

LONGITUDINAL STUDY

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WISCONSIN LONGITUDINAL STUDY

Instrumentation: 1957 to 2010

User's Guide

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Tab 1

Overview of the WLS

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WLS Study Description

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WLS Study Description

The origins of the Wisconsin Longitudinal Study (WLS) can be traced back to a state-sponsored questionnaire administered to all members of Wisconsin's high school graduating class of 1957 during the spring of their senior year. At that time, Wisconsin was planning for the refurbishing of its institutions of higher education and wished to gauge demand for postsecondary study by assessing its high school seniors' future educational plans. In 1962, five years after the original questionnaire was administered, William H. Sewell – a researcher and Professor of Sociology at the University of Wisconsin-Madison – randomly selected one-third of the surveyed members of the class of 1957 for further data collection; the resulting 10,317 "graduate" respondents that were drawn into Sewell's random sample have become the focal cohort for the modern WLS. The sample is directly representative of Wisconsin's high school class of 1957 and generally representative of similarly aged, white Americans who completed high school.

As the graduates have aged, the WLS has grown in both scope and in terms of the respondents studied. After 87% of parents returned a 1964 mailed questionnaire centering on the educational attainment, current place of employment, marital status, and mailing address of the graduates,

it was – in 1975 – deemed feasible to locate and contact almost all of them. Telephone interviews were subsequently conducted and yielded a full record of social background, youthful aspirations, schooling, military service, family formation, labor market experiences, and social participation. This survey data was then supplemented by state records on mental ability, school performance, and characteristics of communities of residence, schools and colleges, employers, and industries. In 1977, some of the resulting data with respect to the graduates' siblings was used to randomly select a focal brother or sister for inclusion in the study. Two thousand of these "sibling" respondents were first contacted and interviewed in that year and, by the next round of data collection in 1992/94, a focal sibling had been added to the study for every graduate respondent; they have remained an integral source of WLS data ever since.

The 1992/94 round of data collection, however, did not simply mark the first time both graduate and sibling respondents were interviewed in equal proportion. It also represented a shift in the study's focus from adult status attainment processes to aging, retirement, and overall health. The project's content was expanded to cover occupational histories and job characteristics; incomes, assets, and inter-household transfers; social and economic characteristics of parents, siblings, and children and descriptions

of the respondents' relationships with them; and extensive information on mental and physical health and well-being. To accommodate this increase in scope, the WLS instituted computer-based surveying technologies. During the 1992/94 wave, as well as the subsequent 2003–2007 round of data collection, computer-assisted-telephone-interviewing (CATI) software was used by interviewers to store responses and pattern the survey questions asked. For the next collection wave in 2010–2011, the CATI programming was transformed into computer-assisted-personal interviewing (CAPI) software such that interviewers could access it remotely on laptops and, thus, enter respondents' homes and collect data in person. Since, with each subsequent collection wave, the coverage and length of WLS interviews has increased, self-administered-questionnaires (SAQ's) have been incorporated into the study design as a means of obtaining sought-after data without extending interview durations beyond the point of feasibility. SAQ's, conventional paper surveys completed and returned to the WLS by respondents at their convenience, were mailed out during the 1992/94 and 2003–2007 rounds of data collection; for the 2010–2011 round, SAQ's were given to respondents at the conclusion of the in-person interviews. In cases where the WLS has been unable to interview a respondent, SAQ's have been mailed out in the hopes of collecting at least

some data.

When considering the 2003–2007 and 2010–2011 rounds of data collection in light of the 1992/94 collection wave, the project's growing emphasis on health and aging is readily apparent. Indeed, the new millennium has witnessed the WLS incorporate previously unimaginable epidemiological, genetic, and neurological elements. During the 2003–2007 round, survey modules or sections focusing on children of the respondents diagnosed with developmental disabilities or mental illnesses – so called "non-normative" conditions – were added, along with detailed checks of health utilities (e.g. vision, hearing, memory and thinking), current and past diagnoses, family health histories, health insurance coverage, utilization of health care, pension plans, attitudes towards retirement, and end of life preparations and caregiving. This content was further complemented by in-person measures of physical attributes (e.g. height, weight, waist size) and capacities (e.g. grip strength, walking speed, lung capacity), questions regarding the extent to which respondents required assistance with tasks of daily living, assessments of their ability to understand medical instructions and nutritional labels, and attempts to secure consent to access Medicare and Social Security records – not to mention a DNA sample – during the 2010–2011 collection wave. The

2010–2011 round's most novel feature, however, may be its inclusion of eight cognitive tasks gauging respondents' memory, thinking, perception, processing speed, and reaction time.

All told, the original graduate respondents have been contacted directly for further study in 1975, 1992, between 2003–2007, and between 2010–2011, while their focal siblings have been interviewed in 1977, 1994, between 2003–2007, and between 2010–2011. Survey data was also collected from the spouses of the graduates in 2004 and the spouses of the siblings in 2005. Moreover, the WLS records for graduate respondents have been linked to those of three same-sex high school friends within the study population. These "reciprocal friends," not to mention the sibling respondents selected for inclusion in the study, allow each graduate respondent to be analyzed relative to both family members and friends. That is, although the WLS began as a study of Wisconsin's class of 1957, each graduate can also be appraised as the unifying point in a relational web of parents, siblings, spouses, and children. It is this multi-generational perspective that has allowed the study to endure across not only fifty-plus years of data collection, but also the life spans of its original participants.

WLS Sample Characteristics

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WLS Sample Characteristics

The WLS sample is broadly representative of white, non-Hispanic American men and women who have completed at least a high school education. In 1990 and 1991, approximately 66 percent of Americans fit this description. Some strata of American society, however, are not well represented. For example, the WLS sample mainly includes people of German, English, Irish, Scandinavian, Polish, or Czech ancestry. Further, while it is estimated that about 25 percent of Wisconsin youth failed to complete high school in the late 1950s, everyone in the primary WLS sample graduated; about seven percent of their siblings did not graduate from high school. Additionally, minorities are not well-represented: there is only a handful of African American, Hispanic, and Asian persons in the sample. About 19 percent of the WLS sample is of farm origin, and that is consistent with national estimates of persons of farm origin in cohorts born in the late 1930s. As in the later, large, longitudinal studies of school-based samples, age variation occurs in repeated observations rather than in cross-section. Also, siblings cover several adjoining cohorts: they were born primarily between 1930 and 1948. In each wave of the study, about two-thirds of the sample lived in Wisconsin, and about one-third lived elsewhere in the U.S. or abroad. Since most graduate respondents were

approximately 71 years old at the beginning of the 2010–2011 round of data collection, interview protocols were – for the first time – relaxed to allow proxies to complete the interview on their behalf. A proxy is any person who is interviewed about and instead of a targeted respondent. Typically, proxies are interviewed because the respondent was physically and/or mentally unable to participate.

Scope of WLS Data Collection Instruments

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1957 Questionnaire for High School Seniors

Sample: All seniors (class of 1957)

- 1957 residential characteristics
- Background data and SES
- High school characteristics
- Educational aspirations and plans
- Parental support and finance for education
- High school course work completed
- Interest in high school studies
- Occupational aspirations and plans
- Marriage and military plans
- Significant other's influence and encouragement (teachers, parents, and friends)

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1957 Follow-Up Questionnaire for Parents of Graduates

Sample: 1/6 sample of parents of graduates (class of 1957)

- Response status
- Student's 1957 activity
- Parent's aspiration for child's future education
- Parental report of child's high school course work
- Parental family wealth estimate
- Parental opinion of value of college
- Questionnaire respondent

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1957–1964 Wisconsin Tax Department Data

Sample: 1/3 sample of graduates and top 10% of graduates by IQ

- Father's 1957 occupation
- Mother's 1957 occupation
- Parental income 1957-1960
- Male R's 1964 occupation
- Male R's spouse's 1964 occupation

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1964 Questionnaire for Mail Survey of Parents of Graduates

Sample: 1/3 sample of graduates and top 10% of graduates by IQ (administered to parents regarding their graduates)

- 1964 residential characteristics
- Education (college and vocational)
- Military status in 1964
- 1964 occupation
- Marital status in 1964
- Husband's occupation in 1964

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1975 Questionnaire for Telephone Survey of Graduates

Sample: 1/3 sample of graduates (class of 1957)

- Sample and response variables
- 1970 and 1975 residential characteristics
- Background Data
    - Head of household information
    - Parents' education
    - Father's or head's 1957 occupation
    - Mother's 1957 occupation
    - Parental income in 1957
    - Family of origin nationality and religion
    - R's religion and church attendance
    - Sibling data - all siblings in the family of origin
    - Selected sibling data
    - R's educational and occupational aspirations
    - Significant others' influence and friends data
    - R's education (college and vocational)
    - Military experience
- R's occupational history
    - First full-time job after completing school
    - Job in 1970
    - Job in 1974
    - Labor force data (pertaining to week prior to interview in 1975)
    - Current or last job
    - Job importance and satisfaction
    - Attitudes toward work
    - Occupational aspirations for 1985
- Marital history and spouse data
- Fertility
- Randomly selected child
- Work histories for ever married women
- Earnings for R and spouse
- Social participation
- Quality of data codes
- Replicated items - best measures

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1977 Questionnaire for Telephone Survey of Siblings

Sample: Selected siblings of 1/3 sample of graduates (class of 1957)

- Identifying information
- Sample and response variables
- Sibling's IQ and ability test scores from Wisconsin State Testing Service
- Residential characteristics of town where sibling attended high school
- 1970 and 1977 residential characteristics
- Sibling's Background Data
    - Parents' education and occupation when sibling was 16
    - Sibling's religion and church attendance
    - Relationship of 1975 and 1977 respondents
    - Sibling's educational and occupational aspirations
    - Labor union participation of sibling and head of household
    - Sibling's education (college and vocational)
    - Military experience
- Sibling's occupational history
    - First full-time job after completing school
    - Job in 1970
    - Job in 1976
    - Labor force data (pertaining to date of interview in 1977)
    - Current or last job
    - Job satisfaction
    - Attitudes toward work
    - Occupational aspirations for 1987
- Marital history and spouse data
- Fertility
- Work histories for ever married women
- Earnings for sibling and spouse
- Social participation
- Quality of data codes

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1992 CATI Instrument for Survey of Graduates

Sample: 1/3 sample of graduates (class of 1957)

- Identifying and confirming information
  - Introduction
  - Death data (dates, place, cause of death, and usual or last occupation)
- Education
  - Complete educational history (for 1975 non-respondents)
  - Post-1975 educational history (for 1975 respondents)
  - Current education
  - Future educational plans
  - Importance and success of education
- Military service
  - Military experience (for 1975 non-respondents)
- Marriage
  - Complete marital history (for 1975 non-respondents)
  - Post-1975 marital history (for 1975 respondents)
  - Contact/closeness with current spouse
  - Employment of current spouse
- Children's roster
  - Update on children prior to 1975 (for 1975 respondents)
  - Children prior to 1975 (for 1975 non-respondents)
  - Children since 1975 for the entire sample
  - For all children of the respondents:
    - Name
    - Birthdate
    - Sex
    - Deaths and dates
    - Relationship to R (biological, adopted, step or foster)
    - Education
    - Residence with R
    - Current marital status
- Parent's roster
  - Living
  - Residence
  - Marital status
  - Mother: contact/closeness
  - Father: contact/closeness
  - Same sex parent comparison
- Background Data (for 1975 non-respondents)
  - Living with both parents most of the time up to senior year
  - Identification of head of household
  - Head's occupation during senior year
  - Head's education

    - Father's origin nationality
    - Mother's occupation during senior year
    - Mother's education
- In-law's roster
    - Living
    - Residence
    - Marital status
- Household roster
    - Name
    - Sex
    - Age
    - Relationship
- Employment history
    - Past job aspirations (for 1975 non-respondents)
    - First job after completing school (for 1975 non-respondents)
    - Job history from 1975 to the present (full-time, part-time, self-employed, and unemployment)
        - Dates (started, stopped, and reasons for leaving)
        - Company name and place
        - Industry
        - Occupation
        - Class of worker
        - Labor union membership
        - Benefits (Pension or retirement plans, health insurance, educational training)
- Current/last job in 1992
    - How they got job (if not self-employed)
    - Wages
    - Job characteristics
    - Job supervision (respondents received either Wright's or Jenck's supervision questions)
    - Job satisfaction and conditions
    - Job Importance
- Personality
    - Big 5 personality items
- Cognition
    - Eight items from the WAIS
- Selected child (same as 1975 if still living; else newly selected child)
    - Complete name
    - Spouse name
    - Current address
    - Current education
    - Educational plans
    - R's educational plans, aspirations, and expectation for selected child
    - Military experience
    - Current job

    - Job help from R
    - Contact and closeness between selected R and child
    - Comparisons between R and child
- Sibling Roster (for 1975 non-respondents and those 1975 respondents with deceased selected siblings)
    - Number, sex, and sibling position of all siblings ever born (including step and children adopted by your parents)
    - Complete roster of all currently living biological and adopted siblings
        - Name
        - Sex
        - Relationship to R
        - Age
        - Education
- Selected sibling (If selected sibling from 1975 survey is deceased, obtain the following closeout)
    - Full name
    - Relationship to R (biological, adopted, step or foster)
    - Death date
    - Place of death
    - Cause of death
    - Birthdate
    - Last or usual job prior to death
- Selected sibling (for 1975 non-respondents and those 1975 respondents with deceased selected siblings)
    - Full name
    - Address
    - Last high school attended
- Selected sibling (same as 1975 if still living; else newly selected sibling)
    - Live in same household most of the time up to age 16
    - Marital status
    - Number of children
    - Employment status
    - Current or last job
    - Job help from R
    - Contact and closeness between R and selected sibling
    - Comparisons between R and selected sibling
- Religion
    - Family religious preference when you were in high school (for 1975 non-respondents)
    - Current religious preference
    - Attendance at religious services during the past year
    - Current religious preference of spouse
    - Religious preference of spouse at time of marriage
- Selected Friend (Asked of the 20.8% of the 1975 respondents who named each other as best same-sex friends when they were seniors in high school.)
    - Current contact and closeness between R and friend

    - Comparisons between R and friend
    - If friend is deceased,
        - Complete name of friend at time of death
        - Date of death
        - Place of death
- Psychological (administered to 80% of the respondents; same individuals received Health questions)
    - Items for C. Ryff's Psychological Well-Being Scale
- Parent's income(administered to 50% of the respondents; for all parents and in laws whether still married to original spouses or in new marriages)
    - Income from all sources during past 12 months
        - Total assets
        - Debt
- Respondent's other income (for all members of the household, how much and who received it?)
    - Amounts received during the past 12 months
        - Wages, salaries, commissions, and tips before taxes
        - Interest dividends or other investments
        - Social security or supplemental security income
        - Pensions, annuities, or survivor's benefits
        - Public assistance
        - Other government programs
        - Receive child support
        - Receive alimony
        - Gifts, lump sum payments, and inheritances
        - Other income - including lottery winnings, proceeds from one-time asset sales, etc.
    - Amounts paid out during the past 12 months
        - Paid child support
        - Paid alimony
- Inter-Transfers
    - Receiving
        - Inheritances
        - Insurance settlements (amount and dates)
        - Gifts (Amounts, sources, purposes of gifts (i.e., education, down payment, medical expenses)
    - Giving
        - Charity contributions
    - Transfers to children (transfers since 1975 amounts listed for each child)
        - $1,000 or more for down payment on a house
        - All education expenses including tuition payments
        - Any other property, assets, or money
    - Transfers to parents and in-laws (transfers since 1975 amounts listed for each individual or couple)
        - Money and purpose of transfer
        - Any other property or assets

- Assets (current worth and debt)
    - Home
    - Other real estate
    - Business or farm
    - Vehicles
    - Credit cards
    - Loans (personal and student)
    - Bills
    - Savings accounts
    - Other investments (IRAs, Money market shares, CDs, stocks, bonds, mutual funds, Tax Deferred Annuities)
- Health insurance
    - Do you have health insurance?
    - Through employer or private plans?
    - Main reason for not having health insurance
- Pensions
    - Employer pension plan (other than Social Security or Railroad Retirement benefits)
    - Earliest age to receive benefits from this plan
    - Individual IRA or Keogh Account
    - Spouse retirement plans
- Health (administered to 80% of the respondents; same individuals received Psychological questions)
    - Depression history
    - Alcohol use by respondent
    - Feelings about respondent's own drinking
    - Respondent's use of alcohol causing problems at home or work
    - Problems with alcohol use within the family by respondent or other family members
    - Ever lived with a problem drinker
- Caregiving
    - Receiving care: Long-term physical or mental condition, illness or disability of respondent?
        - Limit to respondent's activities
        - Name of the illness
        - Type of care needed
    - Giving care: Long-term physical or mental condition, illness or disability of other household members?
        - Limit activities
        - Who has this limitation
        - Name of the illness
        - Type of care needed
- Future Plans
    - Plans for work in 10 years
    - Chances to do what you want
- Retirement

    - Respondent plans
    - Spouse plans
- Assessment of achievements
- Closeout items
    - Social Security Number
    - Confirmation of correct address

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1993 Mailed SAQ for Graduate Respondents

Sample: Respondents to 1992 CATI survey of graduates

- Health
  - General health
  - Smoking
  - Medical symptoms and conditions
  - Menopause
- Values and Attitudes
  - Personality characteristics
  - Depression
- Work and Family
  - Work/family interaction
  - Job importance
  - Caregiving/receiving

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1994 CATI Instrument for Survey of Siblings

Sample: Selected siblings of 1/3 sample of graduates (class of 1957)

- Identifying and confirming information
  - Introduction
  - Birthdate (for 1977 non-respondents)
  - Place of birth (for 1977 non-respondents)
- Educational History
  - High school information (for 1977 non-respondents)
  - Post-high school education (for 1977 non-respondents)
  - Post-1977 education (for 1977 respondents)
  - Future educational plans
  - Importance of education and perceptions of success
- Military service
  - Military experience (for 1977 non-respondents)
- Marriage
  - Current marital status
  - Marital history
  - Update on 1977 spouse (for 1977 respondents)
  - Current spouse (birthdate, education, health)
  - Contact/closeness with current spouse
  - Employment of current spouse
- Children's roster
  - Update on children born prior to 1977 (for 1977 respondents)
  - Children prior to 1977 (for 1977 non-respondents)
  - Children since 1977 (for the entire sample)
- For all children of the siblings:
  - Name
  - Birthdate
  - Sex
  - Deaths and dates
  - Relationship to R (biological, adopted, step or foster)
  - Education
  - Residence with R
  - Current marital status

- Parent's roster

  - Living
  - Marital status
  - Mother: contact/closeness
  - Father: contact/closeness
  - Same sex parent comparison

- In-law's roster
    - Living
    - Residence
    - Marital status
- Household roster
    - Name
    - Sex
    - Age
    - Relationship
- Employment history
    - First job after leaving school for the last time
    - Job in 1977 (for 1977 non-respondents)
- Current/last job in 1993
    - Industry
    - Occupation
    - Class of worker
    - Benefits (Pension or retirement plans, health insurance, educational training)
    - How they got job (if not self-employed)
    - Wages
    - Job characteristics
    - Job supervision (respondents received either Wright's or Jenck's supervision questions)
    - Job satisfaction and conditions
    - Job importance
    - Discrimination and harassment at work (administered to 50% of the sample)
- Personality
    - Big 5 personality items
- Cognition
    - Ten items from the WAIS
- Selected child
    - Complete name
    - Marital status
    - Education

- Residence

- Selected sibling (this refers to the original sample member)
    - Confirmation of original sample member information:
        - Complete name
        - Place of birth
        - Living
    - For deceased original sample members:
        - Death date
        - Birthdate
        - Place of death
        - Cause of death
        - Last or usual job prior to death
    - Current job (for 1992 original sample member non-respondents)
    - Did you ever help the original sample member find a job?
    - Contact and closeness between you and the original sample member
    - Comparisons between you and the original sample member

- Religion
    - Current religious preference
    - Attendance at religious services during the past year

- Psychological (administered to same 80% as the corresponding primary respondent; same individuals received the Health questions)
    - Items for C. Ryff's Psychological Well-Being Scale

- Parent's income (administered to 50% of the respondents; for all parents and in laws whether still married to original spouses or in new marriages)
    - Income from all sources during past 12 months
        - Total assets
        - Debt

- Respondent's other income (for all members of the household, how much and who received it?)
    - Amounts received during the past 12 months
        - Wages, salaries, commissions, and tips before taxes
        - Interest dividends or other investments
        - Social security or supplemental security income
        - Pensions, annuities, or survivor's benefits
        - Public assistance
        - Other government programs

        - Receive child support
        - Receive alimony
        - Gifts, lump sum payments, and inheritances
        - Other income - including lottery winnings, proceeds from one-time asset sales, etc.
    - Amounts paid out during the past 12 months
        - Paid child support
        - Paid alimony

- Inter-Transfers

    - Receiving
        - Inheritances
        - Insurance settlements (amount and dates)
        - Gifts (Amounts, sources, purposes of gifts (i.e., education, down payment, medical expenses)
    - Giving
        - Charity contributions
    - Transfers to children (transfers since 1977 amounts listed for each child)
        - $1,000 or more for down payment on a house
        - All education expenses including tuition payments
        - Any other property, assets, or money
    - Transfers to parents and in-laws (transfers since 1977 amount listed for each individual or couple)
        - Money and purpose of transfer
        - Any other property or assets

- Assets (current worth and debt)

    - Home
    - Other real estate
    - Business or farm
    - Vehicles
    - Credit cards
    - Loans (personal and student)
    - Bills
    - Savings accounts
    - Other investments (IRAs, Money market shares, CDs, stocks, bonds, mutual funds, Tax Deferred Annuities)

- Health insurance

    - Do you have health insurance?
    - Through employer or private plans?
    - Main reason for not having health insurance

- Pensions
    - Employer pension plan (other than Social Security or Railroad Retirement benefits)
    - Earliest age to receive benefits from this plan
    - Individual IRA or Keogh Account
    - Spouse retirement plans

- Health (administered to same 80% as the corresponding primary respondent; same individuals received the Health questions)
    - Depression history
    - Alcohol use by respondent
    - Feelings about respondent's own drinking
    - Respondent's use of alcohol causing problems at home or work
    - Problems with alcohol use within the family by respondent or other
    - family members
    - Ever lived with a problem drinker

- Caregiving
    - Receiving care: Long-term physical or mental condition, illness or disability of respondent?
        - Limit to respondent's activities
        - Name of the illness
        - Type of care needed
    - Giving care: Long-term physical or mental condition, illness or disability of other household members?
        - Limit activities
        - Who has this limitation
        - Name of the illness
        - Type of care needed

- Future Plans
    - Plans for work in 10 years
    - Chances to do what you want

