confidential.

ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

ID number

1. In general, would you say your health is,				
<input type="radio"/> Poor	<input type="radio"/> Fair	<input type="radio"/> Good	<input type="radio"/> Very good	<input type="radio"/> Excellent

2. Compared to ONE YEAR AGO, how would you rate your health, in general, now?	
<input type="radio"/> Much worse than one year ago	<input type="radio"/> Somewhat better than one year ago
<input type="radio"/> Somewhat worse than one year ago	<input type="radio"/> Much better than one year ago
<input type="radio"/> About the same as one year ago	

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?			
	Not limited at all	Limited a little	Limited a lot
Vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions are about how you feel and how things have been going for you during different timeframes (last week, last 4 weeks, etc.). The following questions refer to the **PAST WEEK**.

4. During the PAST WEEK, were you limited in your work or other regular activities as a result of any...					
	Not limited at all	Slightly limited	Moderately limited	Severely limited	Unable to work or do regular activities
back problem	<input type="radio"/>				
knee problem	<input type="radio"/>				
hand, arm, or shoulder problem	<input type="radio"/>				

5. During the PAST WEEK, have you had difficulty sleeping because of any...					
	No difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	So much difficulty that I can't sleep
back problem	<input type="radio"/>				
knee problem	<input type="radio"/>				
hand, arm, or shoulder problem	<input type="radio"/>				

6. Below is a list of some of the ways you may have felt. Please indicate how often you have felt this way during the PAST WEEK.	Rarely or none of the time (less than 1 day per week)	Occasionally or a moderate amount of time (3-4 days per week)	Occasionally or a moderate amount of time (3-4 days per week)	All of the time (5-7 days per week)
I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoyed life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that everything I did was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not "get going"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions refer to the PAST 4 WEEKS.

7. During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities as a result of your PHYSICAL HEALTH?

Accomplished less than you would like	<input type="radio"/> Yes	<input type="radio"/> No
Were limited in the kind of work or other activities you could do	<input type="radio"/> Yes	<input type="radio"/> No

8. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work, including both work outside the home and housework?

Not at all
 Slightly
 Moderately
 Quite a bit
 Extremely

9. During the PAST 4 WEEKS, have you had any of the following problems with your work or other daily activities as a result of any EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

Accomplished less than you would like	<input type="radio"/> Yes	<input type="radio"/> No
Didn't do work or other activities as carefully as usual	<input type="radio"/> Yes	<input type="radio"/> No

10. During the PAST 4 WEEKS, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

None of the time
 A little of the time
 Some of the time
 Most of the time
 All of the time

11. During the PAST 4 WEEKS, how many days of work have you missed or been absent for any medical problem? (includes unpaid days, paid sick days, and paid vacation days used for health reasons)

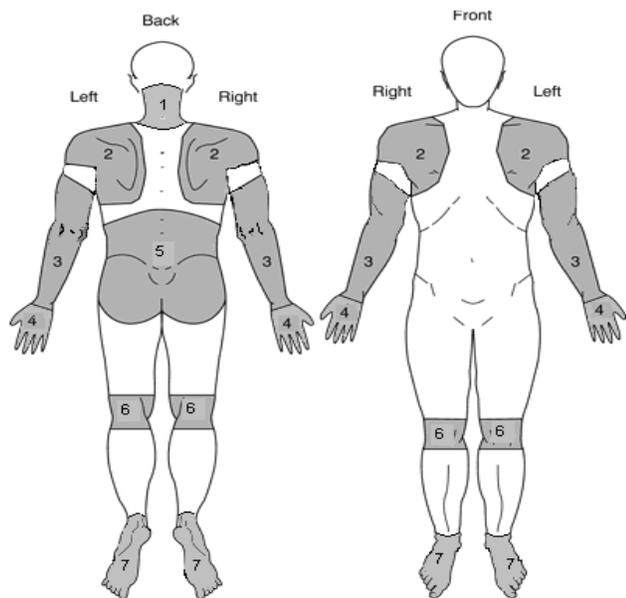
<input type="radio"/> 0	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 12	<input type="radio"/> 16	<input type="radio"/> 20	<input type="radio"/> 24	<input type="radio"/> 28
<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9	<input type="radio"/> 13	<input type="radio"/> 17	<input type="radio"/> 21	<input type="radio"/> 25	
<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10	<input type="radio"/> 14	<input type="radio"/> 18	<input type="radio"/> 22	<input type="radio"/> 26	
<input type="radio"/> 3	<input type="radio"/> 7	<input type="radio"/> 11	<input type="radio"/> 15	<input type="radio"/> 19	<input type="radio"/> 23	<input type="radio"/> 27	

16. In the PAST 12 MONTHS, have you had any serious injury to any of these body areas? This includes injury from any cause (sports, workplace accident, assault, etc.). Please choose ALL that apply.

