

## Appendix C. 2

### Needs Assessment of Elderly People, Caregivers and Baby Boomers

#### Questionnaires and Analysis of Collected Information

Below are questionnaires used to collect information on elderly people, caregivers, and baby boomers.



#### OFFICE OF THE OMBUDSMAN FOR ELDERLY PEOPLE

##### Needs Assessment of Elderly People

Write an X next to the option that best represents your situation. It is of utmost importance that you answer all questions. It will allow us to know the reality of the elderly people in Puerto Rico, and create more services oriented to this population group.

You don't have to write your name

ID Number \_\_\_\_\_

##### **Part A**      Demographic information

1. Age \_\_\_\_\_
2. Gender:      \_\_\_\_\_ Female      \_\_\_\_\_ Male
3. Date of birth (month/day/year) \_\_\_\_\_
4. In what municipality do you live? \_\_\_\_\_
5. Civil status  
\_\_\_\_\_ Married      \_\_\_\_\_ Divorced      \_\_\_\_\_ Widow(er)      \_\_\_\_\_ Never married  
Separated, not yet divorced
6. What is your source of income? (You can check more than one)  
\_\_\_\_\_ Social Security      \_\_\_\_\_ Retirement  
\_\_\_\_\_ Nutritional Assistance (PAN)      \_\_\_\_\_ Public charity  
\_\_\_\_\_ Self employed      \_\_\_\_\_ Salary  
\_\_\_\_\_ None  
\_\_\_\_\_ Other source of income Which? \_\_\_\_\_
7. What is your approximate annual income?  
\_\_\_\_\_ 0 - \$5,000      \_\_\_\_\_ \$5,001 - \$10,000  
\_\_\_\_\_ \$10,001 - \$15,000      \_\_\_\_\_ \$15,001 - \$20,000  
\_\_\_\_\_ \$20,001 - \$25,000      \_\_\_\_\_ Over \$25,000
8. Your highest level of education completed?  
\_\_\_\_\_ None      \_\_\_\_\_ First grade      \_\_\_\_\_ Second grade  
\_\_\_\_\_ Third grade      \_\_\_\_\_ Fourth grade      \_\_\_\_\_ Fifth grade  
\_\_\_\_\_ Six grade      \_\_\_\_\_ Seventh grade      \_\_\_\_\_ Eighth grade  
\_\_\_\_\_ Ninth grade      \_\_\_\_\_ Tenth grade      \_\_\_\_\_ Eleventh grade  
\_\_\_\_\_ Twelve grade      \_\_\_\_\_ Technical degree      \_\_\_\_\_ Associate degree  
\_\_\_\_\_ Bachelor degree      \_\_\_\_\_ Masters degree      \_\_\_\_\_ Doctor degree
9. How many people in your household? \_\_\_\_\_

**Part B**      **Financial Security**

10. Does the income with which you count to cover expenses is sufficient for one month?      ☐ Yes      ☐ No
11. What aspects are your priority when spending money each month? (You can check more than one)
- |  |  |
|--|--|
| <input type="checkbox"/> Buy food                                      | <input type="checkbox"/> Buy medicines   |
| <input type="checkbox"/> Pay health insurance                          | <input type="checkbox"/> Pay the house   |
| <input type="checkbox"/> Pay the car                                   | <input type="checkbox"/> Help the family |
| <input type="checkbox"/> Pay utilities (water, electricity, telephone) |  |
| <input type="checkbox"/> Other    Which? _____                         |  |

**Part C**      **Employment and Technology**

12. If presently you are not working, would you like to work again?  
☐ Yes      ☐ No
13. Have you ever felt discriminated due to age?  
☐ Yes      ☐ No
14. Do you consider there are employment opportunities for elderly people?  
☐ Yes      ☐ No
15. Do you have difficulty using the following modern devices? (You can check more than one)
- |  |
|--|
| <input type="checkbox"/> ATM for withdrawing money                   |
| <input type="checkbox"/> Paying at stores with ATM                   |
| <input type="checkbox"/> Using computers                             |
| <input type="checkbox"/> Accessing Internet                          |
| <input type="checkbox"/> Make or receiving calls on a cellular phone |
| <input type="checkbox"/> Other    Which? _____                       |

**Part D**      **Health**

16. You may say your health condition is:
- |                                    |                                   |                                  |
|------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Good     | <input type="checkbox"/> Regular |
| <input type="checkbox"/> Bad       | <input type="checkbox"/> Very bad |                                  |
17. Do you have medical insurance?  
☐ Yes      ☐ No
18. If you have health insurance, which one do you have? (You can check more than one)
- |   |
|---|
| <input type="checkbox"/> Government card or health reform   |
| <input type="checkbox"/> Medicare (Part A – Hospitalization)  |
| <input type="checkbox"/> Medicare (Part B – Ambulatory services)  |
| <input type="checkbox"/> Medicare supplementary   |
| <input type="checkbox"/> Private plan   |
| <input type="checkbox"/> A Plan from a particular association (Ex. teachers, policemen, veterans, federal employee) |
| <input type="checkbox"/> Other    Which one? _____  |
19. Have you had any of these problems with your health insurance? (You can check more than one)
- |   |
|---|
| <input type="checkbox"/> No referrals   |
| <input type="checkbox"/> No explanation for medications   |
| <input type="checkbox"/> Don't know Medicare changes  |
| <input type="checkbox"/> High copayment costs   |
| <input type="checkbox"/> High cost of medical insurance   |
| <input type="checkbox"/> Difficult for me to obtain documents required to apply for health insurance                  |
| <input type="checkbox"/> Long waiting time from the time of referral until you get an appointment with the specialist |
| <input type="checkbox"/> Other    Which one? _____  |

20. Regarding medications the doctor prescribe, do you have health insurance coverage for medications?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If the medication is covered, is the copay high? \_\_\_\_\_ Yes \_\_\_\_\_ No

21. If your health insurance does not cover medicines prescribed by your doctor, what do you do?

\_\_\_\_\_ You don't take the medicine

\_\_\_\_\_ You only get some of the medicines in the prescription

\_\_\_\_\_ You get all the prescribed medications

\_\_\_\_\_ Other Which one? \_\_\_\_\_

22. How do you rate the service received at the hospital? (Ex. Emergency room, during hospital stay)

\_\_\_\_\_ Very good \_\_\_\_\_ Good \_\_\_\_\_ Regular

\_\_\_\_\_ Bad \_\_\_\_\_ Very bad

23. How do you rate the service received at your primary care physician?

\_\_\_\_\_ Very good \_\_\_\_\_ Good \_\_\_\_\_ Regular

\_\_\_\_\_ Bad \_\_\_\_\_ Very bad

24. When you go to the doctor's office:

A) You have to wait a lot of time to receive attention \_\_\_\_\_ Yes \_\_\_\_\_ No

B) You have to be there very early \_\_\_\_\_ Yes \_\_\_\_\_ No

C) Get good treatment \_\_\_\_\_ Yes \_\_\_\_\_ No

25. What medical conditions has the doctor diagnosed? (You can check more than one)

\_\_\_\_\_ Diabetes \_\_\_\_\_ Hypertension

\_\_\_\_\_ Asthma \_\_\_\_\_ Cancer

\_\_\_\_\_ Heart disease \_\_\_\_\_ Arthritis

\_\_\_\_\_ Osteoporosis \_\_\_\_\_ Sinusitis

\_\_\_\_\_ Thyroid problems \_\_\_\_\_ Cataracts

(Hyperthyroidism/Hypothyroidism) \_\_\_\_\_ Depression

\_\_\_\_\_ Problems with your vertebral discs

\_\_\_\_\_ Other health condition Which one? \_\_\_\_\_

26. Are you on a dietary regimen?

\_\_\_\_\_ Yes \_\_\_\_\_ No

27. Do you practice an exercise routine?

\_\_\_\_\_ Yes \_\_\_\_\_ No

28. Do you have any handicap?

\_\_\_\_\_ Yes \_\_\_\_\_ No

What type of handicap do you have? (You can check more than one)

\_\_\_\_\_ Visual impairment

\_\_\_\_\_ Hearing impairment

\_\_\_\_\_ Orthopedic

\_\_\_\_\_ Absence of extremities

\_\_\_\_\_ Speech problems

\_\_\_\_\_ Mental condition (Ex. Alzheimer, depression, bipolar disorder)

\_\_\_\_\_ Specific learning problems (elderly person)

\_\_\_\_\_ Other conditions

Specify: \_\_\_\_\_

29. Have you received housekeeping services?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Part E      Transportation**

30. Is there public transportation service where you live?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
31. For transportation: (You can check more than one)  
\_\_\_\_\_ You use public transportation  
\_\_\_\_\_ You take a taxi  
\_\_\_\_\_ Drive your own car  
\_\_\_\_\_ A relative or friend drives you  
\_\_\_\_\_ Other    Which one? \_\_\_\_\_
32. That you know, your municipality has vehicles with ramps for transporting people in wheel chairs?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Don't know

**Part F      Housing**

33. You live in:  
\_\_\_\_\_ House                      \_\_\_\_\_ Apartment                      \_\_\_\_\_ Independent living facility
34. The house in which you live is:  
\_\_\_\_\_ Your property  
\_\_\_\_\_ Rental  
\_\_\_\_\_ Apartment in a public residential  
\_\_\_\_\_ Plan 8  
\_\_\_\_\_ Other    Which one? \_\_\_\_\_
35. Is your house adapted for wheel chair? (Ex. Wide doors, handles in the bathroom)  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
36. Does your house need repairing or arrangements?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
37. Have you requested services from the State Housing Department?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
- How has your experience been?  
\_\_\_\_\_ Very good                      \_\_\_\_\_ Good                      \_\_\_\_\_ Regular  
\_\_\_\_\_ Bad                      \_\_\_\_\_ Very bad
38. Do you consider where you live a safe place free from criminal activity?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Part G      Volunteering**

39. Have you ever offered volunteer service to a public or private entity?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
40. Are you interested in beginning to offer volunteer work or continue to offer it?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Part H      Education**

41. Have you taken lessons on: (You can check more than one)  
\_\_\_\_\_ Reading and writing  
\_\_\_\_\_ Music (Ex. Singing or musical instruments)  
\_\_\_\_\_ Cooking

- ☐ English
- ☐ Computer
- ☐ Crafts
- ☐ Exercises (Ex. aerobics, tai chi)
- ☐ Other Which one? \_\_\_\_\_

42. Where have you taken lessons? (You can check more than one)

- ☐ At a center for elderly persons
- ☐ At an independent living facility
- ☐ At a school or institute
- ☐ At a community center
- ☐ Other Where? \_\_\_\_\_

43. In which of these topics would you like acquire more knowledge? (You can check more than one)

- ☐ Services offered by agencies
- ☐ Laws affecting or benefitting elderly people
- ☐ Health issues
- ☐ Activities (Ex. Recreational, cultural)
- ☐ Other Which one? \_\_\_\_\_

**Part I Recreation and Socialization**

44. Which of these recreational or socialization activities do you do? (You can check more than one)

- ☐ Travelling (internal tourism or abroad)
- ☐ Go to the movies
- ☐ Go or participate in sports
- ☐ Visit or receive visits from family members or friends
- ☐ Belonging to a club or group
- ☐ Go dancing
- ☐ Other Which one? \_\_\_\_\_

**Part J Information**

45. Indicate which communication media you use to get information. (You can check more than one)

- ☐ TV ☐ Radio ☐ Newspaper
- ☐ Internet ☐ From other people
- ☐ Other Which one? \_\_\_\_\_

**Part K Environmental Contamination = environmental presence of one or more contaminants harmful to your health, wellbeing of humans, plants, and animals or that degrade the quality of air, water, soil or natural resources in general.**

46. Do you consider to suffer any type of environmental contamination at your house or close by?

- ☐ Yes ☐ No

From what type of environmental contamination do you suffer? (You can check more than one)

- ☐ Illegal dump
- ☐ Sewage in body of water, sidewalks or roads
- ☐ Industrial wastes in bodies of water
- ☐ Gas emission into the air from industries
- ☐ Stagnant water
- ☐ Noise and air contamination from a close by quarry
- ☐ Your house is adjacent to a freeway
- ☐ Your house is in airplane routes
- ☐ There are constructions close to your house
- ☐ Neighbors use radios, TV, tools that emit a lot of noise

\_\_\_\_\_ Live close to high tension towers from the Power Authority  
\_\_\_\_\_ Other Which one? \_\_\_\_\_

**Part L**

47. How did you learn from the services of our agency?

\_\_\_\_\_ TV \_\_\_\_\_ Newspaper  
\_\_\_\_\_ Radio \_\_\_\_\_ Another person  
\_\_\_\_\_ Other agency \_\_\_\_\_ Internet  
\_\_\_\_\_ Other Which one? \_\_\_\_\_

**Part M** **Additional Comments**

\_\_\_\_\_  
\_\_\_\_\_



**OFFICE OF THE OMBUDSMAN FOR ELDERLY PERSONS**

**Needs Assessment for Caregivers**

Write an X the option that best represents your situation. It is important that you answer all the questions in order for us to learn about the reality of caregivers for elderly persons in Puerto Rico, allowing the creation of more services intended to this population group.

