



UNIVERSITY OF NEW ENGLAND  
Center for Excellence  
in Aging and Health

Version 3 – August 12, 2020

### Legacy Scholars Program (LSP) Data Procedures

The LSP is a longitudinal research registry and data clearinghouse organized and managed through the Center for Excellence in Health & Aging (CEAH). Volunteers complete an annual self-report survey on health, wellness, life attitudes and daily function.<sup>1</sup>

Investigators affiliated with UNE may request to utilize de-identified LSP data (e.g., for exploratory analyses, hypothesis generation, student projects) and/or to recruit human subjects for IRB-approved studies. Contact Dr. Tom Meuser, CEAH Director, for all data access and participant recruitment needs ([tmeuser@une.edu](mailto:tmeuser@une.edu); 207-221-4140).

All LSP data functions are managed through REDCap (<http://redcap.une.edu/>) by staff affiliated with the CEAH.<sup>2</sup>

Adults, aged 55+ years, interested in joining the Legacy Scholars Program complete an initial registration survey that collects name, address, other contact information and basic demographics.<sup>3</sup> This survey resides in a stand-alone “project” in REDCap so that personal identifiers and research data are maintained separately.

This initial registration survey assigns a unique *LSP ID Number* to each participant. The LSP ID serves as a link to the annual survey that is accessible only by approved CEAH staff.

The LSP consent form and annual survey are housed in a separate project within REDCap. New volunteers receive an email with a survey link to complete online or an envelope in the mail for this purpose. Tracking of consent and annual survey returns occurs in REDCap. Specific procedures are defined below.

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<sup>1</sup> The REDCap data codebook is attached. Early items are stand-alone measures, whereas later items are from standardized inventories which may be scored. These include the AD8, GDS-15, Penn State Worry Questionnaire – SF, and the IPIP 5 Factor Personality Inventory.

<sup>2</sup> Tom Meuser, Principle Investigator; Regi Robnett, Co-Investigator; Katy Rudolph, Co-Investigator; CEAH Administrative Assistant.

<sup>3</sup> Initial Registration Survey: <https://redcap.une.edu/redcap/surveys/?s=9HRLKDE9CP>. The demographics collected here are not for research, but rather to know something about the volunteer and for cross-checking with the annual survey (e.g., to ensure that the same person who registered is completing the annual surveys).

## Data Procedures:

1. **Initial Recruitment.** Potential volunteers learn about the LSP from a flyer, email, word of mouth, community event, etc.
2. **Registration.** The volunteer sends in the paper registration form or completes the initial registration survey online.
3. **Paper Surveys.** Paper surveys are received by the Administrative Assistant, who scans them as PDFs, saves them to a password-protected folder, and then hand enters the information directly to the initial registration survey online. When entered, these paper forms are placed in a locked drawer as backup documentation; and eventually shredded.
4. **Survey Reminders.** The Administrative Assistant distributes annual survey requests via email (or paper mail in certain instances) to LSP volunteers. This is accomplished by logging into the annual survey project and utilizing the “Manage Survey Participants” function.
  - a. Volunteers receive emailed reminders (automated) every 3 days until the survey is completed. The Administrative Assistant monitors returns and coordinates with Dr. Meuser to contact non-responders by telephone as needed.
  - b. Non-responders to the first annual survey are removed from the system after three months, as their participation as Legacy Scholars was never confirmed.
5. **Data Downloads.** Once per month, the Director transfers all data from each annual survey (T1, T2, T3...) to its own SPSS master data file. This file includes calculated fields for standardized inventories.
6. **Data Usage.** Investigators wishing to access data for exploratory or student projects must contact Dr. Meuser by email ([tmeuser@une.edu](mailto:tmeuser@une.edu)). The email should include a basic description of the project and types of data that are needed. Dr. Meuser will communicate with the investigator about what’s available and next steps, including IRB review.
7. **New Study Recruitment.** Investigators wishing to utilize LSP volunteers as human subjects should speak with Dr. Meuser before submitting an IRB application. Only IRB approved studies may access LSP volunteers. As the LSP pool grows, it is possible that most (all) participants for a given study may be recruited from this resource.
  - a. Once IRB approval has been obtained, the investigator should send the stamped flyer to Dr. Meuser in PDF format. Any inclusion/exclusion criteria should be defined clearly. Dr. Meuser sends out recruitment requests. The investigator does not contact Legacy Scholars directly.
8. **Scholars Volunteer for New Studies.** Legacy Scholars are required to participate in one IRB-approved study in a rolling 3-year period. This is a minimal requirement, and one that most volunteers exceed. Once an IRB-approved flyer is distributed, it is up to individual

Legacy Scholars to contact the relevant investigator and volunteer to participate in their study.

