

Appendix I
Living Arrangements and Quality of Life: A Study on the elderly in Vadodara city, Urban Gujarat.
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1. Schedule No _____ 2. Area _____
3. Ward No. _____ 4. Date _____
5. Type of House: (Tick) (1) Slum / Kutch dwelling (2) Street / Pule / Chawl (3) Housing Society
 (4) Individual House (5) Low -rise flat (6) multi storied building (more than four floors)

Socio-demographic Details:

6. Age :

7. Sex :

| | |
|----------|-----------|
| Male - 1 | Female -2 |
|----------|-----------|

8. Religion :

| | | | | |
|---------|----------|-------------|---------|-----------|
| Hindu-1 | Muslim-2 | Christian-3 | Jain- 4 | Others -5 |
|---------|----------|-------------|---------|-----------|

9. Caste Category:

| | | | | |
|-------|-------|-------|-------|--------|
| SC- 1 | BC- 2 | OC- 3 | ST- 4 | N.I- 5 |
|-------|-------|-------|-------|--------|

10. Mention caste name: _____

11. Physical disability: _____ (Note down if the Resp has any)

12. Marital Status:

| | | | | | |
|-----|------|------|------|-------|-------|
| M-1 | W -2 | D -3 | S -4 | UM -5 | RM -6 |
|-----|------|------|------|-------|-------|

Ask Q13 Q 14 Q 15 Q 16 Q 18 Q 17

13. If Married :

| | |
|-------------|----------|
| _____ years | N. A- 99 |
|-------------|----------|

14. If Widowed :

| | |
|-------------|----------|
| _____ years | N. A- 99 |
|-------------|----------|

15. If Divorced :

| | |
|-------------|----------|
| _____ years | N. A- 99 |
|-------------|----------|

16. If Separated :

| | |
|-------------|----------|
| _____ years | N. A- 99 |
|-------------|----------|

17. If Re-married :

| | |
|-------------|----------|
| _____ years | N. A- 99 |
|-------------|----------|

18. Educational Level:

| | | | |
|---------------|----------------------|-----------------|--------------------|
| Illiterate -1 | Can read & write - 2 | Primary - 3 | High school - 4 |
| College - 5 | Technical - 6 | Professional -7 | Other (mention) -8 |

19. Respondent Family Details: (with whom the respondent is living for the last one year) N.A- 99

| No. | Relationship with respondent | Sex | Age | Edn. | Marital status | Occupation | Income p.m | Place of stay |
|------|------------------------------|-----|-----|------|----------------|------------|------------|---------------|
| 19.1 | | | | | | | | |
| 19.2 | | | | | | | | |
| 19.3 | | | | | | | | |
| 19.4 | | | | | | | | |
| 19.5 | | | | | | | | |
| 19.6 | | | | | | | | |

20. No. of Earners _____ 21. Family Income _____
 22. Size of the household _____ 23. Type of Family _____

24. Are you a native of Vadodara? :

| | |
|--------|-------|
| Yes -1 | No -2 |
|--------|-------|

24.1 If No, when did you migrate? : _____ years back

Work and Economic Background

25. What was the nature of work you were engaged in, prior to your attaining 60 years of age?
 (Last Job / Work)

| | | | | |
|-----------------|------------------------|---------------------------|---------------|-------------|
| Cultivation- 1 | Agricultural labor - 2 | Caste based occupation -3 | Daily wage- 4 | Salaried- 5 |
| Professional- 6 | Business- 7 | Other (mention) _____ | -8 | |

26. What was your income per month from this work (approx.)? Rs _____

27. What is the work that you currently do?

| | | | | |
|------------------------------------|-----------------|------------------------|------------------------------|---------------|
| Not working - 0 (Go to Qn. 29.) | Cultivation- 1 | Agricultural labor - 2 | Caste based occupation -3 | Daily wage- 4 |
| Salaried- 5 | Professional- 6 | Business- 7 | Other (mention) _____ | -8 |

28. How much do you earn per month (approx.) from the above occupation? Rs _____ p/m

29. Do you have any assets on your name?

| | | |
|--------------------|-------------|-----------------------------|
| No assets - 0 | House (s)-1 | Land (s) (Agricultural) - 2 |
| House site (s) - 3 | Savings - 4 | Any other (Specify) _____ 5 |

