

## **Supplemental Appendix S1. Study survey.**

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**STUDY ID NUMBER:**

**The OHSU Study of Communication, Health, Aging,  
Relationship Types, and Support (CHARTS)**

**SECTION 1: HEALTH & COMMUNICATION**

1. How would you describe your health at the present time?

- Excellent
- Very good
- Good
- Fair
- Poor

2. Compared to most people your age, would you say your health is...?

- Much better than people your age
- Better than people your age
- About the same as people your age
- Worse than people your age
- Much worse than people your age

3. Compared to a year ago, how is your health today?

- Much better than a year ago
- Better than a year ago
- About the same as a year ago
- Much worse than a year ago

**The following questions ask about your ability to do different activities.**

4. Do you wear glasses?

- Yes
- No

5. Do you have difficulty seeing (even if wearing glasses)?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all / unable to do

6. Do you use a hearing aid?

- Yes
- No

7. Do you have difficulty hearing (even if using a hearing aid)?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all / unable to do

8. Using your usual language, do you have difficulty communicating (for example understanding or being understood)?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all / unable to do

9. Do you use Sign Language?

- Yes
- No

10. Do you have difficulty remembering or concentrating?

- No difficulty
- Difficulty remembering only
- Difficulty concentrating only
- Difficulty with both remembering and concentrating

11. How often do you have difficulty remembering? Would you say:

- Never
- Sometimes
- Often
- All of the time

12. Do you have difficulty remembering a few things, a lot of things, or almost everything?

- Nothing
- A few things
- A lot of things
- Almost everything

**13. Have you ever been told by a doctor or other health professional that you had any of the following conditions?**

a. High blood pressure or hypertension	Yes	No
b. Asthma	Yes	No
c. Emphysema or chronic bronchitis	Yes	No
d. Arthritis or rheumatism	Yes	No
e. Diabetes	Yes	No
f. Stomach or intestinal ulcers	Yes	No
g. Liver disease	Yes	No
h. Kidney or bladder problems	Yes	No
i. <b>(If male)</b> Prostate problems	Yes	No
j. Cancer or a malignancy of any kind	Yes	No
k. Heart attack or heart failure	Yes	No
l. Stroke (or any kind of disability or impairment due to a stroke)	Yes	No
m. Hip fracture	Yes	No
n. Parkinson's Disease	Yes	No
o. Amyotrophic Lateral Sclerosis (or Lou Gehrig's Disease)	Yes	No
p. Multiple Sclerosis	Yes	No
q. Spasmodic dysphonia	Yes	No
r. Cancer of the head and neck (inc. mouth, throat)	Yes	No
s. Hearing impairment / hearing loss	Yes	No
t. Traumatic brain injury	Yes	No
u. Dementia / Alzheimer's Disease	Yes	No
v. Other (please list):	Yes	No
_____		
_____		
_____		
_____		
_____		
_____		

**14. The following questions relate to any difficulties you may have because of health problems. How difficult is it for you to:**

	Can't do at all	Very difficult	Some-what difficult	Only a little difficult	Not difficult at all
a. Walk a quarter of a mile — about 3 city blocks?	0	1	2	3	4
b. Climb 2 or 3 flights of stairs?	0	1	2	3	4
c. Do work around the house such as cleaning, laundry, yardwork, or shoveling snow?	0	1	2	3	4
d. Travel independently by car or public transportation (e.g. by bus, train, or subway)?	0	1	2	3	4
e. Use the telephone?	0	1	2	3	4
f. Manage your finances?	0	1	2	3	4
g. Shop for food or household goods?	0	1	2	3	4
h. Prepare your own meals?	0	1	2	3	4
i. Lift or carry something as heavy as 15 pounds (e.g. a full bag of groceries)?	0	1	2	3	4
j. Grasp or handle small objects (e.g. a door handle or coins)?	0	1	2	3	4
k. Get in and out of bed or a chair?	0	1	2	3	4
l. Bend, kneel, or stoop?	0	1	2	3	4
m. Bathe or dress yourself?	0	1	2	3	4
n. Take your medications or care for your health at home?	0	1	2	3	4
o. Feed yourself?	0	1	2	3	4