- Retirement
    - Respondent plans
    - Spouse plans

- Assessment of achievements
- Closeout items
    - Social Security Number

- Confirmation of correct address

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1994 Mailed SAQ for Sibling Respondents

Sample: Respondents to 1994 CATI survey of siblings

- Health
  - General health
  - Smoking
  - Medical symptoms and conditions
  - Menopause
- Values and Attitudes
  - Personality characteristics
  - Depression
- Work and Family
  - Work/family interaction
  - Caregiving/receiving
  - Social participation
  - Job importance
  - Caregiving/receiving
  - Family relationships
  - Social participation

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2003–2007 CATI Instrument for Survey of Graduates & Siblings

Sample: 1/3 sample of graduates (class of 1957) and their selected siblings

- Introduction
  - Identifying respondent and confirming basic information
    - Full name, sex, membership in Wisconsin graduating class of 1957 (for graduate respondents)
    - Full name, sex, relationship to graduate respondent who was member of class of 1957 (for sibling respondents)
    - Permission to record interview?
  - Mortality closeout (for respondents reported to be deceased)
    - Relationship of informant to R
    - Full name of deceased R
    - Address of R at time of death
    - Date of birth
    - Cause of death
    - Usual type of work / last job held
      - Position
      - Principal activities or duties
      - Industry
      - Type of employer
      - Working for pay?
      - Year R stopped working
- Education
  - R's date of birth (if not already on record)
  - Did R attend primary/elementary school in Wisconsin?
    - Name of Wisconsin primary or elementary school attended (50% sub-sample)
      - Location of school (city or county)
  - Did R attend junior high or middle school in Wisconsin (for sibling respondents)
    - Name of Wisconsin junior high or middle school attended
      - Location of school (city or county)
  - Since year of last interview, has R taken any college courses for credit?
    - Has R earned a college degree since year of last interview?
      - Highest degree earned since year of last interview
      - Year and semester of degree completion
  - Is R currently enrolled in a program at a college or university?
- Marriage Roster
  - Confirm and update marital status from year of last interview (dates of marriage/separation/divorce)
  - Verify current marital status
  - Confirm and update background information on R's current or most recent spouse (for ever-married respondents)

        - Full name, date of birth, educational attainment, children stemming from marriage
        - Co-residence status (for currently married respondents)
        - Employment status and job characteristics
        - Health
        - Perceived similarity of outlook on life and closeness with spouse
        - Change in relationship with spouse since their retirement (for retired spouses)
    - Spousal mortality closeout (for spouses reported to be deceased)
        - Date of death, cause of death, full name, date of birth
        - Usual type of work / last job held
            - Position
            - Principal activities or duties
            - Type of employer
            - Working for pay?
            - Year R's spouse stopped working
- Children Roster
    - Confirm and update information on children known to us from prior data collection (respondents to 1975 and/or 1992 rounds of data collection); inquire about additional (new) children
        - Full name, sex, date of birth
        - Social/Supplemental Security Income (SSI) status as of year R was last interviewed
        - Current mortality status
            - Cause of death (for children reported or known to be deceased)
        - Nature of relationship to R (biological, adopted, step, etc.)
        - Educational attainment
        - Employment status (for graduate R's with children aged 16 years and older)
        - Marital status (for graduate R's with children aged 16 years and older)
- Non-Normative Child Screener
    - Is there a special reason any children had less than a high school education? (if previously collected data indicates that any children had not attended a level of schooling beyond eighth grade)
    - Do any children receive SSI due to a disability or health concern? (if R reported that any of their children receive SSI)
    - Do any of R's children live with them?
        - Which ones?
    - Confirm and update information on children reported to have "non-normative conditions" (mental illnesses or developmental disabilities) during the 1992 round of data collection; inquire about additional (new) children with non-normative conditions
        - Name and type of condition
        - Is child limited in any way? (if R denies presence of a previously reported condition)
        - Age when condition began

        - Has a professional ever given a diagnosis?
            - Diagnosis given
        - Has child ever attended special education?
        - Has child ever had depression?
            - Has child ever been hospitalized overnight due to depression?
            - Extent of depression
        - Has child ever exhibited mental illness symptoms?
        - Most serious symptoms of condition
        - Frequency of contact with child
    - Select target child to be subject of additional interviewing in Non-Normative Extension module (for respondents with multiple children diagnosed as having non-normative conditions)
- Selected Child
    - Perceptions of interactions with all children (for graduate respondents)
    - Background information on selected child
        - Marital status (for sibling respondents)
        - Husband's name (for graduate respondents with a married, female selected child)
        - City and state of residence
        - Employment status (for graduate respondents)
            - Usual kind of work
            - Principal activities or duties
            - Industry employed in
            - Type of employer
            - Working for pay?
        - Ever in military service? (for graduate respondents with a selected child that was not asked about during the 1992 round of data collection)
        - Primary vocation in 1992 (for selected children that were 16 years of age or older in 1992)
        - Frequency of contact between selected child and R
        - Perceived similarity of outlook on life and closeness between selected child and R (for graduate respondents belonging to 50% sub-sample)
        - Perceived correspondence between R (at selected child's age) and selected child in education, work, and financial situation
    - Mortality closeout (for selected children reported to be deceased)
        - Location of death (city and state)
        - Usual type of work / last job held
            - Position
            - Principal activities or duties
            - Type of employer
            - Working for pay?
            - Year selected child stopped working
- Parents
    - Confirm and update information on parents
        - Mortality status
        - Date of birth

        - Full name
        - Nationality on parent's side of the family
        - Health (for living parents)
        - City and state of residence (for respondents with living parents)
            - Distance from R's residence
        - Frequency of contact (for respondents with living parents)
        - Perceived similarity of outlook on life and closeness between R and parent (for respondents with living parents; 50% sub-sample)
        - Perceived correspondence between same-sex parent (at R's current age) and R in education, work, and financial situation
    - Mortality closeout (for parents known or reported to be deceased)
        - Date of death
        - Location of death (city and state)
        - Cause of death
    - Mortality status of parents-in-law (for married respondents)
- Household Roster
    - Basic information about people who currently live with R that have not already been reported
        - Relationship to R
        - Name of co-resident person
        - Sex
        - Age (for co-residents not related to R by blood)
        - Length of co-residency to-date
    - Health inquiry for members of household
        - Do any household members have a long-term condition?
            - Name of afflicted household member (two maximum)
                - Name of most serious condition
- Selected Sibling & Other Siblings
    - Confirm and update information on selected sibling
        - Marital status
        - Full name (for female selected siblings)
        - City and state of residence
        - Employment status
        - Frequency of contact
        - Perceived similarity of outlook on life and closeness between selected sibling and R
        - Perceived correspondence between R and selected sibling in education, work, and financial situation
    - Mortality closeout (for selected siblings reported to be deceased)
        - Date of death
        - Cause of death
        - Full name
        - Usual type of work / last job held
            - Position
            - Principal activities or duties
            - Industry employed in

        - Type of employer
        - Working for pay?
        - Year stopped working
    - Update information on all other siblings
        - Did R grow up with any siblings afflicted with a physical or mental disability or mental illness?
        - Did R grow up with any siblings who are no longer living? (if yes…)
            - Name of sibling
            - Brother or sister?
            - Full name
            - Age at death
            - Year of death
            - Cause of death
- Health
    - Ascertain quality of physical and mental health during past four weeks
        - Vision
        - Hearing
        - Clarity of speech
        - Ability to get around (mobility)
        - Hands and fingers (dexterity)
        - Feelings
        - Memory and thinking
    - Health history
        - Has R ever been diagnosed with high blood pressure, diabetes, high blood sugar, malignant tumor, heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems, arthritis, rheumatism, mental illness? (if yes…)
            - In what year was the condition diagnosed?
        - Has R ever had heart surgery, a stroke, or pain/stiffness/swelling of the joints?
    - General facets of health
        - Height and weight
        - History of cigarette smoking
        - Ever been limited in any way by a health condition? (if yes…)
            - Logistics of personal care arrangement
        - Required personal care in last 12 months? (if yes…)
            - For what condition?
    - Health vignettes (for sibling respondents)
- Cognition–Similarities & Fluency Tasks
    - Permission to record similarities and fluency tasks? (if yes…)
        - Letter fluency task (80% sub-sample)
        - Category fluency task (50% sub-sample)
    - Similarities task
- Employment History – Graduate Respondents
    - Verify employment status in year of last interview

    - Update employment history since time of last interview (for each different job, record…)
        - Name of employer
        - Year started job
        - Year left job
        - Position
        - Most important activities or duties
        - Hours worked per week
        - Industry employed in
        - Type of employer
        - Changes in most important activities or duties during tenure
        - Availability of (and participation in) pension/retirement plan
        - Availability of (and participation in) health insurance plan
        - Reason for and circumstances behind leaving job
    - Characteristics of most recent employer
    - Impact of disabilities on employment and disability benefits
- Employment History – Sibling Respondents
    - Current employment status
    - Characteristics of current or most recent job; characteristics of pre-retirement job
        - Name of employer
        - Year started job
        - Year left job
        - Position
        - Most important activities or duties
        - Hours worked per week
        - Industry employed in
        - Type of employer
        - Availability of (and participation in) pension/retirement plan
        - Availability of (and participation in) health insurance plan
        - Reason for and circumstances behind leaving job
        - Location of job (city and state)
        - Number of employees working at same location as R
- Pensions & Retirement
    - Does R personally have any pension or retirement plans? (if yes…)
        - Plan type
        - Currently receiving payments from any?
        - Age became or will become eligible for benefits
        - Amount plans expected to yield in benefits
    - Does R's spouse personally have any pension or retirement plans? (if yes…)
        - Currently receiving payments from any?
        - Age became or will become eligible for benefits
        - Amount plans expected to yield in benefits
    - Retirement attitudes for un-retired respondents
        - Expected age of retirement
        - Expected age of spouse's retirement (for married respondents)
        - Expected living standards after retirement

    - Retirement attitudes for retired respondents
        - Extent to which R had discussed retirement with spouse (for married respondents belonging to 50% sub-sample)
        - Month and year of retirement
        - Reaction to living standards since retirement (50% sub-sample)
        - Perception of relationship with spouse since retirement (for married respondents)
- Employment Characteristics
    - Inquiry about selected employer (for respondents who have been employed)
        - Full name of employer
        - Level of government employed by (for respondents who reported working for the government)
        - Type and amount of compensation
            - Time worked to receive compensation
        - Union membership
        - Characteristics and perceptions of position (75% sub-sample)
            - Authority level
            - Flexibility
            - Technology use
            - Pressure, stress, degree of satisfaction, amount of physical effort required
            - Cleanliness of work environment, exposure to dangerous conditions
            - Potential for losing job (for respondents currently employed at the selected employer)
- Cognition – Digit Ordering Task
    - R asked to order increasingly lengthy series of digits
- Other Income
    - Approximate amount received by R and/or their spouse in the last 12 months for each of the following forms of income (if applicable)
        - Wages, salaries, commissions, and tips
        - Net income from a business, professional practice, partnership, or farm
        - Social Security income
        - Benefits from pension or retirement plans (if applicable…)
            - Age benefits first received
        - Income from interest, dividends, or other investments
        - Other forms of income (e.g. inheritances, gifts, etc.)
    - Approximate amount of income received by all other members of R's household in past 12 months (if applicable)
    - Level of satisfaction with present financial situation and difficulty paying monthly bills
- Assets
    - Type of residence, value of, and amount owed on home (for respondents that own their place of residence)
        - Would R be able to continue living at this residence even if they required substantial care?

    - Value of and amount owed on any businesses, farms, or other real estate
    - Amount owed on any debts not previously reported
    - Total value of any of the following (all that apply): retirement plans that accumulate an account balance; checking accounts, savings accounts, or money market funds; certificates of deposit, Government Savings Bonds, or Treasury Bills; stocks, bonds, or shares in a mutual fund (after paying off anything owed on them); other savings or assets not already covered
    - Value of any life insurance policies held by R and/or spouse (if applicable…)
        - Beneficiaries
        - Cash value (for policies worth $50,000 or more)
- Cognition – Immediate Recall Task (80% sub-sample)
    - Interviewer reads R one of two possible sets of 10 words and then asks them to repeat as many words as they can remember
- Health Insurance
    - R asked about the presence and number of each of the following types of private health insurance plans (generally speaking, for respondents less than 65 years old)
        - Employer-based plans
        - Plans purchased privately from an insurance company
        - Plans through a labor union
        - Plans stemming from a self-employed or family business
            - Number bought through business versus obtained in some other fashion
    - R asked about coverage under the following forms of public health insurance
        - Medicare, Medicaid, other government assistance programs
        - Military or veterans administration (V.A.) plans
    - Characteristics of up to 3 employer-based plans, up to 3 privately purchased plans, Medicare, other government assistance, coverage held prior to becoming uninsured (for graduate respondents only), and the most recently obtained of any plans acquired in the last 12 months (for graduate respondents only)
        - Name of plan
        - State plan obtained in
        - Name of union plan obtained through (if applicable)
        - Name of employer plan obtained through (if applicable)
        - Policyholder
        - Who else is covered by plan?
        - Was plan enrolled in during last 12 months?
        - Monthly insurance premium paid
        - List of doctors associated with plan?
        - Referral needed for specialist?
        - Value of annual deductible (if applicable)
        - Amount paid for each doctor’s visit (fixed amount, percentage, etc.)
        - Amount paid for prescriptions (fixed amount, percentage, etc.)
            - Amount paid for generic versus brand-name prescriptions (if applicable)
- Utilization of Health Care
    - Does R usually go to a particular place to receive health care? (if yes…)

        - Name, type, and location of place (for graduate respondents only)
        - Length of time R has been receiving care at this usual place
        - Did R usually go someplace else for health care before the place they go now? (for graduate respondents only) (if yes…)
            - Reason for change
        - Does R usually see the same person at this usual place? (for graduate respondents only)
        - What type of health care provider does R usually see? (if yes…)
            - Is this generally the same person?
        - How long has R been seeing the same person or type of health care provider? (if applicable)
            - Did R see someone else or another type of provider before that? (for graduate respondents only) (if yes…)
                - Reason for change
- Volunteering
    - Has R performed any volunteer work in last 10 years? (if yes…)
        - Regularity of performance
        - Has R performed any volunteer work in last 12 months? (if yes…)
            - Select all forms of volunteering that apply: for a church, synagogue, or other religious organization; for a school or educational organization; for a political group or labor union; for a senior citizen group or related organization; other local organizations (if none of these forms…)
                - What type of volunteering was it?
            - Number of hours spent volunteering in typical month
            - Level of satisfaction derived from volunteering
    - Has R ever given blood for their own use or for the use of others? (if yes…)
        - How many times?
        - Given blood in last 12 months?
    - Has R ever given personal care to a family member or friend for one month or more? (if yes…)
        - For whom did they provide the most personal care?
        - Has R given personal care to a family member or friend during the last 12 months? (if yes…)
            - For whom did R provide the most personal care?
                - Why was care needed?
                - Duration of care-giving and reason for cessation, if applicable
- Alcohol
    - Has R ever consumed alcoholic beverages? (if yes…)
        - Number of days on which R consumed alcohol in last month
        - Average number of drinks R had each day they consumed alcohol in last month
        - How many times in the past month did R consume 5 or more drinks on the same occasion?

        - Questions about whether drinking alcoholic beverages has ever had negative consequences for R (80% sub-sample)
        - Has R's alcohol tolerance increased over their lifetime (80% sub-sample) (if yes…)
            - Has R ever tried to reduce or stop drinking alcohol but failed?
            - Has drinking led to problems or changes in life priorities for R?
    - Has R ever lived with anyone who was a problem drinker or alcoholic?
- Religion
    - What is R's current religious preference? (80% sub-sample)
        - Frequency of religious service attendance during past year
    - What is R's spouse's current religious preference? (for married respondents; 80% sub-sample)
        - What was spouse's religious preference before marrying R? (if spouse changed preference)
- Internet Use
    - Presence of a computer in R's household currently
        - Use of the computer for any purpose by R
        - Use of the computer for any purpose by R's spouse (for married respondents; 50% sub-sample)
        - Use of the computer to connect to the internet by household members
            - How long ago did household acquire internet access? (if applicable)
            - How much time in week R spends using internet
        - Main reason household has not had access to the internet at any point during the past five years or does not have internet access currently (if applicable; 50% sub-sample)
    - Presence of a computer in R's household during past five years (50% sub-sample)
        - Use of the computer to connect to the internet–or do anything else–by household members
        - Main reason household has not had a computer at any point during the past five years or does not have a computer currently (if applicable)
- Cognition – Delayed Recall Task (80% sub-sample)
    - Interviewer asks R to try remembering any of the 10 words that were read to them during the Immediate Recall Task
- Depression (80% sub-sample)
    - Has R ever had an episode of depression that lasted two weeks or more and was not attributable to alcohol, drugs, medications, or physical illness? (if yes…)
        - Age during worst, particularly bad, or most recent period of depression
        - Symptoms of depression during R's worst, particularly bad, or most recent period of depression
            - Number of distinct episodes during which R had some of symptoms discussed
                - Typical duration of these periods and interval between them
            - Extent to which R has been able to overcome depressive episodes
        - Age when first had episode of depression

        - Age when last had episode of depression
- Psychological Well-Being (for graduate respondents only; 8% sub-sample)
    - 18 scaled questions to gauge psychological well-being (e.g. "I like most aspects of my personality," with response categories of agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly)
- End of Life Preparations
    - List of up to three people R has discussed their health care plans and preferences with and how well those people understand R's preferences and plans
    - Legal arrangements allowing someone to make decisions about R's medical care in the event of incapacity
        - Who has such authority or who would R choose if they were to make such an arrangement?
    - Written instructions on medical care in the event that R is rendered unconscious or unable to communicate
    - Plans for disbursing assets in the event of death
        - Plans for disbursing spouse's assets in the event of death (for married respondents)
    - Preferences for continuing life prolonging treatments in the face of various conditions
    - How strictly does R want their end of life wishes followed?
        - How strictly does R's spouse want their end of life wishes followed? (for married respondents)
- End of Life Death Reactions
    - Feelings about most recent experience of spousal death (for respondents who have been widowed at least once)
    - Logistics of most recent experience of spousal and/or parental death (for respondents who have been widowed at least once and/or have experienced the death of one or both parents)
        - When did R realize spouse/parent was going to die soon?
        - Where did R's spouse/parent spend the last few days of life?
        - Was R's spouse/parent in pain during the last week of life?
        - When did R's spouse/parent realize death was imminent?
        - Had R's spouse/parent made any legal arrangements dictating medical care near the end of life and how did those arrangements affect the last week of life?
        - Was R's spouse/parent able to make decisions in the last week of life and/or have specific wishes about medical care while dying?
            - Was R's [spouse/parent]'s end of life medical care consistent with his or her wishes?
        - How were expenses incurred by R's spouse's death paid?
        - How was R's financial situation affected by spouse's death?
        - Was R's health insurance coverage changed by spouse's death?
    - Word processing task (for sibling respondents only)
        - R asked to indicate which two of three things are most closely related (12 sets/repetitions)
- Inter-Transfers

    - Values of the two largest inheritances (in excess of $10,000) R or their spouse ever received
        - Years received
        - Relationship of R or spouse to person who bequeathed them each inheritance (50% sub-sample or inheritance in excess of $100,000) (if parent or grandparent…)
            - Was R's [mother/father/parent/grandparent]'s estate divided evenly between R and siblings? (for respondents with siblings who were still alive at the time they received an inheritance)
    - Values of three largest gifts (in excess of $1,000) ever given to R or their spouse
        - Relationship of R or spouse to person who gave gift (if parent…)
            - Value of largest gift given by that parent
        - Reason for gift
        - Any gifts given by this person in last 10 years?
    - Values of gifts (in excess of $1,000) R or their spouse ever gave to their children (maximum of six repetitions)
        - Were any of these gifts given since the last time R was interviewed? (if yes…)
            - Child or children gift was given to
            - Reason for gift
            - Any other gifts given to the same child/children in last 10 years?
        - Have gifts been divided about evenly among all children?
    - Values of gifts given by R or their spouse to parents or in-laws (maximum of three repetitions)
        - Parent gift was given to
        - Reason for gift
        - Any gifts given to this person in last 10 years?
    - Values of gifts given by R to other people (maximum of three repetitions)
        - Relationship of recipient to R
        - Reason for gift
        - Any gifts given to this person in last 10 years?
    - Value of charitable contributions (in excess of $500) made by R or spouse during last year
- Non-Normative Extension (for respondents that had a target "non-normative" child selected during the Non-Normative Child Screener module)
    - Developmental disabilities or mental illnesses target child has been diagnosed with in addition to primary condition (maximum of five additional diagnoses)
        - Target child's current or primary diagnosis
    - Physical health of target child at present and relative to five years ago
    - Extent to which target child is able to work (whether standard labor force participation or with special supports)
        - How many hours each week does target child attend day programs for people with similar conditions?
    - Amount of help target child requires for various tasks of daily living and who provides necessary assistance
    - Target child's current housing accommodations and level of supervision

        - Proximity to R
        - Satisfaction with arrangement
    - Frequency with which target child participates in various social and recreational activities
    - Frequency with which target child has displayed various challenging or socially unacceptable behaviors in the past six months
        - Extent to which R's family is socially isolated due to behavior of target child
    - Description of onset and past or ongoing treatment of target child's primary diagnosis
    - Future care arrangements for target child in event of parental death
- Closing Questions
    - Perceptions of success in education, work, financial situation, and family life
    - Most recent year in which R attended a high school reunion (if applicable)
    - Permission to have Social Security number
    - Confirmation of mailing address (for purposes of mailing SAQ)
    - Spouse's phone number and mailing address (for separated respondents)
    - Address of additional or secondary home in which R resides at least two months out of year (if applicable)
    - Consent to use recording of interview for educational purposes

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2003–2007 CATI Instrument for Survey of Spouses of Graduates & Siblings

Sample: Full sample of the current spouses reported by graduate and selected sibling respondents to the 2003–2007 collection wave

- Introduction
  - Identifying respondent and confirming basic information
    - Full name, sex, married to a graduate or selected sibling respondent
    - Permission to record interview?
  - Mortality closeout (for respondents reported to be deceased)
    - Relationship of informant to R
    - Marital status of R at time of death
    - Full name of deceased R
    - Address of R at time of death
    - Date of death
    - Date of birth
    - Cause of death
    - Usual type of work / last job held
      - Position
      - Principal activities or duties
      - Industry
      - Type of employer
      - Working for pay?
      - Year R stopped working
- Education
  - Highest grade or year of regular school attended
  - R's date of birth (if not already on record)
  - Did R ever attend 9th grade or high school in Wisconsin?
    - Name of Wisconsin school attended
      - Location of school (city or county)
      - Year of graduation from high school
      - Last year of attendance
  - Full name of R when enrolled in highest level of schooling (for female respondents)
- Siblings
  - Total number of brothers and sisters irrespective of mortality
  - Number of brothers and sisters who are still living
  - Number of brothers and sisters who are/were older than R
- Parents
  - Mortality status of mother
    - Date of death; age at death (for respondents with deceased mothers)
    - Current age (for respondents with living mothers)
  - Mortality status of father