- No injuries (N/A)
 Shoulder
 Knee
 Neck
 Low back
 Wrist or forearm
 Foot
 Hands

17. During the PAST 3 MONTHS, how much pain, aching or stiffness/limited motion have you had in the areas shown on the diagram below?

- Neck (Area 1)**
 None
 Mild
 Moderate
 Severe
 Extreme
Shoulder (Area 2)
 None
 Mild
 Moderate
 Severe
 Extreme
Forearm/includes wrist and elbow (Area 3)
 None
 Mild
 Moderate
 Severe
 Extreme
Hands (Area 4)
 None
 Mild
 Moderate
 Severe
 Extreme
Low back (Area 5)
 None
 Mild
 Moderate
 Severe
 Extreme
Knee (Area 6)
 None
 Mild
 Moderate
 Severe
 Extreme
Foot (Area 7)
 None
 Mild
 Moderate
 Severe
 Extreme



18. Do you have any trouble seeing, even when wearing glasses or contact lenses?

- Yes
 No

19. Which statement best describes your hearing (without a hearing aid):

- Good
 A lot of trouble
 A little trouble
 Deaf

20. Has a doctor or other healthcare provider told you that you CURRENTLY have arthritis or joint pain, and is it CURRENTLY being treated with medication?

- No
 Yes, but NOT being treated
 Yes, being treated

21. Do you believe that, from the standpoint of your health, you will be able to do your current job TWO YEARS FROM NOW?

- Unlikely
 Not certain
 Relatively certain

22. Thinking about your current job, assume that your work ability at its best has a value of 10 points. (0 = you cannot work at all; 10 = your work ability is currently at its best)

How many points would you give your **CURRENT ABILITY TO WORK**?

- 0 1 2 3 4 5 6 7 8 9 10

Thinking about the **PHYSICAL DEMANDS** of your job, how do you rate your current ability to meet those demands?

- 0 1 2 3 4 5 6 7 8 9 10

Thinking about the **MENTAL DEMANDS** of your job, how do you rate your current ability to meet those demands?

- 0 1 2 3 4 5 6 7 8 9 10

Thinking about the **INTERPERSONAL DEMANDS** of your job, how do you rate your ability to meet those demands?

- 0 1 2 3 4 5 6 7 8 9 10

23. **OUTSIDE OF WORK**, in an **AVERAGE WEEK** during the past **YEAR**, how many hours did you spend on each of the following activities?

0 hours per week	1-3 hours per week	4-6 hours per week	7-9 hours per week	10-12 hours per week	>12 hours per week
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Walking, including walking to work, shopping, and leisure time?

-

Gardening, yard work, and do-it-yourself activities at home?

-

Housework, such as cleaning, washing, cooking, child care, etc.?

-

Physical exercise such as fitness, aerobics, swimming, jogging, cycling, tennis, etc.?

-

24. In a **TYPICAL DAY** in the past year, how many flights of stairs or one-story ramps did you climb, **BOTH AT WORK AND NOT AT WORK**?

- 0 flights or ramps 6-10 flights or ramps 16-20 flights or ramps
 1-5 flights or ramps 11-15 flights or ramps >20 flights or ramps

25a. Please check the box that best describes how much sitting and standing/walking you do **ON YOUR JOB**, from Always Sitting (0%) to Always Standing or Walking (100%).

- | | | | | | | | | | | | | |
|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------------|
| 0% = Always Sitting | 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% | 100% = Always Standing or Walking |
| | <input type="radio"/> | |

25b. When standing or walking, which best describes your **AVERAGE** amount of physical activity?