**15. Please evaluate how effectively you communicate in the following situations. Read the item describing the situation and then decide how successfully you communicate in that situation. If you think your communication is very effective, circle the 7. If communication doesn't occur at all, circle the 1. Circle any number on the scale that best describes your communication in that situation.**

	1 = Not at all effective				7 = Very effective			
a. Having a conversation with familiar people in a quiet environment.	1	2	3	4	5	6	7	
b. Having a conversation with strangers in a quiet environment.	1	2	3	4	5	6	7	
c. Having a conversation with a familiar person over the phone.	1	2	3	4	5	6	7	
d. Having a conversation with young children.	1	2	3	4	5	6	7	
e. Having a conversation with a stranger over the phone.	1	2	3	4	5	6	7	
f. Having a conversation while traveling in a car.	1	2	3	4	5	6	7	
g. Having a conversation with someone at a distance.	1	2	3	4	5	6	7	
h. Having a conversation with someone in a noisy environment.	1	2	3	4	5	6	7	
i. Speaking or having a conversation before a group.	1	2	3	4	5	6	7	
j. Having a long conversation with someone (over an hour).	1	2	3	4	5	6	7	

<b>15b. Did you have any communication problems as a child?</b>	Yes	No
If yes, please describe:		
_____		
_____		

## SECTION 2: SOCIAL RELATIONSHIPS

**The next questions relate to your relationships with your FAMILY. Considering the people that you are related to by birth, marriage, adoption, etc...**

16. How many relatives do you see or hear from at least once a month?

- 0.  None
- 1.  One
- 2.  Two
- 3.  Three or four
- 4.  Five to eight
- 5.  Nine or more

17. How often do you see or hear from the relative with whom you have the most contact?

- 0.  Less than monthly
- 1.  Monthly
- 2.  A few times a month
- 3.  Weekly
- 4.  A few times a week
- 5.  Daily

18. How many relatives do you feel at ease with that you can talk about private matters?

- 0.  None
- 1.  One
- 2.  Two
- 3.  Three or four
- 4.  Five to eight
- 5.  Nine or more

19. How many relatives do you feel close to such that you could call on them for help?

- 0.  None
- 1.  One
- 2.  Two
- 3.  Three or four
- 4.  Five to eight
- 5.  Nine or more

20. When one of your relatives has an important decision to make, how often do they talk to you about it?

- 0.  Never
- 1.  Seldom
- 2.  Sometimes
- 3.  Often
- 4.  Very often
- 5.  Always

21. How often is one of your relatives available for you to talk to when you have an important decision to make?

- 0.  Never
- 1.  Seldom
- 2.  Sometimes
- 3.  Often
- 4.  Very often
- 5.  Always

**The next questions relate to your FRIENDSHIPS. Considering all of your friends, including those who live in your neighborhood...**

22. How many of your friends do you see or hear from at least once a month?

- 0.  None
- 1.  One
- 2.  Two
- 3.  Three or four
- 4.  Five to eight
- 5.  Nine or more

23. How often do you see or hear from the friend with whom you have the most contact?

- 0.  Less than monthly
- 1.  Monthly
- 2.  A few times a month
- 3.  Weekly
- 4.  A few times a week
- 5.  Daily

24. How many friends do you feel at ease with that you can talk about private matters?

- 0.  None
- 1.  One
- 2.  Two
- 3.  Three or four
- 4.  Five to eight
- 5.  Nine or more

25. How many friends do you feel close to such that you could call on them for help?

- 0.  None
- 1.  One
- 2.  Two
- 3.  Three or four
- 4.  Five to eight
- 5.  Nine or more

26. When one of your friends has an important decision to make, how often do they talk to you about it?

- 0.  Never
- 1.  Seldom
- 2.  Sometimes
- 3.  Often
- 4.  Very often
- 5.  Always

27. How often is one of your friends available for you to talk to when you have an important decision to make?

- 0.  Never
- 1.  Seldom
- 2.  Sometimes
- 3.  Often
- 4.  Very often
- 5.  Always

28. In answering the following questions, think about your current relationships with friends, family members, co-workers, community members and so on. Please indicate to what extent each statement describes your current relationships with other people.