        - Date of death; age at death (for respondents with deceased fathers)
        - Current age (for respondents with living fathers)
- Employment
    - Has R ever held a full or part-time job lasting six months or more?
    - R's current employment status
    - Has R ever retired from a job?
    - Characteristics of the job R retired from, their most recent job, or their current job
        - Position
        - Principal activities or duties
        - Hours worked per week
        - Industry
        - Type of employer
        - Working for pay?
        - Availability of and participation in pension or retirement plans other than Social Security
        - Availability of and participation in health insurance programs
- Cognition–Similarities Task
    - Permission to record similarities task (if yes…)
        - Similarities task
- Health
    - Ascertain quality of physical and mental health during past four weeks
        - Vision
        - Hearing
        - Clarity of speech
        - Ability to get around (mobility)
        - Hands and fingers (dexterity)
        - Feelings
        - Memory and thinking
    - Health history
        - Has R ever been diagnosed with high blood pressure, diabetes, high blood sugar, malignant tumor, heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems, arthritis, rheumatism, mental illness? (if yes…)
            - In what year was the condition diagnosed?
        - Has R ever had heart surgery, a stroke, or pain/stiffness/swelling of the joints?
    - General facets of health
        - Height and weight
        - History of cigarette smoking
        - Ever been limited in any way by a health condition? (if yes…)
            - Logistics of personal care arrangement
        - Required personal care in last 12 months? (if yes…)
            - For what condition?
    - Health vignettes (for sibling-spouse respondents)
- Depression (80% sub-sample)

    - Has R ever had an episode of depression that lasted two weeks or more and was not attributable to alcohol, drugs, medications, or physical illness? (if yes…)
        - Age during worst, particularly bad, or most recent period of depression
        - Symptoms of depression during R's worst, particularly bad, or most recent period of depression
            - Number of distinct episodes during which R had some of symptoms discussed
                - Typical duration of these periods and interval between them
            - Extent to which R has been able to overcome depressive episodes
        - Age when first had episode of depression
        - Age when last had episode of depression
- Alcohol (80% sub-sample)
    - Has R ever consumed alcoholic beverages? (if yes…)
        - Number of days consumed alcohol in past month
            - Average number of drinks each day consumed alcohol
            - Number of times in past month had 5 or more drinks on same occasion
    - Ever live with a problem drinker or alcoholic while growing up?
    - Ever been married to or lived with problem drinker or alcoholic since adulthood?
- Cognition – Immediate Recall Task (80% sub-sample)
    - Interviewer reads R one of two possible sets of 10 words and then asks them to repeat as many words as they can remember
- Health Insurance
    - Total health insurance plans R receives coverage under
    - Number of health insurance plans obtained through employer, purchased privately, or acquired through a labor union
    - Covered by Medicare?
    - Number of public or government health insurance plans R is covered by (including Medicare)
- Pensions
    - Does R personally have any pension or retirement plans? (if yes…)
        - Plan type
        - Currently receiving payments from any?
        - Age became or will become eligible for benefits
        - Amount plans expected to yield in benefits
- Retirement Attitudes
    - Retirement attitudes for un-retired respondents
        - Expected age of retirement
        - Expected age of spouse's retirement
        - Expected living standards after retirement
    - Retirement attitudes for retired respondents
        - Extent to which R had discussed retirement with spouse (for respondents belonging to 50% sub-sample)
        - Month and year of retirement
        - Reaction to living standards since retirement (50% sub-sample)

        - Perception of relationship with spouse since retirement (for respondents retired for at least one year)
        - Living standards since retirement (for respondents retired for at least one year)
- Other Income
    - Approximate amount received by R in the last 12 months for each of the following forms of income (if applicable)
        - Wages, salaries, commissions, and tips
        - Net income from a business, professional practice, partnership, or farm
        - Social Security income
        - Benefits from pension or retirement plans (if applicable…)
            - Age benefits first received
        - Public assistance income
        - Income from interest, dividends, or other investments
- Assets
    - Value of, and amount owed on home (for respondents that own their place of residence & belong to 10% sub-sample)
    - For respondents whose spouses (the graduate or selected sibling respondent) indicated they were more knowledgeable about family finances
        - Value of and amount owed on any businesses, farms, or other real estate
        - Total value of any of the following (all that apply): retirement plans that accumulate an account balance; checking accounts, savings accounts, or money market funds; certificates of deposit, Government Savings Bonds, or Treasury Bills; stocks, bonds, or shares in a mutual fund (after paying off anything owed on them); other savings or assets not already covered
- Cognition – Delayed Recall Task (80% sub-sample)
    - Interviewer asks R to try remembering any of the 10 words that were read to them during the Immediate Recall Task
- Marriage
    - Health of spouse
    - Spouse's long-term conditions, illnesses, or disabilities
    - Perceived quality of following attributes at present and relative to 2 years ago:
        - Spouse's memory
        - Spouse's judgments and decisions
        - Spouse's ability to organize daily activities
    - Perceived similarity of outlook on life with spouse
    - Perceived level of closeness with spouse
    - Spouse mortality closeout (for sibling-spouses who report a deceased spouse)
        - Date of death
        - Location of death
        - Cause of death
- Non-Normative Child Screener
    - Do any of R's children have developmental disabilities or long-term serious mental health problems? (if yes…repeat up to 3 times)
        - Name of child with condition
        - Sex of child (for sibling-spouses)

        - Year of birth of child (for sibling-spouses)
        - Relationship of R to child (for sibling-spouses)
        - Type of developmental disability or mental health problem
            - Age of child at onset
- End of Life Preparations (70% sub-sample)
    - List of up to three people R has discussed their health care plans and preferences with and how well those people understand R's preferences and plans
    - Legal arrangements allowing someone to make decisions about R's medical care in the event of incapacity
        - Who has such authority or who would R choose if they were to make such an arrangement?
    - Written instructions on medical care in the event that R is rendered unconscious or unable to communicate
    - Plans for disbursing assets in the event of death
        - Plans for disbursing spouse's assets in the event of spouse's death
    - Preferences for continuing life prolonging treatments in the face of various conditions
    - How strictly does R want their end of life wishes followed?
- Church Attendance (80% sub-sample)
    - Current religious preference (for sibling-spouses)
    - Frequency with which R has attended religious services during past year
- Cognition – Nisbett Series Task
    - Word processing task (for sibling-spouses only)
        - R asked to indicate which two of three things are most closely related (12 sets/repetitions)
- Internet Use
    - Presence of a computer in R's household currently
        - Use of the computer for any purpose by R
        - Use of the computer for any purpose by R's spouse (50% sub-sample)
        - Use of the computer to connect to the internet by household members
            - How long ago did household acquire internet access? (if applicable)
            - How much time in week R spends using internet
        - Main reason household has not had access to the internet at any point during the past five years or does not have internet access currently (if applicable; 50% sub-sample)
    - Presence of a computer in R's household during past five years (50% sub-sample)
        - Use of the computer to connect to the internet–or do anything else–by household members
        - Main reason household has not had a computer at any point during the past five years or does not have a computer currently (if applicable)
- Closing Questions
    - Perceptions of success in education, work, financial situation, and family life
    - Consent to use recording of interview for educational purpose

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2003–2007 Mailed SAQ for Graduate & Sibling Respondents

Sample: Respondents to 2003–2007 CATI survey of graduates and siblings

- Health
  - General health
  - Childhood and adolescent health through age 16
  - Limitations due to physical health
  - Physical and emotional health during past 4 weeks
  - Examinations and health appointments during past 12 months
  - Spouse's health (for married respondents)
  - Current physical symptoms
  - Current diagnoses
  - Biological relatives' health history
  - Health perceptions
  - Quality of vision and hearing during past 5 years
- Women's Health (for female respondents only)
  - Age at first menstruation
  - Surgery involving reproductive organs
  - Age at last period
  - Use of hormones for menopausal or aging symptoms
- Social Background
  - Place of birth
  - Birth weight
  - Race or ethnic origin
- Values and Attitudes
  - Respondent asked the extent to which they agree or disagree with 11 statements related to gender
  - Respondent asked the extent to which they believe they possess 29 characteristics
  - General feelings or attitudes
  - Social presence
  - Importance of various social identities
  - Self-descriptions and perceptions
- Work and Family
  - Perceptions of national and community standing
  - Importance of various job characteristics relative to high pay
  - Most recent job characteristics and perceptions
- Dealing with Problems
  - Age at first and most recent time that various stressful life events occurred
  - Coping strategies for stressful life events
- Religion and Spirituality
  - Importance and centrality of religion to life decisions and events

    - Reliance on religion for coping with problems or difficulties in family, work, or personal life
    - Interpretative stance on the Bible
- How You've Felt This Past Week
    - Number of days in past week respondent felt or behaved in various ways
- How You Feel During A Typical Week
    - Extent to which respondent experiences various feelings in a typical week
- Social Relationships
    - Presence of family or friends who serve as close confidants
    - Nature of relationships with friends and relatives other than spouse or children
    - Types of help given and received in past month
    - Perceived availability of various friends and relatives to provide help
    - Childhood experience of encouragement and/or domestic abuse up to age 18
- Health Behaviors
    - Respondent smoking history
    - Exposure to smoking in household, work area, and/or childhood home
    - Experience of snoring
    - Weight, height, and reactions to weight
    - Alcohol use
    - Use of internet to find health information
    - Interactions with primary care provider
    - Access to medical information and care
    - Appointments or treatments in the past month
    - Use of prescription medicine
    - Long-term care insurance
    - Expectations for future health (including health of spouse)
    - Attitudes towards death
- Marriage
    - Time spent together in past month
    - Division of household labor
    - Frequency of disagreements
    - Level of satisfaction with aspects of spousal relationship
    - Sexual relations during past 12 months
- Social and Civic Participation
    - Voter status for November 2002 general election
    - Political affiliation
    - Extent respondent identifies as liberal versus conservative
    - Enjoyment of leisure activities at present versus earlier in life
    - Involvement in various clubs and organizations during past 12 months
    - Primary reasons for acquiring internet access in household
    - Extent of internet use for e-mail
    - Primary reasons for volunteering
- E-mail address

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2010–2011 CAPI Instrument for Survey of Graduates & Siblings

Sample: 1/3 sample of graduates (class of 1957) and their selected siblings

- Introduction
  - Participation completely voluntary
  - Certificate of Confidentiality
  - Permission to record interview
- Education
  - Name, location, and characteristics of Wisconsin primary or elementary school attended
  - Since year of last interview, has R taken any college courses for credit?
    - Has R earned a college degree since year of last interview?
      - Highest degree earned since year of last interview
      - Year and semester of degree completion
  - Is R currently enrolled in a program at a college or university?
- Marriage, Cohabiting, & Dating
  - Confirm and update marital status from year of last interview (dates of marriage/separation/divorce)
  - Verify current marital status, including by asking about cohabiting relationships
  - Confirm and update background information on R's current or most recent spouse (for ever-married respondents)
    - Full name, date of birth, educational attainment, children stemming from marriage
    - Co-residence status (for currently married respondents)
    - Employment status and job characteristics
    - Health
    - Perceived similarity of outlook on life and closeness with spouse
    - Religious preference
    - Change in relationship with spouse since their retirement (for retired spouses)
  - Educational records about Wisconsin high school first spouse attended (for spouses whose standardized test scores have not been used to calculate IQ)
    - Spouse maiden name and first name
    - Name of high school attended
      - Location
    - Year spouse graduated from school or last year of attendance
  - Spousal mortality closeout (for spouses reported to be deceased)
    - Date of death, cause of death, full name, date of birth
    - Usual type of work / last job held
      - Position
      - Principal activities or duties
      - Type of employer
      - Working for pay?

            - Year R's spouse stopped working
            - Social Security number
    - Dating (for unmarried respondents who are not cohabiting)
        - Does R go on dates or have a steady partner? (if yes…)
            - Age of partner, duration of relationship, frequency of contact, likelihood of cohabitation or marriage
- Household Roster
    - Characteristics of R's current place of residence
        - Type of residence
        - Who owns it?
        - Rent or other fees related to living arrangement (e.g. utility bills) and sources of payment
    - Basic information about people who currently live with R that have not already been reported
        - Relationship to R
        - Name of co-resident person
        - Sex
        - Age
        - Length of co-residency to-date
        - Contribution to living expenses or household tasks
- Children Roster
    - Confirm and update information on living children known to us from prior data collection; inquire about additional (new) living children
        - Full name, sex, date of birth
        - Current mortality status (if deceased…)
            - Date and cause of death
        - Nature of relationship to R (biological, adopted, step, etc.) (if step…)
            - Is R still married to child's parent? (if no…)
                - Why not and when was union dissolved?
        - Has R had any contact with child in past 12 months? (if yes…)
            - Does child live with R?
        - Employment status
        - Marital status and childbearing
    - Mortality closeout for deceased children
        - Full name, sex, date of birth
        - Date of death
        - Mental illness history (for deceased children who committed suicide)
        - Educational attainment
        - Childbearing
- Non-Normative Child Screener
    - Confirm and update information on children reported to have targeted "non-normative conditions" (mental illnesses or developmental disabilities) during prior rounds of data collection; inquire about additional (new) children with non-normative conditions
        - Child diagnosed (maximum of three)
        - Name of targeted condition (if epilepsy…)

            - Level of intelligence perceived by R
        - Age at diagnosis
        - Age when mental health problems began (for children with targeted mental illnesses)
    - Select target child to be subject of additional interviewing in Non-Normative Extension module (for respondents with multiple children diagnosed as having non-normative conditions)
- Selected Child
    - Perceptions of interactions with all children (25% sub-sample)
    - Background information on selected child
        - Frequency and types of contact during last 12 months (if none…)
            - Year R last saw selected child
        - Distance between R's household and selected child's place of residence
        - Location of selected child's place of residence
        - Health
        - Perceived closeness and similarity of outlook on life between R and selected child
        - Educational attainment of selected child's other parent
    - Mortality closeout (for selected children reported to be deceased)
        - Location of death (city and state)
        - Usual type of work / last job held (for selected children who were 18 years of age or older when they died)
            - Position
            - Principal activities or duties
            - Type of employer
            - Working for pay?
            - Year selected child stopped working
- Parents
    - Confirm and update information on parents
        - Mortality status (if deceased…)
            - Date of death
            - Location of death
            - Cause of death
        - Date of birth
        - Full name
        - Nationality on parent's side of the family
        - Health (for living parents)
        - City and state of residence (for living parents)
            - Distance from R's residence
        - Frequency of contact (for living parents)
        - Perceived similarity of outlook on life and closeness between R and parent (for living parents)
        - Parent still married to and/or living with other parent?
    - Mortality status of parents-in-law (for married respondents)
- Selected Sibling & All Sibling Mortality
    - Confirm and update information on selected sibling

        - Marital status
        - Full name
        - City and state of residence
        - Employment status
        - Frequency of contact (if none…)
            - Year R last saw selected sibling
        - Perceived similarity of outlook on life and closeness between selected sibling and R
    - Mortality closeout (for selected siblings reported to be deceased)
        - Date of death
        - Cause of death
        - Full name
        - Usual type of work / last job held
            - Position
            - Principal activities or duties
            - Industry employed in
            - Type of employer
            - Working for pay?
            - Year stopped working
    - Update information on all other siblings
        - Since the last year in which R was interviewed, have any of their brothers or sisters died? (if yes…)
            - Name of sibling
            - Brother or sister?
            - Full name
            - Age at death
            - Year of death
            - Cause of death
- Health Literacy – Ice Cream Label
    - R shown the nutritional label for a particular brand of ice cream and asked to apply the information on it to various scenarios
- Health Literacy – STOHFLA
    - R shown a set of medical instructions with various words omitted; for each omitted word, a list of 4 words is provided and R is to select the word that renders the instructions most intelligible
- Health
    - Quality of health generally considered
    - Ascertain quality of physical and mental health during past four weeks
        - Vision
        - Hearing
        - Clarity of speech
        - Ability to get around (mobility)
        - Ability to fulfill daily living tasks (e.g. eating, bathing, dressing)
        - Hands and fingers (dexterity)
        - Feelings
        - Memory and thinking

        - Pain and discomfort
    - Health history
        - Has R ever been diagnosed with diabetes? (if yes…)
            - Year of diagnosis
            - Steps taken to control diabetes
            - Extent diabetes interferes with R's activities
            - Frequency of interaction with health care professionals regarding diabetes in past year
            - Treatment plan
        - Has R ever been diagnosed with cancer or a malignant tumor? (if yes…)
            - Year of diagnosis
            - Organ of occurrence
            - Current state of cancer
            - Has cancer recurred or spread?
            - Extent to which cancer interferes with R's activities
            - Treatments ever received for cancer and treatments received in past month
                - Side effects experienced
        - Has R ever had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems? (if yes…)
            - Year of diagnosis
            - Extent to which problem interferes with R's activities
            - Most recent year of occurrence
            - Tests and surgeries performed to counter problem
        - Has R ever had a stroke? (if yes…)
            - Year last stroke occurred
            - Extent to which stroke interferes with R's activities
            - Persisting health problems due to stroke
        - Does R ever have pain, stiffness, or swelling in their joints?
        - Has R ever been diagnosed with a mental illness? (if yes…)
            - Diagnosis
            - Age when diagnosed
        - At any point in time, presence of long-term physical or mental conditions, illnesses, or disabilities that limited R's activities (if applicable…)
            - Most serious condition
            - Year condition began limiting activities
            - Year condition stopped limiting activities
        - Targeted health condition (random sub-sample; particular condition selected)
            - Places R has looked for information on condition and satisfaction with information found
    - Health vignettes (random sub-sample)
        - R asked to rate the health of several fictional people
- Activities of Daily Living & Care Receiving

    - Extent to which R requires assistance with dressing, walking across a room, bathing or showering, eating, getting in or out of bed, and/or using the toilet due to physical, mental, emotional, and/or memory problems (if applicable…)
        - Length of time assistance has been required
        - Use of any special equipment
        - Reliance on another person for assistance
        - Relationship to R of person who helps them with these tasks most often (repeated maximum of 2 times)
            - Which child or sibling (if child or sibling helps most often)
            - Extent to which insurance covers assistance (if employee or facility provides help most often)
    - Extent to which R requires assistance with preparing a hot meal, shopping for groceries, making phone calls, and/or taking medications due to physical, mental, emotional, and/or memory problems (if applicable…)
        - Length of time assistance has been required
        - Reliance on another person for assistance
        - Relationship to R of person who helps them with these tasks most often (repeated maximum of 2 times)
            - Which child or sibling (if child or sibling helps most often)
            - Extent to which insurance covers assistance (if employee or facility provides help most often)
    - Extent to which R requires assistance with household chores or yard work due to a health problem
    - Extent to which R requires assistance with managing money due to a health or memory problem
        - Length of time assistance has been required
        - Reliance on another person for assistance
        - Relationship to R of person who helps them with these tasks most often (repeated maximum of 2 times)
            - Which child or sibling (if child or sibling helps most often)
    - Number of days in past month (and hours per day) first person named as providing assistance helped R
- Diabetes Knowledge (for respondents diagnosed with diabetes or belonging to 15% sub-sample)
    - R provided with 2 lists of 4 foods and asked which item in each list is highest in carbohydrates and fat respectively
    - R asked what length of time hemoglobin A1C tests are averaged over
    - R asked about effect of unsweetened fruit juice on blood glucose
    - R asked which of 4 foods should not be used to treat low blood glucose
    - R asked about which of 4 condition eating foods low in fat decreases risk for
    - R asked which of 4 diseases diabetics are not usually at risk for
- Anesthesia History
    - Type and date of R's most recent heart surgery (for respondents who have had heart surgery)
    - Has R ever had a procedure or surgery that required anesthesia? (25% sub-sample) (if yes…)

        - Date and type of most recent surgery (maximum of 2 repetitions)
        - Consent to be contacted by studies of anesthesia's effects on later health
- Cognition – Fluency Task
    - Permission to record fluency task (if yes…)
        - Letter fluency task
        - Category fluency task (50% sub-sample)
- Cognition – Similarities Task
    - Similarities task
- Cognition – Digit Ordering Task
    - R asked to order increasingly lengthy series of digits
- Cognition – Cookie Theft Task
    - R asked to describe everything they see in an illustration that is handed to them
    - Permission to continue recording interview (for respondents who previously only consented to being recorded for the cognition modules)
- Functioning & Anthropomorphic Measurement
    - Interviewer measures R in the following physical characteristics and is prompted to note any anomalies
        - Height
        - Weight
        - Waist size while standing
        - Hip circumference while standing
        - Speed at which air expelled from lungs (recorded three times)
        - Time required to stand up from chair and sit down again 5 consecutive times
        - Grip strength of dominant hand (recorded twice)
        - Time required to walk 98.5 inches (recorded twice)
    - Interviewer takes 2 photos of R
        - Head and shoulders
        - Full body while standing
- Employment History
    - Verify employment status in year of last interview
    - Update employment history since time of last interview (for up to 8 separate jobs, record…)
        - Name of employer
        - Year started job
        - Year left job
        - Position
        - Most important activities or duties
        - Hours worked per week
        - Industry employed in
        - Type of employer
        - Changes in most important activities or duties during tenure
        - Hours worked in typical week
        - Availability of (and participation in) pension/retirement plan
        - Availability of (and participation in) health insurance plan
        - Reason for and circumstances behind leaving job

- Job Characteristics
    - Inquiry about current or most recent employer
        - Full name of employer
        - Level of government employed by (for respondents who reported working for the government)
        - Type and amount of compensation
            - Time worked to receive compensation
        - Union membership
        - Characteristics and perceptions of position
            - Authority level
            - Flexibility
            - Technology use
            - Pressure, stress, degree of satisfaction, amount of physical effort required
            - Cleanliness of work environment, exposure to dangerous conditions
            - Potential for losing job (for currently employed respondents)
- Retirement Attitudes
    - Retirement attitudes for un-retired respondents
        - Expected age of retirement
        - Expected age of spouse at spousal retirement (for married respondents)
        - Expected living standards after retirement
    - Retirement attitudes for retired respondents
        - Extent to which R had discussed retirement with spouse (for married respondents)
        - Month and year of retirement
        - Reaction to living standards since retirement
        - Perception of relationship with children since retirement (for respondents with living children)
        - Perception of relationship with spouse since retirement (for married respondents)
    - Perception of spouse's health (for married respondents; 10% sub-sample)
- Cognition – (McArdle) Number Series Task
    - Several sequences of numbers, each with one blank or missing value, read aloud to respondent; respondent asked to write down the sequence and determine the correct missing value
- Cognition – E-Prime Task
    - Interviewer checks respondent's vision by asking them to read smallest line of letters they can see clearly on Snellen chart positioned 10 feet away from them
    - Respondent uses interviewer's laptop to complete variety of cognitive tasks
- Cognition – Immediate Recall Task
    - Interviewer reads R one of two possible sets of 10 words and then asks them to repeat as many words as they can remember
- Volunteering
    - Has R performed any volunteer work since they were last interviewed? (if yes…)
        - Regularity of performance