30. Income (p / m) on these sources Rs _____ None - 0

31. Are you receiving any pension? Yes - 1 No - 2 (Go to Qn 32)

31.1 After retirement from job Yes - 1 No - 2

How much Rs. _____ (31.1.1)

31.2 Old age/widow pension Yes - 1 No - 2

How much Rs. _____ (31.2.1)

32. Total Income of the respondent (p / m) Rs _____

33. Do you have any debts? Yes - 1 No - 2 (Go to Qn 35)

33.1 If yes, could you tell how much (approx) Rs _____

34. Reasons for the debts?

35. Type of ownership of your present dwelling:

| | | |
|--------------------|------------------------------|-----------------------------------|
| Owned by Resp. - 0 | Owned by spouse - 1 | Joint owned by resp. & spouse - 2 |
| Owned by child - 3 | Owned by other relatives - 4 | Use permitted - 5 |
| Any other _____ 6 | | |

36. If rented:

| | | |
|-------------------------------|----------------------|---------------------|
| Rented by Resp. - 0 | Rented by Spouse - 1 | Rented by child - 2 |
| Rented by other relatives - 3 | Any other - 4 | |

Financial security

37. Could you please tell what are the sources of your living?

(This question can have 'more than one response'. Mark all responses which are applicable to respondent).

| | | | |
|---|---------|--------|-------|
| 37.1 Income from Resp. present employment | Yes - 1 | No - 2 | N.A-9 |
| 37.2 Income from Resp. past savings | Yes - 1 | No - 2 | N.A-9 |
| 37.3 Income from Resp. spouse's past savings | Yes - 1 | No - 2 | N.A-9 |
| 37.4 Pension from the Resp. job | Yes - 1 | No - 2 | N.A-9 |
| 37.5 Resp. spouses' job pension | Yes - 1 | No - 2 | N.A-9 |
| 37.6 Support from children residing in the house | Yes - 1 | No - 2 | N.A-9 |
| 37.7 Support from children living elsewhere | Yes - 1 | No - 2 | N.A-9 |
| 37.8 Support from other relatives | Yes - 1 | No - 2 | N.A-9 |
| 37.9 Support from charitable organizations | Yes - 1 | No - 2 | N.A-9 |
| 37.10 Old age/widow pension (from the government) | Yes - 1 | No - 2 | N.A-9 |
| 37.11 Others (specify) | Yes - 1 | No - 2 | N.A-9 |

38. Could you mention broadly whether you get 'one or more' of the following from your children, family members and relatives?

None - 0

| Type | Yes | No |
|---------------------------|-----|----|
| 38.1 Money | 1 | 2 |
| 38.2 Food | 1 | 2 |
| 38.3 Clothes | 1 | 2 |
| 38.4 Medical care | 1 | 2 |
| 38.5 Gifts | 1 | 2 |
| 38.6 Any other (specify) | 1 | 2 |

Living Arrangement

39. Please tell me which of your family members constitute the household you are currently living in? (Tick which ever is relevant to the respondent)

| Type of living arrangement | | Self | Spouse |
|--|--|------|--------|
| 39.1 Parent and child Co- residence | Married Son (s) | | |
| | Unmarried Son (s) | | |
| | Married Daughter (s) | | |
| | Unmarried Daughter (s) | | |
| | 39.2 Why: | | |
| 39.3 Living with spouse only | | | |
| 39.4 Why: | | | |
| 39.5 Living Alone | | | |
| 39.6 Why: | | | |
| 39.7 Living with relatives | Sibling (s) | | |
| | Grand children | | |
| | 39.8 Why: | | |
| 39.9 Living with non-relatives | Friend (s) | | |
| | Neighbor (s) | | |
| | 39.10 Why: | | |
| 39.11 Assisted Living | Hired persons: cook / maid / gardener / errand boy / Nurse Mention: | | |
| | 39.12 Why: | | |
| | 39.13 Timings: | | |
| | 39.14 Payment: | | |

