

An important part of this study is to understand how people like you decide to become volunteers. The next few questions ask about your decision to become a volunteer.

Volunteer Motives:

1. Have you volunteered as a Foster Grandparent / Senior Companion before?

- 1. Yes _____ **(GO TO Q2)**
- 0. No _____ **(SKIP TO Q3)**
- 9998. DK (don't know)
- 9999. Prefer not to answer

2. When did you volunteer with the Foster Grandparent / Senior Companion Program?

- Month _____
- Year _____
- 9998. Don't Know / Don't remember ____
- 9999. Prefer not to answer/RF (refused) ____

There are many reasons why people become a volunteer. For each reason listed below, indicate how much these factors influenced your decision. You can respond: not at all, a little, somewhat, a lot, a great deal.

3.		1. not at all	2. a little	3. somewhat	4. a lot	5. a great deal	9998. DK	9999. RF
a.	Help another person/children.							
b.	Earn extra money.							
c.	Keep busy / fill my time.							
d.	Learn something new.							
e.	Make me feel better.							
f.	Make new friends.							
g.	Get more experience.							
h.	Learn a new skill or hobby.							
i.	Have a sense of accomplishment.							
j.	Improve my community.							
k.	Learn about myself.							
l.	Other reason, please specify							

4. How did you find out about the Foster Grandparent / Senior Companion Program **[CHOOSE ALL THAT APPLY]**?

1. Volunteered before with Foster Grandparent / Senior Companion
 2. Told by a friend
 3. Word of mouth
 4. Direct mailing (letters)
 5. Community outreach talks
 6. Printed brochure or poster
 7. Church
 8. TV or Public interest articles
 9. Internet
 10. Other ways, please specify _____
9998. DK (don't know)
9999. Prefer not to answer

5. Have you ever in the past volunteered with any religious, educational, health-related or other charitable organizations other than the Foster Grandparent / Senior Companion Program?

1. Yes _____ **(GO TO Q6)**
 0. No _____ **(SKIP TO Q7)**
9998. DK (don't know)
9999. Prefer not to answer

The study would like to know the amount of physical activity that you do daily.

Self-reported Physical Activity:ⁱ

6. How often do you take part in sports or activities that are moderately energetic such as, gardening, cleaning the car, walking at a moderate pace, dancing, floor or stretching exercises?

1. More than once a week
 2. Once a week
 3. One to three times a month
 4. Hardly ever or never
 5. Every day
9998. DK (don't know); NA (not ascertained)
9999. Prefer not to answer/RF (refused)

Life Satisfaction:ⁱⁱ

7. Please think about your life and situation right now; how satisfied are you with ...

	1. Completely Satisfied	2. Very Satisfied	3. Somewhat Satisfied	4. Not Very Satisfied	5. Not at All Satisfied
a. The city or town you live in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your daily life and leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your family life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your present financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your life-as-a-whole these days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Rated Healthⁱⁱⁱ

Next there is a question about your health.

8. Would you say your health is excellent, very good, good, fair, or poor?

- 1. Excellent ___
- 2. Very good ___
- 3. Good ___
- 4. Fair ___
- 5. Poor ___

9998. DK (don't know); NA (not ascertained)

9999. Prefer not to answer/RF (refused)

Part of this study is to learn about people's memory, and ability to think about things.

9. How would you rate your memory at the present time? Would you say it is excellent, very good, good, fair, or poor?^{iv}

- 1. Excellent ___
- 2. Very good ___
- 3. Good ___
- 4. Fair ___
- 5. Poor ___

9998. DK (don't know); NA (not ascertained)

9999. Prefer not to answer/RF (refused)

The next few questions will help the study learn about the health of volunteers.

Chronic Conditions:^v

10.	Has a medical doctor ever told you that you have any of the following health conditions?	1. Yes Yes	0. No	8. DK	9. Prefer Not Answer/ RF
a.	High blood pressure or hypertension?				
b.	Diabetes or high blood sugar?				
c.	Cancer or a malignant tumor, excluding minor skin cancer?				
d.	Chronic lung disease such as chronic bronchitis or emphysema?				
e.	Heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?				
f.	Stroke?				
g.	Problems with depression				
h.	emotional nervous, or psychiatric problems				

Depressive Symptoms:^{vi}

Now think about the past week and the feelings you have experienced. For each statement, consider whether the statement was true for you much of the time during the *past week*.

11.	Much of the time during the past week, would you say yes or no?	1. Yes	0. No	9998. Don't Know	9999. Prefer not to answer
a.	You felt depressed.				
b.	You felt that everything you did was an effort.				
c.	Your sleep was restless.				
d.	You were happy.				
e.	You felt lonely.				
f.	You enjoyed life.				
g.	You felt sad.				
h.	You could not get going.				
i.	You had a lot of energy.				