        - Has R performed any volunteer work in last 12 months? (if yes…)
            - Select all forms of volunteering that apply: for a church, synagogue, or other religious organization; for a school or educational organization; for a political group or labor union; for a senior citizen group or related organization; other national or local organizations (if none of these forms…)
                - What type of volunteering was it?
            - Number of hours spent volunteering in typical month
            - Level of satisfaction derived from volunteering
    - Frequency of religious service attendance in past year
- Care Giving
    - Is R currently providing personal care to any family members or friends? (if yes…)
        - Number of family members or friends being cared for by R (if more than one…)
            - Average hours spent providing care each week
        - Characteristics of person receiving most care from R
            - Name, relationship to R, sex, age
            - Condition that necessitated care
            - Average hours spent providing care for person each week
            - Distance of person's residence from R's residence
            - Desire for care-giving help from family and friends
            - Date care-giving arrangement began
    - Has R ever provided personal care to a family member or friend for one month or more? (if yes…)
        - Characteristics of person who received the most care from R
            - Name, relationship to R, sex, age
            - Condition that necessitated care
            - Average hours spent providing care for person each week
            - Distance of person's residence from R's residence
            - Desire for care-giving help from family and friends
            - Date care-giving arrangement began
            - Reason R no longer provides care (if applicable)
- Internet Use
    - Does R have a computer in their household that someone uses? (if yes…)
        - What is computer used for?
        - Does anyone in R's household use the computer to connect to the internet? (if yes…)
            - Type of internet access
            - R's use of the computer in their home for internet access or any other purpose
            - Time spent using internet per week
            - R's spouse's use of the computer in their home for internet access or any other purpose (for married respondents)
    - Has R had a computer in their household at any point during past 5 years? (random sub-sample) (if yes…)

        - Use of computer to connect to the internet or for any other purpose
    - Main reason R's household has never had or no longer has a computer and/or internet access (if applicable)
- Alcohol
    - Has R ever consumed alcoholic beverages? (if yes…)
        - Number of days on which R consumed alcohol in last month
        - Average number of drinks R had each day they consumed alcohol in last month
        - How many times in the past month did R consume 3 or more drinks on the same occasion?
        - How many times in the past month did R consume 5 or more drinks on the same occasion?
        - Has past month been typical in terms of R's normal drinking tendencies?
        - Have R's drinking tendencies changed since the year in which they were last interviewed? (if yes…)
            - Reason for change
        - Questions about whether drinking alcoholic beverages has ever had negative consequences for R (random sub-sample)
        - Has R's alcohol tolerance increased over their lifetime (random sub-sample) (if yes…)
            - Has R ever tried to reduce or stop drinking alcohol but failed?
            - Has drinking led to problems or changes in life priorities for R?
    - Reason R has refrained from using alcohol (if applicable)
    - Has R ever lived with a problem drinker or alcoholic? (if yes…)
        - Relationship of person to R
- Cognition – Delayed Recall Task
    - Interviewer asks R to try remembering any of the 10 words that were read to them during the Immediate Recall Task
- Inter-Transfers
    - Values of the two largest inheritances (in excess of $10,000) R or their spouse have received since year of last interview
        - Years received
        - Relationship of R or spouse to person who bequeathed them each inheritance
            - How was R's [mother/father/parent/grandparent]'s estate divided between R and siblings? (for respondents with siblings who were still alive at the time they received an inheritance)
    - Values of three largest gifts (in excess of $1,000) given to R or their spouse since year of last interview
        - Relationship of R or spouse to person who gave gift
        - Lump sum or received over time?
        - Year gift was received in or period it was dispensed over
        - Reason for gift
    - Values of gifts (in excess of $1,000) R or their spouse have given to other people since year of last interview (maximum of 10 repetitions)
        - Gift or loan?

        - Relationship of R or spouse to recipient
        - Lump sum or given over time?
        - Year gift was received in or period it was dispensed over
        - Reason for gift
        - Could recipient have borrowed that much elsewhere? (for first gift)
        - How have gifts been divided among R's children? (for respondents who reported giving gifts to their children)
        - During R's lifetime, how do they plan on allocating financial help among their children? (for respondents with multiple children)
    - Value of charitable contributions (in excess of $500) made by R or spouse during last year
- Income & Pensions
    - Amount of Social Security income received by R and/or their spouse in the last 12 months (if applicable)
        - Value of most recent Social Security payment or check
        - Age when first started receiving Social Security benefits (asked about respondents only)
    - Do R and/or their spouse have any pension or retirement plans? (if yes…)
        - Number of traditional pensions covered by or eligible for
        - Currently receiving payments from any? (if yes…)
            - Age when first started receiving benefits
            - Amount received from pension(s) per interval
            - Duration of payments
            - Would coverage shift to spouse in event of death?
        - Age will become eligible for benefits (if not already receiving them from some pensions)
            - Amount plans expected to yield in benefits
    - Do R and/or their spouse have any investment-based retirement plans? (if yes…)
        - Currently withdrawing money from any plans? (if yes…)
            - Amount being withdrawn
        - Age expects to begin withdrawing money from plan (if not already)
            - Expected amount of withdrawals
            - Current account balance or principal for account
        - How has value of investment accounts changed since economic downturn of 2008? (50% sub-sample)
        - Who would receive remaining balance on accounts in event of death?
    - Do R and/or their spouse have any annuities? (maximum of 5 repetitions; if yes…)
        - Amount paid by annuity per interval
        - Owner or initiator of annuity
        - When will payments stop?
        - If owner of annuity were to die, would payment continue to spouse? (for married respondents)
        - Total guaranteed value of annuity
        - Date first payment received

    - Approximate amount received by R and/or their spouse in the last 12 months for each of the following forms of income (if applicable)
        - Wages, salaries, commissions, and tips
        - Net income from a business, professional practice, partnership, or farm
        - Supplemental security income, public assistance income, or income from other government programs
        - Any other income not previously mentioned
    - Has R ever received disability benefits? (if yes…)
        - Program received from
        - Beginning and ending dates
        - Most serious condition benefits received for
    - Approximate amount of income received by all other members of R's household in past 12 months (if applicable)
    - Level of satisfaction with present financial situation and difficulty paying monthly bills
- Assets
    - Type of residence, value of. and amount still owed on R's home (for respondents who own their primary residence)
        - Rental income received from tenants in home (if applicable)
        - Changes in the value of R's home since economic downturn of 2008 (50% sub-sample)
        - Amount received from reverse mortgage on home (if applicable)
    - Value of and amount owed on any businesses, farms, or other real estate
        - Changes in value of such assets since economic downturn of 2008 (50% sub-sample)
        - Rental income generated by properties
    - Value of and amount owed on any motor vehicles owned by R and/or their spouse
    - Credit card usage and debt
    - Amount owed on any debts not previously reported
    - Total value of any of the following (all that apply): checking accounts, savings accounts, or money market funds; certificates of deposit, Government Savings Bonds, or Treasury Bills; stocks, bonds, or shares in a mutual fund (after paying off anything owed on them); other savings or assets not already covered
        - Interest or dividends earned from asset (if applicable)
        - Changes in value of such assets since economic downturn of 2008 (50% sub-sample)
    - Value of any life insurance policies held by R and/or spouse (if applicable…)
        - Beneficiaries
        - Cash value (for policies worth $10,000 or more)
    - Changes in withdrawal amounts or plans to withdraw money from investment accounts since June of 2008
    - Results of attempts to sell real estate since June of 2008
- Access to Health Care & Utilization
    - Does R usually go to a particular place to receive health care? (if yes…)
        - Name, type, and location of place
        - Length of time R has been receiving care at this usual place

        - Type of health care provider R usually sees
        - Does R usually see the same person at this usual place? (if yes…)
            - Name of person
            - Type of health care provider
                - Specialty (if applicable)
            - Length of time R has been seeing this person for health care
    - Has R seen a health care professional in past 12 months?
    - Has R seen a mental health professional or needed mental health treatment in the past 12 months?
- Depression
    - Has R had an episode of depression that lasted two weeks or more since year of last interview? (if yes…)
        - Were such episodes always attributable to alcohol, drugs, medications, or physical illness?
        - Age during worst, particularly bad, or most recent period of depression since year of last interview
            - Symptoms of depression during R's worst, particularly bad, or most recent period of depression
- End of Life Preparations
    - List of up to three people R has discussed their health care plans and preferences with and how well those people understand R's preferences and plans
        - Relationship of each person to R
    - Confirm and update information on legal arrangements allowing someone to make decisions about R's medical care in the event of incapacity
        - Who has such authority or who would R choose if they were to make such an arrangement?
            - Relationship of such persons to R
    - Written instructions on medical care in the event that R is rendered unconscious or unable to communicate
        - List of up to 10 people R has given such written instructions to (if applicable)
            - Relationship of such persons to R
    - Confirm and update information on R and/or their spouse's plans for disbursing assets in the event of death
        - Signed and witnessed wills; revocable trusts; joint ownership or beneficiary designations; executor of estate
    - Preferences for continuing life prolonging treatments in the face of various conditions
    - Spouse's preferences for continuing life prolonging treatments in the face of various conditions (for married respondents)
    - How strictly does R want their end of life wishes followed?
        - How strictly does R's spouse want their end of life wishes followed? (for married respondents)
- End of Life Death Reactions

    - Logistics of most recent experience of spousal or parental death (for respondents who have been widowed at least once or have experienced the death of one or both parents)
        - When did R realize spouse/parent was going to die soon?
        - Where did R's spouse/parent spend the last few days of life?
        - Was R's spouse/parent in pain during the last week of life?
        - When did R's spouse/parent realize death was imminent?
        - Did R and spouse/parent ever talk about how R would cope with their death?
        - Legal arrangements dictating medical care near the end of life made by R's spouse/parent and how those arrangements affected the last week of life
            - Durable Power of Attorney for Health Care; Living Will
        - Was R's spouse/parent able to make decisions in the last week of life and/or have specific wishes about medical care while dying?
            - Was R's [spouse/parent]'s end of life medical care consistent with his or her wishes?
        - Caregiving provided by R at parent's end of life
        - Emotional distress experienced by parent at end of life
        - How were expenses incurred by R's spouse's death paid?
        - How was R's financial and/or health care situation affected by spouse's death?
- Non-Normative Extension (for respondents that had a target "non-normative" child selected during the Non-Normative Child Screener module)
    - Targeted developmental disabilities or mental illnesses target child has been diagnosed with in addition to primary condition (maximum of five additional diagnoses)
        - Target child's current or primary diagnosis
    - Physical health of target child at present and relative to five years ago
    - Extent to which target child is able to work (whether standard labor force participation or with special supports)
        - How many hours each week does target child attend day programs for people with similar conditions?
    - Amount of help target child requires for various tasks of daily living
        - Hours of assistance provided by R in typical week
    - Target child's current housing accommodations and level of supervision
        - Proximity to R
        - Satisfaction with arrangement
    - Frequency with which target child participates in various social and recreational activities
    - Frequency with which target child has displayed various challenging or socially unacceptable behaviors in the past six months
    - Description of onset and past or ongoing treatment of target child's primary diagnosis
    - Future care arrangements for target child in event of parental death or inadequacy

- Friends (for respondents who named another member of the sample as one of their close high school friends)
    - Mortality status of reciprocal friend (if deceased…)
        - Date of death
    - Frequency of contact with reciprocal friend in past 12 months (if none…)
        - Year R last saw friend
        - Frequency of contact with friend in past 5 years
    - Perceived closeness to reciprocal friend
    - Perceived correspondence between R and reciprocal friend in educational attainment, work, and financial situation
    - Relationships with up to 3 other same-sex friends from high school graduating class (15% sub-sample)
        - Name of friend
        - Frequency of contact in past 12 months
        - Perceived closeness between R and friend
- Closing Questions
    - Address of person who can inform researchers of R's whereabouts
    - Story of how R met spouse or partner (for married or partnered respondents)
    - Contact with any friends from high schools
- Medicare & Social Security Waiver
    - Attempt to gain R's consent to access their Medicare and/or Social Security records
- Prepare Leave-Behind SAQ
    - Instructions provided to R on how to complete and submit the leave-behind SAQ
        - Option of having interviewer call R and completing SAQ over phone provided
- DNA Consent & Instructions
    - Attempt to gain R's consent to collect and use a DNA sample (if R consents…)
        - Instructions on how to collect and return a DNA sample provided
            - Option of having interviewer collect DNA in-person provided
- Interviewer Observations
    - After leaving R's home, interviewer asked to complete a questionnaire regarding R's cooperativeness, health, grooming, physical attractiveness, mental or cognitive ability, consistency in responding to interview questions, and future contact preferences
        - Interviewer also asked about the presence of a third person during the interview, the location of the interview
        - Interviewer also asked about the condition of R's home, duration of the interview, and any technical difficulties that may have arose with the survey instrument

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2010–2011 Leave-Behind SAQ for Graduate & Sibling Respondents

Sample: Respondents to 2010–2011 CAPI survey of graduates and siblings

- Health
  - General health
    - Compared with 5 years ago
    - Recent limitations and/or difficulties in performing daily activities
    - Frequency of physical symptoms over past six months and resulting degree of discomfort
  - Current diagnoses, age diagnosed, and degree of interference with enjoyable activities
  - Daytime drowsiness and sleep patterns and problems
  - Physical attributes
  - Trends in bodily weight and perceptions of weight
  - Examinations and health appointments during past 5 years
  - Changes in quality of vision and/or hearing in past 5 years
  - Current medications and attributes of them
    - Reason for taking medications
    - Self-medication trends
  - Cigarette smoking history and trends
  - Alcohol use and effects of alcohol use
  - Bodily organ donation
  - End of life wishes and expectations
  - Biological relatives' health history
- Fishing & Seafood Consumption
  - Fishing licenses
  - Reaction to reports of mercury contamination in fish and seafood
  - Diet of seafood in past 30 days compared to typical monthly consumption
  - Reasons for not eating fish and seafood (if applicable)
- Values and Attitudes
  - Respondent asked the extent to which they believe they possess 29 characteristics
  - General feelings or attitudes towards self
  - Respondent asked the extent to which they agree or disagree with 14 statements related to gender
  - Perceptions about and attitudes towards old age and aging
- Job Characteristics
  - Asked about a job held at a designated employer
    - Physical demands of job
    - Time spent doing following things in typical week: reading and writing, working with hands, dealing with people, repeating a task over and over
    - Interaction between work and family life
- What Would You Do…?

    - Respondent asked to make choices about hypothetical situations involving money values and probabilities (aversion to risk)
    - Preferences towards acquiring different amounts of money today versus in the future
- Dealing with Problems
    - Age at first and most recent time that various stressful life events occurred
    - Coping strategies for stressful life events
- How You've Felt This Past Week
    - Number of days in past week respondent felt or behaved in various ways
- Religion and Spirituality
    - Current religious preference and frequency of attending religious services in the past year
    - Importance and centrality of religion to life decisions and events
    - Frequency of relying on religious community for practical support
    - Reliance on religion for coping with problems or difficulties in family, work, or personal life
    - Interpretative stance on the Bible
- Internet
    - Reasons R's household first obtained internet access
    - Frequency of e-mail contact with various friends, relatives, and colleagues
    - Hours spent using internet or e-mail from home, work, and other locations each week
    - Use of the internet to find advice or information about health and healthcare
- Health Services
    - Perceptions and expectations about the relationship between R and their primary doctor
    - Feelings about choice and cost of medical care, comfort level when visiting another doctor or clinic, and staying healthy
    - Reasons for difficulties or delays in receiving healthcare during past 12 months
    - Ratings of overall healthcare coverage and situation
    - Attitudes about personal role in healthcare
    - Extent to which R's health is entrusted to a single doctor
    - Emergency room visits in past 12 months
    - Conscientiousness and consistency of usual place of care during past 12 months
    - Rapport with doctor
    - Preoccupation with and level of pessimism related to personal health
- Health Insurance Coverage (respondents and their spouses)
    - Government or publicly provided health insurance or health care coverage
    - Private health insurance or healthcare coverage that works with, supplements, or replaces Medicare
    - Private health insurance or healthcare coverage that does not supplement or replace Medicare
    - Prescription drug insurance plans
        - Name and provider of Medicare Part D prescription drug plan (if applicable)
    - Reasons for not signing up for the Medical Part D prescription drug plan

    - Reasons for choosing Medicare Part D prescription drug plan and premium paid
        - Feelings about Medicare Part D prescription drug plan
    - Long-term care insurance
- Financial Matters
    - Respondent asked the extent to which they believe 12 statements about financial investments are true or false
- Social Relationships
    - Presence of family or friends who serve as close confidants
    - Use of personal vehicles and/or public transportation
    - Types of help given and received in past month
        - Recipients and providers of help
        - Beliefs about how helping affects providers
    - Perceived availability of various friends and relatives to provide help
        - Extent to which R feels it would be appropriate to ask for such help
    - Worries about aging and old age
    - Influence of specific episode of caregiving on daily life (for respondents who reported providing care for someone currently or at some point in time)
        - Reactions to caregiving experience
- Mistreatment of You
    - Number of people R has perceived to be too controlling over their daily decisions and life in past 12 months
        - Most serious offender
    - Number of people R has perceived as insulting or putting them down in past 12 months
        - Most serious offender
    - Number of people R has perceived as managing their money or belongings without their blessing in past 12 months
        - Most serious offender
    - Number of people who have kicked, hit, slapped, or thrown things at R in past 12 months
        - Most serious offender
    - Number of people who have prevented R from having things they need in past 12 months
        - Most serious offender
    - Purchases or sales R has made in past 12 months that later were appraised as detrimental (scams)
    - Donations made in past 12 months that were later recognized as to a potentially illegitimate organization
- Marriage
    - Time spent together in past month
    - Division of household labor
    - Frequency of disagreements
    - Level of satisfaction with aspects of relationship
    - Perceptions of spouse’s health
    - Sexual relations during past 12 months
        - Level of satisfaction and frequency of relations

        - Reason for decline or cessation of sexual activities (if applicable)
- Children
    - Particular child designated for additional inquiry (repeated maximum of 5 times)
        - Frequency of contact in past 12 months
        - Perceived closeness and similarity to R
        - Place of residence
        - Perceptions of criticism and supportiveness from child
        - Educational attainment
        - Health
- Social and Civic Participation
    - Voter status for November 2008 general election
        - Campaigning on a candidate's behalf
    - Political affiliation
    - Extent respondent identifies as liberal versus conservative
    - Frequency of social outings with friends and relatives in past 4 weeks
    - Frequency of social outings with friends and relatives 5 years ago
    - Pet ownership
    - Enjoyment of leisure activities at present versus earlier in life
    - High school class rank
    - Cell phone use
    - Involvement in various clubs and organizations during past 12 months
    - Primary reasons for volunteering
- End
    - E-mail address

Return to Tab 1

2010–2011 Leave-Behind SAQ for Proxies

Sample: Proxy respondents to 2010–2011 CAPI survey of graduates and siblings

- Health of Targeted Respondent
  - General health
    - Compared with 5 years ago
    - Recent limitations and/or difficulties in performing daily activities
    - Frequency of physical symptoms over past six months and resulting degree of discomfort
  - Current diagnoses, age diagnosed, and degree of interference with enjoyable activities
  - Daytime drowsiness and sleep patterns and problems
  - Physical attributes
  - Trends in bodily weight and perceptions of weight
  - Examinations and health appointments during past 5 years
  - Changes in quality of vision and/or hearing in past 5 years
  - Current medications and attributes of them
    - Reason for taking medications
    - Self-medication trends
  - Biological relatives' health history
- Health Insurance Coverage of Targeted Respondents & Their Spouses
  - Government or publicly provided health insurance or health care coverage
  - Private health insurance or healthcare coverage that works with, supplements, or replaces Medicare
  - Private health insurance or healthcare coverage that does not supplement or replace Medicare
  - Prescription drug insurance plans
    - Name and provider of Medicare Part D prescription drug plan (if applicable)
- Religion & Spirituality of Targeted Respondent
  - Current religious preference
  - Frequency of religious service attendance during past year
- Social Relationships of Targeted Respondent
  - Use of personal vehicles and/or public transportation
  - Types of help given and received in past month
- Social and Civic Participation of Targeted Respondent
  - Frequency of social outings with friends and relatives in past 4 weeks
  - Frequency of social outings with friends and relatives 5 years ago
  - Enjoyment of leisure activities at present versus earlier in life
  - Involvement in various clubs and organizations during past 12 months
- End
  - Proxy e-mail address

Return to Tab 1

2010–2011 Leave-Behind Non-Normative SAQ

Sample: Respondents to 2010–2011 CAPI survey of graduates and siblings who have children diagnosed with non-normative conditions

- A child of the R that has been diagnosed with a developmental disability or mental illness has been targeted for additional inquiry (this child was the subject of the 2010 CAPI Non-Normative Extension Module)
    - Physical health of target child
        - Height and weight
        - Smoking
        - Overall health
        - Mobility
        - Exercise
    - Diagnoses with other health conditions
    - Current prescription medications
        - Reason prescribed
        - Effectiveness
    - Services received
        - Are services that are not currently being received needed?
    - Ability to perform household tasks and/or care for R
    - Respondent's feelings about the target child, his/her condition, and R's interactions with him/her
    - Extent to which R believes they have developed strengths and/or skills due to interactions with target child
    - Have experiences parenting target child been mostly positive or mostly negative?
        - Positive things experienced in coping with target child's condition
        - Negative things experienced in coping with target child's condition

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WISCONSIN LONGITUDINAL STUDY

Tab 2

How to Read Flowcharts

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How to Read Flowcharts .....Click Here

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HOW TO READ FLOWCHARTS

The flowcharts are visual representations of the survey programming used for the CATI and CAPI interviews (1992/94, 2003, and 2010 rounds of data collection). They allow users to see the phrasing and sequencing of questions asked to respondents. Although we tried to make these flowcharts as representative as possible, some programming language is too complex to display in a concise manner. Additionally, some questions have not been conveyed word for word due to slight variations in phrasing that are dependent on characteristics of each respondent.

Below is a basic key to help you navigate through the flowcharts; some components are not included here due to their rarity and complexity.