40. How long have you been staying in this living arrangement? _____ years

Living environment

41. Do you have a separate room for yourself in the house? Yes - 1 No - 2

42. Do you have bathroom and toilet facility to use in the house? Yes - 1 No - 2

43. Where do you normally spend most of your time at home during the day?

| | | | |
|-------------|-----------------|--------------|---------------------|
| My room - 1 | Living room - 2 | Verandah - 3 | Other (Mention) - 4 |
|-------------|-----------------|--------------|---------------------|

44. Where do you normally sleep in the night?

| | | | |
|-------------|-----------------|--------------|-----------------|
| My room - 1 | Living room - 2 | Verandah - 4 | Other (Mention) |
|-------------|-----------------|--------------|-----------------|

45. Is your living space in the home cleaned regularly, and kept clean and ventilated?

Yes - 1 No - 2

Family Relations: Visiting by Children

46. Do you have children? Yes - 1 None - 0 (Go to Qn .51)

46.1. Sons ____ 46.2. Daughters ____

47. If your children are not staying with you currently, where are they?

| Child | In Baroda | Within state | Outside state | Outside country | Reasons for being away |
|------------------|-----------|--------------|---------------|-----------------|------------------------|
| Sons | | | | | |
| 47.1 | | | | | |
| 47.2 | | | | | |
| 47.3 | | | | | |
| Daughters | | | | | |
| 47.4 | | | | | |
| 47.5 | | | | | |
| 47.6 | | | | | |

48. Do your children (who live away) visit / keep in touch with you? Yes - 1 No - 2

(Go to Qn. 49)

48.1. If No, why?

(Now, Go to Qn. No. 51)

49. Tell me about the frequency of visits from your children during the previous year?

| | | | |
|--------------------|------------------------------|---------------------|---------------------------|
| Daily - 1 | Once in a week - 2 | Once in a month - 3 | A few times in a year - 4 |
| Once in a year - 5 | Less than once in a year - 6 | N.A - 7 | |

50. How have you kept in touch with each other during the previous year?

| | | |
|-----------------------|--------------------|----------------|
| Through telephone - 1 | Through e-mail - 2 | By letters - 3 |
|-----------------------|--------------------|----------------|

(Use the codes given in Qns 49 & 50 for recording the answers given by the respondent)

| Child | 49. Frequency of visiting | 50. Mode of keeping in touch |
|-----------------|---------------------------|------------------------------|
| Son | | |
| 1 | 49.1 | 50.1 |
| 2 | 49.2 | 50.2 |
| 3 | 49.3 | 50.3 |
| Daughter | | |
| 1 | 49.4 | 50.4 |
| 2 | 49.5 | 50.5 |
| 3 | 49.6 | 50.6 |

Interaction with family members (FOR BOTH: With whom the respondent is currently staying; If living alone/resp. answers by keeping the family members in mind)

51. Do you think that your family members are interested in your well-being?

| | | | |
|---------------|-----------------------|-------------------|----------------|
| Interested- 1 | Somewhat interested-2 | Not interested- 3 | Indifferent- 4 |
|---------------|-----------------------|-------------------|----------------|

52. In family, people have disagreements with one another or problems in getting along with each other. If you had to choose, which one of your family members, you find it *hardest* to get along with?

| | | | | | |
|-----------|--------|-------------|---------------|--------------------|----------|
| Spouse- 1 | Son- 2 | Daughter- 3 | Son in law- 4 | Daughter in law -5 | O.R. - 6 |
|-----------|--------|-------------|---------------|--------------------|----------|

53. Is she/he the person who primarily takes care of your needs?

| | |
|---------|--------|
| Yes - 1 | No - 2 |
|---------|--------|

54. Since how long have you been living with this above person? ___ Mnts / Yrs N.A – 99

55. How often does this person whom you find hardest to get along with creates tensions/ had arguments with you during the last one year?

| | | | | |
|--------------|----------|----------|--------------------|---------|
| Almost daily | 10 times | 20 times | More than 20 times | Refused |
| 4 | 1 | 2 | 3 | 4 |

56. Thinking about it right now, which one of the family members, you find it *easiest* to get along with?

| | | | | | |
|-----------|--------|-------------|---------------|--------------------|-------------------|
| Spouse- 1 | Son- 2 | Daughter- 3 | Son in law- 4 | Daughter in law -5 | O.R (mention) - 6 |
|-----------|--------|-------------|---------------|--------------------|-------------------|