Functional Status:^{vii}

12. Do you have any long lasting conditions like blindness, deafness, or a severe vision or hearing impairment?

1. Yes

- 0. No
- 9998. DK (Don't Know); NA (Not Ascertained)
- 9999. PREFER NOT TO ANSWER/RF (Refused)

13. Do you have any condition that substantially limits basic physical activities like walking, climbing stairs, reaching, lifting, or carrying?

- 1. Yes
- 0. No
- 9998. DK (Don't Know); NA (Not Ascertained)
- 9999. PREFER NOT TO ANSWER/RF (Refused)

The study would like to understand the activities volunteers are able or not able to do because of a health or physical problem. For each statement, please indicate if you are able or not able to do that activity. The responses are: yes, no, can't do, and don't do. You should not report any problems that you expect to last less than three months.

Functional Status: ^{viii}

14. Because of a health problem do you have any difficulty with:		1.Yes	0.No	2.Can't Do	3.Don't Do	9998.D K	9999.Prefer Not Answer/RF
a.	Walking one block?						
b.	Getting up from a chair after sitting for long periods?						
c.	Climbing several flights of stairs without resting?						

The next questions will help the study better support you in serving your community. All responses will be used in combination with other respondents. Please answer how much you agree or disagree with the following:

Self-efficacy: ^{ix}

15. Please answer how much you agree or disagree with each of the following statements. (MARK (X) ONE BOX FOR EACH LINE.)

	1. Strongly Disagree	2. Somewhat Disagree	3. Slightly Disagree	4. Slightly Agree	5. Somewhat Agree	6. Strongly Agree
a. I can do just about anything I really set my mind to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. I can do the things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The next questions reflect people’s thoughts and feelings. Please answer how you feel about each question. The responses are: often, some of the time, hardly ever or never.

Social/Emotional Loneliness: ^{xxi}

16.		1. Often	2. Some of the time	3. Hardly ever or never	9998. DK	9999. Prefer not to answer
a.	How much of the time do you feel that you are alone?					
b.	How much of the time do you feel that you lack companionship?					
c.	How much of the time do you feel left out?					
d.	How much of the time do you feel isolated from others?					
e.	How much of the time do you feel that there are people you feel close to?					
f.	How much of the time do you feel that there are people you can turn to?					

17. How many of your friends would you say you have a close relationship with?

Please write a number on the line. _____

9998. Don’t Know ____

9999. I prefer not to answer ____

18. The next question is about your friends, please check the answer that shows how you feel about each statement. The responses are: a lot, some, a little, not at all.

	1. A lot	2. Some	3. A little	4. Not at All
a. How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about employment and retirement. This information will help the study better understand the people who took the survey.

Employment, Retirement:^{xii}

19. Are you **[ANSWER EACH ONE]**:

	1. Yes	0. No	9999. Refused
a. Working now?			
b. Unemployed and looking for work?			
c. Temporarily laid off, on sick or other leave?			
d. Disabled?			
e. Retired?			
f. Homemaker?			

20. What sort of work did (or do) you do?^{xiii} For example, electrical engineer, stock clerk, typist, farmer, secretary, teacher.

9998. Don't Know _____
 9999. I Prefer Not to Answer _____

The next few questions are about you. Your answers will help us understand the volunteers who took the survey.

Demographics:

21. In what month and year were you born?

a. Month _____

01. JAN	02. FEB	03. MAR	04. APR	05. MAY	06. JUN
07. JUL	08. AUG	09. SEP	10. OCT	11. NOV	12. DEC

b. Year _____
 9998. Don't Know _____
 9999. I prefer not to answer _____

22. Do you consider yourself:

1. Hispanic or Latino origin _____
2. Not Hispanic Latino origin _____

23. What is your race? Please select one or more. ^{xiv}

1. American Indian or Alaska Native ___
2. Asian ___
3. Black or African American ___
4. Native Hawaiian or Other Pacific Islander ___
5. White

24. What is your Veteran Status **[CHOOSE ALL THAT APPLY]**

1. Active duty or Reserve Component ___
2. Military family ___
3. Veteran ___
4. Family of veteran ___
5. None, not a veteran ___
9998. Don't Know ___
9999. I prefer not to answer ___

25. What is the highest grade of school or year of college that you completed?

1. No formal education ___
2. Grades 1-11 ___
3. Grade 12 (High School Diploma or GED) ___
4. Some College ___
5. Associate's Degree ___
6. Bachelor's Degree/College Graduate ___
7. Some graduate school ___
8. Completed a graduate/professional degree ___
9. Other ___
9998. I don't know ___
9999. I prefer not to answer ___

26. Are you currently married, or do you have a partner as if you are married, separated, divorced, widowed, or not married?