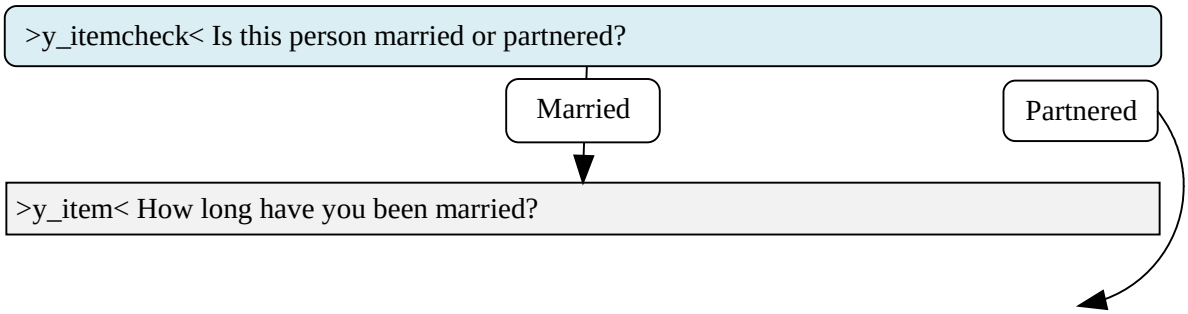
Words inside of grey boxes represent what was actually asked to respondents. Often, questions are accompanied by instructions to the interviewer.

Standard Survey Item Box

>y_item< What is/was the name of your [current/ last employer]? (INTERVIEWER: Do not probe.)

Words inside of blue "check" boxes will not be asked to the respondent; instead, these items will dictate the sequencing of survey questions based on previously collected data OR be directed towards the interviewer.

Standard Check Box



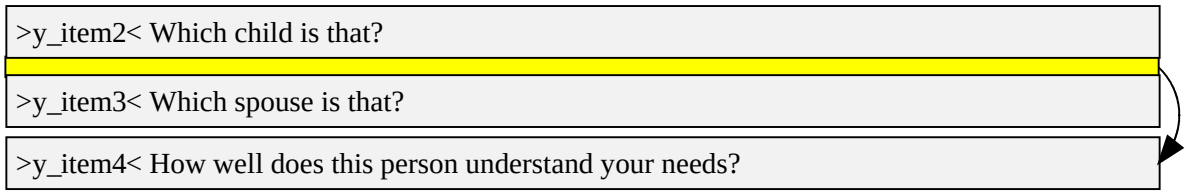
Words inside of tan "note" boxes will neither be asked to respondents nor directly affect the sequencing of survey questions. They explain complicated programming or provide users with relevant background information.

Standard Note Box

Can help to explain more complex programing that would otherwise take up too much space.

Yellow boxes are called "routing buffers" and indicate a survey path followed by all respondents asked the question above a buffer.

Routing Buffer

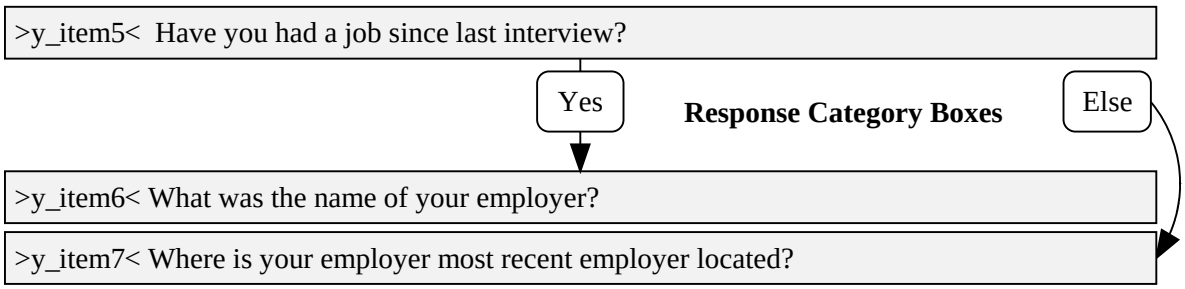


Words inside of purple "guide" boxes will not be asked to the respondent. They function in the same way as blue "check" boxes but may not be attributable to a particular item in the programming code; items on different pages can reference them with "Guide #X".

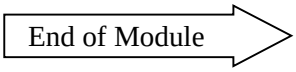
Standard Guide Box

Guide: #2 Does y_emdflag = 1? (See Guide #1 above for the implications of this value)

White boxes represent groups of response categories to a particular question that result in the respondent being asked different follow-up questions. When an "else" box is used, it indicates that all possible responses other than the ones depicted in white boxes will result in the respondent being asked the same follow-up question.

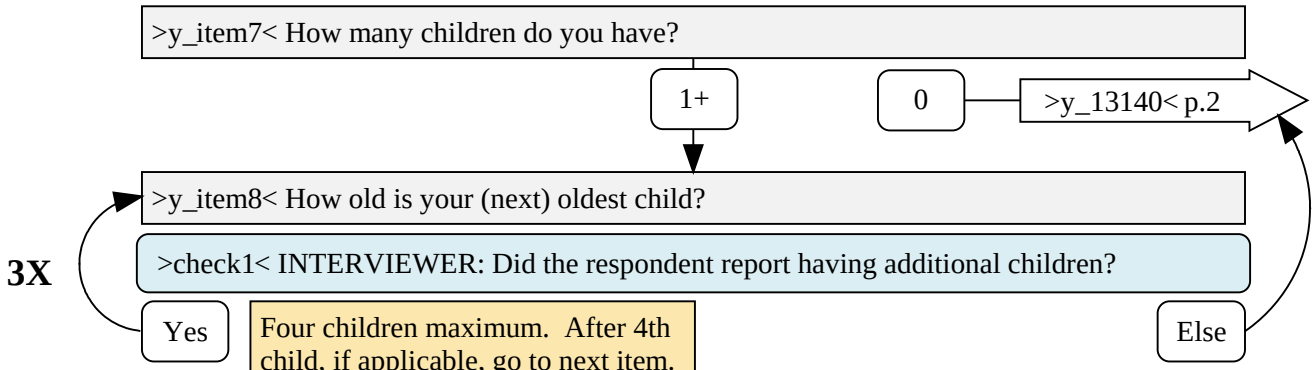


Thick "Go To" Arrow



Simple Arrow

Either simple or thick "go to" arrows will be used to indicate the question subsequent to a particular response category. Thick arrows explicitly list the next item a respondent will be asked; they will be accompanied by a page number in the flowchart or some indication of where on the present page the next item can be found ("above" or "below"). Simple arrows will indicate the next item to be asked by visually pointing to it.



Standard Count Box

Golden "count" boxes indicate how many times a particular set of questions may be repeated to the respondent. They are accompanied by visual, numeric representations (i.e. "3X").

Page Count

Every flowchart module begins with its own page count. Page numbers can be found in the top left hand corner of each page.



Green "section" boxes are used to separate parts of modules that are distinct from each other in terms of content; they allow for improved visual representation and organization.

Standard Section Box

FOCAL SPOUSE/PARTNER

Red "stop" boxes are used to indicate where a given module ends. The text inside of them reading "End Of.....Module" functions as a link and will be surrounded by a blue outline. If clicked, it will transport users back to the "Overview" flowchart for each round of data collection.

Standard Stop Box

END OF FLOWCHART KEY MODULE

WISCONSIN LONGITUDINAL STUDY

Tab 3

1957 Original Questionnaire

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Follow-up Questionnaire for Parents of Graduates .....Click Here

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Questionnaire for High School Seniors

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HSR _____
HN _____

Do not write in this col.
1-6 _____
7-8 _____
9-10 _____
11 _____
12 _____

MY PLANS BEYOND HIGH SCHOOL

Name _____ Age _____ M _____ F _____

School _____ Home address _____

_____ Father's name _____
(or other parent or guardian)

1. I plan: (Place a cross (x) before the statement which describes what you plan to do next year)

_____ To continue going to school
_____ To get a job
_____ To become an apprentice
_____ To go into military service
_____ To work at my home
_____ I have no definite plans
_____ (Other, specify) _____ 13 _____

If the plan you have checked is not what you would really like to do, place an (L) in front of the statement above which described what you would most like to do, then state what circumstances prevent you from doing what you would most like to do. _____ 14 _____ 15 _____

How sure are you that you will be doing what you plan? _____ certain _____ uncertain 16 _____

2. If you checked that you plan to go to school next year, what kind of school do you plan to attend?

Public	Private
_____ Vocational school	_____ Liberal arts college
_____ County teachers college	_____ University
_____ State college	_____ Business or trade school
_____ University	_____ Other _____ (Specify) 17 _____

Do you plan to attend school outside Wisconsin? _____ yes _____ no 18 _____

I plan to attend school _____ full-time _____ part-time 19 _____

3. If you plan to continue your schooling or training, answer the items below. If not, go to question 4.

I plan to enter the following courses or fields:

In trade or vocational school _____
Specify field or training

Apprenticeship _____
Specify field or trade

College or university: (check the field of your interest)

____ Agriculture	____ Engineering	____ Liberal Arts
____ Architecture	____ Fine Arts	____ Medicine
____ Aeronautics	____ Forestry	____ Nursing
____ Business	____ Home Economics	____ Pharmacy
____ Chemistry	____ Journalism	____ Social Work
____ Dentistry	____ Law	____ Teaching
____ Undecided	____ _____ (Other)	____ Veterinary 20-21 _____

4. If you plan to get a job next year, check the statement below which applies to you.

____ I have applied, but do not yet have a job
____ I have applied and have been accepted
____ I have not applied
____ I will continue in a job I now have
____ Other _____

My job will be: (describe) _____ 22-23 _____

(Name of firm) _____

It will pay about _____ per week 24 _____

5. To what extent have you discussed your plans with your teachers or school counselors?

_____ not at all _____ some _____ very much

How much did they influence your plans?

_____ not at all _____ some _____ very much 25 _____

6. To what extent have you discussed your plans with your parents?
_____ not at all _____ some _____ very much

How much did they influence your plans?
_____ not at all _____ some _____ very much

26_____

7. Education of father and mother (check highest level attained)

	Father	Mother
High School		
did not attend	_____	_____
attended	_____	_____
graduated from	_____	_____
Trade or business school:		
attended	_____	_____
College:		
attended	_____	_____
graduated from	_____	_____
has master's or Ph.D. degree	_____	_____
Do not know	_____	_____

27_____
28_____

8. Education of older brother and sister who have had most schooling. (Check the highest level reached; if more than one, show number at each level.)

	Brother	Sister
Some high school	_____	_____
High school graduate	_____	_____
Some college	_____	_____
Attending college	_____	_____
College graduate	_____	_____
Attending graduate school (or attended)	_____	_____
None older	_____	_____

29_____
30_____

9. (a) My father is engaged in the type of occupation checked in the left hand column below.
(b) I hope eventually to enter the type of occupation checked in the right hand column below.

Father	Me
_____ Office work (cashier, clerk, secretary, bookkeeper, etc.)	_____
_____ Professional (doctor, lawyer, minister, teacher, etc.)	_____
_____ Executive (manages large business, industry, firm)	_____
_____ Factory worker (laborer, janitor, farm hand, etc.)	_____
_____ Salesman (insurance, real estate, auto, store, etc.)	_____
_____ Owns, rents, manages small business (store, station, newspaper, cafe, etc.	_____
_____ Owns, rents, manages farm	_____
_____ Other occupation (be specific) _____	_____

31_____
32_____

(c) If your mother has a job outside the home, place an (M) before the type of occupation in which she works.

33_____

10. How much do you think it costs per school year to attend college away from home?

_____ Less than $1000 _____ Between $1500 and $2000
_____ Between $1000 and $1500 _____ More than $2000

34_____

11. How do you estimate the ability of your parents to help you go to college, if you desire to go?

_____ can easily afford it _____ cannot afford it
_____ can afford it, but with much sacrifice _____ I must work to help support the family

35_____

12. In terms of income or wealth of families in my community, I think my family is:

_____ considerably above average _____ average
_____ somewhat above average _____ somewhat below average
_____ considerably below average

36_____

13. (a) Have you ever considered attending college? _____ yes _____ no
(b) If no, would you consider it if you had the money _____ yes _____ no

37_____

(c) Would you borrow money for college expenses if you could pay it back on the installment plan after leaving college _____ yes _____ no

38_____

(d) About how much could you or your family contribute to your college expenses next year (if you were going)?
_____ none _____ less than $500 _____ Between $500 and $1000
_____ between $1000 and $1500 _____ all my expenses

39_____

14. Did you apply for admission to a school or college? (Check the statements which apply to you)

____ I have not applied
____ I have not applied, but plan to
I have applied but was refused because:
____ I did not rank high enough
____ I did not take the right subjects
____ The school could not take more students

____ I have applied, but have not heard
____ I plan to apply
____ I have been tentatively admitted, and expect to attend:

_____ (Name of School(s)) _____ (Name of School) 40

I sent applications to _____ (number) schools 41

15. Did you take the National Merit Scholarship Examinations? ____ yes ____ no 42

16. Did you take the College Entrance Board Examinations: ____ yes ____ no

____ Scholastic Aptitude Test
____ Subject matter in (fields) _____ 43

17. Have you applied for a scholarship?

____ I did not apply
____ I have applied, but have not yet heard
____ I have applied, but was not successful
I have received a scholarship from:

____ a college _____ (Name)

____ company or corporation _____ (Name)

____ organization or society _____ (Name)

____ other _____ 44

18. The scholarship or awards I have will pay the following part of my college expenses next year:

____ tuition, one semester
____ tuition, both semesters
____ tuition, plus $_____
____ $_____ (cash)
____ all expenses 45

19. If you are going to school next year what part of your school or college expenses do you expect to provide from summer earnings or part-time work at school?

____ Less than $250
____ Between $250 and $500
____ Between $500 and $750
____ More than $750 46

20. Has marriage or the early prospect of marriage influenced your plan for next year? ____ yes ____ no 47

21. Place a circle around the number of semesters in which you studied the following subjects?

Algebra	0 1 2 3 4	English	0 2 4 6 8	48-53
Geometry	0 1 2 3 4	History	0 2 4 6 8	
Trigonometry	0 1 2 3 4	Social Studies	0 2 4 6 8	
Biology	0 1 2 3 4	Foreign Language	0 2 4 6 8	54-57
Chemistry	0 1 2 3 4	Specify Language (s)	_____	
Physics	0 1 2 3 4			

Did you take a college preparatory course? ____ yes ____ no 58

22. Did your high school give you practice in the following college-type experiences? (Check those in which you had considerable experience)

____ Taking notes from lectures
____ Writing term reports
____ Taking final semester examinations during a scheduled period
____ Making individual studies with oral reports
____ Long-term assignments
____ Planning own use of study time rather than required study period
____ (If other, describe) _____ 59

Follow-Up Questionnaire for Parents of Graduates

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WHAT ABOUT EDUCATION BEYOND HIGH SCHOOL?

TO THE PARENTS: Please give the answers to the questions or statements below which correctly or best describe the fact or opinion requested. Either the father or mother may respond, or the answers may be given jointly. Place a check (✓) in front of your answer, or write answer in space provided.

1. a. My son (or daughter) who graduated from high school last Spring:

_____ has a job

_____ is in military service

_____ is married and is a homemaker

_____ is continuing education through correspondence study

_____ is unemployed

_____ is going to school

_____ _____ (other)

b. If he (or she) is going to school, is he (or she) going _____ full time?

_____ part time?

2. If your son (or daughter) is going to school, please give the following information:

_____

Name of School or College City State

_____

Course (Such as liberal arts, business, law, nursing, teaching, home economics)
(If taking trade or apprentice training, name the trade.)

3. Did you want your son (or daughter) to continue his education beyond high school?
_____ yes _____ no

4. If you wanted your son (or daughter) to continue his schooling and he (or she) is not doing so, what prevented it? (If you answered "no" to question 3, skip this question, and go to question 5.)

_____ he (or she did not want to

_____ plans to go at a later date

_____ did not qualify for admission

_____ his best friend(s) did not go

_____ could not afford it

_____ could not find satisfactory place to live at the school

_____ no school of type wanted is closely available

_____ _____ (other) specify

5. If you did not want him (her) to continue schooling, what was the major reason?

_____ Wanted him to help with my business (or work at home)

_____ Wanted him to enter military service

_____ Wanted him to get a job and earn money

_____ Further education is too much a luxury

_____ College life is not a good influence

_____ Costs too much

_____ Family needs income he could earn

_____ Is not a strong student

_____ _____ (if other reason, please state)

6. a. Did you advise your son (or daughter) to prepare for college? _____ yes _____ no

b. Did your son (or daughter) take the following subjects in high school? (check those which he or she took) _____ Algebra _____ geometry _____ foreign language

(Please turn to other side)

7. In terms of income or wealth of families in our community, our family is:

______ above average ______ average ______ below average

8. The following statements are opinions which some people hold about the value of a college education. Please check the statements which most closely express your own opinions. If none of these statements express your opinion, write your opinion in the blank space at the end of the list.

______ It is better to learn a job skill or trade than to go to college.

______ A college education is worth making the financial sacrifice it requires.

______ Success in life depends upon ability and effort, not amount of education.

______ Persons who do not have a college education are at a social disadvantage in life.

______ Going to college costs more than it is worth.

______ The school of "hard knocks" is more valuable than a college education.

______ A college education is required to get good jobs and to advance in them.

______ You do not need a college education to earn good money and be leaders in your communities.

______ People with a college education live more satisfying and interesting lives than those without a college education

______ Too many young people are going to college.

______ Too many capable young people who desire to go to college are not able to go.

______ Going to college is not worth while for many young people who go.

______ People who learn on the job, use libraries, and teach themselves are as well-educated as those who go to colleges.

______ ____

______ ____

(Use the space above to state any other opinion or information which you may wish to give.)

9. Who gave the answers? ______ father ______ father and mother jointly

______ mother ____________________
(other)

THANK YOU VERY MUCH

Joint Staff
Co-ordinating Committee for Higher Education
High School Parent Survey
October 1957

23. For the work I want to do, a college education is:
____ necessary ____ desirable ____ unnecessary

24. My teachers in high school have:
____ encouraged me to go to college
____ discouraged me from going to college
____ have had no effect on my decision

25. My parents:
____ want me to go to college ____ do not care whether I go
____ do not want me to go ____ will not let me go

26. Most of my friends are:
____ going to college ____ going into military service
____ getting jobs ____ other _____

27. High school studies:
____ have been interesting; I want to learn more
____ have been uninteresting; I would rather work than study
____ have had no especial influence upon my plans

28. The prospect of military service: (boys only)
____ has influenced me to attend college and join the ROTC
____ has made me uncertain about my future plans
____ has caused me to plan a military career
____ has had no influence upon my plans

29. The fact that boys must go into military service: (girls only)
____ has caused me to be unsettled in my plans
____ has had no influence upon my decisions
____ has caused me to plan to enter military service too

30. Which of the following statements best describe your opinion of the value of going to college? (Answer whether you plan to go to college or not. Check the 3 statements which seem most important to you.)

____ I would rather start earning money quickly, and learn on the job
____ I (am) would be greatly dissatisfied to stop at my present level of knowledge
____ College life and activities (like athletics) attract me very much
____ College graduates get jobs with better pay
____ The country needs more people who have highly developed skills and knowledge
____ College is a good place to meet a worthy life-mate
____ Skilled laborers get paid as much as most college graduates
____ Going to college enables you to study more lines of work before deciding on a career
____ A college education helps you live a happier, more complete life
____ Going to college costs more than it is worth
____ College studies will make you work at a high intellectual level, and I like that
____ College graduates usually have the leadership positions
____ Learning on a job is more practical than most school learning
____ Persons who do not have college educations often make better leaders
____ College life broadens you socially, and developes your personality
____ Success in life depends upon ability and effort, not amount of education
____ Going to college would be a waste of time for me
____ Going to college has just been accepted; I have never thought of anything else

WISCONSIN STATE DEPARTMENT OF PUBLIC INSTRUCTION
AND
SCHOOL OF EDUCATION, UNIVERSITY OF WISCONSIN

April, 1957

WISCONSIN LONGITUDINAL STUDY

Tab 4

1964 Postcard Questionnaire

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Questionnaire for Mail Survey of Parents of Graduates .....Click Here

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Questionnaire for Mail Survey of Parents of Graduates

Return to Tab 4

Professor William H. Sewell
Department of Sociology
The University of Wisconsin
Madison, Wisconsin 53706

THIS SIDE OF CARD IS FOR ADDRESS

U.S. POSTAGE



THE UNIVERSITY OF WISCONSIN

Dear Parent:

In 1957 your daughter took part in a survey of the post-high school plans of Wisconsin high school seniors. The Department of Sociology of The University of Wisconsin is conducting a study of the educational and work experiences of these students since leaving high school.

The information we are seeking concerning your daughter will be used in the state-wide Study of Wisconsin High School Students and will be of great help in planning for future educational developments in Wisconsin. Please fill out and return the attached post card immediately. Be sure to include your return address in the upper left-hand corner of the card.

Only with your help can we get complete information about what has happened to your daughter's high school class. THANK YOU FOR YOUR COOPERATION.

Sincerely,

William H. Sewell
Professor of Sociology

To the parents of _____

SCHOOL OR COLLEGE

1. Since high school, has your daughter attended any school or college? YES___ NO___
2. If YES:

Name Of School	Years From	Years To	Graduated
_____	___	___	YES___ NO___
_____	___	___	YES___ NO___
_____	___	___	YES___ NO___

EMPLOYMENT

3. Daughter's work experience since high school: now working ____ has worked ____
   has not worked ____ Most recent job _____

OTHER

4. Is your daughter married? YES___ NO___ If YES, year married _____
5. If married, what is her husband's occupation? _____
   Name of firm: _____ Job title _____
6. What is YOUR DAUGHTER'S present name and mailing address?
   (Miss)
   (Mrs.) _____
   _____
   street
   _____
   city state

Professor William H. Sewell
Department of Sociology
The University of Wisconsin
Madison, Wisconsin 53706

U.S. POSTAGE
4c

THIS SIDE OF CARD IS FOR ADDRESS

THE UNIVERSITY OF WISCONSIN

Dear Parent:

In 1957 your son took part in a survey of the post-high school plans of Wisconsin high school seniors. The Department of Sociology of The University of Wisconsin is conducting a study of the educational and work experiences of these students since leaving high school.

The information we are seeking concerning your son will be used in the state-wide Study of Wisconsin High School Students and will be of great help in planning for future educational developments in Wisconsin. Please fill out and return the attached post card immediately. Be sure to include your return address in the upper left-hand corner of the card.

Only with your help can we get complete information about what has happened to your son's high school class. THANK YOU FOR YOUR COOPERATION.