Independent activities of daily living

57. (Interviewer to fill this section by asking relevant questions to generate a score)

| ACTIVITIES | INDEPENDENCE: (1 POINT) NO supervision, direction or personal assistance | DEPENDENCE: (0 POINTS) WITH supervision, direction, personal assistance or total care |
|----------------------------|---|---|
| BATHING | (1POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back. | (0 POINTS) Needs help with bathing more than one part of the body, getting in or out of bath room/bathing place. Requires total bathing |
| DRESSING | (1POINT) Gets clothes on his or her own and puts on clothes and outer garments complete with fasteners. | (0 POINTS) Needs help with dressing self or needs to be completely dressed. |
| TOILETING | (1POINT) Goes to toilet, can arrange clothes without help. | (0 POINTS) Needs help in transferring to the toilet, cleaning self or uses bedpan or commode. |
| TRANSFERRING (Mobility) | (1POINT) Moves in and out of bed or chair unassisted. Support aids are acceptable. | (0 POINTS) Needs help in moving from bed to chair or requires a complete assistance. |
| CONTINENCE | (1POINT) Exercises complete self-control over urination and defecation. | (0 POINTS) Is partially or totally incontinent of bowel or bladder. |
| FEEDING | (1POINT) Gets food from plate into mouth without help. Another person may do the preparation of food. | (0 POINTS) Needs partial or total help with feeding or requires parenteral feeding. |

57. Score = _____ 6 = High (Patient independent) 0 = Low (Patient very dependent)

Social interaction

58. How often do you go out to some place in the neighborhood or outside of it?

(If respondent is chair/bed-bound, tick 'unable to move', skip to Qn. No. 59)

| | | | |
|--------------------------|-------------------|-----------------------------|------------------|
| Unable to move-0 | Every day-1 | A few times in a week-2 | Once in a week-3 |
| A few times in a month-4 | Once in a month-5 | Less than once in a month-6 | Any other --- -7 |

59. If you go out, normally where do you go? (can be multiple)

60. Do you have any friends?

| | |
|---------|--------|
| Yes - 1 | No - 2 |
|---------|--------|

60.1 If yes, please mention how many?

61. Did any visitor(s) come to see you during the last week?

| | |
|---------|--------|
| Yes - 1 | No - 2 |
|---------|--------|

61.1 If yes, how many visited you during the last week?

62. Are you a member of any social or religious group?

| | |
|---------|--------|
| Yes - 1 | No - 2 |
|---------|--------|

63. Are you engaged in any community voluntary work?

| | |
|---------|--------|
| Yes - 1 | No - 2 |
|---------|--------|

Quality of Life

64. The following questions ask how you feel about your life, health, or other areas of your life. I will read out each question to you, along with the response options. While answering these questions, please keep in mind your hopes, pleasures and concerns. Please think about your life in the last four weeks. Please listen to each question, assess your feelings and choose the response option that gives the best answer for you. If you are unsure about which response to give to a question, the first response you think of is often the best one.

| | Very poor | Poor | Neither poor nor good | Good | Very good |
|---|-------------------|--------------|------------------------------------|-----------|----------------|
| 1. How would you rate your quality of life? | 1 | 2 | 3 | 4 | 5 |
| | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
| 2. How satisfied are you with your health? | 1 | 2 | 3 | 4 | 5 |

The following questions ask about how much you have experienced certain things in the last four weeks.

| | Not at all | A little | A moderate amount | Very much | An extreme amount |
|---|------------|----------|-------------------|-----------|-------------------|
| 3. To what extent do you feel that physical pain prevents you from doing what you need to do? | 5 | 4 | 3 | 2 | 1 |
| 4. How much are you dependent on any medical treatment to function in your daily life? | 5 | 4 | 3 | 2 | 1 |
| 5. How much do you enjoy life? | 1 | 2 | 3 | 4 | 5 |
| 6. To what extent do you feel your life to be meaningful? | 1 | 2 | 3 | 4 | 5 |
| | Not at all | A little | A moderate amount | Very much | Extremely |
| 7. How well are you able to concentrate on any activity? | 1 | 2 | 3 | 4 | 5 |
| 8. How safe do you feel in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 9. How healthy are your physical surroundings? | 1 | 2 | 3 | 4 | 5 |

