

Aug 8, 2019

Pre-Post Listening Survey

Welcome to your first Listening Survey. My name is _____ (interviewer). The data collected in this survey is to help us understand if listening to AINC and using the AINC-provided Echo helps people in some way have a better quality of life. The same questions will be asked again after a few months to see if anything has changed. Please let me know if you have any questions before we start.

Q1 Let's begin with some basic information:

Date: _____ Listener's Name (first and last): _____

Address/Room # _____

Equipment Used to Listen to AINC: Echo___ Other (Please specify: _____)

Now that we have completed the basic information, we will go to a series of questions about your living arrangements and usual activities. The questions will take 5-10 minutes to complete.

Q2 I live...

___alone ___with a pet ___with someone else (specify:_____)

Q3. How often do you participate in activities in your building or in the community?

Almost every day Once or twice a week A few times a month Less than once a month/Never

Q4. Do you have any difficulty with walking several blocks?

No a little Somewhat a lot

Q5. Do you have any difficulty with walking across the room?

No a little Somewhat a lot

Q6. Do you have any difficulty with getting in and out of bed?

0=No 1=A little 2=somewhat 3=a lot

Q7. Do you have any difficulty with getting up from a chair?

0=No 1=A little 2=somewhat 3=a lot

Q8. Please say how much you agree or disagree with each of the following statements

	Often	Some of the time	Hardly ever or never
How often do you feel you lack companionship?			
How often do you feel left out?			
How often do you feel isolated from others?			

Q9. During the past 30 days, how much of the time did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Cheerful?					
In good spirits?					
Extremely happy?					
Calm and peaceful?					
Satisfied?					
Full of life?					
You were happy?					

Q10. Which of these statements apply to you? (Check all that apply)

- I read/listen to a daily newspaper.
- I have a hobby or pastime.
- I have gone on a daytrip or outing in the last 12 months.
- I use the internet and/or email.
- I own a cell phone.

Q11. On the whole has growing older been a positive or negative experience? (check one)

Very positive	
Mainly positive	
Neither positive or negative	
Main negative	
Very negative	

Q12. Do you take walks or exercise?

No Yes, at least once a week Yes, several times a week About every day

Q13. Do you have hobbies you enjoy?

No

Yes, but rarely get to do them

Yes, and I do them regularly

Q14. Do any of the following things keep you from engaging in activities?

a) Lack of motivation/interest

Yes | No

b) Fatigue

Yes | No

c) Restricted range of motion

Yes | No

d) Physical restrictions

Yes | No

e) Pain

Yes | No

Q15. If yes to any above, how would you describe the intensity of the challenge on a typical day?

1=mild

2=moderate

3=severe

a. Lack of motivation/interest

b. Fatigue

c. Restricted range of motion

d. Physical restrictions

e. Pain

POST ONLY: How often do you use your Echo?

___Rarely

___At least once a day

___Several times a day

___Many times a day