

# Yellow Door Generations Program: Intake Survey

Giving a few minutes of your time can really help us out! We are on a quest to collect more data about our members in order to improve our services and programs. Please feel free to skip any questions that you do not feel comfortable answering.

There are 46 questions in this survey.

## Demographics

Please indicate the Member ID: \*

ⓘ Only numbers may be entered in this field.

Please write your answer here:

With which groups, if any, do you most identify?

ⓘ Check all that apply

Please choose **all** that apply:

- Prefer not to answer
- African
- Asian
- Caribbean
- European
- Latin, Central, and South American
- North American Aboriginal
- Other North American
- Oceania
- Other

What is your marital status?

❗ Choose one of the following answers

Please choose **only one** of the following:

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

## Loneliness

The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.

Please choose the appropriate response for each item:

	Hardly Ever	Some of the time	Often
How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

```
{sum(loneliness_SQ001.value, loneliness_SQ002.value, loneliness_SQ003.value)}
```

```
{if(lonelinesstotal.value ==6 OR lonelinesstotal.value  
>6,"lonely")}
```

```
{if(lonelinesstotal.value == 3 OR lonelinesstotal.value < 6,  
"notlonely")}
```

## Depression

Below is a list of ways in which you may have felt or behaved. For each of the following statements, please, tell me how often you felt this way during the past TWO WEEKS.

Please choose the appropriate response for each item:

	<b>Rarely or none of the time (less than 3 days)</b>	<b>Some or a little of the time (3 - 6 days)</b>	<b>Occasionally or a moderate amount of time (7 - 9 days)</b>	<b>All of the time ( 10 days or more)</b>
<b>I was bothered by things that usually don't bother me.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I had trouble keeping my mind on what I was doing.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I felt depressed.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I felt that everything I did was an effort.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I felt hopeful about the future.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I felt fearful.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My sleep was restless.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I was happy.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I felt lonely.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I could not "get going."</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

```
{sum(depression_SQ001.value, depression_SQ002.value,  
depression_SQ003.value, depression_SQ004.value, (5 -  
depression_SQ005.value) , depression_SQ006.value,  
depression_SQ007.value, (5- depression_SQ008.value) ,  
depression_SQ009.value, depression_SQ010.value)}
```

```
{if(depressiontotal.value ==10 or depressiontotal.value > 10,  
"depressed")}
```

```
{if(depressiontotal.value < 10, "notdepressed")}
```

## Social Support

The next list of statements are related to different kinds of support you feel you have in your life. For each statement, please indicate how often that type of support is available to you.

Please choose the appropriate response for each item:

	<b>None of the time</b>	<b>A little of the time</b>	<b>Some of the time</b>	<b>Most of the time</b>	<b>All of the time</b>
<b>Someone you can count on to listen to you when you need to talk.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone to give you information to help you understand a situation.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone to give you good advice about a crisis.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone to confide in or to talk about yourself or your problems.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone whose advice you really want.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone to share your most private worries and fears with.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone to turn to for suggestions about how to deal with a personal problem.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone who understands your problems.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone to help you if you were confined to bed.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>None of the time</b>	<b>A little of the time</b>	<b>Some of the time</b>	<b>Most of the time</b>	<b>All of the time</b>
<b>Someone to take you to the doctor if you needed it.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone to prepare your meals if you were unable to do it yourself.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone to help with daily chores if you were sick.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone to have a good time with.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone to get together with for relaxation.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Someone to do something enjoyable with.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

{sum(support\_SQ001.value, support\_SQ002.value, support\_SQ003.value, support\_SQ004.value, support\_SQ005.value, support\_SQ006.value, support\_SQ007.value, support\_SQ008.value)}

{{(emotionaltotal - 8) / 32} \* 100}

$$\{\text{sum}(\text{support\_SQ009.value}, \text{support\_SQ010.value}, \text{support\_SQ011.value}, \text{support\_SQ012.value})\}$$
$$\{((\text{tangibletotal} - 4) / 16) * 100\}$$
$$\{\text{sum}(\text{support\_SQ013.value}, \text{support\_SQ014.value}, \text{support\_SQ015.value})\}$$
$$\{((\text{positivetotal} - 3) / 12) * 100\}$$
$$\{\text{sum}(\text{emotionaltotal}, \text{tangibletotal}, \text{positivetotal}) / 3\}$$

## Perceived Health



In general, would you say your health is:

❗ Choose one of the following answers

Please choose **only one** of the following:

- Excellent
- Very Good
- Good
- Fair
- Poor

Compare to one year ago, how would you rate your health in general now?

❗ Choose one of the following answers

Please choose **only one** of the following:

- Much better now than one year ago
- Somewhat better now than one year ago
- About the same
- Somewhat worse now than one year ago
- Much worse now than one year ago

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Please choose the appropriate response for each item:

	<b>Yes, limited a lot</b>	<b>Yes, limited a little</b>	<b>No, not limited at all</b>
<b>Vigorous activities, such as walking, lifting heavy objects, participating in strenuous sports.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Lifting or carrying groceries.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Climbing several flights of stairs.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Climbing one flight of stairs.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Bending, kneeling, or stooping.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Walking more than 20 minutes.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Walking several blocks.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Walking one block.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Bathing or dressing yourself.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the **past 4 weeks**, have you had any of the following problems with your regular daily activities **as a result of your physical health?**

Please choose the appropriate response for each item:

	<b>Yes</b>	<b>No</b>
<b>Cut down the amount of time you spent on daily activities.</b>	<input type="radio"/>	<input type="radio"/>
<b>Accomplished less than you would like.</b>	<input type="radio"/>	<input type="radio"/>
<b>Were limited in the kind of daily activities.</b>	<input type="radio"/>	<input type="radio"/>
<b>Had difficulty performing daily activities (for example, it took extra effort).</b>	<input type="radio"/>	<input type="radio"/>

During the **past 4 weeks**, have you had any of the following problems with your regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

Please choose the appropriate response for each item:

	<b>Yes</b>	<b>No</b>
<b>Cut down the amount of time you spent on daily activities.</b>	<input type="radio"/>	<input type="radio"/>
<b>Accomplished less than you would like.</b>	<input type="radio"/>	<input type="radio"/>
<b>Didn't do daily activities as carefully as usual.</b>	<input type="radio"/>	<input type="radio"/>

During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

🗣️ Choose one of the following answers

Please choose **only one** of the following:

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

## How much bodily pain have you had during the past 4 weeks?

🗳️ Choose one of the following answers

Please choose **only one** of the following:

- None
- Very mild
- Mild
- Moderate
- Severe
- Very severe

## During the past 4 weeks, how much did pain interfere with your daily habits (including both outside the home and housework)?

🗳️ Choose one of the following answers

Please choose **only one** of the following:

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**...

Please choose the appropriate response for each item:

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the **past 4 weeks**, how much of the time has **your physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

🗳️ Choose one of the following answers

Please choose **only one** of the following:

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

How TRUE or FALSE is **each** of the following statements for you:

Please choose the appropriate response for each item:

	<b>Definitely true</b>	<b>Mostly true</b>	<b>Don't know</b>	<b>Mostly false</b>	<b>Definitely false</b>
<b>I seem to get sick a little easier than other people</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I am as healthy as anybody I know</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I expect my health to get worse</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>My health is excellent</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>