9. **New Study Enrollment & LSP Data Linkage.** The Legacy Scholars Program is organized as a data clearinghouse. LSP annual survey data can be made available to investigators of approved studies to supplement the data they are collecting. Conversely, data from individual studies may be uploaded for inclusion with the annual survey to support future research projects. Scholars consent to this data exchange, but it is good practice to confirm this understanding and allow for choice with respect to individual studies. Investigators are encouraged to include the following questions in their registration process:
  - a. Are you a member of the UNE Legacy Scholars Program (LSP)? Yes\* / No / Unsure
    - i. \* The Legacy Scholars Program supports approved research studies at UNE. Are you comfortable with your data from this study being shared with the LSP database to support future research? Yes\* / No
    - ii. \* Please provide your full name and year of birth to facilitate this linkage. Dr. Meuser (or an approved member of his team) will utilize this information to identify your LSP ID number and create a one-time “Dummy ID” to allow data to be transferred confidentially (i.e., without your name being used).
10. **LSP Acknowledgement in Publication of Findings.** Investigators publishing findings from studies which utilized Legacy Scholars are asked to note this in the acknowledgement and subject sections of their publication.

# Legacy Scholars Program Annual Survey - Final

Legacy Scholars Program Annual Survey

UNE Center for Excellence in Aging & Health (CEAH)

## INSTRUCTIONS

Completion of this survey is the second and final step towards full registration and participation in the UNE Legacy Scholars Program (LSP).

The survey takes ~40 minutes to complete. It asks about your health, wellness and daily functioning. Most questions are of the kind you might be asked during a medical appointment.

Please respond to all questions if possible. A few are required; most are optional. If you prefer not to respond, you may leave a particular item blank.

The survey ends with an open "essay" box where you can share any thoughts about the survey or other comments to Dr. Meuser and his team.

This is good place to comment on any questions that were stressful. You may also use this space to comment on questions you chose to skip.

Now, if you are ready, let's get started...

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## The LSP Annual Survey begins here.

**\*\*\*We ask you the same questions each year. There's a research purpose for this. One benefit of an annual survey is to identify changes in health, mood, living situation, support system, etc, over time. We only know about changes if you answer the same questions each time.**

## Thank you for your support of this effort!

What is today's date?

\_\_\_\_\_

What is your date of birth?

\_\_\_\_\_

What is your present age in years?

\_\_\_\_\_

Where were you born?

- Maine
- New England (other than Maine)
- Another State or Territory in the US
- Canada
- Another Country

What is your biological sex?

- Female
- Male
- Intersex

What is your gender identity?

- Female
- Male
- Other

What is your race?

- White/Caucasian
- Black/African American
- Asian
- Hispanic
- Native American
- Other

How many years of education did you complete?  
High School Diploma = 12 years

\_\_\_\_\_

What is your present marital status?

- Married
- Partnered
- Widowed
- Divorced/Separated
- Single (never married)

What is your present employment status?

- Retired
- Employed Part-Time (including self employed)
- Employed Full-Time (including self employed)
- Seeking Employment
- Employed Periodically (not presently)
- Other

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**Questions About Your Living Situation & Function**

Which of the following best describes the area in which you live?

- Urban / City  
 Suburban / Near a City  
 Rural / Away from a City

Which of the following best describes your current housing?

- Single Family House  
 Multiple Family House (e.g., Duplex)  
 Condominium  
 Apartment  
 Room in a Shared Space  
 Other

Is your current housing part of a senior living building or complex?

- Yes  
 No  
 Unsure

Do you live alone or share your home with others?

- Live Alone  
 With 1 Other  
 With 2 Others  
 With 3 Others  
 With 4+ Others

What is your approximate height?

- Less than 5 Feet  
 5 Feet, 1-2 Inches  
 5 Feet, 3-4 Inches  
 5 Feet, 5-6 Inches  
 5 Feet, 7-8 Inches  
 5 Feet, 9-10 Inches  
 5 Feet, 11-12 Inches  
 6 Feet  
 6 Feet, 1-2 Inches  
 6 Feet, 3-4 Inches  
 6 Feet, 5-6 Inches  
 More than 6 Feet, 6 Inches

What is your approximate weight?