		Strongly Disagree	Disagree	Agree	Strongly Agree
a.	There are people I can depend on to help me if I really need it.	1	2	3	4
b.	I feel that I do not have close personal relationships with other people.	1	2	3	4
c.	There is no one I can turn to for guidance in times of stress.	1	2	3	4
d.	There are people who depend on me for help.	1	2	3	4
e.	There are people who enjoy the same social activities I do.	1	2	3	4
f.	Other people do not view me as competent.	1	2	3	4
g.	I feel personally responsible for the well-being of another person.	1	2	3	4
h.	I feel part of a group of people who share my attitudes and beliefs.	1	2	3	4
i.	I do not think other people respect my skills and abilities.	1	2	3	4
j.	If something went wrong, no one would come to my assistance.	1	2	3	4

		Strongly Disagree	Disagree	Agree	Strongly Agree
k.	I have close relationships that provide me with a sense of emotional security and well-being.	1	2	3	4
l.	There is someone I could talk to about important decisions in my life.	1	2	3	4
m.	I have relationships where my competence and skill are recognized.	1	2	3	4
n.	There is no one who shares my interests and concerns.	1	2	3	4
o.	There is no one who really relies on me for their well-being.	1	2	3	4
p.	There is a trustworthy person I could turn to for advice if I were having problems.	1	2	3	4
q.	I feel a strong emotional bond with at least one other person.	1	2	3	4
r.	There is no one I can depend on for aid if I really need it.	1	2	3	4
s.	There is no one I feel comfortable talking about problems with.	1	2	3	4
t.	There are people who admire my talents and abilities.	1	2	3	4
u.	I lack a feeling of intimacy with another person.	1	2	3	4
v.	There is no one who likes to do the things I do.	1	2	3	4
w.	There are people who I can count on in an emergency.	1	2	3	4
x.	No one needs me to care for them.	1	2	3	4

**29. In answering the following questions, think about your current relationships with friends, family members, co-workers, community members and so on. Please indicate to what extent each statement describes your experience with those people in the last month.**

In the past month, how often...	Never	Once in a while	Fairly often	Very often
a. Have others made too many demands of you?	0	1	2	3
b. Have others been critical of you?	0	1	2	3
c. Have others pried into your affairs?	0	1	2	3
d. Have others taken advantage of you?	0	1	2	3

**30. The next questions relate to different kinds of things that people sometimes do in their free time. *In the past month*, how often have you done these things?**

	Daily	Severa l times a week	About once a week	Severa l times a month	Once per month or less	Never or almost never
a. Attend meetings of clubs, or community or professional organizations?	5	4	3	2	1	0
b. Get together or talk on the phone with family members?	5	4	3	2	1	0
c. Get together or talk on the phone with friends?	5	4	3	2	1	0
d. Work on a hobby?	5	4	3	2	1	0
e. Play cards, bingo, or similar games?	5	4	3	2	1	0
f. Go out to movie, restaurant or sporting event	5	4	3	2	1	0
g. Go out and do some shopping?	5	4	3	2	1	0
h. Go on day trips or overnight trips?	5	4	3	2	1	0
i. Do volunteer work?	5	4	3	2	1	0
j. Attend religious meetings or services?	5	4	3	2	1	0

Was the last month different from normal in terms of how often you did these things?

- No                       Yes

If so, why?

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**31. The following statements relate to your ability to deal with others in social situations. How much would you agree or disagree with each of the following statements?**

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a. It is difficult for me to make friends.	0	1	2	3	4
b. If I see someone that I would like to meet, I go to that person instead of waiting for him or her to come to me.	0	1	2	3	4
c. If I meet someone interesting who is hard to make friends with, I'll soon stop trying to make friends with that person.	0	1	2	3	4
d. When I'm trying to make friends who seem uninterested at first, I don't give up easily.	0	1	2	3	4
e. I do not handle myself well in social gatherings.	0	1	2	3	4
f. I have acquired friends through my personal abilities at making friends.	0	1	2	3	4

Would you say that these characteristics about yourself have changed over time?