- No intense physical activity
 Some physical effort, including handling heavy objects and use of tools
 Heavy manual work, very rigorous physical activity, including handling very heavy objects

25c. When standing, how much of the time do you step or walk?

- 0% of the time 75% of the time
 25% of the time Constant Movement
 50% of the time

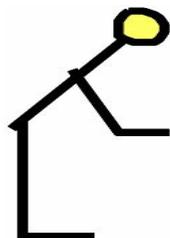
25d. Depending on the needs of the job, can you decide when to sit, stand up, or move around?

- Never Often
 Sometimes Always

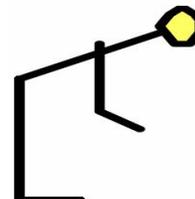
26. At WORK, on an AVERAGE day, how many hours are you exposed to...	0 hours	1-2 hours	2-4 hours	4-8 hours	>8 hours
Vibrations from hand tools, machinery, etc.	<input type="radio"/>				
Noise so loud that you would have to raise your voice to talk to people	<input type="radio"/>				
High temperatures which make you perspire even when not working	<input type="radio"/>				
Low temperatures whether indoors or outdoors	<input type="radio"/>				
Breathing in smoke, fumes, powder or dust	<input type="radio"/>				
Handling or being in contact with chemical products or substances	<input type="radio"/>				

27. At WORK, on an AVERAGE DAY, how many hours do you spend...	0 hours	1-2 hours	2-4 hours	4-8 hours	>8 hours
Repeatedly and strenuously pushing, pulling, or lifting	<input type="radio"/>				
Repeatedly moving hands every 15 seconds or less	<input type="radio"/>				
Working at a computer keyboard	<input type="radio"/>				
Holding the neck, shoulder, arms, or hands in one position for a long time	<input type="radio"/>				
Holding an object by pinching with fingers	<input type="radio"/>				
Grasping an object hard with your whole hand	<input type="radio"/>				
Repeatedly bending the neck in any direction	<input type="radio"/>				
Moderate forward or side bending of torso (See image below)	<input type="radio"/>				
Severe forward bending of torso more than 45 degrees (See image below)	<input type="radio"/>				
Twisting of torso	<input type="radio"/>				
Kneeling/squatting	<input type="radio"/>				
Sitting stationary	<input type="radio"/>				
Standing Stationary	<input type="radio"/>				

Moderate bend
(more than 20 degrees
but less than 45 degrees)



Severe bend
(greater than 45 degrees)



28. For each of the following words and phrases, fill in the bubble for 'Yes' if it describes your job, 'No' if it does not describe your job, and '?' if you cannot decide.

Irritating	Pressured	Hectic	More stressful than I'd like	Hassled	Many things stressful	Demanding
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> ?	<input type="radio"/> ?	<input type="radio"/> ?	<input type="radio"/> ?	<input type="radio"/> ?	<input type="radio"/> ?	<input type="radio"/> ?
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes

29. In the past year, how would you rate the average amount of stress at work?

no stress a little stress moderate stress
 substantial stress extreme stress

30. What shift do you typically work?

1st Shift
 2nd Shift
 3rd Shift

31a. Thinking of the past year, which best describes the amount of OVERTIME or EXTRA HOURS you work in an AVERAGE MONTH?

0-4 hours per month 13-24 hours per month 37-50 hours per month
 5-12 hours per month 25-36 hours per month 51 hours and above

31b. Is the majority of your overtime MANDATORY?

Yes No

32. In general, how do your working hours fit in with your family or social commitments outside of work?

Very well
 Well
 Not very well
 Not at all well

33a. During the work week, about how many hours of sleep do you typically get per 24-hour period?

< 4 hours 6-7 hours 9-10 hours
 4-5 hours 7-8 hours > 10 hours
 5-6 hours 8-9 hours

33b. Do you usually get that amount of sleep all at one time?

Yes
 No

33c. How many hours of sleep do you usually need to have good functioning the next day?

< 4 hours 5-6 hours 7-8 hours 9-10 hours
 4-5 hours 6-7 hours 8-9 hours > 10 hours

33d. During the work week, do you get your sleep mostly...

At night In the morning
 In the afternoon/evening Different every week

33e. How would you describe the quality of your sleep on a typical night?