1. Married ___
2. Have a partner ___
3. Separated ___
4. Divorced ___
5. Widowed ___
6. Never Married ___
7. Other ___
9999. I prefer not to answer ___

27. Are you male or female ?

- 0. Male _____
- 1. Female _____
- 9999. I prefer not to answer _____

28. Do you generally live alone or with others

- 1. Live alone _____ (SKIP TO Q30)
- 2. With others _____ (GO TO Q29)
- 9999. I prefer not to answer _____ (SKIP TO Q30)

29. IF LIVING WITH OTHERS: Including yourself, how many people live in your household?

Please write a number in the line _____
9999. I prefer not to answer

30. How many children do you have?

- 0. NO CHILDREN _____ SKIP TO Next section
- _____ [enter number of children]
- 9999. I prefer not to answer _____ SKIP TO Next section

31. IF HAS CHILDREN: Do any of your children live within 10 miles of you?

- 0. No _____
- 1. Yes _____
- 9999. I prefer not to answer _____

Income:

32. Which category best describes your total annual household income?

Is your total annual household income greater than \$20,000 or less than that?

- 1. Less (SKIP TO GIFT CARD SECTION)
- 2. Greater (GO TO Q33)
- 9998. Don't Know (SKIP TO GIFT CARD SECTION)
- 9999. Refuse (I prefer not to answer) (SKIP TO GIFT CARD SECTION)

33. IF MORE THAN \$20,000: Would you say it is.....

- 1. Between \$20,000 but less than \$30,000 _____
- 2. Between \$30,000 but less than \$40,000 _____
- 3. More than \$40,000 _____
- 9998. Don't Know _____
- 9999. Refuse (I prefer not to answer) _____

Gift Card

Thank you again for taking the time to participate in this survey. Would you prefer to get a \$20 check or a \$20 gift card?

Gift card (Visa/Mastercard/American Express)
 Check

Just to make sure that you receive the \$20, could you provide your contact information.

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

34. How would you prefer we contact you in the future?

- 1. Phone _____
- 2. Email _____
- 3. Mail _____

35. What is the best phone number, email address, or physical address where you can be reached?

Contact Information for Relative and Friend:

In order for the research team to reach you for the next survey, please answer the next two questions about how to find you.]

Is there a relative or friend, who does not live in this household, who will always know how to get in touch with you? The research team will only contact this person if it cannot locate you for the next interview.

NO..... 0 **(END THE SURVEY)**

YES..... 1 **(GO TO 36)**

DON'T KNOW 8 **(END THE SURVEY)**

I prefer not to answer 9 **(END THE SURVEY)**

36. What is the name, address, and telephone number of that person? (GO TO 37)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____
Phone: (____) _____
Email: _____

37. What is this person's relationship to you?

- RELATIVE (SPECIFY) _____ 2
- NEIGHBOR (SPECIFY) _____ 3
- FRIEND (SPECIFY) _____ 4
- OTHER (SPECIFY) _____ 7
- I PREFER NOT TO ANSWER 9

Is there another relative or friend, who does not live in this household, who will always know how to get in touch with you? The research team will only contact this person if it cannot locate you for the next interview.

- NO..... 0 **(END SURVEY)**
- YES..... 1 **(GO TO 38)**
- DON'T KNOW 8 **(END SURVEY)**
- REFUSED 9 **(END SURVEY)**

38. What is the name, address, and telephone number of that person? (GO TO 39)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

39. What is this person's relationship to you?

- RELATIVE (SPECIFY) _____ 2
- NEIGHBOR (SPECIFY) _____ 3
- FRIEND (SPECIFY) _____ 4
- OTHER (SPECIFY) _____ 7
- I PREFER NOT TO ANSWER 9

- ⁱ Health and Retirement Study, Core Section, Section C NC223-NC225
- ⁱⁱ Health and Retirement Study, Core Section, Section LB, Q36
- ⁱⁱⁱ Health and Retirement Study, Core Section, Section NC001
- ^{iv} Health and Retirement Study, Cognition Section, Section D D101
- ^v Health and Retirement Study, Core Section, Section NC005, NC010, NC018, NC030, NC036, NC053, NC066, NC070
- ^{vi} Health and Retirement Study, Core Section, Section D ND110-ND118
- ^{vii} <http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1187&context=edicollect>; table 1
- ^{viii} Health and Retirement Study, Core Section, Section G, G01 through G013
- ^{ix} Health and Retirement Study, Core Section LB, Q22
- ^x Health and Retirement Study, Core, section LB*, Q20a,i *Hughes, M. E., Waite, L. J., Hawkey, L. C., & Cacioppo, J. T. (2004)*
- ^{xi} Health and Retirement Study, Core, Section LB*, Q20i *Hughes, M. E., Waite, L. J., Hawkey, L. C., & Cacioppo, J. T. (2004)*
- ^{xii} Health and Retirement Study, Core Section, Section J NJ005M1, NJ007, NJ011, NJ017
- ^{xiii} Health and Retirement Study, Employment Section, Section J NJ062M
- ^{xiv} Office of Management and Budget, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity Federal Register, Notice October 30, 1997