

Portrait of Nevada's Seniors Survey

Hello this is _____ calling from UNLV's Cannon Survey Center. I'm not selling anything and will not ask for your name or any other personal information that can identify you. Your number was randomly selected. For this survey we are talking to residents of Nevada who are at least 50 years old. I would like to ask you some questions on several topics that are important to individuals who *are retired or planning to retire*.

First, is there anyone in the household who is at least fifty years old?

If No>>>>>>>>>>Thank you, but we need to talk to residents of Nevada who are at least 50 years old.

If YES>>>>>>>> Can I speak to the person in the household who is at least 50 years old and has celebrated the last birthday.

Can you please tell me your zip code? _____

How many years have you lived in Nevada?

- Less than 1 year
- 1 year to 5 years
- 6 years to 10 years
- 10 years to 20 years
- More than 20 years
- Nevada Native

Health Status: (BRFSS & Cannon Center)

Would you say that your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor
- DK/ Not Sure
- Refuse

EXHIBIT C Healthy NV		Document consists of 10 pages.
<input checked="" type="checkbox"/>	Entire document provided.	
<input type="checkbox"/>	Due to size limitations, pages _____ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail library@lcb.state.nv.us .	
Meeting Date: 1/5/06		

Do you have any kind of health insurance coverage, including private health insurance, prepaid plans such as HMO's or government plans such as Medicare, Medicare Supplemental, Medicaid or Tricor?

YES NO DK / Not Sure Refuse

What Is it?

Private Coverage
Medicare
Medicare Supplemental
Medicaid
Tricor
VA
Military
Health plan through work

During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening or walking for exercise?

YES NO DK / Not Sure Refuse

Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

_____ Number of days
None
DK / Not sure
Refuse

Thinking about your mental health, which includes stress, depression or emotional problems, for how many days during the past 30 days was your mental health not good?

_____ Number of days
None
DK / Not sure
Refuse

Are you being treated for cancer, diabetes, heart disease or any other chronic illness?

YES NO DK / Not Sure Refuse

If yes>>>>>Which _____ (There will be a dropdown list to choose from)

About how many times in the past 12 months did you see a physician (not eye or dentist)? _____

About how many times in the past 12 months did you see an eye doctor? _____

About how many times in the past 12 did you visit a dentist? _____

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

YES NO DK / Not Sure Refuse

If yes, was it a

Medical Doctor

Dentist

Eye doctor

How many prescription medications do you take on a regular basis for an ongoing health problem? These do not include vitamins or medications bought over the counter.

None

1 – 3

4 – 6

7 – 10

Do you use any assistive devices such as a wheelchair, walker, or hearing aid?

YES What? _____ NO DK / Not Sure Refuse

Health Predictor (Mastery Scale)

Please tell me whether you “strongly agree”, “agree”, “disagree”, “strongly disagree” or are “neutral” to the following series of questions. Please answer with the first answer that comes to mind.

What happens to me in the future mostly depends on me.

Sometimes I feel that I am being pushed around in life.
I have little control over the things that happen to me.
There is really ~~me~~ **no** way I can solve some of the problems that I have.
There is little I can do to change many of the important things in my life.
I often feel helpless in dealing with the problems of life.
I can do just about anything I really set my mind to.

Tobacco (BRFSS)

Have you smoked at least 100 cigarettes in your entire lifetime?

Yes	Continue with tobacco questions
No	Go to smokeless tobacco
DK/Not Sure	Go to smokeless tobacco
Refuse	Go to smokeless tobacco End

Do you now smoke cigarettes?

Every day	Continue with tobacco questions
Some days	Continue with tobacco questions
Not at all	Go to Smoke Free
DK/Not Sure	
Refuse	

How long have you been smoke free?_____ Go to Smokeless Q

Do use smokeless tobacco products?

Never
Have not used in the last year but have used before
Occasionally (few times a month)
Regularly (daily or weekly basis)

Transportation (Cannon Center)

Do you have a current valid **Nevada** driver's license?

YES NO DK / Not Sure Refuse

How do you usually get to the places that you need to go?

Drive myself in my own vehicle
Ride with family/friends
Walk
Taxi cab
Bus
Paratransit
Bicycle
Other_____

About how many times per month do you visit or attend the following?