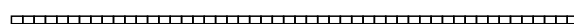
- Less than 100 pounds  
 101 - 125 pounds  
 126-150 pounds  
 151 - 175 pounds  
 176 - 200 pounds  
 201 - 225 pounds  
 226 - 250 pounds  
 More than 250 pounds

Which of the following statements best describes you as a driver?

- I drive a vehicle most days  
 I drive at least once per week  
 I drive at least once per month  
 I drive less than once per month  
 I am licensed but will drive only in an emergency  
 I consider myself retired from driving  
 I have never driven a vehicle

Rate your satisfaction with your present life by moving the marker with your mouse.

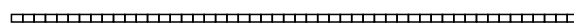
Extremely Dissatisfied                      Generally Satisfied                      Extremely Satisfied



(Place a mark on the scale above)

Rate the quality of your health by moving the marker with your mouse.

Poor    OK    Excellent



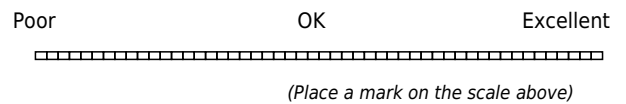
(Place a mark on the scale above)

How many medications prescribed by a health provider do you take each day?

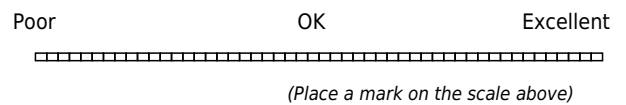
Include tablets, liquids, shots, and inhalers in your total count.

- I take no prescription medications at present
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- I take more than 10 prescription medications daily

Rate the quality of your eyesight (vision) by moving the marker with your mouse.



Rate the quality of your hearing by moving the marker with your mouse.



Have you ever had pain in any part of your body that lasted for 3 months or longer?

- Yes
- No

This pain impacted negatively on my daily functioning (i.e., what I could do and enjoy).

- Strongly Disagree
- Disagree
- Slightly Disagree
- Disagree & Agree
- Slightly Agree
- Agree
- Strongly Agree

Have you ever taken strong pain medications (e.g., opioids) prescribed by a health professional?

- Yes
- No
- Unsure

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**About Your Health, Well-Being & Daily Functioning**

**Instructions - Read each statement, decide if you agree or not, and choose the best answer to the right.**

**\*\*\*This is a long vertical listing. Remember that "Strongly Agree" is to the far right in each case.**

	Strongly Disagree	Disagree	Slightly Disagree	Disagree & Agree	Slightly Agree	Agree	Strongly Agree
I eat a well-balanced diet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take very good care of my physical health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I manage my home life (e.g., shopping, paying bills) without help from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can climb and descend two flights of stairs without difficulty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a very capable and safe driver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel loved by those close to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use a device (e.g., cane, walker, wheelchair) to get around safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sleep very well most nights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participate in enjoyable activities every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health has declined over the past two years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I complete daily self-care tasks (e.g., bathing, dressing) without help from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the resources to live a very comfortable life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel lonely much of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learn new skills easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have close friends in my life today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My life is filled with joy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry a lot about falling and injuring myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



I have people I can depend on in tough times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most of my peers are better off than I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My memory is as good as it was ten years ago.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am included in all discussions about my health and care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am tired most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy frequent visits with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can always travel where I want to go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor listens closely to my needs and wants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can move around all parts of my home with ease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain limits what I can do in my daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am active in volunteer activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking alcohol helps me relax.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am physically fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish my life today involved more enjoyable activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I dislike having to keep track of my medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very comfortable with myself as I am today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My free time is taken up by caregiving for others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hope to be remembered for many years after I am gone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy talking with younger persons about what I have learned in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am grieving the loss of person(s) close to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make all the important decisions in my life today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a lifelong learner, always seeking educational opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I build quiet time into my day to think and center myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I accept all that life throws at me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic experiences shaped me into the person I am today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make a difference in the lives of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about the dying process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No one really cares about me and my future happiness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm proud of the life I have lived.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to lose my balance when walking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Characteristics, Conditions & Activities**

**Check all that apply to you (present or past) from the list below.**

**\*\*\*This is a long listing. Remember that "Applies to Me Now" is the left choice in each case. "Applied to Me in the Past" is in the center, and "Not Applicable to Me" is always to the right.**

	Applies to Me Now	Applied to me in the Past	Not Applicable to Me
Veteran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music Lover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes / Low Blood Sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports Fan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hobbyist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frail (weak)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke / TIA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivor of Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homemaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivor of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avid TV Watcher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peripheral Neuropathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Theater Goer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
User of Public Transit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug User	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lover of Junk Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Eater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grandparent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Suffer from Persistent Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor Sleeper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Player of Board Games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cyclist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paralyzed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outgoing Personality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Athlete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quiet / Reserved Personality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pet Lover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
World Traveler	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoors Person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy Drinker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short Tempered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obsessive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Story Teller	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funny	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Questions about Memory & Thinking

