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