Grocery and/or any other store _____
Social Events_____

Medical Apts. _____
Family/Friends _____
Casino _____

Technology / Communication (Cannon Center)

Do you have access to the use of a personal computer?

YES NO DK / Not Sure Refuse

Do you have access to the internet?

YES NO DK / Not Sure Refuse

How often do you use the internet?

Several times daily
Daily
Several times weekly
At least once a week
Less than once a week

Do you have cable, DISH or Satellite TV?

YES NO DK / Not Sure Refuse

If you need information about the services available to persons over the age of 60 in the State of Nevada either for yourself or someone you are caring for who do you contact for the information? (Select All) (Interviewer Do NOT READ LIST)

AARP
Doctor/medical provider

State Agency such as the Division for Aging Services
County Social Services
Friends / Family
Church
Library
Internet
Senior Center
Phone Book
TV
Newspaper
Other _____

Are you the primary unpaid caregiver for a person over the age of 60?

YES NO DK / Not Sure Refuse

Social Networks, (Cannon Center)

How much do you agree or disagree with the following statements

“Agree” “Somewhat Agree” “Somewhat Disagree” “Disagree”

I am able to do the activities necessary to take care of my daily life.

My home is in good condition and well maintained.

I am socially active and have friends and family nearby.

I have friends and family with whom I have regular contact and that I can rely on for emotional support.

I am able to do household chores easily.

I am able to eat nutritional meals each day and am not hungry.

Vulnerability to crime (Cannon Center / National Crime Victimization)

How safe from crime do you consider your neighborhood to be?

Extremely safe

Quite safe

Slightly safe

Not at all safe

DK

Refuse

Were you attacked or threatened OR did you have something stolen from you in the past 12 months?

At home including the yard or porch

At or near a friend's, relative's, or neighbor's home

At work

In a public place such as a shopping mall, restaurant, casino bank or airport

While riding in a vehicle

On the street or in a parking lot

No

Other _____

People often don't think of crimes committed by someone they personally know. Did you have something stolen from you OR were you attacked, intimidated or threatened by

Someone at work

A neighbor or friend

A relative or family member

Any other person you've met or known

Did anything happen to you which you THOUGHT was a crime, but did NOT report to the police

YES NO DK / Not Sure Refuse

When I hire others to make repairs to my home/automobile I **feel** I am taken advantage of because of my age.

YES NO DK / Not Sure Refuse

I was a victim of consumer fraud or had my identity stolen in the past 12 months.

YES NO DK/No Sure Refuse

Retirement

Are you retired, semi-retired, or still working?

How much longer do you plan on working? _____

From which of the following sources do you derive your income (Select all)

Employment
Social Security
Private Retirement / Pension
SSI
Savings
Investments
Reverse Mortgage
Other_____

What is your current household income from all sources before taxes?

Less than 10K (**Categories match BRFSS**)

10K to less than 15K

15K to less than 20K

20K to less than 25K

25K to less than 35K

35K to less than 50K

50K to less then 75K

More than 75K

REFUSE

Approximately how much per month do you spend on the following:

Rent/Mortgage _____

Utilities_____

Food_____

Medical Expenses (include prescription drugs) _____

Entertainment _____

Veteran status

Have you ever served active duty in the US Armed Forces or in a National Guard or military reserve unit?

YES NO DK / Not Sure Refuse

Demographics

Do you live in

Single family house

Apartment

Condo / townhouse

Manufactured/mobile home
Other

Is your residence in a place that is considered a “senior” community?
Yes No DK Refuse

Do you rent or own?

Which one or more of the following would you say is your race?

American Indian or Alaska Native
Asian
Black / African American
Native Hawaiian or Pacific Islander
White / Caucasian

Are you Hispanic?

YES NO DK / Not Sure Refuse

Are you:

Married
Divorced
Widowed
Separated
Never Married
Member of an unmarried union

Including yourself how many people reside in your household? _____

Are you the primary caregiver for a child under the age of 18?

YES NO DK / Not Sure Refuse

If yes, how many? _____

If yes, what is your relationship to this child(ren)? _____

What is the highest grade or year of school that you have completed?

Some school but not a HS graduate
High School Graduate
Some college no degree
2 year college degree / trade/technical school completed
4 year college degree

Graduate / Professional degree

In what year were you born? _____

Please record Gender:

MALE

FEMALE