**You don't have to write your name**

**ID Number** \_\_\_\_\_

**Part A** **Demographic Information of the Caregiver**

48. Age \_\_\_\_\_

49. Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

50. Date of birth (month/day/year) \_\_\_\_\_

51. In what municipality do you live? \_\_\_\_\_

52. Civil status

\_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er) \_\_\_\_\_ Never married  
\_\_\_\_\_ Separated, not yet divorced

53. What is your source of income? (You can check more than one)

\_\_\_\_\_ Social Security \_\_\_\_\_ Retirement  
\_\_\_\_\_ Nutritional Assistance (PAN) \_\_\_\_\_ Public charity  
\_\_\_\_\_ Own business \_\_\_\_\_ Salary  
\_\_\_\_\_ None  
\_\_\_\_\_ Other source of income Which one? \_\_\_\_\_

54. What is your approximate annual income?

\_\_\_\_\_ 0 - \$5,000 \_\_\_\_\_ \$5,001 - \$10,000  
\_\_\_\_\_ \$10,001 - \$15,000 \_\_\_\_\_ \$15,001 - \$20,000  
\_\_\_\_\_ \$20,001 - \$25,000 \_\_\_\_\_ Over \$25,000

55. What is your highest level of education?

<input type="checkbox"/> None	<input type="checkbox"/> First grade	<input type="checkbox"/> Second grade
<input type="checkbox"/> Third grade	<input type="checkbox"/> Fourth grade	<input type="checkbox"/> Fifth grade
<input type="checkbox"/> Sixth grade	<input type="checkbox"/> Seventh grade	<input type="checkbox"/> Eighth grade
<input type="checkbox"/> Ninth grade	<input type="checkbox"/> Tenth grade	<input type="checkbox"/> Eleventh grade
<input type="checkbox"/> Twelfth grade	<input type="checkbox"/> Technical degree	<input type="checkbox"/> Associate degree
<input type="checkbox"/> Bachelor degree	<input type="checkbox"/> Master degree	<input type="checkbox"/> Doctor degree

56. How many people live in your household? \_\_\_\_\_

**Part B**      **Information about the person you offer care**

57. Age of the person you offer care: \_\_\_\_\_

58. Gender:    ☐ Female                      ☐ Male

59. Relationship of the person you offer care:

<input type="checkbox"/> Spouse	<input type="checkbox"/> Son/daughter	<input type="checkbox"/> Son/sister in law
<input type="checkbox"/> Brother/sister	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Friend
<input type="checkbox"/> Other    Which one? _____		

60. What health condition does the person you offer care to suffer from? (You can check more than one)

☐ Cancer  
☐ Diabetes  
☐ Alzheimer's  
☐ Heart disease  
☐ Arthritis  
☐ Osteoporosis  
☐ Thyroid problems (Hypothyroidism/Hyperthyroidism)  
☐ Asthma  
☐ Chronic pulmonary disease  
☐ Other    Which one? \_\_\_\_\_

61. The person you offer care to:

☐ Is bedridden  
☐ Is on a Wheel chair  
☐ Uses a cane  
☐ Uses a walker  
☐ Other    Which one? \_\_\_\_\_

62. For how long have you been offering care to the elderly person?

<input type="checkbox"/> Less than a year	<input type="checkbox"/> 1 - 2 years
<input type="checkbox"/> 3 - 4 years	<input type="checkbox"/> Over 5 years

63. The elderly person you offer care to, lives with you?

☐ Yes                      ☐ No

64. Do you receive assistance or have a responsibility waiver for caring of the elderly person?

☐ Yes                      ☐ No

If you receive assistance, who helps you?

<input type="checkbox"/> A relative	<input type="checkbox"/> A government agency
<input type="checkbox"/> A friend	<input type="checkbox"/> You pay someone
<input type="checkbox"/> Other    Which one? _____	

65. Do other relatives offer you financial assistance for paying the expenses of the elderly you offer care to?

☐ Yes                      ☐ No

66. Does the person you offer care to receive income that contributes to cover the expenses of care?

\_\_\_\_\_ Yes \_\_\_\_\_ No

67. The person you offer care to, has medical insurance?

\_\_\_\_\_ Yes \_\_\_\_\_ No

68. If he/she has medical insurance, which one is it? (You can check more than one)

\_\_\_\_\_ Government card or health reform  
\_\_\_\_\_ Medicare (Part A – Hospitalization)  
\_\_\_\_\_ Medicare (Part B – Ambulatory services)  
\_\_\_\_\_ Medicare supplementary  
\_\_\_\_\_ A private plan  
\_\_\_\_\_ A plan from a particular association (Ex. teachers, policemen, veterans, federal employee)  
\_\_\_\_\_ Other Which one? \_\_\_\_\_

69. Does the medical insurance of the person you offer care to have medication coverage?

\_\_\_\_\_ Yes \_\_\_\_\_ No

### **Part C Financial Security of the Caregiver**

70. Is the income with which you count to cover monthly expenses enough? \_\_\_\_\_ Yes \_\_\_\_\_ No

71. To what aspects do you give preference when spending your money each month? (You can check more than one)

\_\_\_\_\_ Buy food \_\_\_\_\_ Buy medicines  
\_\_\_\_\_ Pay health insurance \_\_\_\_\_ Pay the house  
\_\_\_\_\_ Pay the car \_\_\_\_\_ To help a relative  
\_\_\_\_\_ Pay utilities, water, electricity, telephone  
\_\_\_\_\_ Other Which one? \_\_\_\_\_

### **Part D Employment of the Caregiver**

72. Do you work?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you do, is your work status flexible enough to allow for schedule adaptation for attending to the person you offer care to?

\_\_\_\_\_ Yes \_\_\_\_\_ No

### **Part E Health of the Caregiver**

73. You would say your health condition is:

\_\_\_\_\_ Very good \_\_\_\_\_ Good \_\_\_\_\_ Regular  
\_\_\_\_\_ Bad \_\_\_\_\_ Very bad

74. Do you have medical insurance?

\_\_\_\_\_ Yes \_\_\_\_\_ No

75. If you do, which one? (You can check more than one)

\_\_\_\_\_ Government card of health reform  
\_\_\_\_\_ Medicare (Part A – Hospitalization)  
\_\_\_\_\_ Medicare (Part B – Ambulatory services)  
\_\_\_\_\_ Medicare supplementary  
\_\_\_\_\_ A private plan  
\_\_\_\_\_ A plan from a particular association (Ex. teachers, policemen, veterans, federal employee)  
\_\_\_\_\_ Other Which one? \_\_\_\_\_



76. Have you had any of these problems with your medical insurance? (You can check more than one)
- ☐ No referrals
  - ☐ No explanation on medications
  - ☐ Don't know of Medicare changes
  - ☐ High copay costs
  - ☐ High cost of medical insurance
  - ☐ it is difficult for me to obtain documents required to apply for medical insurance
  - ☐ Long waiting from the time you get a referral until getting an appointment with the specialist
  - ☐ Other Which one? \_\_\_\_\_

77. Regarding the medications your doctor prescribes, are they covered by your health insurance?
- ☐ Yes ☐ No

If you have medication coverage, is the copay high? ☐ Yes ☐ No

78. If your health insurance does not cover the medicines your doctor prescribes, what do you do?
- ☐ You don't take your medication
  - ☐ You only buy some of the medications in the prescription
  - ☐ You buy all the medications in the prescription
  - ☐ Other Which one? \_\_\_\_\_

79. How would you rate the service received at a hospital? (Ex. emergency room, during hospital stay)
- ☐ Very good ☐ Good ☐ Regular
- ☐ Bad ☐ Very bad

80. How would you rate the service you receive at your doctor's office?
- ☐ Very good ☐ Good ☐ Regular
- ☐ Bad ☐ Very bad

81. When you go to the doctor's office:

D) You have to wait long hours to receive attention ☐ Yes ☐ No

E) You have to be there very early ☐ Yes ☐ No

F) Receive proper treatment ☐ Yes ☐ No

82. What health conditions has your doctor diagnosed? (You can check more than one)

☐ Diabetes ☐ Hypertension

☐ Asthma ☐ Cancer

☐ Heart disease ☐ Arthritis

☐ Osteoporosis ☐ Sinusitis

☐ Thyroid problems ☐ Cataracts

☐ (Hyperthyroidism/Hypothyroidism) ☐ Depression

☐ Problems with your vertebral discs

☐ Other health condition Which one? \_\_\_\_\_

83. Do you have a diet regimen?

☐ Yes ☐ No

84. Do you have an exercise routine?

☐ Yes ☐ No

85. Do you have any handicap?

☐ Yes ☐ No

What type of handicap do you have? (You can check more than one)

☐ Visual impairment

☐ Hearing impairment

☐ Orthopedic

☐ Absence of extremities

☐ Speech problems

- \_\_\_\_\_ Mental condition (Ex. Alzheimer, depression, bipolar disorder)  
\_\_\_\_\_ Specific learning problems (elderly people)  
\_\_\_\_\_ Other conditions  
Specify: \_\_\_\_\_

**Part F     Transportation**

86. Is there public transportation service in the area where you live?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
87. For transportation you: (You can check more than one)  
\_\_\_\_\_ Use public transportation  
\_\_\_\_\_ Use a taxi  
\_\_\_\_\_ Drive your own car  
\_\_\_\_\_ A relative or friend offers transportation  
\_\_\_\_\_ Other    Which one? \_\_\_\_\_
88. That you know, does your municipality have vehicles with ramps for transporting people in wheel chairs?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Don't know

**Part G     Housing**

89. You live in:  
\_\_\_\_\_ A house                      \_\_\_\_\_ An apartment                      \_\_\_\_\_ Other Which one? \_\_\_\_\_
90. The house in which you live in is:  
\_\_\_\_\_ Your property  
\_\_\_\_\_ Rented  
\_\_\_\_\_ Apartment in a public residential  
\_\_\_\_\_ Plan 8  
\_\_\_\_\_ Other    Which one? \_\_\_\_\_
91. Is the house adapted for wheel chair? (Ex. Wide doors, handles in the bathroom)  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
92. Does the house need repairing or arrangements?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
93. Have you requested services from the State Housing Department?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
- How has your experience been?  
\_\_\_\_\_ Very good                      \_\_\_\_\_ Good                      \_\_\_\_\_ Regular  
\_\_\_\_\_ Bad                      \_\_\_\_\_ Very bad
94. Do you consider to live in a safe place free from criminal activity?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Part H     Education**

95. Have you taken lessons on: (You can check more than one)
- \_\_\_\_\_ Reading and writing  
\_\_\_\_\_ Music (Ex. Singing or musical instruments)  
\_\_\_\_\_ Cooking  
\_\_\_\_\_ English  
\_\_\_\_\_ Computer

- ☐ Crafts
- ☐ Exercises (Ex. aerobics, tai chi)
- ☐ Other Which? \_\_\_\_\_

96. In which of these topics are you interested in having more knowledge? (You can check more than one)

- ☐ Services offered by agencies
- ☐ Laws affecting or benefitting elderly people
- ☐ Health issues
- ☐ Activities (Ex. Recreational, cultural)
- ☐ Other Which one? \_\_\_\_\_

**Part J** **Recreation and Socialization**

97. Do you take out time from your responsibility for caring for an elderly for performing recreational or socialization activities?

- ☐ Yes ☐ No

If you perform these recreational or socialization activities, what do you do? (You can check more than one)

- ☐ Traveling (internal tourism or abroad)
- ☐ Go to the movies
- ☐ Go or participate in sports
- ☐ Visit or receive visits from relatives or friends
- ☐ Belong to a club or group
- ☐ go dancing
- ☐ Other Which one? \_\_\_\_\_

**Part K** **Needs**

98. Mention those things that would simplify your task of caring for an elderly person.

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**Part L** **Environmental Contamination** = environmental presence of one or more contaminants harmful to your health, wellbeing of humans, plants, and animals or that degrade the quality of air, water, soil or natural resources in general.

1. Do you consider to suffer any type of environmental contamination at your house or close by?

- ☐ Yes ☐ No

From what type of environmental contamination do you suffer? (You can check more than one)

- ☐ Illegal dump
- ☐ Sewage in body of water, sidewalks or roads
- ☐ Industrial wastes in bodies of water
- ☐ Gas emission into the air from industries
- ☐ Stagnant water
- ☐ Noise and air contamination from a close by quarry
- ☐ Your house is adjacent to a freeway
- ☐ Your house is in airplane routes
- ☐ There are constructions close to your house
- ☐ Neighbors use radios, TV, tools that emit a lot of noise
- ☐ Live close to high tension towers from the Power Authority

2. ☐ Other Which one? \_\_\_\_\_

**Part M**

1. How did you learn of the services offered by our agency?
- ☐ TV
 ☐ Newspaper  
☐ Radio
 ☐ Another person  
☐ Other agency
 ☐ Internet  
☐ Other Which one? \_\_\_\_\_

**Part N** **Additional Comments**

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**OFFICE OF THE OMBUDSMAN FOR ELDERLY PERSONS**

**Needs assessment for Baby Boomers**  
**(People Born from 1946 to 1964)**

Write an X next to the option that best represents your situation. It is very important that you answer all the questions, it will let us know the reality of the baby boomers, allowing the creation of more services.

**You don't have to write your name**

**ID Number** \_\_\_\_\_

**Part A** **Demographic Information**

3. Age \_\_\_\_\_
4. Gender: ☐ Female ☐ Male
5. Date of Birth (month/day/year) \_\_\_\_\_
6. In what municipality do you live in? \_\_\_\_\_
7. Civil status  
☐ Married ☐ Divorced ☐ Widow(er) ☐ Never married  
☐ Separated, not yet divorced
8. What is your income source? (You can check more than one)  
☐ Social Security ☐ Retirement  
☐ Nutritional Assistance (PAN) ☐ Public charity  
☐ Own business ☐ Salary  
☐ None  
☐ Other source of income Which one? \_\_\_\_\_
9. What is your approximate annual income?  
☐ 0 - \$5,000 ☐ \$5,001 - \$10,000  
☐ \$10,001 - \$15,000 ☐ \$15,001 - \$20,000  
☐ \$20,001 - \$25,000 ☐ Over \$25,000
10. What is your highest level of education completed?  
☐ None ☐ First grade ☐ Second grade  
☐ Third grade ☐ Fourth grade ☐ Fifth grade

☐ Sixth grade      ☐ Seventh grade      ☐ Eighth grade  
☐ Ninth grade      ☐ Tenth grade      ☐ Eleventh grade  
☐ Twelve grade      ☐ Technical degree      ☐ Associate degree  
☐ Bachelor degree      ☐ Master degree      ☐ Doctor degree

11. How many people live in your household? \_\_\_\_\_

**Part B      Financial Security**

12. Is the income you count with to cover expenses during a month sufficient?      ☐ Yes      ☐ No

13. To what aspects do you offer preference when spending your money each month? (You can check more than one)

☐ Buy food      ☐ Buy medicines  
☐ Pay medical insurance      ☐ Pay the house  
☐ Pay the car      ☐ Help a relative  
☐ Pay utilities, water, electricity, telephone  
☐ Other Which one? \_\_\_\_\_

**Part C      Employment and Technology**

14. Are you presently employed?

☐ Yes      ☐ No

15. Do you have difficulty using new technology like computers and cellular phones?

☐ Yes      ☐ No

**Part D      Health**

16. You would say your health condition is:

☐ Very good      ☐ Good      ☐ Regular  
☐ Bad      ☐ Very bad

17. Do you have medical insurance?

☐ Yes      ☐ No

18. If you have medical insurance, which one do you have? (You can check more than one)

☐ Government card of health reform  
☐ Medicare (Part A – Hospitalization)  
☐ Medicare (Part B – Ambulatory services)  
☐ Medicare supplementary  
☐ A private plan  
☐ A plan from a particular association (Ex. teacher, policemen, veterans, federal employees)  
☐ Other Which one? \_\_\_\_\_