Poor Fairly poor Fairly good Good Can't say

34. How successful do you feel at balancing your paid work and your family life? Do you feel...

Not at all successful Not very successful
 Somewhat successful Very successful
 Completely successful

35. HOW OFTEN DO...

	Never	Some times	Often	Always
things going on AT WORK make you feel tense and irritable at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the demands of your JOB interfere with your family life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
things going on AT HOME make you feel tense and irritable on the job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the demands of your FAMILY interfere with your work on the job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. How do you feel your performance is viewed by your SUPERVISOR? What does your supervisor (i.e. not you) think of	Poor	Below average	Average	Above average	Excellent
... the quality of your work?	<input type="radio"/>				
... your work efficiency?	<input type="radio"/>				
... your overall work performance?	<input type="radio"/>				

37. How worried are you about the possibility that...	Not at all	A little bit	Moderately	Quite a bit	Extremely
You will be moved to a lower level within the organization	<input type="radio"/>				
You will be moved to another job at the same level within the organization	<input type="radio"/>				
Your future pay will be reduced	<input type="radio"/>				
Your department or division's future will be uncertain	<input type="radio"/>				
You will be pressured to accept early retirement	<input type="radio"/>				
You will be pressured to work fewer hours	<input type="radio"/>				

38. How much do you agree or disagree with the following statements?	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
More and more often I talk about my work in a negative way	<input type="radio"/>				
Sometimes I feel really disgusted with my work	<input type="radio"/>				
After work, I have enough energy for leisure activities	<input type="radio"/>				
At work, I often feel emotionally drained	<input type="radio"/>				
After work, I usually feel worn out and weary	<input type="radio"/>				
I always find new and interesting aspects in my work.	<input type="radio"/>				
Lately, I tend to think less at work and do my job almost mechanically.	<input type="radio"/>				
After work, I tend to need more time than in the past in order to relax and feel better.	<input type="radio"/>				
I can tolerate the pressure of my work very well.	<input type="radio"/>				
Whether or not I am able to get what I want is in my own hands	<input type="radio"/>				
I can do anything I set my mind to	<input type="radio"/>				
What happens to me in the future depends mostly on me	<input type="radio"/>				
When I really want to do something, I usually find a way to succeed at it	<input type="radio"/>				

39. The following questions ask about your experiences at your place of work.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Job decisions are made in an unbiased manner	<input type="radio"/>				
All employee concerns are heard before job decisions are made	<input type="radio"/>				
Accurate and complete information is collected to make formal job decisions	<input type="radio"/>				
Decisions are clarified and additional information is provided when requested by employees	<input type="radio"/>				
Job decisions are applied consistently across all affected employees	<input type="radio"/>				
Employees are allowed to challenge or appeal job decisions made	<input type="radio"/>				
The reward system at my job promotes high performance even if it means acting unsafely	<input type="radio"/>				
My duties often interfere with my ability to comply with safety regulations	<input type="radio"/>				
Taking risks is part of my job	<input type="radio"/>				
I expect to be involved in an accident at work in the next 12 months	<input type="radio"/>				
My job duties often interfere with my ability to act as safely as I would like	<input type="radio"/>				
I am satisfied with my pay	<input type="radio"/>				
I am satisfied with my job	<input type="radio"/>				
I am satisfied with the overall quality of work done in my workgroup	<input type="radio"/>				
I often think about quitting my job	<input type="radio"/>				
I will probably look for a new job during the next year	<input type="radio"/>				
I am likely to leave this job in the next 2 years because I am dissatisfied	<input type="radio"/>				
I am likely to leave this job in the next 2 years because of my health	<input type="radio"/>				
I am likely to leave this job in the next 2 years for other reasons	<input type="radio"/>				
In my department, I would be taken seriously if I complained about disrespectful treatment	<input type="radio"/>				
Rude behavior is not accepted by my coworkers in my department	<input type="radio"/>				
In my department, I would have career problems if I was rude	<input type="radio"/>				
Angry outbursts are not tolerated by anyone in my department	<input type="radio"/>				
Respectful treatment is the norm in my department	<input type="radio"/>				
My coworkers in my department make sure everyone is treated with respect	<input type="radio"/>				