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

| | Not at all | A little | Moderately | Mostly | Completely |
|--|-------------------|--------------|------------------------------------|-----------|----------------|
| 10. Do you have enough energy for everyday life? | 1 | 2 | 3 | 4 | 5 |
| 11. Are you able to accept your bodily appearance? | 1 | 2 | 3 | 4 | 5 |
| 12. Have you enough money to meet your needs? | 1 | 2 | 3 | 4 | 5 |
| 13. How available to you is the information that you need in your day-to-day life? | 1 | 2 | 3 | 4 | 5 |
| 14. To what extent do you have the opportunity for leisure activities? | 1 | 2 | 3 | 4 | 5 |
| | Very poor | Poor | Neither poor nor good | Good | Very good |
| 15. How comfortable are you with your physical movements? | 1 | 2 | 3 | 4 | 5 |
| | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
| 16. How satisfied are you with your sleep? | 1 | 2 | 3 | 4 | 5 |
| 17. How satisfied are you with your ability to perform your daily living activities? | 1 | 2 | 3 | 4 | 5 |
| 18. How satisfied are you with your capacity for work? | 1 | 2 | 3 | 4 | 5 |
| 19. How satisfied are you with yourself? | 1 | 2 | 3 | 4 | 5 |
| 20. How satisfied are you with your personal relationships? | 1 | 2 | 3 | 4 | 5 |
| 21. How satisfied are you with your sex life? | 1 | 2 | 3 | 4 | 5 |
| 22. How satisfied are you with the support you get from your friends? | 1 | 2 | 3 | 4 | 5 |
| 23. How satisfied are you with the conditions of your living place? | 1 | 2 | 3 | 4 | 5 |
| 24. How satisfied are you with your access to health services? | 1 | 2 | 3 | 4 | 5 |
| 25. How satisfied are you with your transport? | 1 | 2 | 3 | 4 | 5 |

The following question refers to how often you have felt or experienced certain things in the last four weeks.

| | Never | Seldom | Quite often | Very often | Always |
|---|-------|--------|-------------|------------|--------|
| 26. How often do you have negative feelings such as mood changes, despair, anxiety, and depression? | 5 | 4 | 3 | 2 | 1 |

64. Score _____

64.1, 64.2, 64.3, 64.4 (Four sub domain scores)

Nutrition and access to Food:

| | | | | |
|------|--|---------------------------------------|------------------------------------|-----------------|
| 65. | How good is your appetite? | Very good | Good | Lack appetite |
| 66. | How many meals do you eat in a day? | | | |
| 67. | Do you need to skip meals in a day? | Yes- 1 | No - 2 | |
| 67.1 | If yes, why? | | | |
| 68. | Are you a vegetarian or a non-vegetarian? | Vegetarian - 1 | Non-vegetarian - 2 | |
| 69. | Do you feel that the food portion that you eat is adequate for you? | Yes - 1 | No -2 | Cant say-3 |
| 70. | Are you advised any diet restrictions or supplements? | Yes - 1 | No - 2 | |
| 71. | Do you prepare your own food? | Yes - 1 (Go to Qn. 76) | No - 2 | |
| 72. | If No, who prepares the food? (More than one option is applicable) | 72.1 Spouse - 1 72.3 Relatives - 3 | 72.2 Children - 2 72.4 Cook - 4 | 72.5 Others - 5 |
| 73. | Do they cook food of your choice as often as you wish? | Yes - 1 | No - 2 | |
| 74. | Do you like the taste of the food served? | Yes - 1 | No - 2 | |
| 75. | Do they serve your meal/snacks generally on time? | Yes - 1 | No - 2 | |
| 76. | When you are not feeling like cooking, does someone cook a meal for you? | Yes - 1 | No - 2 (Go to Qn. 77) | |
| 76.1 | If Yes, who? | Relationship _____ | | |
| 77. | Do they prepare the food on time? | Yes - 1 | No - 2 | |
| 78. | Does your family (and you) go to eat out? | Yes-1 | No-2 | |