19. Have you had any of these problems with your medical insurance? (You can check more than one)

☐ No referrals  
☐ No explanation for medications  
☐ Don't know of Medicare changes  
☐ High copay costs  
☐ High cost of medical insurance  
☐ Difficult to obtain documents required to apply for medical insurance  
☐ Long waiting from referral until obtaining an appointment with the specialist  
☐ Other Which one? \_\_\_\_\_

20. Regarding prescribed medicines, does your health insurance cover the medications your doctor prescribes?

☐ Yes      ☐ No

If the medicine is covered, is the copy high? ☐ Yes ☐ No

21. If your health insurance does not cover the prescribed medicines, what do you do?

- ☐ You don't take your medicine  
☐ You only buy some of the prescribed medications  
☐ You buy all the prescribed medications  
☐ Other Which one? \_\_\_\_\_

22. How do you rate the service you have received at a hospital? (Ex. Emergency room, during hospital stay)

- ☐ Very good ☐ Good ☐ Regular  
☐ Bad ☐ Very bad

23. How do you rate the service received when visiting your primary care physician?

- ☐ Very good ☐ Good ☐ Regular  
☐ Bad ☐ Very bad

24. When you visit the doctor's office:

- G) Have to wait long hours to receive attention ☐ Yes ☐ No  
H) Have to arrive very early ☐ Yes ☐ No  
I) Receives good treatment ☐ Yes ☐ No

25. What health conditions have you been diagnosed by your doctor? (You can check more than one)

- ☐ Diabetes ☐ Hypertension  
☐ Asthma ☐ Cancer  
☐ Heart diseases ☐ Arthritis  
☐ Osteoporosis ☐ Sinusitis  
☐ Thyroid problems ☐ Cataracts  
(Hyperthyroidism/Hypothyroidism) ☐ Depression  
☐ Problems with vertebral discs  
☐ Other health condition Which one? \_\_\_\_\_

26. Do you have any dietary regimen?

- ☐ Yes ☐ No

27. Do you have any exercise routine?

- ☐ Yes ☐ No

28. Do you have any handicap?

- ☐ Yes ☐ No

What type of handicap do you have? (You can check more than one)

- ☐ Visual impairment  
☐ Hearing impairment  
☐ Orthopedic  
☐ Absence of extremities  
☐ Speech problems  
☐ Mental condition (Ex. Alzheimer's, depression, bipolar disorder)  
☐ Specific learning problems (elderly people)  
☐ Other conditions  
Specify: \_\_\_\_\_

**Part E     Transportation**

29. Is there a public transportation service in the area where you live?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
30. For your transportation, you: (You can check more than one)  
\_\_\_\_\_ Use public transportation  
\_\_\_\_\_ Take a taxi  
\_\_\_\_\_ Drive your own car  
\_\_\_\_\_ A relative or friend drive you  
\_\_\_\_\_ Other    Which one? \_\_\_\_\_
31. That you know, your municipality counts with vehicles with ramps for transporting people using wheel chairs?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Don't know

**Part F     Housing**

32. You live in:  
\_\_\_\_\_ A hour                      \_\_\_\_\_ Am apartment                      \_\_\_\_\_ Independent living facility
33. The house in which you live on is:  
\_\_\_\_\_ Your property  
\_\_\_\_\_ Rented  
\_\_\_\_\_ An apartment at a public residential  
\_\_\_\_\_ Plan 8  
\_\_\_\_\_ Other    Which one? \_\_\_\_\_
34. Is your house adapted for people in wheel chair? (Ex. Wide doors, handles in the bathroom)  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
35. Your house needs repairing or arrangements?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
36. Have you requested services from the state Housing Department?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
- How has your experience been?  
\_\_\_\_\_ Very good                      \_\_\_\_\_ Good                      \_\_\_\_\_ Regular  
\_\_\_\_\_ Bad                      \_\_\_\_\_ Very bad
37. Do you consider to live in a safe place free from criminal activity?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Part G     Retirement**

38. Are you financially prepared for retirement?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
39. Do you count with any other additional income beside your pension and Social Security after retirement?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
40. Have you participated in workshops or trainings on financial planning or on how to prepare for retirement?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
41. During retirement, would you be interested in? (You can check more than one)  
\_\_\_\_\_ Doing volunteer work at a public or private entity  
\_\_\_\_\_ Working with pay (Full or part time)  
\_\_\_\_\_ Carry out a hobby

\_\_\_\_\_ Travel  
\_\_\_\_\_ Study  
\_\_\_\_\_ Other Which other? \_\_\_\_\_

**Part H**      **Education and Information**

42. Have you taken lessons on: (You can check more than one)

\_\_\_\_\_ Music (Ex. Singing or musical instruments)  
\_\_\_\_\_ Cooking  
\_\_\_\_\_ English  
\_\_\_\_\_ Computers  
\_\_\_\_\_ Crafts  
\_\_\_\_\_ Exercises (Ex. aerobics, tai chi)  
\_\_\_\_\_ Other Which one? \_\_\_\_\_

43. Indicate an area which you would like to study.

\_\_\_\_\_  
\_\_\_\_\_

44. Indicate the communication media you use to become aware of things. (You can check more than one)

\_\_\_\_\_ TV                      \_\_\_\_\_ Radio                      \_\_\_\_\_ Newspaper  
\_\_\_\_\_ Internet                      \_\_\_\_\_ Other person                      \_\_\_\_\_ Other  
Which one? \_\_\_\_\_

**Part I**      **Recreation and Socialization**

45. Which of the following recreational or socialization activities do you perform? (You can check more than one)

\_\_\_\_\_ Travel (internal tourism or abroad)  
\_\_\_\_\_ Go to the movies  
\_\_\_\_\_ Go or participate in sports  
\_\_\_\_\_ Visit or receive visits from relatives or friends  
\_\_\_\_\_ Belong to a club or group  
\_\_\_\_\_ Go dancing  
\_\_\_\_\_ Other Which one? \_\_\_\_\_

**Part J**      **Volunteering**

46. Have you ever offered volunteer service to any public or private entity?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

47. Would you be interested in beginning or continue to offer volunteer work?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Part K**      **Environmental Contamination** = environmental presence of one or more contaminants harmful to your health, wellbeing of humans, plants, and animals or that degrade the quality of air, water, soil or natural resources in general.

1. Do you consider to suffer any type of environmental contamination at your house or close by?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

From what type of environmental contamination do you suffer? (You can check more than one)

\_\_\_\_\_ Illegal dump  
\_\_\_\_\_ Sewage in body of water, sidewalks or roads  
\_\_\_\_\_ Industrial wastes in bodies of water



- ☐ Gas emission into the air from industries
- ☐ Stagnant water
- ☐ Noise and air contamination from a close by quarry
- ☐ Your house is adjacent to a freeway
- ☐ Your house is in airplane routes
- ☐ There are constructions close to your house
- ☐ Neighbors use radios, TV, tools that emit a lot of noise
- ☐ Live close to high tension towers from the Power Authority
- ☐ Other Which one? \_\_\_\_\_

**Part L**

48. How did you become aware of the services offered by our agency?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> TV                     | <input type="checkbox"/> Newspaper    |
| <input type="checkbox"/> Radio                  | <input type="checkbox"/> Other person |
| <input type="checkbox"/> Other agency           | <input type="checkbox"/> Internet     |
| <input type="checkbox"/> Other Which one? _____ |                                       |

**Part M**

**Additional Comments**

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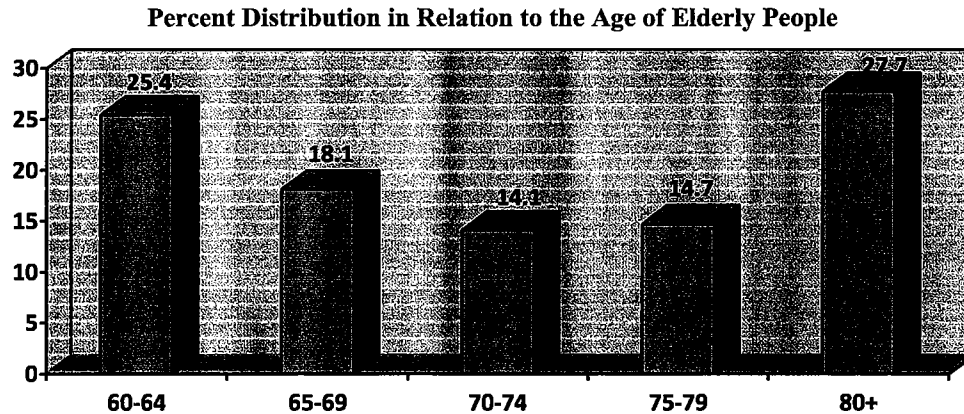
**Descriptive Analysis of the Results Obtained from the Questionnaire for Elderly People**

During the period from August 2007 to February 2009 questionnaire were handed out among people 60 years old and over that benefitted from the services offered by the Agency. A total of 150 questionnaires were analyzed. The questionnaire consisted of eleven parts (Part A – Part K) with the purpose of collecting information from elderly people. The topics discussed were the following:

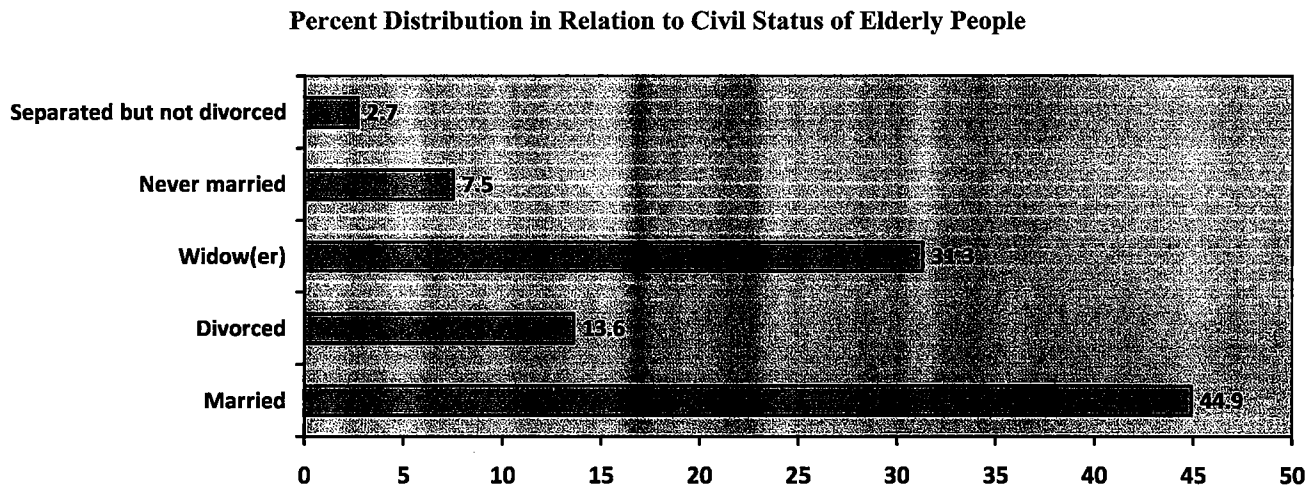
- Part A Demographic Information
- Part B Financial Security
- Part C Employment and Technology
- Part D Health
- Part E Transportation
- Part F Housing
- Part G Volunteering
- Part H Education
- Part I Recreation and Socialization
- Part J Information
- Part K Environmental Contamination
- Part L Additional Comments

Below are the results obtained from the descriptive analysis conducted using statistics program SPSS version 15.0.

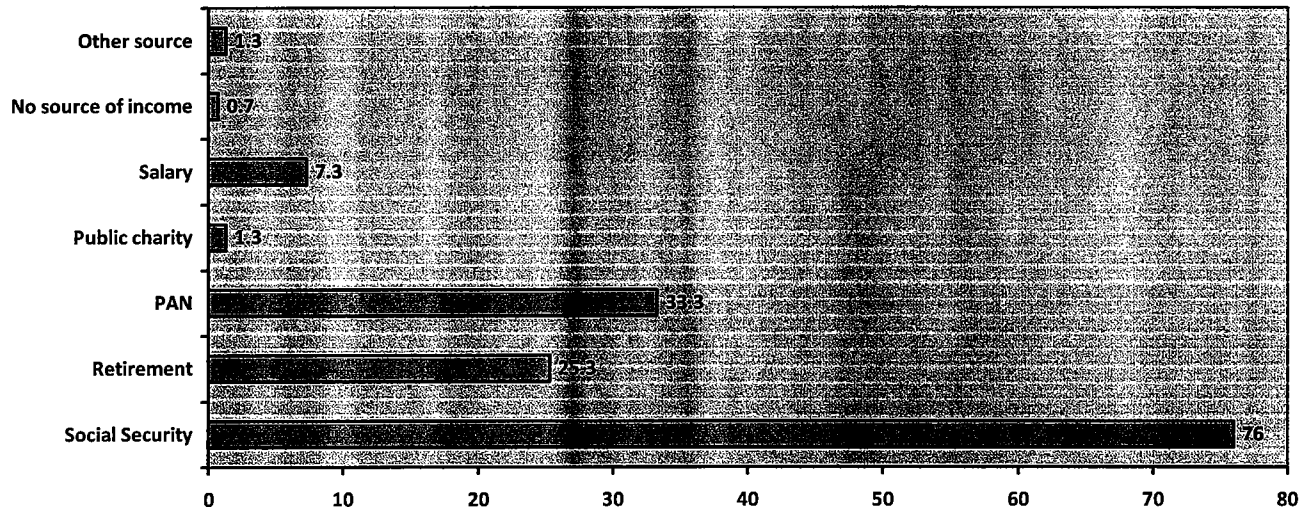
**Part A Demographic Information**



- The ages of the elderly went from 60 to 93 years old. The age median is 70 and the average is 72 years. The most common age is 62 years (n = 12).
- Sixty-four percent (64%) (n = 96) of the elderly people are women.
- The five municipalities with the greatest amount of elderly people participating in this study were: Ponce (34.7%; n=52), San Juan (7.3%; n=11), Isabela (9.5%, n=11), Cayey (6%; n=7) and Humacao (6%, n=7).
- The participants of the study are from 37 municipalities.

