

## NCOA Demographic Questions for 100MLives Aging Well-being Assessment

1. What is your zip code? \_\_\_\_\_
2. How old are you today? \_\_\_\_ years
3. What is your gender?
  - Male
  - Female
  - Other
4. Are you of Hispanic, Latino, or Spanish origin?
  - Yes
  - No
5. What is your race? Mark all that apply.
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or other Pacific Islander
  - White
6. Including yourself (and your spouse, if married), what is your combined monthly gross income NOW? (Consider all sources of income, including Social Security, pension, etc.)?
  - Less than \$1,000
  - \$1,001 - \$1,499
  - \$1,500 - \$1,999
  - \$2,000 - \$2,499
  - \$2,500 - \$2,999
  - \$3,000 - \$3,499
  - \$3,500 - \$3,999
  - \$4,000 or more
7. Have you ever served in the military?
  - Yes
  - No
8. How many people, including you, live in your home? \_\_\_\_  
ALTERNATIVES:  
Do you live alone? Y/N;  
Who do you currently live with?  
*Alone, With Spouse Only, With Spouse and Children, With Children Only, With Other Family, With Others, In Assisted Living, ETC*

9. People may provide regular care or assistance to a friend or family member who has a health problem or disability. During the ***past 12 months***, did you provide any such care or assistance to a friend or family member?

- Yes
- No

10. Are you deaf, or do you have serious difficulty hearing?

- Yes
- No

11. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

12. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes
- No

13. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

14. Do you have difficulty dressing or bathing?

- Yes
- No

15. Because of a physical, mental or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

- Yes
- No