Leisure time and Daily routine:

| Please tell us how often you spent your leisure time for doing the following during the last week? | | Never | Sometimes | Often |
|--|-------------------------------------|-------|-----------|-------|
| 79. INDOORS | | | | |
| 79.1 | Sitting alone and thinking | | | |
| 79.2 | Watching T.V / video | | | |
| 79.3 | Listening to Music / Radio | | | |
| 79.4 | Time for any hobbies | | | |
| 79.5 | Playing with grandchildren | | | |
| 79.6 | Playing cards/ chess/caroms/ other | | | |
| 79.7 | Reading books/ newspapers/magazines | | | |
| 79.8 | Gardening | | | |
| 79.9 | Exercise / yoga / meditation | | | |
| 79.10 | Praying/religious rites | | | |

| 80. OUTDOORS | | | | |
|--------------|---------------------------------------|--|--|--|
| 80.1 | Go for a walk / exercise | | | |
| 80.2 | Go to park | | | |
| 80.3 | Go to movie | | | |
| 80.4 | Visit friends/relatives | | | |
| 80.5 | Go to temples/ church/mosque etc | | | |
| 80.6 | Go to picnic/tours etc | | | |
| 80.7 | Join activities of a club / group etc | | | |
| 80.8 | Involving in social service/politics | | | |

Daily routine

| |
|---|
| 81. Could you please tell us about your daily routine on a typical day? (In the home context) |
| 81.1 Activities before noon: (from the time you are up to lunch-time): |
| 81.2 Activities before dark: |
| 81.3 Activities later : (Until going to bed): |

Loneliness

82. Generally, people feel lonely at one time or other in their normal lives. We ask the following questions which are often associated with feeling lonely. There is no right or wrong answer to these questions. Please choose the best option that is close to your feelings you have been experiencing during the last one week.

| | Statement | Never | Rarely | Sometimes | Always |
|---|---|-------|--------|-----------|--------|
| 1 | How often do you feel that you are in tune with the people around you? | 1 | 2 | 3 | 4 |
| 2 | How often do you feel that you lack companionship? | 1 | 2 | 3 | 4 |
| 3 | How often do you feel that there is no one you can turn to? | 1 | 2 | 3 | 4 |
| 4 | How often do you feel alone? | 1 | 2 | 3 | 4 |
| 5 | How often do you feel part of a group of friends? | 1 | 2 | 3 | 4 |
| 6 | How often do you feel that you have a lot in common with the people around you? | 1 | 2 | 3 | 4 |
| 7 | How often do you feel that you are no longer close to anyone? | 1 | 2 | 3 | 4 |

| | | | | | |
|----|---|---|---|---|---|
| 8 | How often do you feel that your interests and ideas are not shared by those around you? | 1 | 2 | 3 | 4 |
| 9 | How often do you feel outgoing and friendly? | 1 | 2 | 3 | 4 |
| 10 | How often do you feel close to people? | 1 | 2 | 3 | 4 |
| 11 | How often do you feel left out? | 1 | 2 | 3 | 4 |
| 12 | How often do you feel that your relationships with others are not meaningful? | 1 | 2 | 3 | 4 |
| 13 | How often do you feel that no one really knows you well? | 1 | 2 | 3 | 4 |
| 14 | How often do you feel isolated from others? | 1 | 2 | 3 | 4 |
| 15 | How often do you feel you can find companionship when you want it? | 1 | 2 | 3 | 4 |
| 16 | How often do you feel that there are people who really understand you? | 1 | 2 | 3 | 4 |
| 17 | How often do you feel shy? | 1 | 2 | 3 | 4 |
| 18 | How often do you feel that people are around you but not with you? | 1 | 2 | 3 | 4 |
| 19 | How often do you feel that there are people you can talk to? | 1 | 2 | 3 | 4 |
| 20 | How often do you feel that there are people you can turn to? | 1 | 2 | 3 | 4 |

82. Score _____

Life Preparatory Measures: Adaptation to old age

83. When you were young, did you believe that children should look after their old parents when they are old? Yes - 1 No - 2