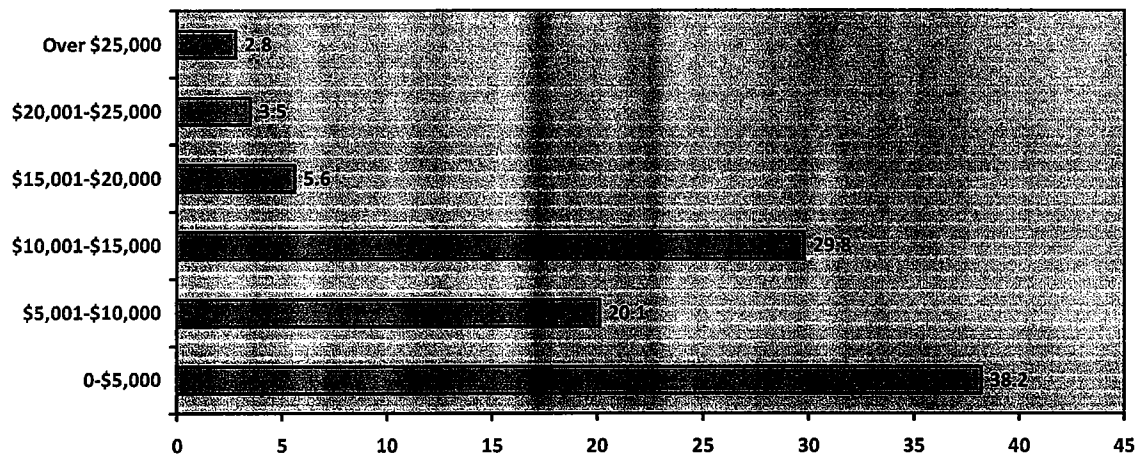


### Percents According to the Types of Sources of Income of Elderly People

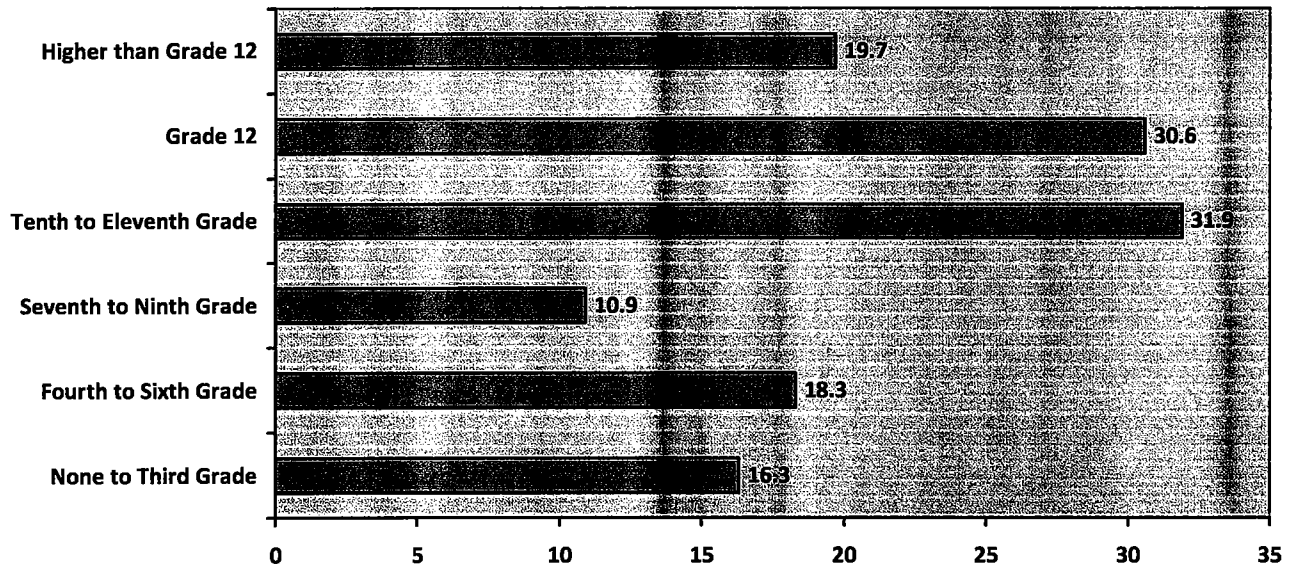


People indicating another source of income is from their children providing financial assistance. (n = 2).

### Percent Distribution in Relation to Annual Income of Elderly People

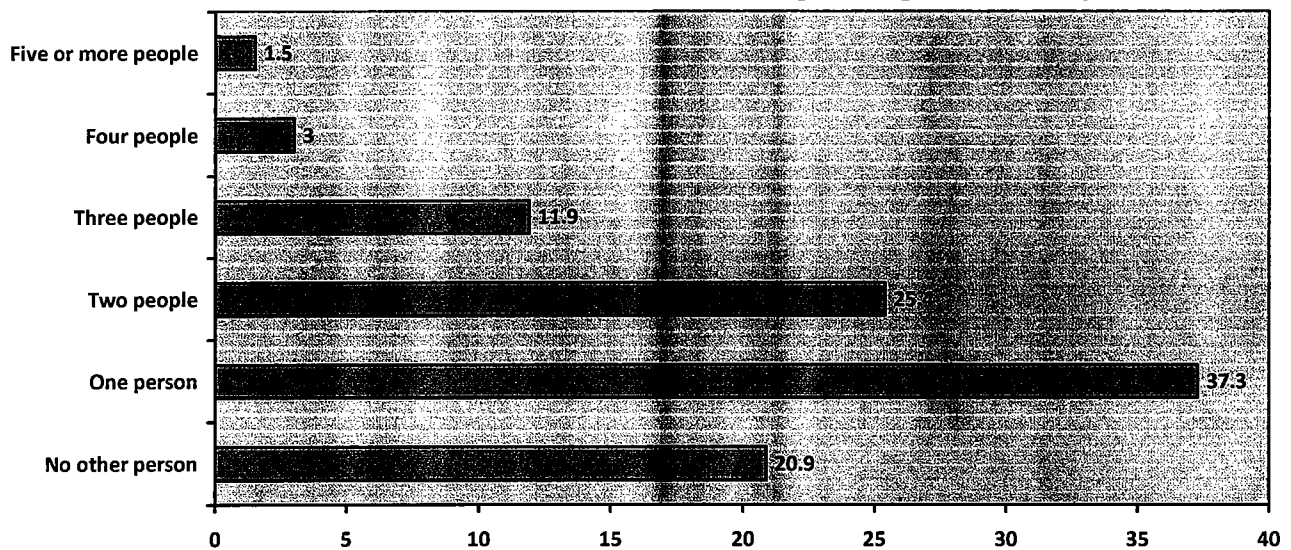


### Percent Distribution in Relation to the Completed Level of Education of Elderly People



The highest level of education mostly completed by elderly people is Grade 12 (30.6%; n = 45).

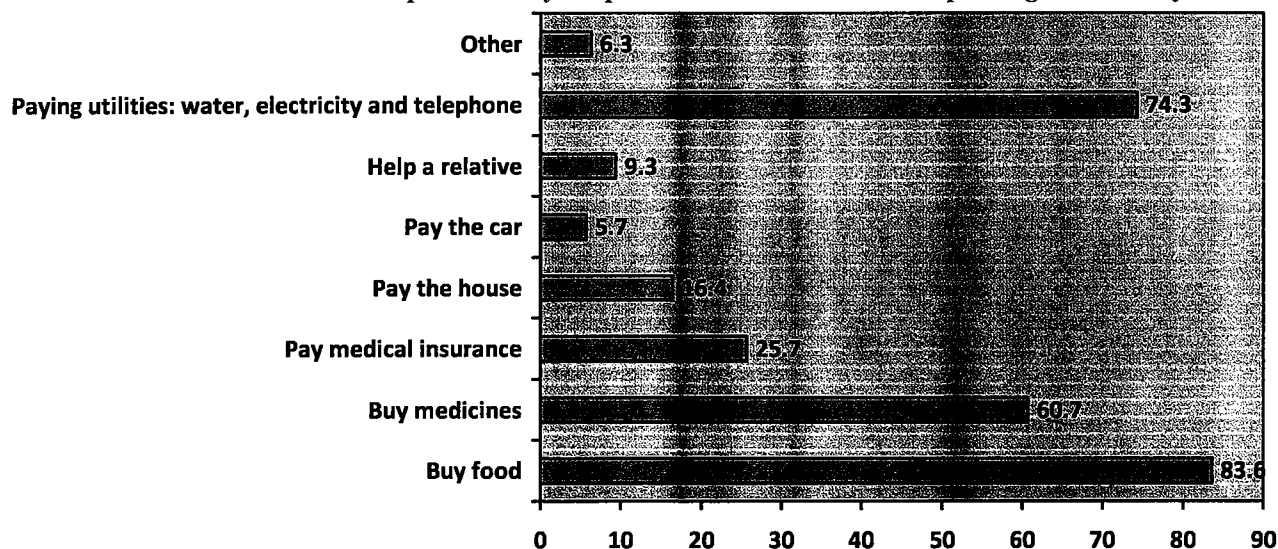
### Percent Distribution in Relation to the Number of People Living with an Elderly Person



## Part B Financial Security

- Thirty-seven point four (37.4%) (n = 52) of elderly people reported that their monthly income is enough to cover their expenses.

**Percents in Relation to Aspects Elderly People Give Preference to when Spending their Money Each Month**

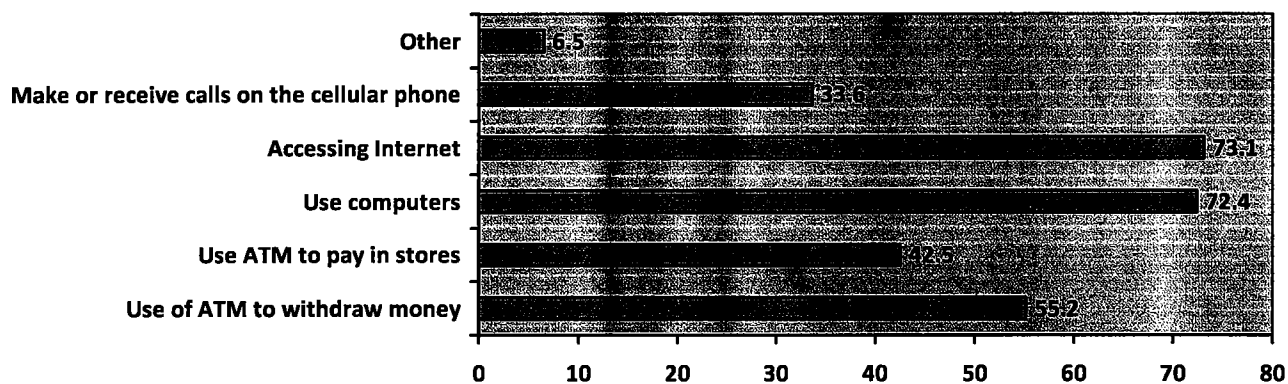


Elderly people indicating the category of Other in relation to the aspects to which they give preference when spending their Money each month reported the following: buying clothes and cosmetics, paying personal debt, buying hygiene articles, home maintenance and buying things for their dogs.

## Part C Employment and Technology

- Sixteen point eight percent (16.8%) (n = 23) of elderly people are interested in working.
- Twenty-three point seven percent (23.7%) (n = 33) of elderly people reported having felt discriminated due to age.
- Forty-three point two (43.2%) (n = 60) of elderly people consider that there are employment opportunities for them.

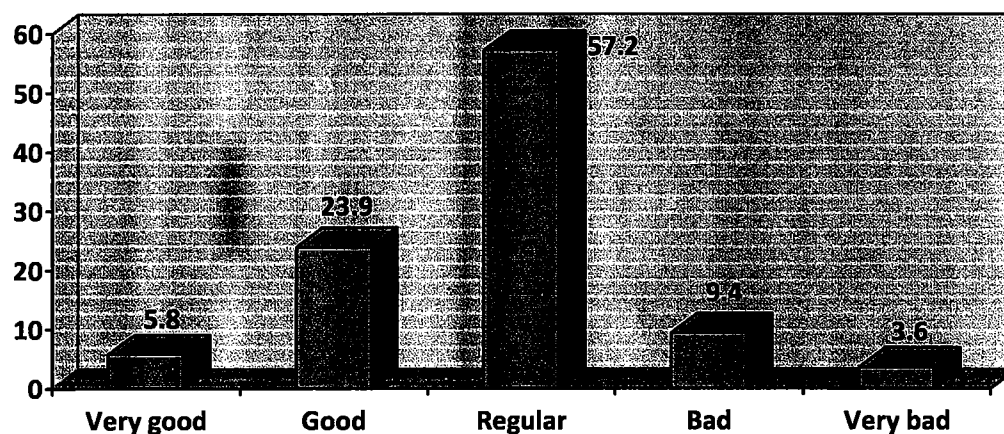
**Percents of the Difficulties in Using Technology of the Elderly People**



Elderly people who chose the option "other" regarding difficulty with technology reported the following: turning on Direct TV service, using an MP3, and using radios and TV sets.