- No                       Yes

If so, how?

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### SECTION 3: EMOTIONAL HEALTH

**32. Below are some statements that might describe ways that you feel. For each statement please indicate how often you feel that way from “Never” to “Always.”**

How often do you feel...	Never	Rarely	Some-times	Always
a. Isolated from others?	1	2	3	4
b. That you belong to a group of friends?	1	2	3	4
c. That no one really knows you well?	1	2	3	4
d. That your relationships with others are not meaningful?	1	2	3	4
e. That there are people who really understand you?	1	2	3	4
f. That you lack companionship?	1	2	3	4

**33. Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.**

During the past week...	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasion-ally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
a. I was bothered by things that usually don't bother me.	0	1	2	3
b. I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3
c. I had trouble keeping my mind on what I was doing.	0	1	2	3
d. I felt depressed.	0	1	2	3
e. I felt that everything I did was an effort.	0	1	2	3
f. My sleep was restless.	0	1	2	3
g. I was happy.	0	1	2	3
h. I enjoyed life.	0	1	2	3
i. I felt sad.	0	1	2	3

## SECTION 4: BACKGROUND INFORMATION

34. What is your current age?

\_\_\_\_\_ years

35. What is your gender?

- Male
- Female

36. What is your current relationship status?

- Married
- Widowed
- Separated
- Divorced
- Living with long-term partner
- Never married

37. What is your current employment status?

- Retired
- Working full-time
- Working part-time
- Unemployed, looking for work
- Unemployed, not looking for work
- Homemaker / Keeping house
- Disabled
- Other: \_\_\_\_\_

38. What is your highest level of education?

- High school or less
- Associate / trade or vocational / some college
- Four-year college degree or more

39. What is your annual household income?

- Less than \$25,000 each year
- Between \$25-50,000 each year
- Between \$50-75,000 each year
- Between \$75-100,000 each year
- More than \$100,000 each year
- Prefer not to answer

40. Do you live alone or with other people?

- Live with spouse / partner
- Live with other relatives / friends / room-mates
- Live with paid help (e.g. caregiver)
- Live alone
- Other: \_\_\_\_\_

41. How many people live in your household beside yourself?

\_\_\_\_\_ people

42. What kind of residence do you currently live in?

- House
- Apartment
- Hotel / rooming house
- Trailer
- Assisted living facility / group home
- Nursing home
- Other: \_\_\_\_\_

43. Are you of Hispanic / Latino origin or descent?

- Yes
- No
- Prefer not to answer

44. Do you consider yourself to be...

- White
- Black / African-American
- Asian
- American-Indian or Alaskan Native
- Native Hawaiian / Pacific Islander
- Other: \_\_\_\_\_
- Prefer not to answer

**STUDY ID NUMBER:** \_\_\_\_\_

**CONTACT INFORMATION (OPTIONAL)**

The following information is entirely optional. If you complete this section, this final page will be removed from the rest of the survey and stored separately. The coded ID number will be the only way of connecting your answers with this information. When the study is completed all of this identifying information will be destroyed.

Would you like to be entered into the drawing for a \$20 gift card?  Yes  No

If selected, would you be willing to take part in a face-to-face interview\*?  Yes  No

\* Note: The face-to-face interviews will be conducted regarding some of the same topics above, namely your health, ability to perform everyday activities, social relationships, communication, and psychological well-being, and how they have changed over time. This part of the study is optional and will be conducted with a smaller number of 12 individuals. It is estimated that they will take up to an hour. The interview will be conducted at a time & location that is most convenient for that person. All of the interview participants will receive a \$20 gift-card.

**If you answered “yes” to either question**, please enter your name, address, and a contact phone or email address so we may contact you if you are selected.

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address (if you have one): \_\_\_\_\_

**Thank You for Taking the Time to Complete this Questionnaire!!!**

As discussed, all of the answers to these questions will be kept completely confidential.

When completed, please place the questionnaire into the postage-paid envelope and mail to:  
**Andrew Palmer, Dept. of Otolaryngology, Mail Code: PV-01, Oregon Health & Science University, 3181 SW Sam Jackson Park Rd., Portland, OR 97239-3098**