84. What measures did you adopt after you have attained 60 years of age, to keep in good health?

None - 0

84.1 Gave up use of substances Yes - 1 No - 2

84.2 Started exercise to keep fit Yes - 1 No - 2

84.3 Started eating appropriate diet Yes - 1 No - 2

84.4 Any other (mention) _____

85. All of us are aware that when one enters old age that is above 60 years of age, generally there will be changes in our health, in our senses and ability to do certain activities. Sometimes, people may enjoy their leisure, devote more time to activities and to family members. Thus they do many things to adjust to the old age. Here are some questions which ask about what you think about the way you are adjusting with old age. There is no right or wrong answers. Please give the answer that comes first to your mind.

| | | 1- I do not agree at all | | 2- I agree a little | |
|-----|--|--------------------------|---|---------------------|---|
| | | 3 – I agree quite a lot | | 4 – I fully agree | |
| No. | Item | 1 | 2 | 3 | 4 |
| 1. | I have health problems but others have more serious health problems than me | | | | |
| 2. | There are things I am doing better now than when I was young | | | | |
| 3. | Although I have less friend now than when I was young, I do not feel lonely | | | | |
| 4. | I have health problems, but all people my age have similar problems | | | | |
| 5. | Although I cannot do some of the things I used to do when I was young, there are many other things I can do now. | | | | |
| 6. | Although I have less friends now than when I was young, I am having a similarly good time with them | | | | |
| 7. | I have health problems but I do not feel sick | | | | |
| 8. | Even though I used to do some things better when I was young, I feel I can still do them. | | | | |
| 9. | As time goes by, I all the more appreciate small, every day pleasures of life. | | | | |
| 10. | Although I am doing some things almost every day, I do not feel bored. | | | | |
| 11. | As time passes, I feel all the more the need to offer all I can to my children or grand children. | | | | |
| 12. | I want to plan what I am going to do rather than leave it to chance. | | | | |
| 13. | As I grow, I feel I can control my feelings better | | | | |
| 14. | It is very important for me to do things that give pleasure to my children or grandchildren. | | | | |
| 15. | It is very important that my children and grandchildren have things from me. | | | | |
| 16. | I have scheduled what I am going to do tomorrow or the next few days. | | | | |
| 17. | Although I need help from my own people in many things as I grow older, I do not feel useless. | | | | |
| 18. | As years go by, I feel all the more that how I feel about my self is more important than what others believe about me. | | | | |
| 19. | Although I often need help from my own people I do not feel I am a burden to them. | | | | |
| 20. | I think it is important to stand by my relatives and friends when they are in need. | | | | |

85. Score _____

(85.1, 85.2, 85.3, 85.4 four sub scores)

Preferred living arrangement

86. Leaving aside, your current living arrangement, given a choice, what 'one' living arrangement would you prefer?

1 Living alone

Yes – 1

No - 2

2 Living with spouse

Yes – 1

No - 2

3 Living with unmarried son (s)

Yes – 1

No - 2

4 Living with unmarried daughter (s)

Yes – 1

No - 2

- | | | |
|--|---------|--------|
| 5 Living with married son (s) | Yes - 1 | No - 2 |
| 6 Living with married daughter (s) | Yes - 1 | No - 2 |
| 7 Living with relative (s) | Yes - 1 | No - 2 |
| 8 Living with non- relative (s) | Yes - 1 | No - 2 |
| 9 Living with companion | Yes - 1 | No - 2 |
| 10 Living with assistance to take care of me | Yes - 1 | No - 2 |
| 11 With any one who would take care of me | Yes - 1 | No - 2 |
| 12 Living in the home for the aged | Yes - 1 | No - 2 |
| 13 Any other (Mention) _____ | | |

87. Could you tell me the reasons for the said preference?

88. Do you believe in God? Yes - 1 No - 2
(If No, go to Qn. 91)

88.1. If yes, do you visit religious places? Yes - 1 No - 2

89. Which religious places do you visit? _____

90. How frequently do you visit these places?
Daily- 1
Once in a week- 2
Once in a month - 3
Specify _____ 4

91. If No. What do you believe in?

92. What are your suggestions for the younger generation with reference to their treatment toward older people in the family?

Thank the respondent for his/her cooperation and reassure him/her about the confidentiality of the answers given.

Time: From _____ To _____

Signature of the Investigator