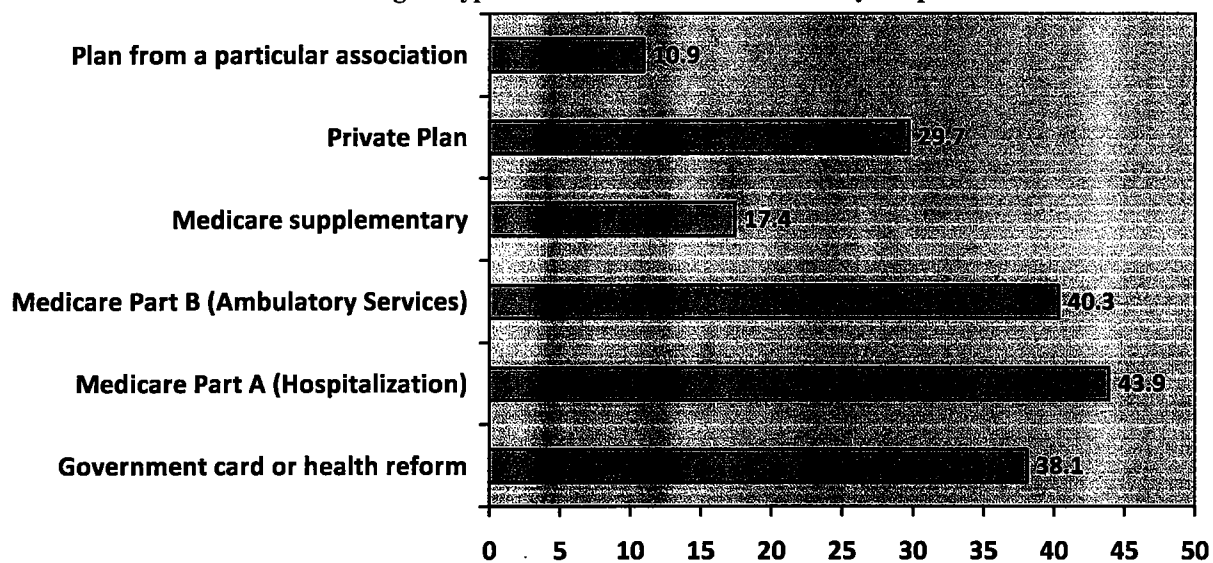
**Part D      Health**

**Percent Distribution in Relation to the Perception of Elderly People on their Health Condition**

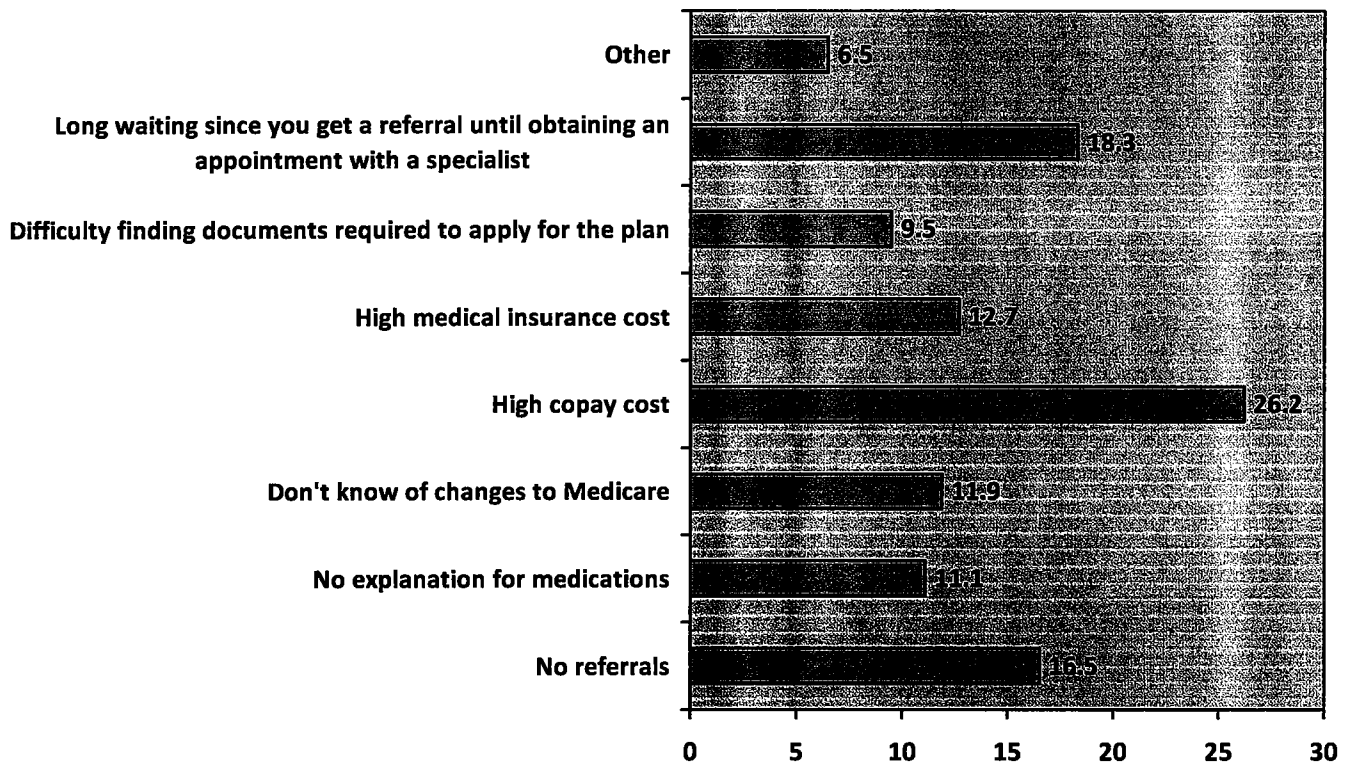


- Ninety-two point five percent (92.5%) (n = 123) of elderly people have medical insurance.

**Percents According to Type of Medical Insurance of Elderly People**



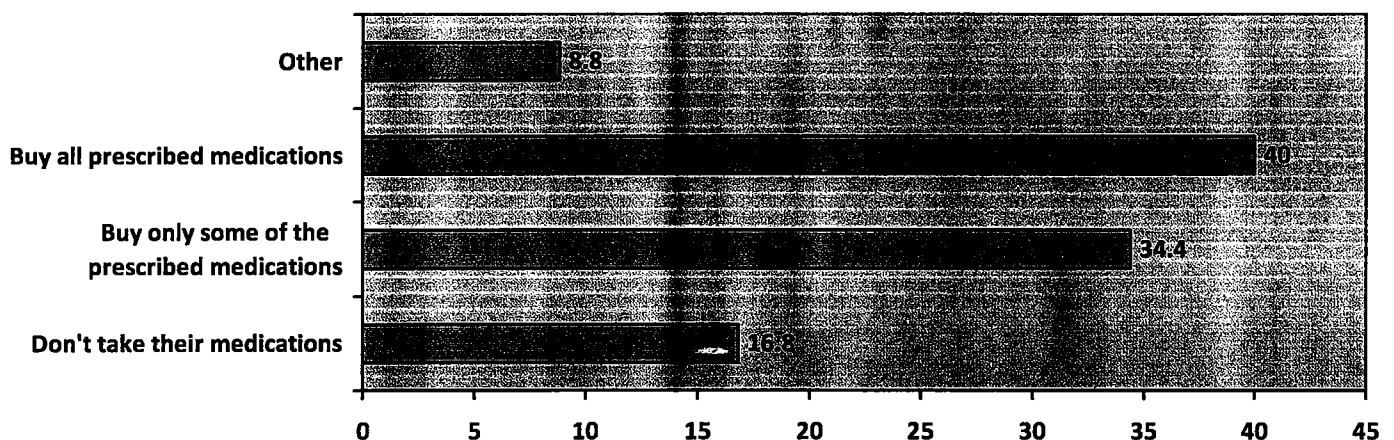
### Percents in Relation to Problems Encountered by Elderly People with their Medical Insurance



Elderly people who indicated the “other” category in relation to problems encountered with their medical insurance reported that medications are too expensive and the amount assigned by Medicare Part D is not enough (n = 5).

- Sixty-six point seven percent (66.7%) (n = 96) of elderly people reported that the medications their doctors prescribe are covered by their medical insurance, and 46.3 percent (n = 57) reported that copay for medications is too high.

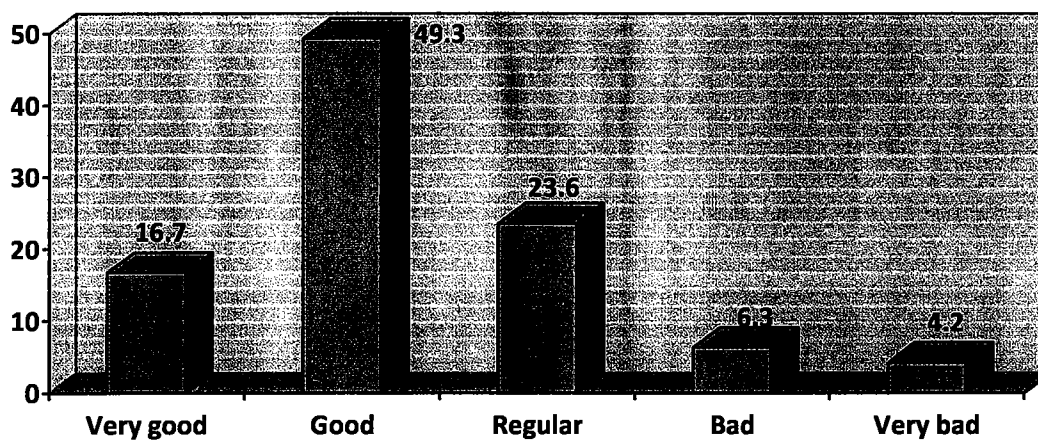
### Percent Distribution in Relation to what Elderly People do when their Medical Insurance does not Cover their Medications



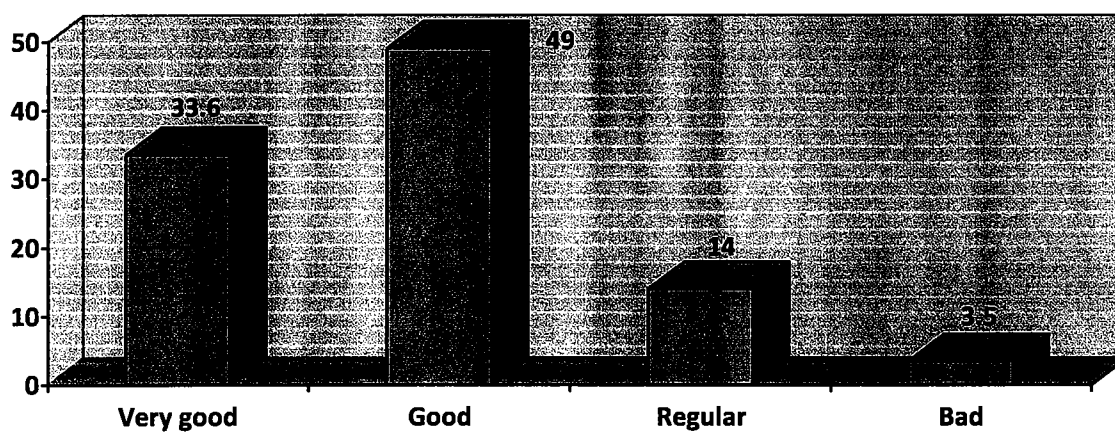
Elderly people who indicated the “other” category in relation to what they do when their medical insurance does not cover their prescribed medications reported the following: seek help from a relative (n = 2), buy part of their medicines (n = 3), the physician provides the medication, and using generic drugs.



**Percent Distribution in Relation to how Elderly People Rate the Services Received at the Hospital**



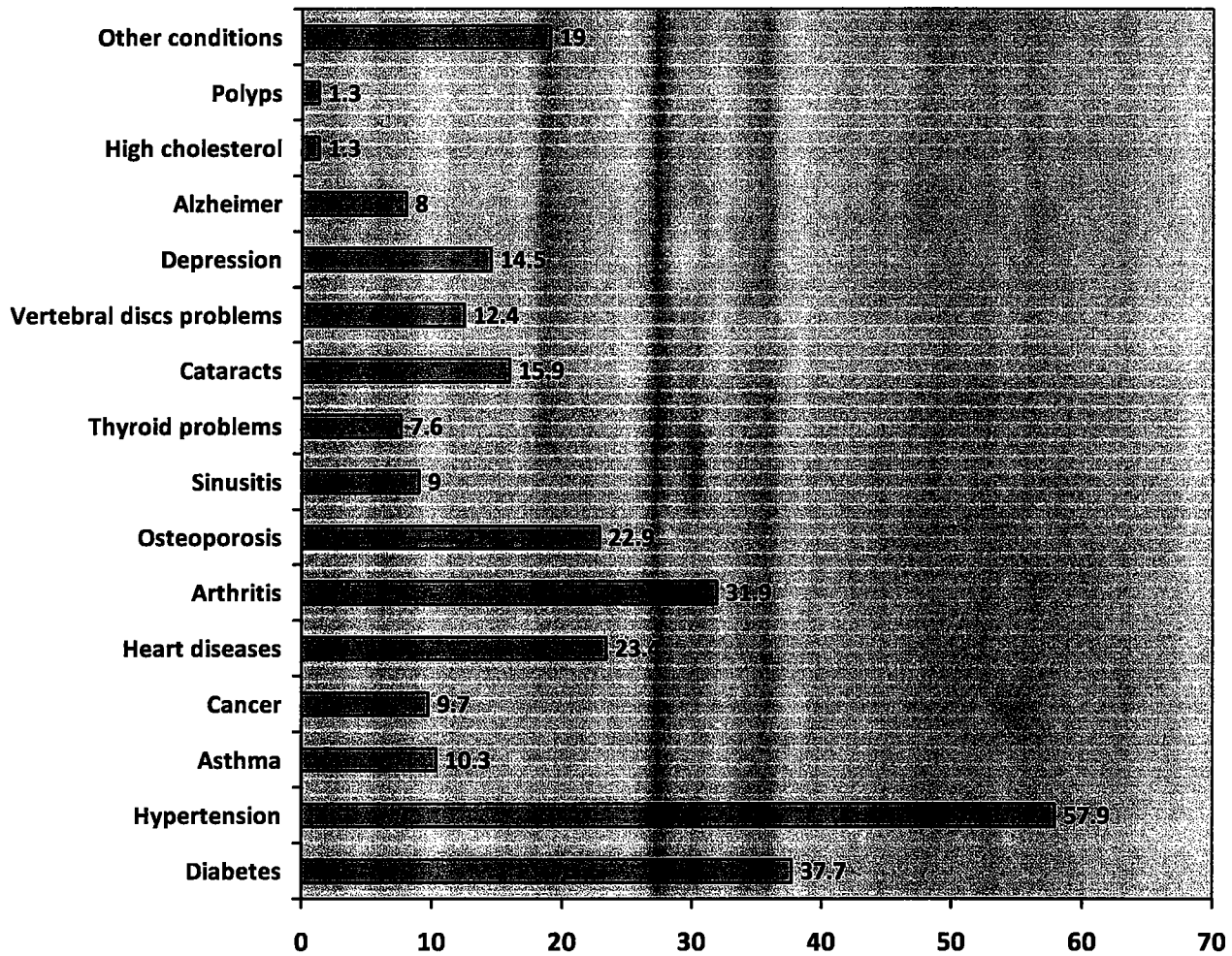
**Percent Distribution in Relation to how Elderly People Rate the Services Received at their Primary Care Physician Office**



- Regarding the services provided at physicians' offices, 72.7 percent (n = 104) of the elderly reported having to wait too long at the office, 72.1 percent (n = 101) indicated that they have to arrive early at the office and 83.9 percent (n = 115) reported having received fair treatment.