40. For each statement fill in the box for the answer that best describes your job.	Strongly disagree	Disagree	Agree	Strongly agree
My job requires that I learn new things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job requires me to be creative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job allows me to make a lot of decisions on my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my job, I have very little freedom to decide how I do my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get to do a variety of different things on my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a lot of say about what happens on my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job requires working very fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job requires working very hard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not asked to do an excessive amount of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough time to get my job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job security is good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor pays attention to what I am saying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor is helpful in getting the job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People I work with take a personal interest in me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People I work with are helpful in getting the job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job requires a high level of skill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often required to move or lift very heavy loads on my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work requires rapid and continuous physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often required to work for long periods with my body in awkward positions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often required to work for long periods with my head or arms in physically awkward positions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have control over my work schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisors are fair in recognizing individual and team accomplishments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees have the appropriate supplies, material, and equipment to perform their jobs well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees are involved in improving the quality of products, services, and work processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- The following questions have to do with your work and personal background. Please remember that your responses will be kept completely confidential.

41a. What is your current department at Goodrich?

- Administrative Hydromechanical Quality Shipping & Receiving
 Engineering Electronics Site Services

41b. What is your current position at Goodrich?

- Administration/Office Personnel Mechanical Product Associate/Machinist/Operator
 Electronic Tester Senior Management
 Engineer Software Engineer
 Inspector Team Lead
 Maintenance Technician
 Manager Other
 Material handler

42. How are you paid?

- Hourly
 Salary non-exempt
 Salary exempt

43. What is your level of supervisory responsibility?

- No supervisory responsibility
 Supervisor
 Manager
 Executive

44. How many years have you worked at Goodrich?

44.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

For the following 3 questions (#45 - #47) please write your answer on the line and fill in the corresponding blocks in each column.

45. Please write your birthday MONTH and YEAR on the line provided and fill in the corresponding bubbles.

_____ / _____

45a. Birthday Month

- January July
 February August
 March September
 April October
 May November
 June December

45b. Year

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

46. Some people feel older or younger than they are. How old do you FEEL? (in years)

46.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

47. At what age do you expect to retire from work? (If you don't know enter 00)

47.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

48. How many adults UNDER age 65 depend on you in any way to help them due to disability or chronic illness?

- 0 1 2 3 4 5+

If you answered 1 or more to Q48, please answer the following about the person who depends on you the most due to disability or chronic illness:

48a. What is your relationship to this person? You are his/her:

- Spouse Daughter / daughter-in-law Father
 Son / son-in-law Mother Other (please specify) _____

48b. Do you live in the same household as this person?

- Yes No

48c. What kinds of help do you provide to this person? Fill in bubble next to ALL that apply

- Household help (e.g., grocery shopping, laundry, meal preparation)
 Help taking medications
 Personal care help (e.g., bathing, getting dressed)
 Providing or arranging transportation

48d. How many hours a week would you estimate that you spend helping him/her?

- 1-4 hours
 5-9 hours
 10-19 hours
 20 or more hours

48e. Which of the following conditions does he/she have? (Please fill in bubble next to all that apply):

- Developmental disability
 Physical illness
 Memory loss
 Challenging behaviors (e.g., unsafe wandering; physical or verbal aggression)
 Other (please specify): _____

49. How many adults age 65 and OLDER depend on you in any way to help them due to disability or chronic illness?

- 0 1 2 3 4 5+

If you answered 1 or more to Q49, please answer the following about the person who depends on you the most due to disability or chronic illness:

49a. What is your relationship to this person? You are his/her:

- Spouse Daughter / daughter-in-law Father
 Son / son-in-law Mother Other (please specify) _____

49b. Do you live in the same household as this person?

- Yes No

49c. What kinds of help do you provide to this person? Fill in bubble next to ALL that apply

- Household help (e.g., grocery shopping, laundry, meal preparation)
 Help taking medications
 Personal care help (e.g., bathing, getting dressed)
 Providing or arranging transportation

49d. How many hours a week would you estimate that you spend helping him/her?

- 1-4 hours
 5-9 hours
 10-19 hours
 20 or more hours

49e. Which of the following conditions does he/she have? (Please fill in bubble next to all that apply):

- Developmental disability
 Physical illness
 Memory loss
 Challenging behaviors (e.g., unsafe wandering; physical or verbal aggression)
 Other (please specify): _____

