

HRA for All 2019 Questions

1. In general, how would you rate your health?
2. What about the condition of your mouth and teeth, including false teeth and dentures?
3. In the past 6 months, have you gained or lost 10 pounds or more without trying?
4. In the past year, have you fallen or had a problem with balance or walking?
5. Does your hearing impact your ability to complete your daily tasks?
6. What about your vision--does it impact your ability to complete your daily tasks?
7. In the past 6 months, how much has leaking or urine made you have to change your daily activities or woken you up at night?
8. Do you have family members or others willing and able to help you when you need it?
9. How often do you get the social and emotional support you need?
10. Over the past month (30 days) how many days have you felt lonely?
11. In the past year, was there ever a time when you could not get the food you needed?
12. What is your housing situation today?
13. Are you worried about losing your housing?
14. In the past year, were you unable to get medicine or any healthcare including medical, dental, mental health, and vision when it was needed?
15. In the past year, were you unable to get transportation when it was needed?
16. In the past 7 days, how many days did you exercise or do any physical activity including walking or even gardening for 30 minutes or more?
17. In the past 7 days, have you smoked any cigarettes or used any other tobacco products?
18. Have you had more than 7 alcoholic drinks in the past 7 days?
19. During the past month, how much of the time did you accomplish less than you would like when doing your work or other regular daily activities as a result of any emotional problems, such as feeling depressed or anxious?
20. During the past month, how much of the time did you do work or other activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious?
21. During the past month, how much did pain interfere with your normal work, including both work outside the home and housework?
22. In the past 7 days, did you need help to take a bath or shower?
23. In the past 7 days, did you need help from someone to use the toilet?
24. In the past 7 days, did you need help from others to eat?
25. In the past 7 days, did you need help from others to take care of things such as laundry and housekeeping, banking, shopping, using the telephone, food preparation, transportation, or taking your own medications?
26. Tell me your current marital status
27. What is your preferred language for reading?
28. What is your preferred language for speaking?
29. Do you identify as American Indian or Alaskan Native?
30. Do you identify as black or African American?
31. Do you identify as Asian, Native Hawaiian or other Pacific Islander?
32. Do you identify as Hispanic or Latino?
33. Do you identify as white or Caucasian?
34. Do you identify as an ethnicity that we haven't mentioned?
35. Do you have a high school diploma?
36. Do you have a college degree or more?
37. Have you or your spouse been discharged from the Armed Forces of the United States?