### Percent in Relation to Diagnosed Health Conditions in the Elderly

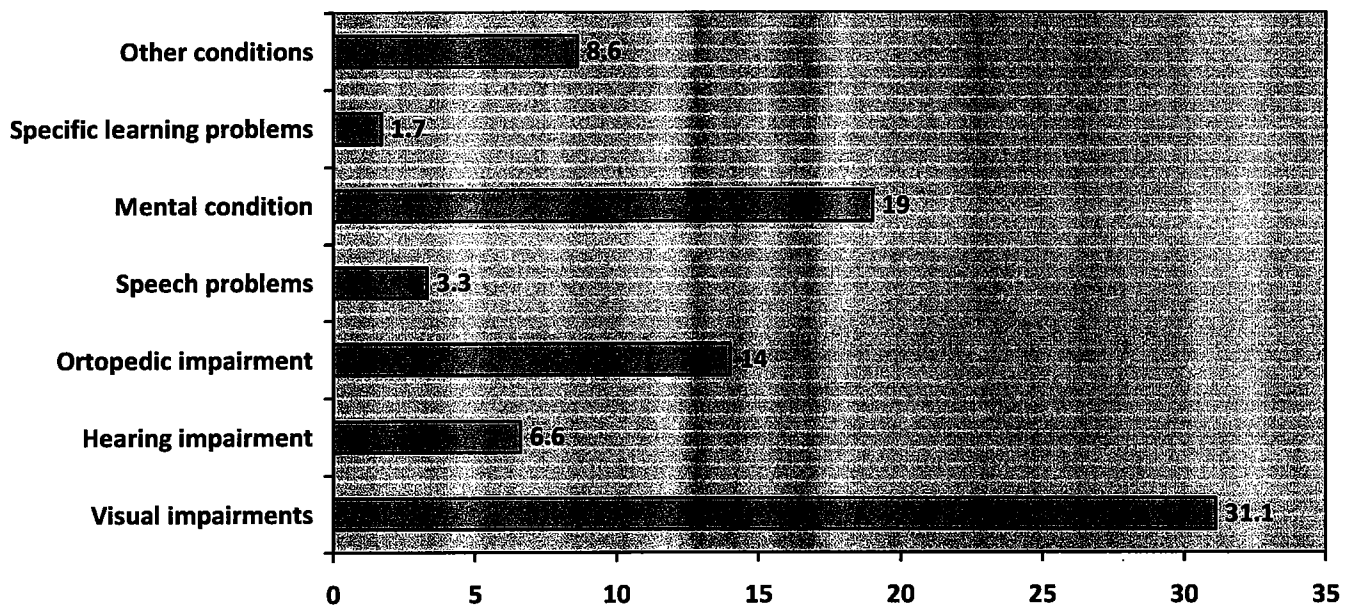


- Among other reported conditions by the elderly are: ulcers, epilepsy, gastrointestinal reflux, and others.
- Forty point five percent (40.5%) (n = 60) of the elderly follow a dietary regimen and 27.7 percent (n = 41) are on an exercise routine.

### Percent Distribution in Relation to Elderly Persons Reporting Some Type of Handicap



### Percents in Relation to the Type of Handicap Suffered by Elderly People



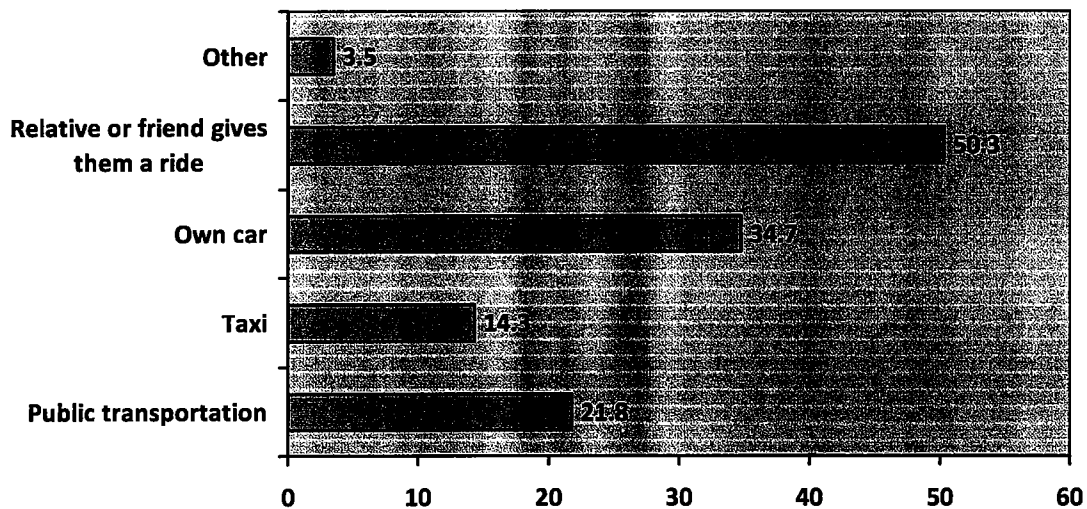
Among the conditions reported by elderly people in the "other" category are: frequent tiredness, poor balance, and others.

- Twenty point four Percent (20.4%) (n = 28) of elderly people have received housekeeping services.

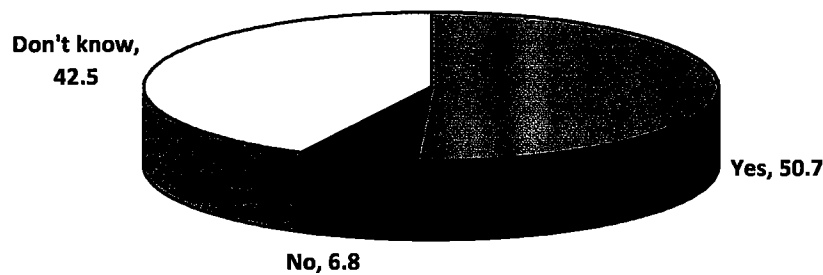
### Part E Transportation

Fifty-eight point three (58.3%) (n = 81) of elderly people indicated that there is public transportation in the area where they live.

### Percents in Relation to the Type of Transportation Used by Elderly People



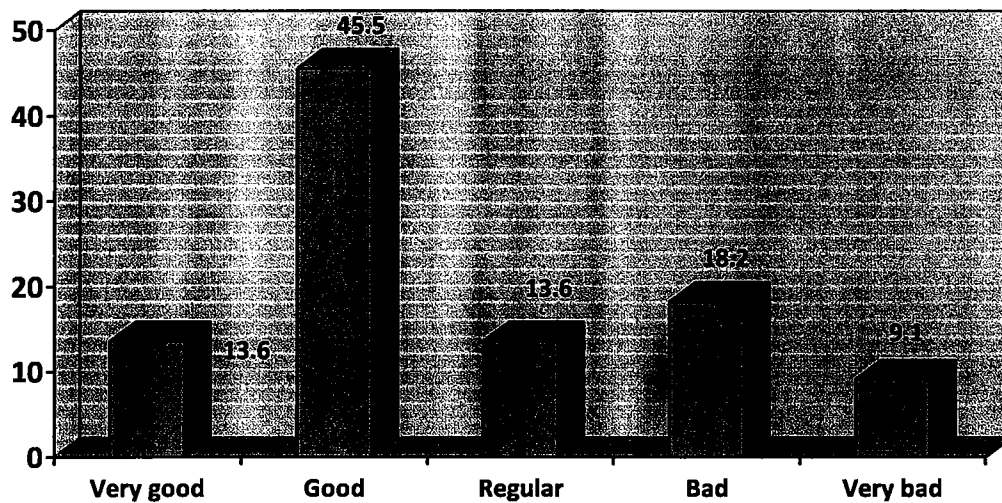
**Percent Distribution in Relation to the Knowledge of the Elderly Regarding if the Municipality has Vehicles with Ramps for Transporting People in Wheel Chairs**



**Part F     Housing**

Eighty-seven point six percent (87.6%) (n = 127) of elderly people live in houses, 11% (n = 16) in apartments, and 1.4% (n = 2) at independent living facilities. On the other hand, 82.6% (n = 119) reported being owners of the house where they live, 11.1% (n = 16) rent a house, and 13.5% (n = 5) live in a public residential, and 2.8% (n = 4) reported other option. People reporting having other option is because the house they live in belongs to a relative (n = 7). Also, 21.6% (n = 32) of the elderly indicated that the house is adapted for people in wheel chair. In addition, 41.2% (n = 61) of the people reported their house needs repairing or arrangements. Only 9.6% (n = 14) of the elderly has requested services from the State Housing Department.

**Percent Distribution in Relation to the Level of Satisfaction of Elderly People with Services Received at the State Housing Department**



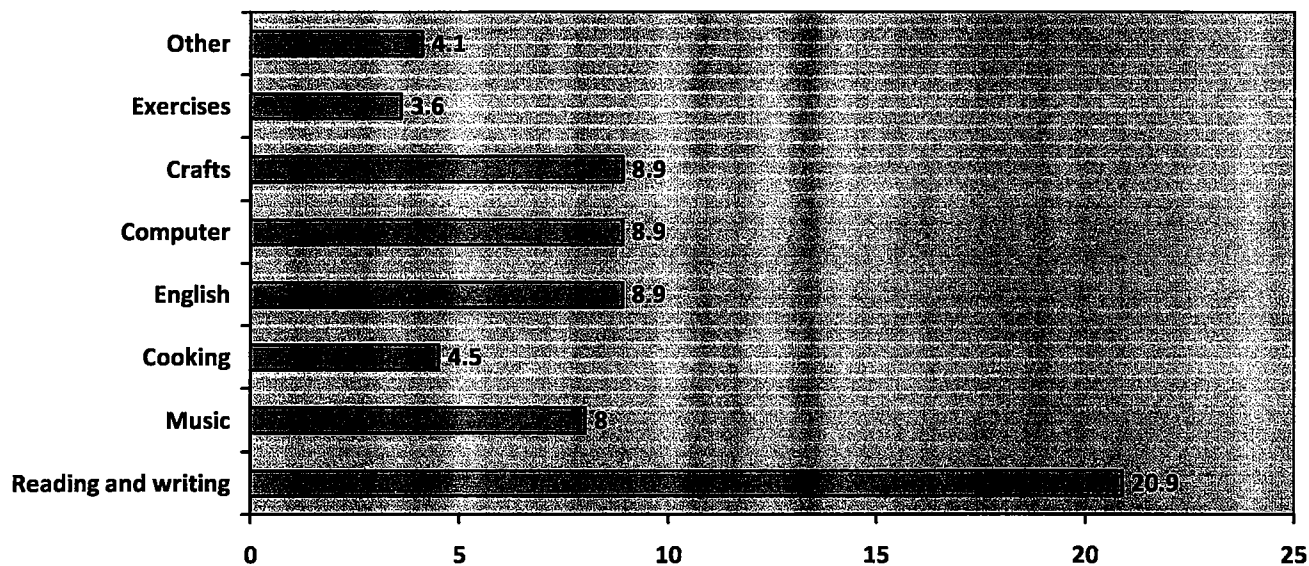
Fifty-nine point three percent (59.3%) (n = 86) of elderly people consider to live on a safe place free from criminal activity.

**Part G     Volunteering**

Fifteen point one percent (15.1%) (n = 22) of elderly people reported having offered volunteer service to a public or private entity. Additionally, 20% (n = 29) of the people indicated they would like to begin or continue volunteer work.

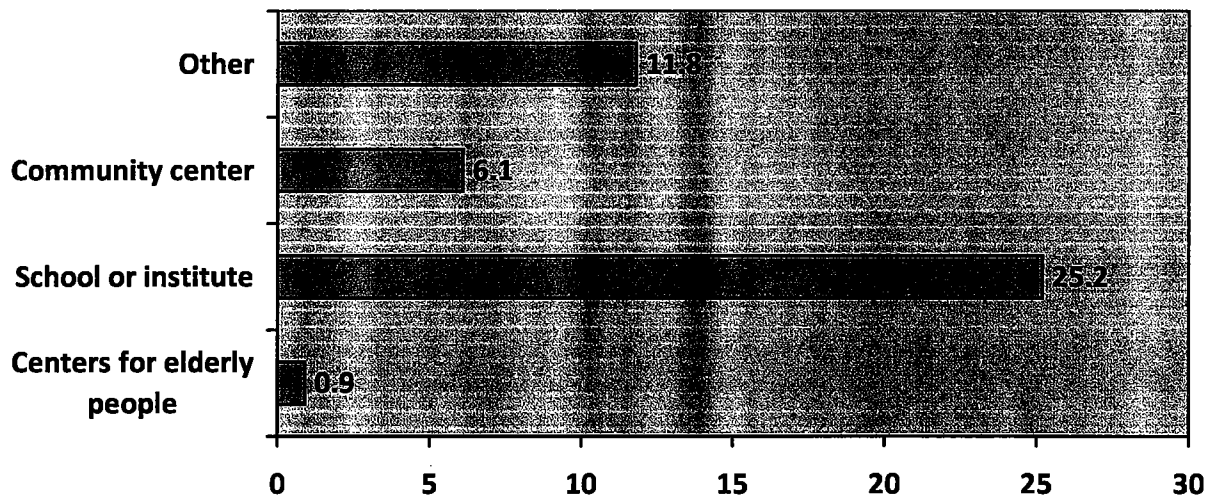
**Part H Education and Information**

**Percents in Relation to Lessons Taken by Elderly People**



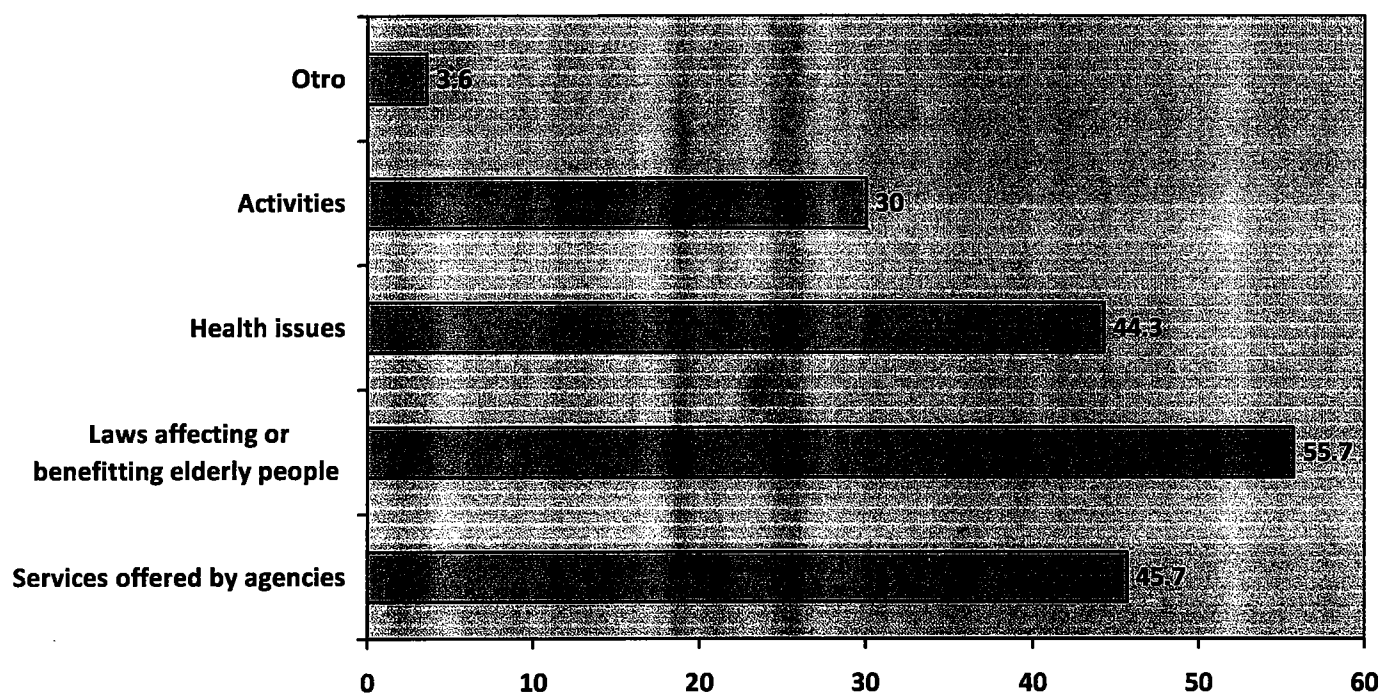
Among the people who indicated the option "other" in relation to lessons taken, the following was reported: agriculture, plumbing, and coordination of activities.