Sincerely,

William H. Sewell
Professor of Sociology

To the parents of _____

SCHOOL OR COLLEGE

1. Since high school, has your son attended any school or college? YES___ NO___
2. If YES:

Name Of School	Years From	Years To	Graduated
_____	___	___	YES___ NO___
_____	___	___	YES___ NO___
_____	___	___	YES___ NO___

EMPLOYMENT

3. What is his present occupation? _____

Name of firm: _____ Job title: _____

OTHER

4. Is your son married? YES___ NO___ If YES, year married _____
5. Military Service: now serving ____ has served ____ has not served ____
6. What is YOUR SON'S present mailing address?

_____
street

_____
city

WISCONSIN LONGITUDINAL STUDY

Tab 5

1975/77 Round of Data Collection

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Questionnaire for Telephone Survey of Graduates

Return to Tab 5

_____Office Number
Project 696
Winter/Spring, 1975

University of Wisconsin-Extension
Wisconsin Survey Research Laboratory

WISCONSIN SCHOOL STUDY

A. May I speak to (NAME OF RESPONDENT)?
/Yes/ (Go to QC) /No-R not available/ (RECORD BEST TIME TO RETURN CALL IN CALL BOX) /No-R doesn't live there/ (Go to QB)

B. Is this (READ STUDENT TELEPHONE NUMBER FROM COVER SHEET)?

/Yes/ (ASK IF PERSON KNOWS R ' s WHEREABOUTS, CALL OPERATOR FOR NEW LISTING, IF UNABLE TO LOCATE R, RETURN RECORD TO SUPERVISOR)

/No/ (REDIAL AND BEGIN AGAIN)

C. My name is_____ and I'm calling from the University of Wisconsin's Survey Research Laboratory in Madison. Perhaps you recall our letter. We're doing a survey of the class of 1957 Wisconsin high school seniors, and we are interested in their life experiences since 1957. In the spring of 1957, were you a senior at _____ High School?
(SEE COVER SHEET)

/Yes/ (Go to QD)

/No/(Go to QC1)

C1. Were you enrolled in school in the spring of 1957?
/Yes/(Go to QC2)

/No/ (TERMINATE INTERVIEW)

C2. What was your grade in school? _____

C3. Where was that? _____
(NAME OF SCHOOL)

_____
(CITY OR COUNTY AND STATE)

C4. CHECK ITEM: /IN 1957 R WAS A HIGH SCHOOL SENIOR/
/IN WISCONSIN--GO TO QUESTION E/

/OTHER--TERMINATE INTERVIEW/

D. Just to be sure our records are correct, what was your full name when you were a senior in high school...that is, in the spring of 1957? (ENTER FULL NAME ON COVER SHEET)

E. What is your birthdate? _____ _____ _____
(MONTH) (DAY) (YEAR)

F. Did you live at the following address in (SEE COVER SHEET FOR YEAR (1957 or 1964) AND ADDRESS)?

/Yes/ (GO TO Q-l)

/No/ (CORRECT COVER SHEET, THEN GO TO Q-l)

Interviewer:
Sample No.:
ID No.:
Date:
Time:

Project 696
Winter/Spring, 1975

University of Wisconsin-Extension
Wisconsin Survey Research Laboratory

WISCONSIN SCHOOL STUDY

1. Did you graduate from high school in the spring of 1957?
/Yes/ /No/(Go to Q2)
(GO TO Q 3)

2. Did you ever graduate from high school?

/Yes/ /No (R's highest level is 11th grade)/
(Go to Q2b)

2a. In what month and year did you finish the 11th grade?

_____(MONTH), 19_____
(GO TO Q 3)

2b. In what month and year did you graduate? ____(MONTH), 19____

3. Have you ever been enrolled as a regular student in a four-year college or university or a two-year junior college, not including business college?

/Yes/ /No/--> CHECK ITEM AND SKIP: SKIP TO Q-11, PAGE 3. ASK ABOUT R's HIGHEST LEVEL OF SCHOOL COMPLETED AND MONTH AND YEAR OF COMPLETION.
(Go to Q3a)

3a. In what month and year did you first attend college?

_____(MONTH), 19_____

3b. In all, how many years of school did you <u>complete</u> at a college or university, including graduate or professional school?

/Less than one/ (# YEARS OF COLLEGE) CHECK ITEM: THIS ANSWER TO BE ENTERED IN Q-11 LEVEL
(Go to Q4) (SKIP TO Q 7, NEXT PG)

4. What was the name and address of the college or university you last attended?

_____ _____ _____
(NAME OF COLLEGE OR UNIVERSITY) (CITY) (STATE)

5. In what month and year did you last attend there?_____(MONTH), 19___

6. Are you now enrolled in a formal program, in a college, junior college, or university? Do <u>not</u> include business, vocational, technical training, apprenticeships, or on-the-job training.

/Yes/ /No/-----> CHECK ITEM AND SKIP: REFER ABOVE TO CHECK ITEM FOR "NO" TO Q-3 AND FOLLOW INSTRUCTIONS.
(TO Q 14, PAGE 5)

7. Do you have a degree from a junior college, college, or university?
/Yes/ /No/
(SKIP TO Q 8b)

7a. What is the name of your highest degree, certificate, or diploma?
_____

7b. What was your major field or specialty?_____

7c. What was the name and address of the college or university where you earned this degree?

_____ _____ _____
(NAME OF COLLEGE OR UNIVERSITY) (CITY) (STATE)

7d. In what month and year did you complete this degree?
_____(MONTH), 19_____

8. Have you ever been enrolled as a regular student in a college or university since you earned this degree? /Yes/ /No/
(GO TO Q9)

8a. How many more years of school did you complete after this degree (at a college or university?)
/Less than one/, or _____(# YRS OF SCHOOL)
(GO TO Q 9)

(ASK Q 8b EITHER AFTER "NO" TO Q 7, OR DIRECTLY AFTER ABOVE QUESTION)

8b. What was the name and address of the college or university where you completed your last year?

_____ _____ _____
(NAME OF COLLEGE OR UNIVERSITY) (CITY) (STATE)

8c. What was your major field or specialty?_____

8d. In what month and year did you complete your last year there?
_____(MONTH), 19_____

9. INTERVIEWER: DOES R HAVE A GRADUATE OR PROFESSIONAL DEGREE (SEE Q7 AND Q7a)?
/Yes/ /No
(TO Q 10, NEXT PAGE)

9a. In what month and year did you complete your bachelor's degree or its equivalent? _____(MONTH), 19_____

9b. What was the name and address of the college or university where you earned this degree?

_____ _____ _____
(NAME OF COLLEGE OR UNIVERSITY) (CITY) (STATE)

9c. What was your major field or specialty? _____

10. Are you now enrolled in a formal program in a college, junior college, or university? Do not include business, vocational,technical training, apprenticeships, or on-the-job training.

/Yes/ (SKIP TO Q 14, PAGE 5)

/No ---> CHECK ITEM: ENTER R's HIGHEST LEVEL OF SCHOOL COMPLETED AND MO/YR OF COMPLETION IN Q11. REFER TO Q3b FOR LEVEL, AND TO Q's 7d or 8d FOR DATE, THEN GO ON TO Q11.

11. Let's see. You completed _____(HIGHEST COMPLETED LEVEL OF SCHOOL) in _____(MONTH), 19 _____(YEAR). We would like to know about the first, full-time civilian job you had after you completed your highest grade in school. Do include full-time work in a family business or farm, even if you were working without pay. What kind of work were you doing?

_____
_____
_____
_____
(For example: electrical engineer, stock clerk, farmer)

/Never worked or never worked/ /at a full-time civilian job / /since completing school / (SKIP TO Q 14, PAGE 5)

11a. What were your most important activities or duties? _____
_____
(For example: kept account books, filed, sold cars, operated printing press, finished concrete.)

11b. What kind of business or industry was this? _____
_____
(For example: TV and radio mfg., retail shoe store, State Labor Dept., farm.)

11c. Was this mainly manufacturing, wholesale trade, retail trade, or something else?

/Manufacturing/ /Wholesale/ /Retail/ /Something else/

11d. Were you... (READ ALL CHOICES, CHECK ONE)

___ an employee of a private company, business or individual for wages, salary, or commissions?

___ a government employee (Federal, State, County, or local government)?

self-employed in own business, professional practice or farm?

___ own business not incorporated
___ own business incorporated

___ working without pay in a family business or farm?

PRECODE: / /

11e. In what month and year did you begin this job? Report the month and year in which you actually began this job, even if you started the job before you completed your highest grade in school.

_____ (MONTH), 19____

12. INTERVIEWER: DID R BEGIN JOB (Q 11e) BEFORE COMPLETING HIGHEST LEVEL IN SCHOOL (Q 11)? DO NOT COUNT MAY OR JUNE 1957 AS EARLIER.

/Yes/ /No/
(SKIP TO Q 14, NEXT PAGE)

13. (This date is earlier than when you last left school.) Did you start this job before the last time you left regular school?

/Yes/ /No/
(SKIP TO Q 14, NEXT PG)

13a. INTERVIEWER: PROBE TO BE SURE DATES OF COMPLETING SCHOOL AND BEGINNING JOB ARE CORRECT. IN YOUR OPINION, IS THE TIME DISCREPANCY LEGITIMATE?

/Yes/ /No/
BEGIN AGAIN AT "CHECK POINT", Q3, Q6, OR Q10 AND RESOLVE PROBLEM. THEN GO ON TO Q14, NEXT PAGE.

13b. (RECORD EXPLANATION FOR DISCREPANCY)

_____

_____

_____

(GO TO Q 14, NEXT PAGE)

14. Aside from regular school, did you ever take an apprenticeship or a formal program in a business or technical or vocational institute, such as drafting, nursing, secretarial, or electronics? Do not include training in military service.

/Yes/ /No/ (TO Q15, PG 6)

14a. How many such programs have you taken? _____ (#)

(ASK QUESTIONS BELOW FOR EACH PROGRAM. IF MORE THAN THREE PROGRAMS, CONTINUE WITH PROGRAM 4 ON SUPPLEMENTAL SHEET.

	PROGRAM 1	PROGRAM 2	PROGRAM 3
14b. What type of training did you take (first, etc.)?			
14c. Was that in a school, on the job, or somewhere else?	/SCHOOL/ON JOB/OTHER/ (TO 14e)(TO 14f)	/SCHOOL/ON JOB/OTHER/ (TO 14e)(TO 14f)	/SCHOOL/ON JOB/OTHER/ (TO 14e)(TO 14f)
14d. Where was that?	_____ (TO 14f)	_____ (TO 14f)	_____ (TO 14f)
14e. Was this school public,private, or commercial?	/PUBLIC/PRIVATE/COMMER/	/PUBLIC/PRIVATE/COMMER/	/PUBLIC/PRIVATE/COMMER/
14f. For how many weeks or months did you participate in this training?	_____(WEEKS) _____(MONTHS)	_____(WEEKS) _____(MONTHS)	_____(WEEKS) _____(MONTHS)
14g. Is this training still going on, did you finish it, or did you drop out of it before it was finished?	STILL GOING ON (TO 14i) FINISH DROP OUT	STILL GOING ON (TO 14i) FINISH DROP OUT	STILL GOING ON (TO 14i) FINISH DROP OUT
14h. In what month and year did you last participate in this training?	_____(MONTH),19___	_____(MONTH),19___	____(MONTH),19__
14i. Have you used this training on any job?	/YES/ /NO/	/YES/ /NO/	/YES/ /NO/

INTERVIEWER: WHEN YOU HAVE LISTED ALL PROGRAMS, GO TO Q 15

15. Aside from regular school, did you ever take any other training programs or courses either on or off the job <u>in order to improve your job skills or help you get a better job?</u> <u>Do not</u> include training in military service.

/Yes/ /No/
(TO Q 16, PG 7)

15a. How many such programs have you taken? _____(#)
(ASK QUESTIONS BELOW FOR EACH PROGRAM. IF MORE THAN 3, ASK ABOUT THE MOST IMPORTANT ONES.)

	PROGRAM 1	PROGRAM 2	PROGRAM 3
15b. What type of training did you take (first, etc.)?			
15c. Was that in school, on the job, or somewhere else?	/SCHOOL/ON JOB/OTHER/ (TO 15e)(TO 15f)	/SCHOOL/ON JOB/OTHER/ (TO 15e)(TO 15f)	/SCHOOL/ON JOB/OTHER/ (TO 15e)(TO 15f)
15d. Where was that?	_____ (TO 15f)	_____ (TO 15f)	_____ (TO 15f)
15e. Was this school public, private, or commercial?	/PUBLIC/PRIVATE/COMMER/	/PUBLIC/PRIVATE/COMMER/	/PUBLIC/PRIVATE/COMMER/
15f. For how many weeks or months did you participate in this training?	_____(WEEKS) _____(MONTHS)	_____(WEEKS) _____(MONTHS)	_____(WEEKS) _____(MONTHS)
15g. Is this training still going on, did you finish it, or did you drop out of it before it was finished?	STILL GOING ON (TO 15i) FINISH DROP OUT	STILL GOING ON (TO 15i) FINISH DROP OUT	STILL GOING ON (TO 15i) FINISH DROP OUT
15h. In what month and year did you last participate in this training?	____(MONTH), 19____	____(MONTH), 19____	____(MONTH), 19_
15i. Have you used this training on any job?	/Yes/ /No/	/Yes/ /No/	/Yes/ /No/

INTERVIEWER: WHEN YOU HAVE LISTED ALL PROGRAMS, GO TO Q 16

16. Have you ever been on active duty in the U.S. Armed Forces or spent at least two months on active duty for training in the Reserves or National Guard?

/Yes/ /No/
(TO Q 17, PG 8)

16a. How did you <u>first</u> enter the armed forces, were you drafted, did you enlist in the regular services, the reserves, or the National Guard, or did you enter through college ROTC, OCS, a service academy, or what?

/Drafted/ /Enlisted/ /Reserves, National Guard/

/ROTC, OCS, Academy Other: _____

16b. What is the highest grade of regular school you had completed <u>before you first entered</u> active military service?

_____ (GRADE OF SCHOOL), OR _____ (YEAR OF COLLEGE)

16c. In what month and year did you <u>first</u> enter active military service?

_____ MONTH), 19 ___

16d. Other than basic training, how many specialized training programs or schools did you complete while in the armed forces?

/None/, or _____ (# OF PROGRAMS OR SCHOOLS)
(TO Q 16h)

(ASK Q's BELOW FOR EACH. IF MORE THAN 3, ASK ABOUT THE MOST IMPORTANT ONES.)

	PROGRAM 1	PROGRAM 2	PROGRAM 3
16e. What type of training did you take? (PROBE IF NOT CLEAR WHAT WAS LEARNED)			
16f. For how many weeks or months did you participate in this training?	_____(MONTHS)	_____(MONTHS)	_____(MONTHS)
	_____(WEEKS)	_____(WEEKS)	_____(WEEKS)
16g. Have you used this training on any job <u>other than when you were in military service?</u>	/Yes/ /No/	/Yes/ /No/	/Yes/ /No/

INTERVIEWER: WHEN YOU HAVE LISTED ALL PROGRAMS, GO TO Q 16h, NEXT PAGE.

16h. Are you currently on active duty in the U.S. Armed Forces?

/Yes/ (TO Q 16k) /No/

16i. What was the month and year of your last separation from active service? Do not count Reserves, National Guard, etc., after active service.

_____ (MONTH), 19____

16j. What rank did you hold when you were last separated from active duty?

_____

16k. Between the time you first entered active military service and (when you were last separated/now), was there ever a time when you were not in the service?

/Yes/ /No/ (TO Q 17)

16m. What were the months and years between these two dates when you were separated from the service?

	DATE BEGAN	DATE ENDED
FIRST SEPARATION:	_____(MONTH), 19__	_____(MONTH), 19__
SECOND SEPARATION:	_____(MONTH), 19__	_____(MONTH), 19__
THIRD SEPARATION:	_____(MONTH), 19__	_____(MONTH), 19__

17. Now think back to March of 1970, did you live in your present house or apartment in March of 1970?

/Yes/ (TO Q 18) /No/

17a. In what state, county, and city or village did you live in March, 1970?

_____
(STATE, FOREIGN COUNTRY, ETC.)

_____
(COUNTY, IF IN U.S.)

_____
(CITY, VILLAGE, OR POST OFFICE, IF RURAL)

18. In March, 1970, were you working at a civilian job or business either full-time or part-time--do not count military service?
/Yes/ /No/
(TO Q 19, BELOW)

18a. What kind of work were you doing? _____

_____
(For example: electrical engineer, stock clerk, farmer)

18b. What were your most important activities or duties?

_____
(For example: kept account books, filed, sold cars, operated printing press, finished concrete)

18c. What kind of business or industry was this?

_____
(For example: TV and radio mfg., retail shoe store, State Labor Dept., farm)

18d. Was this mainly manufacturing, wholesale trade, retail trade, or something else?
/Manufacturing/ /Wholesale/ /Retail/ /Something else/

18e. Were you...(READ ALL CHOICES, CHECK ONE)
___ an employee of a private company, business or individual for wages, salary, or commissions?

___ a government employee (Federal, State, County, or local government?)

self-employed in own business, professional practice, or farm?
___ own business not incorporated
___ own business incorporated

___ working without pay in a family business or farm?

PRECODE: / /

19. Now I have some specific questions about your current employment. What were you doing most of last week--working, keeping house, going to school, or something else?

___ (WK) Working (SKIP TO Q 20a)

___ (J) With a job but not at work

___ (LK) Looking for work

___ (H) Keeping house

___ (S) Going to school

___ (U) Unable to work (SKIP TO Q 26)

___ (R) Retired

___ (OT) Other (SPECIFY): _____

20. Did you do any work at all last week, not counting work around the house but including unpaid work in a family business or farm?

/Yes/ /No/
(TO Q 21, PG 11)

20a. How many hours did you work last week at all jobs? ____ (HRS)

20b. INTERVIEWER: HOW MANY HOURS DID R WORK LAST WEEK (Q 20a)?

/1 - 34 HRS/ /35 - 48 HRS/ /49+ HRS/
(TO Q 20f) (SKIP TO Q 28, PG 14)

20c. Do you usually work 35 hours or more a week?

/Yes/(Go to Q20d) /No/(Go to Q2oe)

20d. What is the reason you worked less than 35 hours last week?

_____
_____
_____
_____
(SKIP TO Q 28, PG 14)

20e. What is the reason you usually work less than 35 hours a week?

_____
_____
_____
_____
(SKIP TO Q 28, PG 14)

20f. Did you lose any time or take any time off last week for any reason such as illness, holiday, or slack work?

/Yes/ /No/
(TO Q 20i)

20g. How many hours did you lose or take off? _____(# HRS)

20h. Did you deduct these hours when you told me earlier how many hours you worked last week in all jobs?

/Yes/
(SKIP TO Q 28, PG 14)

/No/
(CORRECT Q20a AND REPEAT CHECK IN Q20b. IF NECESSARY, ASK Q20c. OTHERWISE, SKIP TO Q28, PG 14)

20i. Did you work any over-time or at more than one job last week?

/Yes/ /No/
(SKIP TO Q 28, PG 14)

20j. How many extra hours did you work? _____# HRS)

20k. Did you include these hours when you told me earlier how many hours you worked last week on all jobs?

/Yes/
(SKIP TO Q 28, PG 14)

/No/
(CORRECT Q20a AND REPEAT CHECK IN Q20b. IF NECESSARY, ASK Q20c. OTHERWISE, SKIP TO Q28, PG 14)

21. INTERVIEWER: REFER BACK TO PAGE 9, Q 19. IS ENTRY: (J) WITH A JOB BUT NOT AT WORK?

/Yes: (J) With a /job but not at work/

/No: Entry is not (J)/

21a. Did you have a job or business from which you were temporarily absent or on layoff last week?

/Yes/

/No/ (TO Q 22, PG 12)

21b. Why were you absent from work last week?

/Own illness/ (GO TO Q 21c)

/On vacation/ (GO TO Q 21c)

/Bad weather/ (GO TO Q 21c)

/Labor dispute/

/New job to begin within 30 days/ (SKIP TO Q 21e)

/Temp layoff, under 30 days/ (SKIP TO Q 21g)

/Indefinite layoff: 30 days or more or indefinite recall/ (SKIP TO Q 21g)

Other (SPECIFY): _____

21c. Are you getting wages or salary for any of the time off last week?

/Yes/ /No/ /Self-employed/

21d. Do you usually work 35 hours or more a week at this job?

/Yes/ (SKIP TO Q 28, PG 14)

/No/ (SKIP TO Q 28, PG 14)

21e. Why did you start looking for work? Was it because you lost your job at that time, you wanted temporary work, you quit, you left school then, or for some other reason?

/Lost/ /Wanted temporary work/ /Quit/ /Left school/

Other (SPECIFY): _____

21f. How many weeks ago did you start looking for work? ___(# WKS) (TO Q 23, PG 12)

21g. How many weeks ago were you laid off? _____ (# WKS) (TO Q 23, PG 12)

22. INTERVIEWER: REFER BACK TO PAGE 9, Q 19. IS ENTRY: (LK) LOOKING FOR WORK?

/Yes: (LK) Looking/ for work

/No: Entry is not (LK)/

22a. Have you been looking for work during the past four weeks?

/Yes/ /No/ (TO Q26, PAGE 13)

22b. What have you been doing in the last four weeks to find work? (CHECK ALL THAT APPLY)

Public employ. agency	Private employ. agency	Contacted possible employer directly	Contacted friends or relatives	Placed or answered ads	Nothing (TO Q 26, PAGE 13)

Other (SPECIFY): _____

22c. Why did you start looking for work? Was it because you lost your job at that time, you wanted temporary work, you quit, you left school then, or for some other reason?

/Lost/ /Wanted temporary work/ /Quit/ /Left school

Other (SPECIFY): _____

22d. How many weeks have you been looking for work? _____(# WEEKS)

23. Have you been looking for full-time or part-time work?

/Full time/ /Part time/

24. Is there any reason why you could not take a job last week?

/Yes/ /No/ (TO Q 25)

24a. Why? _____

_____

_____

25. When did you last work at a full-time job or business lasting two consecutive weeks or more?

/Before 1970/ /1970 or later/ SPECIFY: (MONTH), 197____
(SKIP TO Q 28, PAGE 14, AND ASK ABOUT LAST FULL-TIME CIVILIAN JOB LASTING TWO WEEKS OR MORE, OR JOB FROM WHICH LAID-OFF)

/Never worked full time two/ /consecutive weeks or more / (SKIP TO Q 47, PAGE 18)

/Never worked at all/ (SKIP TO Q 47, PAGE 18)

R's WHO ARE: (U) UNABLE TO WORK IN Q 19, PAGE 9

26. When did you last work for pay at a regular job or business--either full-time or part-time?

/Within past/ /1-1.9/ /2-2.9/ /3-3.9/ /4-4.9/ /5 or more/ /Never/
/12 months/ /yrs.ago/ /yrs.ago/ /yrs.ago/ /yrs.ago/ /yrs.ago/ /worked/
(TO Q 26b) (TO Q 26b)

26a. Why did you leave that job?

