



National Health & Aging Trends Study

how daily life changes as we age

SHOW CARDS

April 2019

Free-standing (detached) single house

Single house but attached to others (row house, townhouse, duplex, triplex, or triple decker)

Mobile home or trailer

Multi-unit (2+) building

Not at all

Several days

More than half the days

Nearly every day

Every night (7 nights a week)

Most nights (5-6 nights a week)

Some nights (2-4 nights a week)

Rarely (once a week or less)

Never

- 1. Private residence**
- 2. A group home, board and care, or supervised housing**
- 3. Assisted living facility or continuing care retirement community (CCRC)**
- 4. Religious group quarters**

- 1. No schooling completed**
- 2. 1st-8th grade**
- 3. 9th-12th grade (no diploma)**
- 4. High school graduate (high school diploma or equivalent)**
- 5. Vocational, technical, business, or trade school certificate or diploma (beyond high school level)**
- 6. Some college but no degree**
- 7. Associate's degree**
- 8. Bachelor's degree**
- 9. Master's, professional, or doctoral degree**

- 1. Private residence**
- 2. A group home, board and care, or supervised housing**
- 3. Assisted living facility or continuing care retirement community (CCRC)**
-
- 5. Nursing home**

- 1. No schooling completed**
- 2. 1st-8th grade**
- 3. 9th-12th grade (no diploma)**
- 4. High school graduate (high school diploma or equivalent)**
- 5. Vocational, technical, business, or trade school certificate or diploma (beyond high school level)**
- 6. Some college but no degree**
- 7. Associate's degree**
- 8. Bachelor's degree**
- 9. Master's, professional, or doctoral degree**

Examples of wheelchairs



MD1

Examples of scooters



Every day (7 days a week)

Most days (5-6 days a week)

Some days (2-4 days a week)

Rarely (once a week or less)

Never

Back

Hips

Knees

Feet

Hands

Wrists

Shoulders

Head

Neck

Arms

Legs

Stomach

Every day (7 days a week)

Most days (5-6 days a week)

Some days (2-4 days a week)

Rarely (once a week or less)

Never

Much better

Better

Same

Worse

Much Worse

Every day (7 days a week)

Most days (5-6 days a week)

Some days (2-4 days a week)

Rarely (once a week or less)

Never

Every time

Most times

Sometimes

Rarely

Never

Most times

Sometimes

Rarely

Never

Every day (7 days a week)

Most days (5-6 days a week)

Some days (2-4 days a week)

Rarely (once a week or less)

Never

In the last month...

- 1. I always did it by myself**
- 2. I always did it together with someone else**
- 3. Someone else always did it for me**
- 4. It varied (more than one way)**

In the last month...

- 1. He/she always did it by himself/herself**
- 2. He/she always did it together with someone else**
- 3. Someone else always did it for him/her**
- 4. It varied (more than one way)**

Cash

Check

Debit or gift card

Credit card

- 1. Drove**
- 2. Got a ride from a family member or friend or someone paid to help**
- 3. Used a van or shuttle service provided by the place SP lives**
- 4. Used a van or shuttle service for people with disabilities or seniors NOT provided by the place SP lives**
- 5. Took public transportation (bus, subway, train, or tram)**
- 6. Took a taxi/Uber/Lyft**
- 7. Walked**

Every time

Most times

Sometimes

Rarely

Never

Every time

Most times

Sometimes

Rarely

Most times

Sometimes

Rarely

Never

Every time

Most times

Sometimes

Rarely

Never

Every day (7 days a week)

Most days (5-6 days a week)

Some days (2-4 days a week)

Rarely (once a week or less)

Never

In the last month...

- 1. I always did it by myself**
- 2. I always did it together with someone else**
- 3. Someone else always did it for me**
- 4. It varied (more than one way)**

In the last month...

- 1. He/she always did it by himself/herself**
- 2. He/she always did it together with someone else**
- 3. Someone else always did it for him/her**
- 4. It varied (more than one way)**

Every time

Most times

Sometimes

Rarely

Never

- 1. Drove**
- 2. Got a ride from a family member or friend or someone paid to help**
- 3. Used a van or shuttle service provided by the place SP lives**
- 4. Used a van or shuttle service for people with disabilities or seniors NOT provided by the place SP lives**
- 5. Took public transportation (bus, subway, train, or tram)**
- 6. Took a taxi/Uber/Lyft**
- 7. Walked**
- 8. Home visit**

- 1. A fracture, sprain, or injury**
- 2. A hip, knee, or other joint replacement**
- 3. Another musculoskeletal condition**
- 4. A stroke or TIA**
- 5. A heart attack**
- 6. Another heart condition or vascular disease**
- 7. A breathing condition**
- 8. A neurological condition like MS or Parkinson's**
- 9. Cancer**