**Instructions:**

**Think about yourself five years ago. How did you function then in terms of memory and thinking? Now, think about the present and how you function today. Has there been a change? Or, are you about the same?**

**\*\*\*As you read each of the following statements, consider if you function at the same level now.**

**Select "Yes" below if you have noticed a change for the worse.**

**Select "No" if you are doing about the same now.**

**If unsure, select N/A.**

	YES, A change	NO, No change	N/A, Don't know
Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less interest in hobbies/activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeats the same things over and over (questions, stories, or statements).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble learning how to use a tool, appliance, or gadget (e.g., DVD, computer, microwave, remote control).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgets correct month or year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble remembering appointments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily problems with thinking and/or memory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Questions About Health and Well-Being

**For each of the following questions, please check off the best possible answer.**

In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- Yes, Limited A Lot
- Yes, Limited A Little
- No, Not Limited At All

Climbing several flights of stairs

- Yes, Limited A Lot
- Yes, Limited A Little
- No, Not Limited At All

During the past four weeks, how much of the time 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

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

Were limited in the kind of work or other activities

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

During the past four weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

Answer the following questions with this in mind.

Accomplished less than you would like

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

Were limited in the kind of work or other activities

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

During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

These questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past four weeks.

Answer the following questions with this in mind.

Have you felt calm and peaceful?

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

Did you have a lot of energy?

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

Have you felt downhearted and depressed?

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

During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

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

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## Your Mood & Emotions

Choose the best answer for how you have felt over the past week or so.

**\*\*\*This is a long list. "Yes" is always to the left. "No" is in the middle. "Unsure" is to the right.**

	Yes	No	Unsure
Are you basically satisfied with your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you dropped many of your activities and interests?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that your life is empty?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you often get bored?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you in good spirits most of the time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you afraid that something bad is going to happen to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel happy most of the time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you often feel helpless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you prefer to stay at home, rather than going out and doing new things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel you have more problems with memory than most?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think it is wonderful to be alive now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel pretty worthless the way you are now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that your situation is hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think that most people are better off than you are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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## Questionnaire about Worry

Rate each of the following statements on a scale of 1 (not at all typical of me) to 5 (very typical of me). Please do not leave any items blank.

\*\*\*This is a long list. As you scroll down, remember that "Very Typical of Me" is always the response to the far right.

	Not at all typical of me				Very typical of me
My worries overwhelm me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many situations make me worry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know I should not worry about things, but I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am under pressure I worry a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am always worrying about something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As soon as I finish one task, I start to worry about everything else I have to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been a worrier all my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I notice that I have been worrying about things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Questions About Mobility

**Consider what would happen if you could not get yourself to valued destinations and activities independently. Maybe this is occurring already in your life; maybe it could happen in the future.**

**Here are a series of statements on this topic. Consider if you agree or disagree and how strongly. Choose your answer to the right.**

	Strongly Disagree				Strongly Agree
I am a burden if I ask others for help with transportation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is devastating for older people to have someone take away their car keys.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel depressed at the thought of being limited in my mobility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no way to plan for loss of mobility in aging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My future independence hinges on my ability to get myself around.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not thought much about my future mobility before today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've seen others become frail and immobile in older age, and I am determined to avoid this fate at whatever cost.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is not easy for me to ask for help with transportation when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## About your Personality

**The statements below reflect different preferences and approaches to life. Consider how you generally are now, not how you would like to be. Consider how much each statement says something about you today. Indicate your level of agreement to the right.**

**"Strongly Agree" is always to the far right as you scroll down.**

### In general, I...

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
I am the life of the party.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sympathize with others' feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get chores done right away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have frequent mood swings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a vivid imagination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't talk a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not interested in other people's problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often forget to put things back in their proper place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am relaxed most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not interested in abstract ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I talk to a lot of different people at parties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel others' emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like order.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get upset easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have difficulty understanding abstract ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep in the background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not really interested in others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make a mess of things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I seldom feel blue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have a good imagination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any thoughts about completing this survey or comments for the research team? If so, enter them here. This is optional.

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You have reached the end of the survey. Thank you for your time and effort in completing this.

Press the "submit" button below. Dr. Meuser or a member of his team will be in touch with you about next steps.