_____

_____

_____

26b. Do you want a regular job now, either full-time or part-time?

/Yes/ /Maybe--it depends/ /No/ /Don't know/
(Go to Q26c) (GO TO Q 26d)

26c. What are the reasons you are not looking for work?

_____

_____

_____

26d. Do you intend to look for work of any kind in the next 12 months?

/Yes/ /Depends/ /No/ /Don't know/
(TO Q 27)

26e. Do you plan to look for a job at anytime in the future?

/Yes/ /No/ /Don't know/
(TO Q 27) (TO Q 27)

26f. In about how many months or years will that be?

_____(# MOS), OR _____(# YRS) /Don't know/

27. INTERVIEWER: DID R WORK ANYTIME WITHIN LAST FIVE YEARS? I.E.: IS ANYONE OF THE FIRST FIVE BOXES CHECKED IN Q 26, ABOVE?

/Yes/ /No/
(GO ON TO Q 28) (SKIP TO Q 47, PG 18)

28. What kind of work were you doing? _____

/Never Worked/
(SKIP TO Q47,PG 18)

_____

(For example: electrical engineer, stock clerk, farmer)

28a. What were your most important activities or duties? _____

_____

(For example: kept account books, filed, sold cars, operated printing press, finished concrete)

28b. What is the name and address of the place where you worked?

(NAME) _____

(ADDRESS) _____

(CITY)_____ (STATE) _____

28c. In what month and year did you first start working there?

_____, 19_____
(MONTH)

28d. What kind of business or industry is this? _____

_____

(For example: TV and radio mfg., retail shoe store, State Labor Dept., farm) (PROBE IF UNCLEAR WHETHER EMPLOYER IS MANUFACTURER, WHOLESALER, RETAILER, OR SOMETHING ELSE)

28e. Were you...(READ ALL CHOICES, CHECK ONE)

___ an employee of a <u>private</u> company, business or individual for wages, salary, or commission?

___ a <u>government</u> employee (Federal, State, County, or local government)?

self-employed in <u>own</u> business, professional practice, or farm?

___ own business not incorporated
___ own business incorporated

___ working <u>without</u> pay in the family business or farm?

PRECODE: / /

29. How many people worked there? (PROBE: If you are not sure, please make a guess.)

_____(# PEOPLE)

30. The things people do at their jobs can involve reading and writing, working with their hands, and dealing with people, or sometimes all three at the same time. How about you? In an average week on your job, how many hours do you spend reading, writing, and dealing with written materials? _____(# HRS)

31. How many hours per week do you spend working with your hands, tools, or equipment? _____(# HRS)

32. How many hours per week do you spend dealing with people about work--not just passing the time of day? _____(# HRS)

33. How often do you have to work under the pressure of time? Is it always, frequently, sometimes, rarely, or never?

/Always/ /Frequently/ /Some/ /Rarely/ /Never/ /Don't know/
(GO TO Q 34)

33a. When you work under time pressure, does this usually involve...

33A. Working longer hours? /Yes/ /No/

33B. Heavier physical work? /Yes/ /No/

33C. Faster physical movements? /Yes/ /No/

33D. Faster thinking? /Yes/ /No/

33E. Anything else? /Yes/ /No/
(TO Q 34)

33F. What? _____

_____

34. How dirty do you get on the job...very dirty, fairly dirty, a little dirty, or not at all dirty?

/Very/ /Fairly/ /A little/ /Not at all/ /Depends/
(TO Q 35) (TO Q 35) (TO Q 35) (TO Q 35)

34a. On what does it depend? _____

_____

35. Which of these things does your work involve doing: the same thing in the same way repeatedly, or the same kind of thing in a number of different ways, or a number of different kinds of things?

(CHECK ONLY ONE)

_____The same thing in the same way repeatedly/

_____The same kind of thing in a number of different ways/

_____A number of different kinds of things/

Other (SPECIFY): _____

36. How often are you held responsible for things that are really outside of your control? Is it frequently, sometimes, rarely, or never?

/Frequently/ /Some/ /Rarely/ /Never/ /Don't know/

37. I shall read several statements about a person's activities on the job. As I read each statement, please tell me by saying "Yes" or "No" whether it applies to you in your work as (SEE QUESTION 28). First: I have authority to hire or fire others.

/Yes/ /No/

38. I can influence or set the rate of pay received by others.

/Yes/ /No/

39. Someone else influences or sets my rate or amount of pay.

/Yes/ /No/

40. I supervise the work of others. That is, what they produce or how much.

/Yes/ /No/
(TO Q 41)

40a. I decide both what others do and how they do it.

/Yes/ /No/
(TO Q 41)

40b. I decide what others do, but they decide how to do it.

/Yes/ /No/

41. Someone else supervises my work. That is, what I produce or how much.

/Yes/ /No/
(TO Q 42, NEXT PAGE)

41a. Someone else decides both what I do and how I do it.

/Yes/ /No/
(TO Q 42, NEXT PG)

41b. Someone else decides what I do, but I decide how to do it.

/Yes/ /No/

41c. My supervisor exercises little or no control over my work.

/Yes/ /No/

42. I'd like to find out how important a number of things are to you in judging jobs in general--not just your job but <u>any</u> job. For instance, how much difference does the pay make in how you rate a job--is pay <u>very</u> important, <u>fairly</u> important, or <u>not particularly</u> important? (CIRCLE # BELOW. GO ON THROUGH ENTIRE LIST, RECORDING IMPORTANCE UNDER Q 42. THEN ASK Q 43 AND REPEAT PROCESS)

	Q-42.			Q-43.				
Aspects of Job	Very Imp	Frly Imp	Not Par Imp	Very Sat	Frly Sat	Some Dis	Very Dis	Not Relevant
a. The pay?	1	2	3	1	2	3	4	5
b. Fringe benefits?	1	2	3	1	2	3	4	5
c. How int. is the work?	1	2	3	1	2	3	4	5
d. The supervisor?	1	2	3	1	2	3	4	5
e. Your co-workers?	1	2	3	1	2	3	4	5
f. How clean the work is?	1	2	3	1	2	3	4	5
g. The hours you work?	1	2	3	1	2	3	4	5
h. How tiring the work is?	1	2	3	1	2	3	4	5
i. How highly people regard the job?	1	2	3	1	2	3	4	5
j. Job security?	1	2	3	1	2	3	4	5
k. The amount of freedom you have?	1	2	3	1	2	3	4	5
l. The chance to help people?	1	2	3	1	2	3	4	5
m. Not being under too much pressure?	1	2	3	1	2	3	4	5
n. The chance to get ahead?	1	2	3	1	2	3	4	5
o. The chance to use your abilities?	1	2	3	1	2	3	4	5

43. Now I'd like to find out how satisfied you (are/were) in your own job with those things. Would you say you are <u>very satisfied, fairly satisfied, somewhat dissatisfied,</u> or <u>very dissatisfied</u> with your pay? (CIRCLE # ABOVE. GO ON THROUGH ENTIRE LIST AGAIN, RECORDING SATISFACTION UNDER Q 43.)

44. All things considered, how satisfied are you with the job as a whole--are you very satisfied, fairly satisfied, somewhat dissatisfied, or very dissatisfied?

/Very sat/ /Fairly sat/ /Somewhat dissat/ /Very dissat/ /DK/

45. Aside from the job we have been talking about, is there any other job at which you work regularly?

/Yes/ /No/

46. How many hours a week do you usually work (at all jobs)? _____(# HRS)

47. If you didn't have to work to make a living, would you want to work anyway?

/Yes/ /Depends/ /No/ /DK/ /R already doesn't have to work/
(TO Q 48) (TO Q 48)

47a. What would be your reasons for that? (PROBE: Is there anything else?)_____

_____

48. If you were free to choose, what kind of work would you like to be doing 10 years from now?

/Same/ /Not working/ /Housewife/ /DK; no idea/
(GO TO Q 49) (TO Q 49) (TO Q 51, NEXT PG)

OR _____

_____
(KIND OF WORK)

48a. What kind of business or industry would that be in? _____

_____

48b. Would that be working for yourself or for someone else?

/Self/ /Else/
PRECODE: / /

49. Do you think that chances are good or not so good that you will be doing what you want to do 10 years from now?

/Good/ /Depends/ /Not so/ /Don't know/

50. What would be the reasons for that? (PROBE: Is there anything else?)

_____

_____

_____

_____

51. Now I'd like to ask you about last year. In 1974, how many weeks did you work either full-time or part-time not counting work around the house--include paid vacation and paid sick leave?

_____(# WEEKS)

52. INTERVIEWER: NUMBER WEEKS R WORKED IN 1974 IS...

/0 or none/ /1-49 weeks/ (TO Q 53) /50-52 weeks/

52a. Did you lose any full weeks of work in 1974 because you were on layoff from a job or lost a job?

/Yes/ /No/
(SKIP TO Q 55, BELOW)

52b. Even though you did not work in 1974, did you spend any time trying to find a job?

/Yes/ /No/
(TO Q 52d)

52c. How many different weeks were you looking for work or on layoff from a job?

/1-4 wks/ /5-14 wks/ /15-26 wks/ /27-39 wks/ /40 wks or more/

52d. What was the main reason you did not work in 1974? _____

_____

_____

(SKIP TO Q 58, PG 20)

53. You said you worked (# FROM Q 51, ABOVE) weeks in 1974. How many of the remaining (SUBTRACT # WEEKS WORKED FROM 52) weeks were you looking for work or on layoff from a job? /None/ or ____(# WEEKS)
(TO Q 54)

53a. Were the weeks you were looking for work (or on layoff) all in one stretch?

/Yes/ /No/
(To Q54)

53b. How many stretches?____(#)

54. INTERVIEWER: ARE ALL OF THE 52 WEEKS ACCOUNTED FOR IN Q51 AND Q53?

/Yes/ /No/
(TO Q 55)

54a. What were you doing the remaining weeks in 1974? _____

_____

55. When you worked in 1974, was it usually full or part time?

/Full/ /Part/

56. What was your longest job in 1974? _____

_____

57. INTERVIEWER: IS ABOVE JOB SAME AS THAT GIVEN IN Q's 28-28e, PAGE 14 (CURRENT OR LAST JOB)?

/Same job as /current/last job/ (TO Q 58) / /Different job than /current/last job/ / /No entry in/ Q's 28-28e / /Never worked/ (TO Q 58)

57a. What were your most important activities or duties?

_____

(For example: kept account books, filed, sold cars, operated printing press, finished concrete)

57b. What kind of business or industry was this?_____

_____

(For example: TV and radio mfg., retail shoe store, State Labor Dept., farm)

57c. Were you...(READ ALL CHOICES, CHECK ONE)

___ an employee of a <u>private</u> company, business, or individual for wages, salary, or commissions?

___ a <u>government</u> employee (Federal, State, County, or local government)?

self-employed in <u>own</u> business, professional practice, or farm?

___ own business not incorporated
___ own business incorporated

___ working <u>without</u> pay in the family business or farm?

PRECODE: / /

58. Last year, 1974, how much did you, yourself, receive in <u>wages and salaries</u> before any deductions? $_____

59. Last year, 1974, did you, yourself, receive any <u>net income</u> from your own business or professional practice or partnership?

/Yes/ /No/ (TO Q 60, NEXT PAGE)

59a. As close as you remember, what was your gross income, before expenses? GROSS $_____

59b. And what were your business expenses? EXPENSES $_____

59c. Then your net would be...(SUBTRACT AND CHECK CORRECTNESS WITH R) NET $_____

60. Last year, 1974, did you, yourself, receive any net income from your own farm?

/Yes/ /No, or lost money/ (GO TO Q 61)

60a. As close as you remember, what was your gross income, before expenses? GROSS $_____

60b. And what were your business expenses? EXPENSES $_____

60c. Then your net would be...(SUBTRACT AND CHECK CORRECTNESS WITH R) NET $_____

61. Now I'd like to ask some questions about your background. Were you living with both your parents most of the time up to your senior year in high school?

/Yes/ (TO Q 62) /No/

61a. Who was the head of your family? _____
(PROBE TO GET SEX OF HEAD AND HIS/HER RELATIONSHIP TO R)

62. What kind of work did (your father/the head of your family) do when you were a high school senior? (IF DECEASED OR RETIRED, ASK: What kind of work did he/she do before that?)_____

_____
(For example: electrical engineer, stock clerk, farmer)

62a. What were (his/her) most important activities or duties?

_____
(For example: kept account books, filed, sold automobiles, operated printing press, finished concrete)

62b. In what kind of business or industry did (he/she) work?

_____
(For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm)

62c. Was this mainly manufacturing, wholesale trade, retail trade, or something else?

/Manufacturing/ /Wholesale/ /Retail/ /Something else/

62d. Was (he/she)...(READ ALL CHOICES, CHECK ONE)

___ an employee of a private company, business, or individual for wages, salary or commissions?

___ a government employee (Federal, State, County or local government?)

self-employed in own business, professional practice or farm?
___ own business not incorporated (or farm)
___ own business incorporated

___ working without pay in (his/her) family's business or farm?

PRECODE: / /

62e. Did (he/she) usually work when you were a high school senior?

/Yes/ /No/

63. In what year was your father (head) born? _____(YEAR), OR ____(AGE)

64. What is the highest grade of school your father (head) completed? (PROBE: If you are not sure, please make a guess.)

_____(GRADE OF SCHOOL), OR _____(YEAR OF COLLEGE)

65. What is the original nationality of your family on your father's side? (IF R SAYS "AMERICAN", PROBE: What was it before coming to the United States?)_____

66. INTERVIEWER: WAS MOTHER NAMED HEAD IN Q 61a?

/Yes/ /No/
(SKIP TO Q 69, NEXT PG)

67. What is the highest grade of school your mother completed? (PROBE: If you are not sure, please make a guess.)

_____(GRADE OF SCHOOL), OR _____(YEAR OF COLLEGE)

68. Did your mother have a job--full-time or part-time--when you were a senior in high school? /Yes/ /No/
(TO Q 69, NEXT PAGE)

68a. What kind of work was she doing? _____

_____
(For example: electrical engineer, stock clerk, farmer)

68b. What were her most important activities or duties?

_____
(For example: kept account books, filed, sold automobiles, operated printing press)

68c. In what kind of business or industry did she work?

_____
(For example: TV and radio mfg., retail shoe store, State Labor Dept., farm)

68d. Was this mainly manufacturing, wholesale trade, retail trade, or something else?
/Manufacturing/ /Wholesale/ /Retail/ /Something else/

68e. Was she...(READ ALL CHOICES, CHECK ONE)

___ an employee of a private company, business or individual for wages, salary or commissions?

___ a government employee (Federal, State, County or local government)?

self-employed in own business, professional practice or farm?

___ own business not incorporated (or farm)

___ own business incorporated

___ working without pay in her family's business or farm?

PRECODE: / /

69. When you were a senior in high school, what was your family's annual income? If you are not sure, please make a guess.

/No income or loss/, or $_____ per_____
(RECORD ANNUAL AMOUNT IN DOLLARS OR RATE OF PAY PER WEEK OR MONTH. LABEL AMOUNT AS PER YEAR OR PER WEEK OR PER MONTH.)

70. What was the main religious preference of your family when you were a senior in high school?

/Protestant/ /Catholic/ (GO TO Q 71) /Jewish/ (GO TO Q 71) /No pref/ Other (SPECIFY): _____

70a. What specific denomination was that, if any? _____

71. Do you have a religious preference now? /Yes/ /No/ (TO Q 72)

71a. Are you either Protestant, Catholic, Jewish, or something else? /Protestant/ (GO TO Q72) /Catholic/ /Jewish/ Other (SPECIFY): _____ (GO TO Q 72)

71b. What specific denomination is that, if any? _____

72. About how often, if ever, have you attended religious services during the last year? Would it be at least once a week, two or three times a month, once a month, or few times a year, less often, or never?

/l/wk/ /2-3/mo/ /l/mo/ /Few/yr/ /Less/ /Never/

73. Are you a member of a (PREFERENCE ENTERED IN Q 71a AND/OR Q 71b) church, of some other church, or are you not a church member?

/Member of church of preference/ /Member of other church/ /Not a member/

74. Now I would like to ask you some questions about your brothers and sisters. Please count those born alive but no longer living, as well as those alive now. Also include step-brothers and step-sisters and children adopted by your parents. How many sisters did you have?

/None/ (TO Q 75) or _____(#)

74a. How many of these sisters were older than you (born earlier)?
_____(#)

75. How many brothers did you have?

/None/, (TO Q 76) or _____(#)

75a. How many of these brothers were older than you (born earlier)?
_____(#)

76. INTERVIEWER: DOES R HAVE EITHER BROTHERS OR SISTERS (Q's 74 AND/OR 75)?

/Yes: R has brothers and/or sisters/ (GO ON TO Q 77, NEXT PAGE)
/No: R has no siblings/ (SKIP TO Q 88, PAGE 26)

77. Now, I would like to know a little more about your <u>living</u> (brother(s)/ sister(s)). Starting with the oldest could you tell me each one's first name, age, and the highest level of school or college (each one, he/she) has completed?

/None living/
(SKIP TO Q 88, PG 26)

NO.	SEX	FIRST NAME	AGE	EDUCATION
1	/M/ /F/			
2	/M/ /F/			
3	/M/ /F/			
4	/M/ /F/			
5	/M/ /F/			
6	/M/ /F/			
7	/M/ /F/			
8	/M/ /F/			
9	/M/ /F/			
10	/M/ /F/			

78. Are you by any chance a twin? /Yes/ /No/ (TO Q 79)

78a. Which brother (or sister) is your twin?_____
(IF TWIN DECEASED, SKIP TO Q 79)

78b. INTERVIEWER: IS TWIN SAME SEX AS R?

/Yes/ /No/ (SKIP TO Q 80, NEXT PAGE: ASK ABOUT THIS TWIN)

78c. Is this twin your identical twin? /Yes/ /No/ (SKIP TO Q 80, NEXT PAGE: ASK ABOUT THIS TWIN)

79. CHECK ITEM: USE SELECTION TABLE TO CHOOSE A BROTHER OR SISTER, AND ASK Q's ON NEXT PAGE.

NUMBER OF SIBLINGS	1	2	3	4	5	6	7	8	9	10
SIBLING SELECTION NUMBER	n	n	n	n	n	n	n	n	n	n

80. Now, I would like to know a little more about_____ (NAME OF BROTHER OR SISTER). First...what is the name of the last high school that (he/she) attended?

_____
(NAME OF HIGH SCHOOL)

81. What town or city and state was that in?

_____ _____
(NAME OF TOWN OR CITY) (STATE)

82. What kind of work does (he/she) do? (IF R SAYS "DOESN'T WORK," PROBE: Does (he/she) do any work at all, even if it's only a part-time job?)

/Doesn't work/, or (SKIP TO Q 87, BELOW) _____

_____

83. What are (his/her) most important activities or duties? _____

_____

84. In what kind of business or industry does (he/she) work? _____

_____

85. Is this mainly manufacturing, wholesale trade, retail trade, or something else?

/Manufacturing/ /Wholesale/ /Retail/ /Something else/

86. Is (he/she)...(READ ALL CHOICES, CHECK ONE)

___ an employee of a <u>private</u> company, business, or individual for wages, salary, or commissions?

___ a <u>government</u> employee (Federal, State, County, or local government)?

self-employed in <u>own</u> business, professional practice, or farm?
___ own business not incorporated
___ own business incorporated

___ working <u>without</u> pay in his family's business or farm?

PRECODE: / /

87. Could you tell me (his/her) full name and address?

_____
(NAME)

_____
(STREET ADDRESS)

_____
(CITY AND STATE)

88. Now, I'd like you to think back to the spring of your senior year in high school. When you were a senior in high school, did you plan to attend a college or university?

/Yes/ /No/
(TO Q 89)

88a. Did you plan to attend a college or university the next year or sometime later?

/Next year/ /Sometime later/ /DK/

88b. How many years of further education did you plan to get?

_____(# YRS)

88c. What was the highest degree you hoped to earn?

/None/ /BA or BS/ /MA or MS/ /PhD or MD/

Other (SPECIFY): _____

89. Again, thinking back to your senior year in high school, what type of occupation did you hope eventually to enter? (PROBE AS NECESSARY)

/Nothing; DK/, or _____

_____

89a. What kind of business would that be in? (PROBE IF UNCLEAR)

_____

_____

PRECODE: / /

90. Again, thinking back to your senior year, did your teachers in high school encourage you to go to college, have no effect on your decision, or discourage you from going to college?

/Encourage/ /No effect/ /Discourage/

91. What about your parents? Did they want you to go to college, did they not care whether you went, did they not want you to go, or would they not let you do?

/Want to go/ /Not care/ /Not want/ /Not let you go/

92. At that time, were most of your friends going to college, getting jobs, going into military service, or something else?

/College/ /Jobs/ /Service/ Other (SPECIFY): _____

93. INTERVIEWER: R's SEX IS...

/Male /

93a. Could you give me the names of some of the boys who were your best friends in <u>your senior class</u> in high school? We are interested in the ones who were your best friends in high school, <u>not</u> the ones you see now. (GET THREE NAMES)

1)_____

2)_____

3)_____

/Female /

93b. Could you give me the names of some of the girls who were your best friends in <u>your senior class</u> of high school? We are interested in the ones who were your best friends in high school <u>not</u> the ones you see now. We would like their maiden names. (GET THREE NAMES)

1)_____

2)_____

3)_____

94. Here are a few questions about your family life since you left high school. First: have you ever been married?

/Yes/

/No/
(SKIP TO Q 133, PAGE 40)

95. Are you currently married, separated, divorced, or widowed?

/Married/ /Separated/ /Divorced/ /Widowed/
(SKIP TO Q 111, PG 32) (SKIP TO Q 111, PG 32)

95a. Is this your <u>first</u> marriage? /Yes/ /No/
(TO Q 96)

95b. In what month and year were you married?