**Percents in Relation to the Places where Elderly People have been taken the Lessons**



People who indicated the option "other" in relation to the place where lessons have been taken reported the following: Music Conservatory, Rebecca Colbert Court at Cabo Rojo, at church and work.

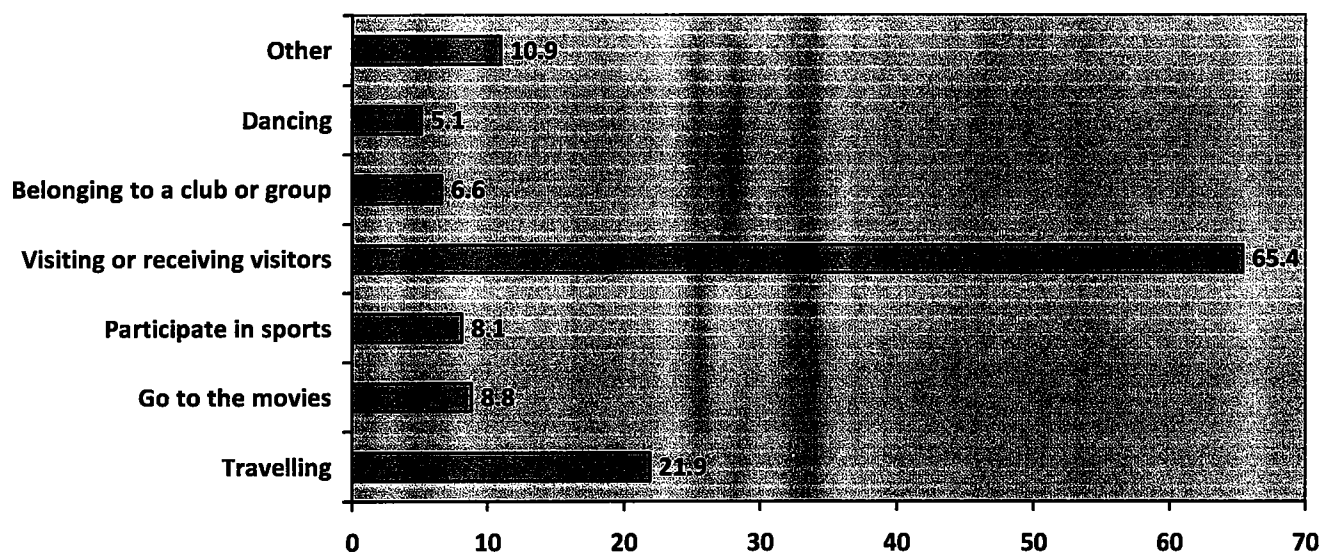
**Percents in Relation to the Topics Elderly People have Interest in having Knowledge of**



People indicating the option "other" in relation to topics that they want to know more about, reported the following: exercises at home, retirement, and present day topics.

#### **Part I Recreation and Socialization**

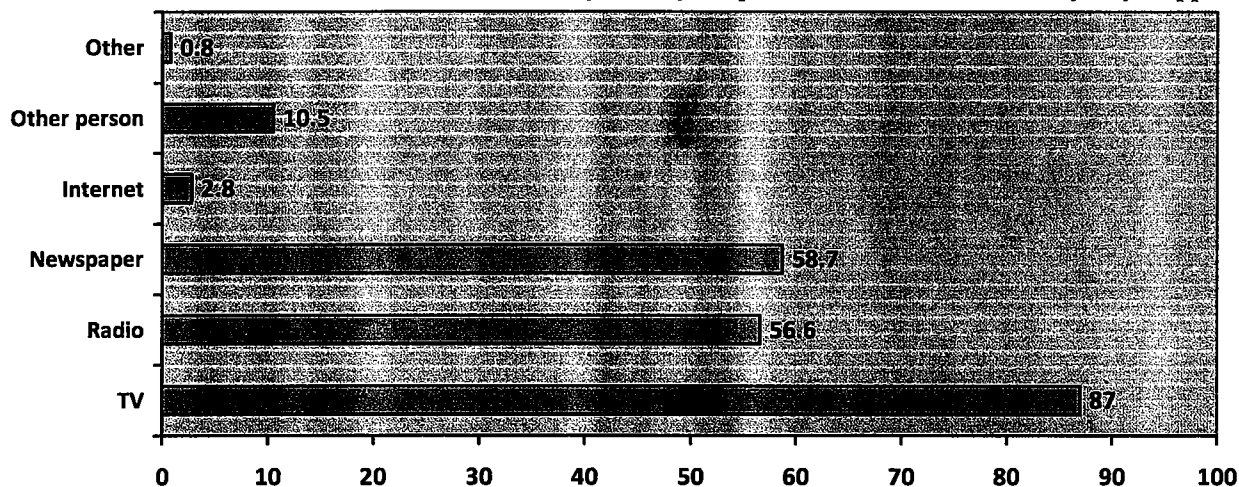
**Percent in Relation to Recreational or Socialization Activates Practiced by Elderly People**



Among the elderly people who indicated the option "other" in relation to recreational and socialization activities they perform, they are the following: going to church, (n = 3), going out for dinner, going shopping (n = 2), playing Domino, and crafts.

## Part J Information

**Percents in Relation to Communication Media Used by Elderly People to Become Aware of Every Day Happenings**



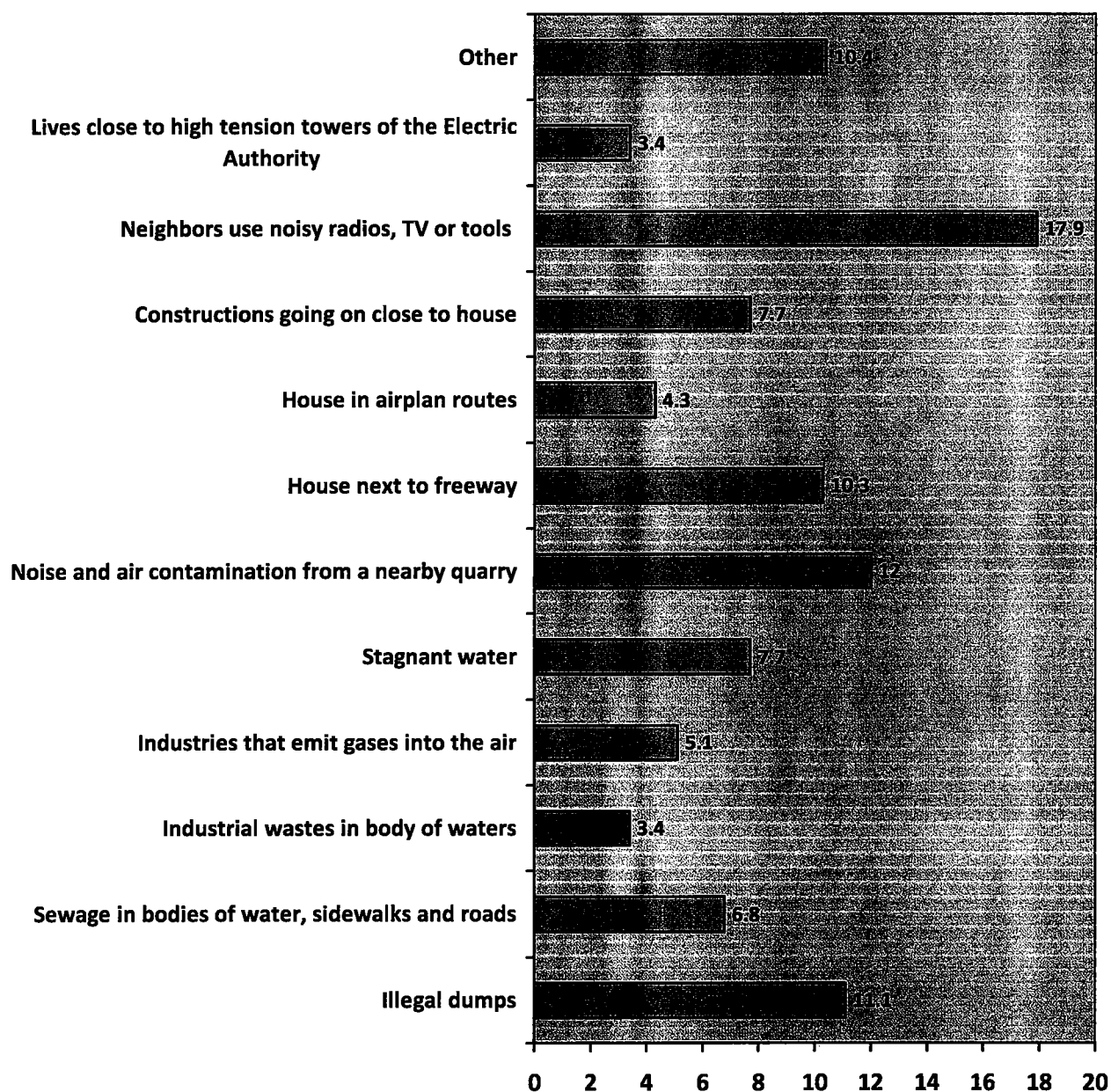
Elderly people who indicated the option "other" in relation to communication media used to become aware of every day events reported using: magazines (n = 2) and telephone.

## Part K Environmental Contamination

Thirty-two percent (32.9%) (n = 46) of elderly people consider to suffer some type of environmental contamination in their house or outside from it.



**Percents in Relation to the Type of Environmental Contamination that Elderly People Reported Suffering in their Houses or Close to them**



Among the elderly people who indicated the option "other" in relation to the type of environmental contamination suffered are: cattle close to the house (n = 2), mosquitoes, bad odors from stove from a nearby house, a creek used by neighbors to discard garbage, and there is a close lot that is never cleaned and causes problems.

**Part L Additional Comments**

Below are comments from elderly people who participated in the study:

1. "Housekeepers should be better evaluated and trained to care for old people, that know how to treat these persons and not abuse them."
2. "The requirements of the Department of the Family are not real, hard to qualify, you have to have a connection at the office to help you out."

3. "Took too long to come, when I really needed they didn't show up and took more than three months. The scales of the Department of the Family and housekeeping are provided to people that don't need it or you have to have connections."
4. "Services that you qualify for take too long."
5. "There is discrimination for receiving income, they don't take into consideration your monthly expenses."
6. "Elderly people need recreation and company to talk to."
7. "That Social Security be increased, because medicines are too expensive."
8. "I wish I had someone to accompany me."
9. "Better treatment for old people."
10. "The problem I have with that plot of land. I have to go up to the roof each time it rains to clean the leaves that block the flow of water, it is a terrible problem, and no one is responsible, in hurricane trees fall on the roof and I'm left without a house. Where do I go to solve my problem?"
11. "Government offices should improve services, there is much need and Little service. No one qualifies for the services unless you have a connection."
12. "The government offers no help to poor families and they go through a lot of troubles."
13. "So good to find an office that cares about old people."
14. "When you grow old, no one cares, only the Young have better opportunities."
15. "Feels that old people are not considered. I understand there should be a law for private businesses regarding preference turns."
16. "Society should be more educated and sensitive. There should be more volunteer programs to help old people. There are many organizations that help children and that is good, but where do we stand. What organization cares about adopting an elderly "a grandparent". What artist or private organization has a foundation for the golden years. Almost all is about children, forgetting old people that also need help."
17. "Society does not recognize the rights of old people. They make fools out of them. In TV ads they make fun of them and treat them as children. Children don't know many things because they have not lived long enough. They have no experience to tell or share, but an old person has vast experience, it is not important like a child that does not know the world. Therefore, old people suffer due to absence of their loved one."
18. "When they have to do their chores and pay utilities have to stand in long lines. Neither private nor government agencies respect preference turns. When they honor it, people around get upset."
19. "I don't like when the term old is used even in a loving tone. Something old is something that is not usable and even a loving tone it is discriminatory. Technology should be at the reach of the elderly population, big letters in Spanish and simple instructions."
20. "More education in the media so the elderly receives a better treatment when going to request services at agencies and public places."
21. "I have difficulties repairing the house."