Back

Hip(s)

Knee(s)

Feet

Hand(s)

Wrist(s)

Shoulder(s)

Head

Neck

Arm(s)

Leg(s)

Stomach

Mouth or Throat

Heart

Lungs

- 1. Difficulty chewing or swallowing**
- 2. Difficulty speaking or being understood**
- 3. Pain level**
- 4. Problem with breathing**
- 5. Problem with strength (muscle weakness)**
- 6. Problem with movement (range of motion)**
- 7. Low energy level**
- 8. Problem with balance or coordination**
- 9. Problem with falls**
- 10. Problem with memory**

- 1. Getting out of bed**
- 2. Walking around inside at home**
- 3. Leaving home to go outside**
- 4. Walking distances outside (several blocks)**
- 5. Climbing stairs**
- 6. Driving**
- 7. Using other forms of transportation**

- 1. Caring for self (washing up, toileting, dressing, eating)**
- 2. Household tasks (shopping for groceries, preparing meals, doing laundry)**
- 3. Using a computer, laptop or tablet**
- 4. Working or volunteering**
- 5. Providing care to someone else**
- 6. Participating in social, religious, or community activities**

Every day (7 days a week)

Most days (5-6 days a week)

Some days (2-4 days a week)

Rarely (once a week or less)

Never

- 1. Less than \$1,000**
- 2. \$1,000 to less than \$2,000**
- 3. \$2,000 to less than \$3,000**
- 4. \$3,000 to less than \$5,000**
- 5. \$5,000 or more**

- 1. Less than \$250**
- 2. \$250 to less than \$500**
- 3. \$500 to less than \$1,000**
- 4. \$1,000 to less than \$3,000**
- 5. \$3,000 to less than \$5,000**
- 6. \$5,000 or more**

- 1. Less than \$50,000**
- 2. \$50,000 to less than \$75,000**
- 3. \$75,000 to less than \$100,000**
- 4. \$100,000 to less than \$200,000**
- 5. \$200,000 to less than \$300,000**
- 6. \$300,000 to less than \$500,000**
- 7. \$500,000 to less than \$750,000**
- 8. \$750,000 or more**

- 1. Less than \$250**
- 2. \$250 to less than \$500**
- 3. \$500 to less than \$1,000**
- 4. \$1,000 to less than \$3,000**
- 5. \$3,000 to less than \$5,000**
- 6. \$5,000 or more**

Retirement plans:

401(k)

403(b)

IRA

- 1. Less than \$30,000**
- 2. \$30,000 to less than \$43,000**
- 3. \$43,000 to less than \$66,000**
- 4. \$66,000 to less than \$109,000**
- 5. \$109,000 or more**

- 1. Less than \$18,000**
- 2. \$18,000 to less than \$22,000**
- 3. \$22,000 to less than \$36,000**
- 4. \$36,000 to less than \$56,000**
- 5. \$56,000 or more**

- 1. Less than \$1,000**
- 2. \$1,000 to less than \$2,000**
- 3. \$2,000 to less than \$4,000**
- 4. \$4,000 to less than \$6,000**
- 5. \$6,000 to less than \$10,000**
- 6. \$10,000 to less than \$20,000**
- 7. \$20,000 or more**

- 1. Less than \$500**
- 2. \$500 to less than \$1,000**
- 3. \$1,000 to less than \$2,000**
- 4. \$2,000 to less than \$4,000**
- 5. \$4,000 to less than \$6,000**
- 6. \$6,000 to less than \$10,000**
- 7. \$10,000 to less than \$20,000**
- 8. \$20,000 or more**

- 1. Freestanding nursing home**
- 2. Freestanding assisted living facility**
- 3. Nursing home and assisted living facility**
- 4. Continuing care retirement community (CCRC)**
- 5. Adult family care home**
- 6. Group home**
- 7. Board and care home**
- 8. Retirement community or senior housing (not CCRC)**

Meals (in common dining areas or in residents' own rooms)

Help with medications

Help with bathing and dressing

Laundry services for linens or clothing

Housekeeping services

A van or shuttle to doctors or other medical care providers

A van or shuttle to stores or events like concerts

An indoor fitness center

Areas to walk for pleasure or exercise, like an outdoor walking path

Other recreational facilities, like swimming pools, game rooms, or tennis courts, for residents

Organized social events and activities

Onsite health and wellness programs

A medical emergency system to call someone for help

Resident or resident's family

Social Security or SSI

Medicaid

Medicare

Private insurance

Other government source (VA, state, county)