#### Descriptive Analysis of the Results Obtained from the Caregiver's Questionnaire

During August 2007 to February 2009 questionnaires were handed out to caregivers of elderly persons who benefit of the services offered by the Agency, mainly form respite programs. A total of 156 questionnaires. The questionnaire consisted of 14 Parts (Part A – Part L) with the objective of collecting information from caregivers. The topics were the following:

- Part A Demographic Information
- Part B Information of the Person you provide Care to
- Part C Financial Security of the Caregiver
- Part D Employment of the Caregiver
- Part E Health of the Caregiver
- Part F Transportation
- Part G Housing
- Part H Education
- Part I Recreation and Socialization
- Part J Needs
- Part K Environmental Contamination
- Part L Additional Comments

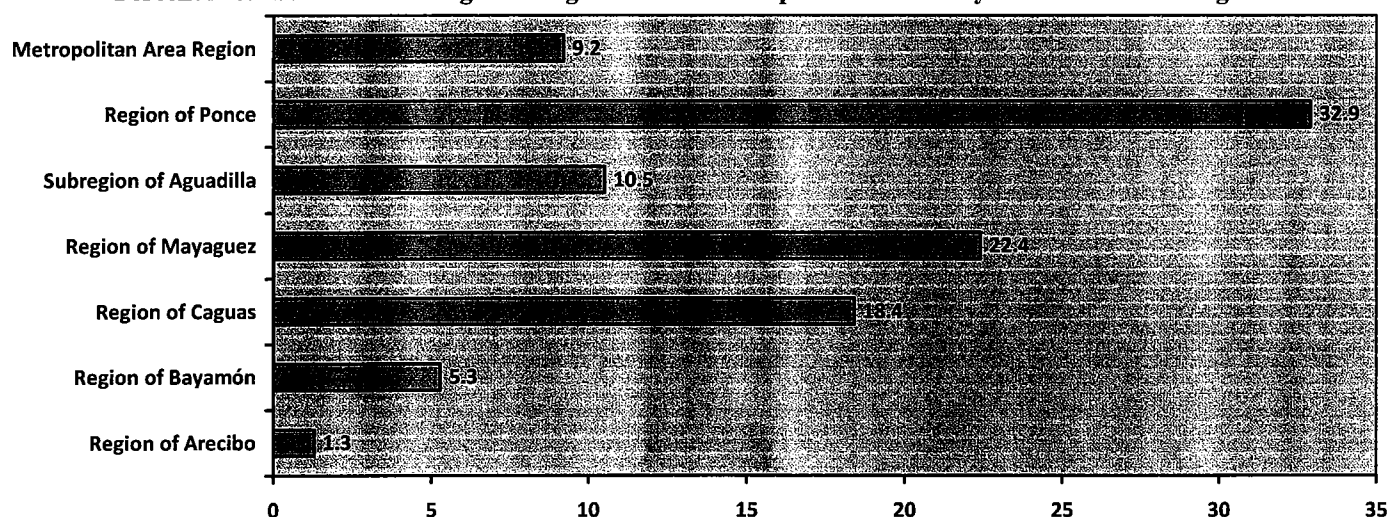


Below are the results obtained from the descriptive analysis conducted through the statistics software SPSS version 15.0.

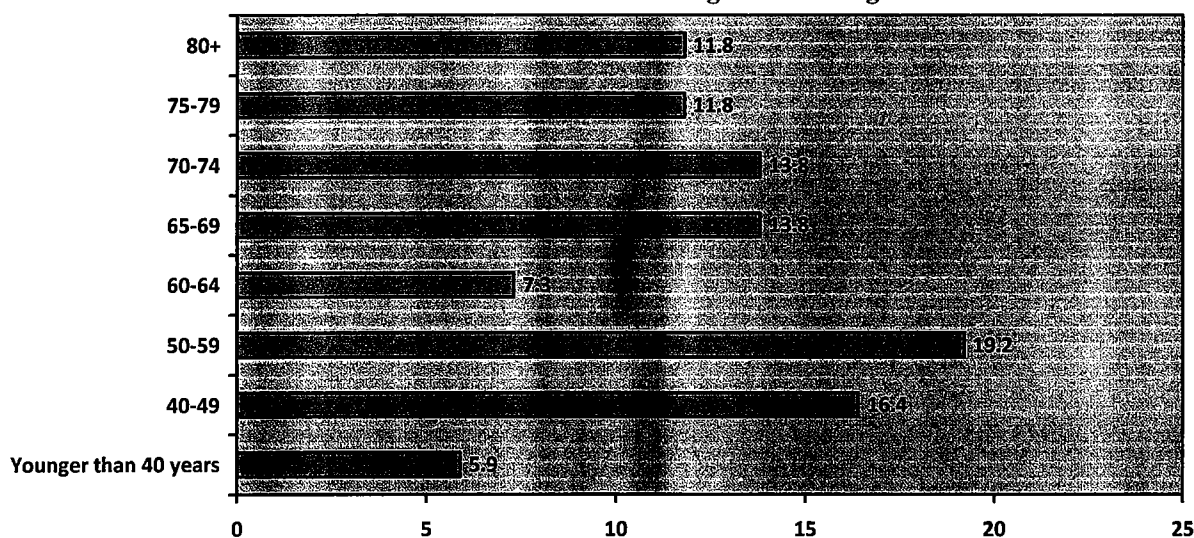
#### Part A Demographic Information

- Sixty-two point three percent (62.3%) of the caregivers are women.
- The five municipalities with the greatest number of caregivers reported in the study were: Ponce (20.4%; n=31), Mayagüez (13.8%; n=21), Carolina (6.6%, n=10), Cayey (6.6%; n=10) and Isabela (5.9%, n=9).
- Caregivers participating in this study are from 34 municipalities.

**Percent Distribution According to Caregivers Who Participated in the Study based on Health Regions**

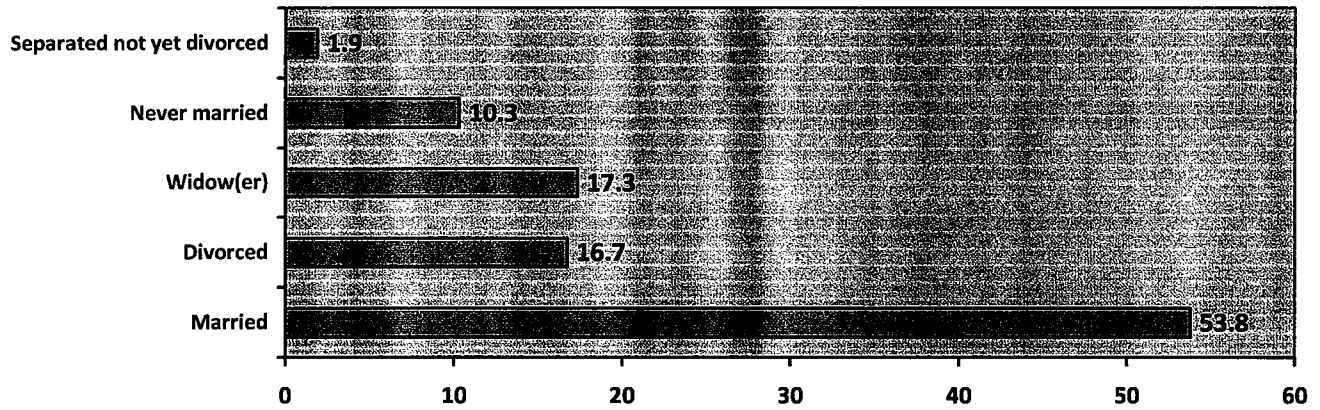


**Percent Distribution in relation to the Age of the Caregiver**

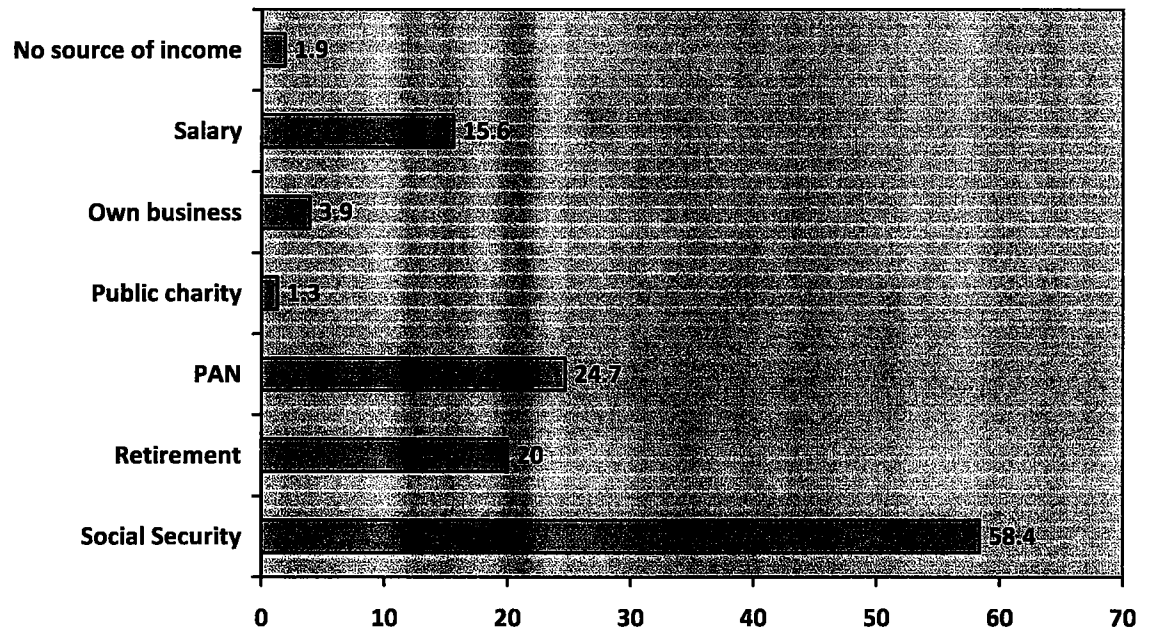


- The average age of the caregiver is 62 years, most frequent age is 65 years the same as the intermediate value (median). The age intervals of the caregivers are 31 and 95 years.

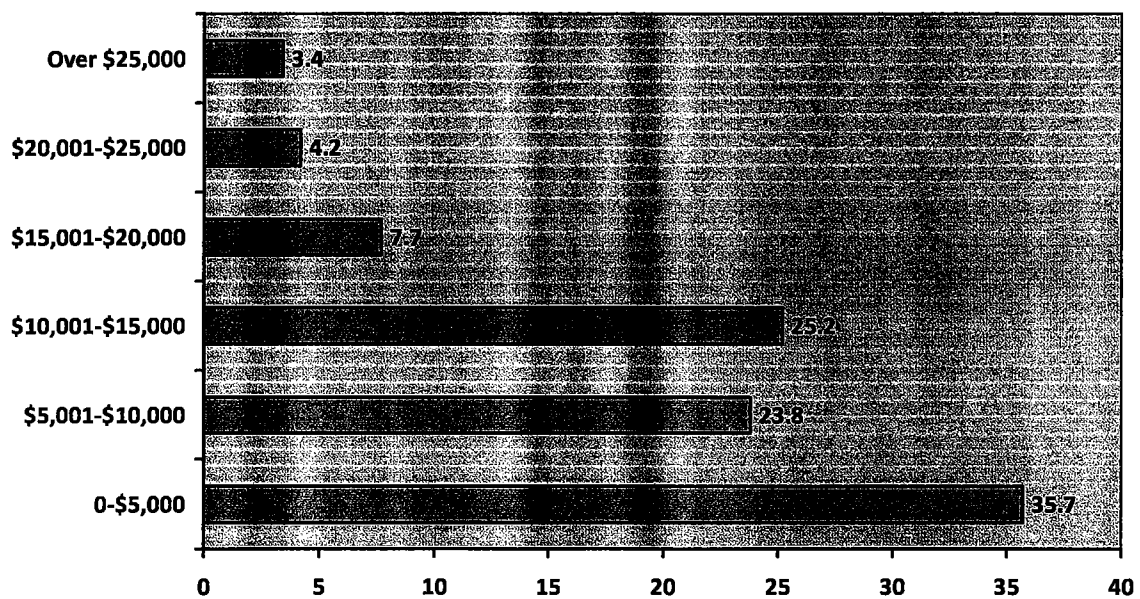
**Percent Distribution in Relation to Civil Status of the Caregivers**



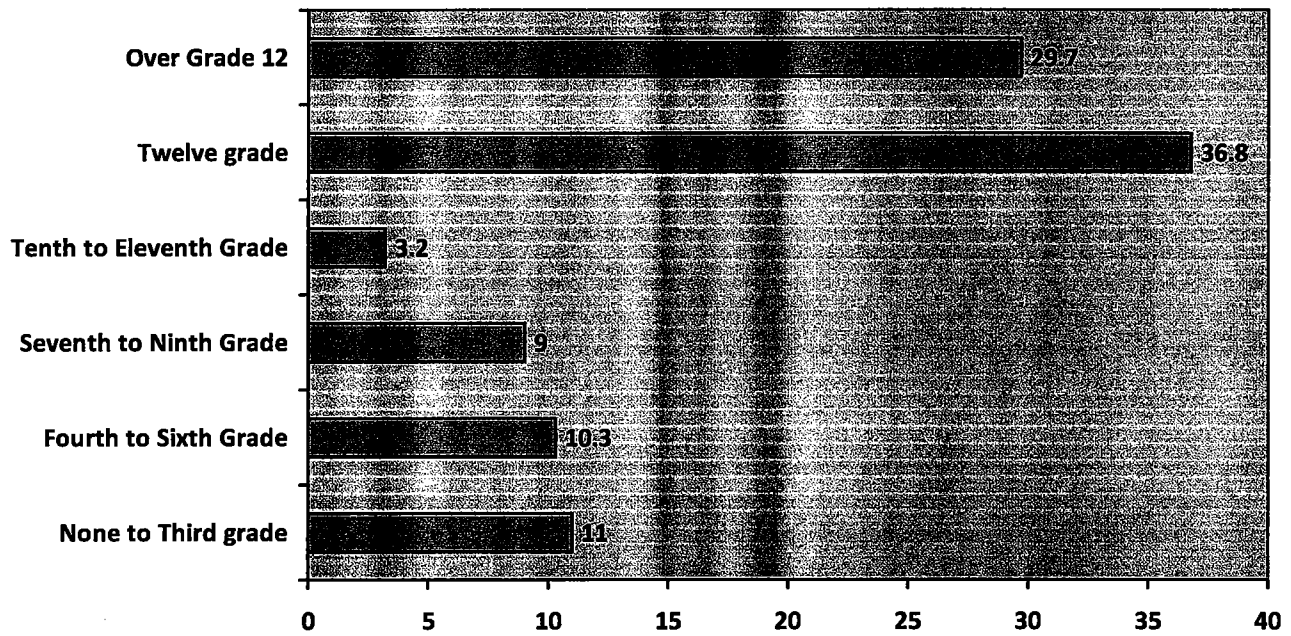
**Percents According to Types of Sources of Income of the Caregivers**



**Percent Distribution in Relation to Annual Income of the Caregiver**



**Percent Distribution in Relation to the Completed Educational Level of the Caregiver**



**Percent Distribution in Relation to the Number of People Living with the Caregiver**