_____(MONTH), 19_____
(SKIP TO Q 99, NEXT PAGE)

96. Now about your first (husband/wife)--how old was (he/she) when (he/she) married you?

_____(AGE)

97. At the time of your marriage, how many grades of school had (he/she) completed?

_____(GRADE OF SCHOOL), OR _____(YEAR OF COLLEGE)

98. How many times have you been married in all including your present marriage? _____(#)
(ASK Q's 98a THRU 98e AS APPROPRIATE FOR EACH MARRIAGE; NOTE THAT CURRENT MARRIAGE, WHATEVER ITS NUMBER, IS ENTERED IN THE LAST COLUMN)

	FIRST	SECOND	THIRD	CURRENT
98a. In what month and year did your (first/second/third/current) marriage begin?	(MONTH) 19____	(MONTH) 19____	(MONTH) 19____	(MONTH) 19____
98b. How many children were born during this marriage? Please count all that were born alive at any time.				
98c. Did this marriage end in death, divorce, or what?	Death Divorced Other:	Death Divorced Other:	Death Divorced Other:	Death Divorced Other:
98d. (IF DIVORCED) In what month and year did you stop living with your (husband/wife)?	(MONTH) 19____	(MONTH) 19____	(MONTH) 19____	(MONTH) 19____
98e. (IF DIVORCED OR DEATH) What was the date (of your divorce/when your (husband/wife) died)?	(MONTH) 19____	(MONTH) 19____	(MONTH) 19____	(MONTH) 19____

(WHEN ALL MARRIAGES ARE COVERED, GO ON TO Q 99)

99. Now I would like to know something about your (current) (husband/wife). What is the highest grade in school (he/she) has completed?

_____(GRADE OF SCHOOL), OR _____(YEAR OF COLLEGE)

100. How old is (he/she)? _____(AGE)

101. What does your (husband/wife) do? Is (he/she) working, has a job but not at work, looking for work, keeping house, a student, unable to work, retired, or what?

Working (GO ON TO Q 102, NEXT PAGE)
Has job, but not working (GO ON TO Q 102, NEXT PAGE)
Looking for work (GO ON TO Q 102, NEXT PAGE)
Unable to work (GO ON TO Q 102, NEXT PAGE)
Retired (GO ON TO Q 102, NEXT PAGE)
Student (SKIP TO Q 103, NEXT PAGE)
Keeping House
Other (SPECIFY): _____ (SKIP TO Q 103, NEXT PAGE)

102. What kind of work (does/did) your (husband/wife) do? (CURRENT OR LAST JOB)

/Never worked/, (TO Q 103) or _____
_____

102a. What (are/were) (his/her) principal activities or duties?

_____

102b. What kind of business or industry (is/was) this?

_____

102c. Was this mainly manufacturing, wholesale trade, retail trade, or something else?

/Manufacturing/ /Wholesale/ /Retail/ /Something else/

102d. (Is/was) (he/she) a...(READ ALL CHOICES, CHECK ONE)

___ an employee of a <u>private</u> company, business or individual for wages, salary, or commissions?

___ a <u>government</u> employee (Federal, State, County, or local government)?

self-employed in <u>own</u> business, professional practice, or farm?
___ own business not incorporated
___ own business incorporated

___ working <u>without</u> pay in a family business or farm?

PRECODE: / /

103. Last year, 1974, how much did your (husband/wife) receive in <u>wages and salaries</u> before any deductions? $_____

104. Last year, did (he/she) receive any <u>net income</u> from (his/her) own business or professional practice or partnership?

/Yes/ /No, or lost money/ /DK; no idea/ (GO TO Q 105, NEXT PAGE)

104a. As close as you remember, what was (his/her) gross income before expenses? GROSS $_____

104b. And what were (his/her) business expenses? EXPENSES $_____

104c. Then (his/her) net would be...(SUBTRACT AND CHECK CORRECTNESS WITH R) NET $_____

105. Last year, did (he/she) receive any net income from (his/her) own farm?

/Yes/ /No, or lost money/ (TO Q 106) /DK; no idea/ (TO Q 106)

105a. As close as you remember, what was (his/her) gross income before expenses? GROSS $_____

105b. And what were (his/her) business expenses? EXPENSES $_____

105c. Then (his/her) net would be...(SUBTRACT AND CHECK CORRECTNESS WITH R) NET $_____

106. How many brothers did your (husband/wife) have? _____(#)

107. How many sisters did (he/she) have? _____(#)

108. Was your (husband/wife) living with both (his/her) parents most of the time up to age 16?

/Yes/ (TO Q 109, NEXT PAGE) /No/

108a. Who was the head of (his/her) family then?_____
(PROBE TO GET SEX OF HEAD AND HIS/HER RELATIONSHIP TO HUSBAND/WIFE.)

109. What kind of work did your (husband's/wife's) (father/head of the family) do when your (husband/wife) was about 16 years old? (IF DECEASED OR RETIRED, ASK: What kind of work did he/she do before that?)

/Never worked/ /Don't know/, or _____
(GO TO Q 110) _____

1O9a. What were (his/her) most important activities or duties?

_____

1O9b. In what kind of business or industry was this?

_____

1O9c. Was this mainly manufacturing, wholesale trade, retail trade, or something else?

/Manufacturing/ /Wholesale/ /Retail/ /Something else/

1O9d. Was (he/she)...(READ ALL CHOICES, CHECK ONE)

___ an employee of a <u>private</u> company, business, or individual for wages, salary, or commissions?

___ a <u>government</u> employee (Federal, State, County, or local government)?

self-employed in <u>own</u> business, professional practice, or farm?
___ own business not incorporated
___ own business incorporated

working <u>without</u> pay in a family business or farm?

PRECODE: / /

110. What is the highest grade of school your (husband's/wife's) (father/head of the family) completed?

/Never attended school/, or____(GRADE OF SCHOOL), OR___(YEAR OF COLLEGE)
(SKIP TO Q 117, PAGE 33) (SKIP TO Q 117, PAGE 33)

111. Have you been married more than once?

/Yes/ /No/
(TO Q 112)

111a. In what month and year were you married?_____(MONTH), 19__

111b. (IF SEPARATED OR DIVORCED) In what month and year did you stop living with your (husband/wife)?_____(MONTH), 19___

111c. (IF R SEPARATED, SKIP TO Q 115, NEXT PAGE; ASK THIS Q IF DIVORCED OR DEATH) What was the month and year (of your divorce/when your spouse died)?

_____(MONTH), 19____
(SKIP TO Q 115, NEXT PAGE)

112. Now about your first (husband/wife)...how old was (he/she) when (he/she) married you? _____(AGE)

113. At the time of your marriage, how many grades of school had (he/she) completed?____(GRADE OF SCHOOL), OR____(YEAR OF COLLEGE)

114. How many times have you been married? _____ (#)
(ASK Q 114a-114e AS APPROPRIATE FOR EACH MARRIAGE; NOTE THAT R'S LAST--OR MOST RECENT MARRIAGE, WHATEVER ITS NUMBER, IS ENTERED IN LAST COLUMN)

	FIRST	SECOND	THIRD	LAST
114a. In what month and year did your (first /second/third/last marriage begin?	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___
114b. How many children were born during this marriage? Please count all that were born alive at any time.				
114c. Did this marriage end in death, divorce, or what? (or are you separated)?	/DEATH/ /DIVORCE/ OTHER:	/DEATH/ /DIVORCE/ OTHER:	/DEATH/ /DIVORCE/ OTHER:	/DEATH/ /DIVORCE/ /SEPARATED/ OTHER:
114d. (IF DIVORCED OR SEPARATED) In what month and year did you stop living with your (husband/wife)?	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___
114e. (IF DIVORCED OR DEATH) What was the date (of your divorce/when your husband/wife died)?	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___

(WHEN ALL MARRIAGES ARE COVERED, GO ON TO Q 115)

115. Now about your (last/former) (husband/wife). . ., how old was (he/she) when (he/she) married you?

_____(AGE)

116. At the time of your marriage, how many grades of school had (he/she) completed?

_____(GRADE OF SCHOOL), OR_____(YEAR OF COLLEGE)

117. How many children have you had?

/None/, (SKIP TO Q124, NEXT PAGE) or_____(# OF CHILDREN)

118. Would you please tell me the name, sex, and the month and year of birth for each of your children? Please start with the oldest and work down to the youngest. (IF R CAN'T RECALL THE DATE, ASK FOR AGE OF CHILD.)

	NAME	SEX	MONTH/YEAR
1.	_____	/M/ /F/	_____, 19__
2.	_____	/M/ /F/	_____, 19__
3.	_____	/M/ /F/	_____, 19__
4.	_____	/M/ /F/	_____, 19__
5.	_____	/M/ /F/	_____, 19__
6.	_____	/M/ /F/	_____, 19__
7.	_____	/M/ /F/	_____, 19__
8.	_____	/M/ /F/	_____, 19__
9.	_____	/M/ /F/	_____, 19__
10.	_____	/M/ /F/	_____, 19__

119. CHECK ITEM: USE SELECTION TABLE TO CHOOSE A CHILD, AND ASK Q 120, NEXT PAGE ABOUT THIS CHILD.

NUMBER OF CHILDREN	1	2	3	4	5	6	7	8	9	10
CHILD SELECTION NUMBER	n	n	n	n	n	n	n	n	n	n

120. Now I'd like to ask specifically about_____
(NAME OF SELECTED CHILD)

First...how far would you like (CHILD) to go in school, less than high school graduate, high school graduate, some college, college graduate, or graduate or professional school?

/Less than high / /school graduate/ (TO Q 121) | /High school/ / graduate / (TO Q 121) | / Some / /college/ (TO Q 121) | /College / /graduate/ (TO Q 121) | /DECEASED/ (SKIP TO Q124)

/Graduate or / /professional/ /school/ | Other (SPECIFY):_____ _____ (TO Q 121) | /Don't know/ (TO Q 121)

120a. What degree would you like this child to get?

_____

121. How far do you think (he/she) probably will go in school, less than high school graduate, high school graduate, some college, college graduate, or graduate or professional school?

/Less than high / /school graduate/ (TO Q 122) | /High school/ / graduate / (TO Q 122) | / Some / /college/ (TO Q 122) | /College / /graduate/ (TO Q 122)

/Graduate or / /professional/ /school/ | Other (SPECIFY):_____ _____ (TO Q 122) | /Don't know/ (TO Q 122)

121a. What degree do you think this child will get?

_____

122. What type of occupation would you like (him/her) to go into?

_____

PRECODE:

123. And what type of occupation do you think (he/she) will probably go into?

_____

PRECODE:

124. INTERVIEWER: R's SEX IS...

/Male/ (SKIP TO Q 133, PAGE 40) | /Female/ (GO ON TO Q 125, PAGE 36)

INTERVIEWER: SKIP THIS PAGE.

PRECODES:

/0/ BEFORE (FIRST) MARRIAGE

/1/ (FIRST) MARRIAGE AND FIRST BIRTH

/2/ FIRST AND SECOND BIRTHS

/3/ SECOND AND THIRD BIRTHS

/4 OR MORE/ NEXT TO LAST AND LAST BIRTH

125. INTERVIEWER: CHECK BOX FOR NUMBER OF R's CHILDREN (FROM Q 117, PAGE 33). MAKE INTRODUCTION STATEMENT, THEN ASK Q's ON THIS AND ON NEXT PAGE FOR EACH COLUMN THROUGH CHECKED COLUMN.

CHILDREN AND PERIODS

INTRO: We would like to know about the jobs women have had and the periods when they worked.	/0/ PERIOD BEFORE YOUR (FIRST) MARRIAGE	/1/ PERIOD BETWEEN YOUR (FIRST) MARRIAGE AND FIRST BIRTH	/2/ PERIOD BETWEEN YOUR FIRST AND SECOND BIRTHS	/3/ PERIOD BETWEEN YOUR SECOND AND THIRD BIRTHS	/4 or more/ PERIOD BETWEEN YOUR NEXT TO LAST AND LAST BIRTHS
125a. About the period (DESCRIBE PERIOD) did you work at all then?	/YES/ /NO/ (TO 125a FOR NEXT PERIOD)	/YES/ /NO/(TO 125m FOR THIS PERIOD)	/YES/ /NO/(TO 125m FOR THIS PERIOD)	/YES/ /NO/ (TO 125m FOR THIS PERIOD)	/YES/ /NO/ (TO 125m FOR THIS PERIOD)
125b. How soon did you start working after (BEGINNING OF PERIOD)?	N/A	/DIDN'T STOP/ OR	/DIDN'T STOP/ OR	/DIDN'T STOP/ OR	/DIDN'T STOP/ OR
125c. How long was it before (END OF PERIOD) when you stopped working?	/DIDN'T STOP/ OR _____	/DIDN'T STOP/ OR _____	/DIDN'T STOP/ OR _____	/DIDN'T STOP/ OR _____	/DIDN'T STOP/ OR _____
125d. Now about your longest job in this period. What kind of work were you doing?					
125e. What were your most important activities or duties?					
125f. In what kind of business or industry was this?					

(GO TO NEXT PAGE, TOP OF SAME COLUMN, AND C0NTINUE SERIES)

	# CHILDREN AND PERIODS				
	/0/ BEFORE (FIRST) MARRIAGE	/1/ (FIRST) MARRIAGE AND FIRST BIRTH	/2/ FIRST AND SECOND BIRTHS	/3/ SECOND AND THIRD BIRTHS	/4 or more/ NEXT TO LAST AND LAST BIRTHS
125g. Was this mainly manufacturing, wholesale trade, retail trade, or something else?	/M/ /WT/ /RT/ /SE/	/M/ /WT/ /RT/ /SE/	/M/ /WT/ /RT/ /SE/	/M/ /WT/ /RT/ /SE/	/M/ /WT/ /RT/ /SE/
125h. Were you...an employee of a <u>private</u> co., business, or individual for wages, salaries, or commissions? A <u>gov't.</u> employee? Self-employed in own business, prof. practice or farm? Own business not incorporated? Own business incorporated? Working without pay in a family business or farm?	/PRIVATE/ /GOV'T/ /OWN/ /INC/ /WITHOUT/	/PRIVATE/ /GOV'T/ /OWN/ /INC/ /WITHOUT/	/PRIVATE/ /GOV'T/ /OWN/ /INC/ /WITHOUT/	/PRIVATE/ /GOV'T/ /OWN/ /INC/ /WITHOUT/	/PRIVATE/ /GOV'T/ /OWN/ /INC/ /WITHOUT/
125i. Had you ever worked at this place before?	N/A	/YES/ /NO/	/YES/ /NO/	/YES/ /NO/	/YES/ /NO/
125j. How many hours did you <u>usually</u> work at this job each week?	____(HRS)	____(HRS)	____(HRS)	____(HRS)	____(HRS)
125k. Other than the job we have been talking about, did you have any other jobs in this period?	/YES/ /NO/ (TO Q 125a FOR NEXT PERIOD)	/YES/ /NO/	/YES/ /NO/	/YES/ /NO/	/YES/ /NO/
125m. Before you became pregnant with your (1st/etc.) child, did you want to become pregnant at that time?	xxxx xxxx xxxx xxxx	/YES/ /NO/ (TO Q 125a FOR NEXT PER)	/YES/ /NO/ (TO Q 125a FOR NEXT PER)	/YES/ /NO/ (TO Q 125a FOR NEXT PER)	/YES/ /NO/ (TO Q 126)
125n. Did you want to have another baby sometime?	xxxx	/YES/ /NO/	/YES/ /NO/	/YES/ /NO/	/YES/ /NO/ (TO Q 126)

(GO BACK TO Q 125a FOR NEXT PERIOD. IF ALL PERIODS COVERED, GO TO Q 126, NEXT PAGE)

126. INTERVIEWER: IS R NOW WORKING (REFER TO Q 19, PAGE 9, OR Q 20, PAGE 10)?

/Yes/ (GO TO Q 127. ASK ABOUT TIME SINCE END OF LAST PERIOD IN PRECEDING TABLE)

/No/

126a. (ASK THIS Q ABOUT TIME SINCE END OF LAST PERIOD ENTERED IN PRECEDING TABLE)Have you worked at all since (END OF LAST PERIOD)?
/Yes/ /No/ (SKIP TO Q129, NEXT PAGE)

126b. In what month and year did you stop working?
_____(MONTH), 19____

127. How soon after (END OF LAST PERIOD) did you start working?
_____

128. Now about your longest job since (END OF LAST PERIOD)...what kind of work were you doing?
_____

128a. What were your most important activities or duties?
_____

128b. In what kind of business or industry was this?

128c. Was this mainly manufacturing, wholesale trade, retail trade, or something else?
/Manufacturing/ /Wholesale/ /Retail/ /Something else/

128d. Were you...(CHECK ONE)

___ an employee of a private company, business or individual for wages, salary, or commissions?

___ a government employee (Federal, State, County, or local government)?

self-employed in own business, professional practice, or farm?

___ own business not incorporated
___ own business incorporated

___ working without pay in a family business or farm?

PRECODE: / /

128e. Had you ever worked at this place before?
/Yes/ /No/

128f. How many hours did you usually work at this job each week?
_____(HRS)

128g. Other than the job we have been talking about, have you had any other jobs in this period? /Yes/ /No/

129. INTERVIEWER: IS R CURRENTLY MARRIED (REFER TO Q 95, PAGE 27)?

/YES; CURRENTLY MARRIED/ /NO; SEPARATED WIDOWED, OR DIVORCED/
(SKIP TO Q 133, NEXT PAGE)

130. We're interested in the jobs women have in relation to their families.

Are you pregnant now? /Yes/ /No/
(SKIP TO Q 133, NEXT PAGE)

130a. When is the baby due? _____(MONTH), 19_____

131. Do you plan to work after having your baby? /Yes/ /No/
(TO Q 132)

131a. How soon will that be after having the baby?
_____(# WKS), OR _____(# MOS) /Don't know/

132. Just before you became pregnant, did you want to become pregnant at that time?
/Yes/ /No/
(TO Q 133, NEXT PAGE)

132a. Did you want to have another baby sometime?
/Yes/ /No/

ALL RESPONDENTS

133. Now we would like some information about your activities and memberships. I shall read a list of clubs and organizations that many people belong to. As I read each one, please tell me if you belong to something like that or not. IF MEMBER, CHECK BELOW)

133a. (FOR EACH ORGANIZATION R MENTIONED, ASK) Would you say that you are very involved or not very involved in (ORGANIZATION)? (CHECK IN COLUMN 133a, TO RIGHT)

Q 133.		Q 133a. Very	Q 133a. Not
___	a. Church-connected groups, but not the church itself	____	____
___	b. Labor unions	____	____
___	c. Veterans' organizations	____	____
___	d. Fraternal organizations or lodges	____	____
___	e. Business or civic groups	____	____
___	f. Parent-teachers associations	____	____
___	g. Community centers	____	____
___	h. Organizations of people of the same nationality	____	____
___	i. Sport teams	____	____
___	j. Country clubs	____	____
___	k. Youth groups (Scout leader, etc.)	____	____
___	l. Professional groups	____	____
___	m. Political clubs or organizations	____	____
___	n. Neighborhood improvement organizations	____	____
___	o. Charity or welfare organizations	____	____

/R belongs to none of the above: No checks in column for Q 133/

134. Are there any others you are in that are not on this list?

/Yes/ /No/ (TO Q 135, NEXT PAGE)

Q 134.		Q 133a. Very	Q 133a. Not
___	p. Other (SPECIFY): _____	____	____
___	q. Other (SPECIFY): _____	____	____

(ASK Q 133a FOR EACH OF THE ABOVE)

135. How many times during the past four weeks have you gotten together with friends? We mean like going out together or visiting in each other's homes. _____(# TIMES)

136. In November, 1974, you remember, there were elections for Congressmen and Senators and also for state and local officials. Do you remember for sure whether or not you voted in that election?

/Voted/ /Didn't vote/ /Ineligible/ /Refused/ /Don't know/

137. The last name and address we have for your parents is: (READ PARENTS ' NAME AND ADDRESS FROM COVER SHEET). Is this correct?

/Yes/ (TO Q 138) /No/

137a. What is their correct name and address? (ENTER ON COVER SHEET)

138. We have your address as: (READ STUDENT'S 1974 NAME AND ADDRESS FROM COVER SHEET). Is this correct?

/Yes/ (TO Q 139) /No/

138a. What is your correct address? (ENTER ON COVER SHEET)

139. We would like to thank you very much for taking part in this survey. Would you like us to send you a report of the results of this survey when it is completed?

/Yes/ /No/

TIME ENDED: _____

COMMENTS: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Questionnaire for Telephone Survey of Siblings

Return to Tab 5

Office Number University of Wisconsin-Extension
Project 701 Wisconsin Survey Research Laboratory
Winter-Spring, 1977

WISCONSIN SIBLING SURVEY

A. May I speak with (NAME OF RESPONDENT)?

/Yes/ /No; R not available/ (RECORD BEST TIME TO RETURN CALL IN CALL BOX) /No; R does not live here/

B. Is this telephone number (READ TELEPHONE NUMBER FROM COVER SHEET)?

/Yes/ (ASK IF PERSON KNOWS R'S WHEREABOUTS, CALL OPERATOR FOR NEW LISTING, IF UNABLE TO LOCATE R, RETURN RECORD TO SUPERVISOR)

/No/ (TERMINATE INTERVIEW AND RE-DIAL)

C. Hello. I am _____ and I am calling from the University of Wisconsin's Survey Research Laboratory in Madison. We are doing a study of similarities and differences between brothers and sisters in their education, family experiences, and work histories.

We have already talked with

C 1._____ (NAME OF ORIGINAL SAMPLE SIBLING FROM COVER SHEET.)

C 2. who graduated from _____(NAME OF HIGH SCHOOL OF ORIGINAL SAMPLE SIBLING FROM COVER SHEET) in 1957.

Are you (his/her) (brother/sister)?

/Yes/ (CONTINUE INTERVIEW)

/No/ (TERMINATE INTERVIEW)

Interviewer: Date:

Sample #: ID #: Time Started:

1. First, we have some questions about your education. What is the highest grade or year of regular school you have ever attended? Do not include business, vocational, technical training, apprenticeships, or on-the-job training.

_____(GRADE OF SCHOOL), OR _____(YEAR OF COLLEGE)

1a. Did you finish that (grade/year) and get credit for it?

/Yes; finished this (grade/year)/ /No; did not finish this (grade/year)/

1b. INTERVIEWER: R COMPLETED... /11th grade or less/ /12th grade or more/ (TO Q 1d)

1c. Did you receive a high school diploma or pass a high school equivalency test?

/Yes/ /No/

1d. Then the highest (grade/year) you completed is _____(GRADE OF SCHOOL), OR _____(YEAR OF COLLEGE) (FROM Q1, Q1a, Q1c)

In what month and year did you complete that year?

_____ , 19_____
(MONTH) (YEAR)

CHECK: THIS HIGHEST GRADE COMPLETED AND DATE TO BE ENTERED IN Q 9.

2. INTERVIEWER: DID R ATTEND THE 9TH GRADE OR HIGHER (Q 1)?

/Yes/ /No/ (TO Q 8, PAGE 5)

2a. What was the name of the last high school you attended?

_____(NAME OF HIGH SCHOOL)
(IF R GIVES NAME OF PLACE WHERE HE RECEIVED G.E.D. OR HIGH SCHOOL EQUIVALENCE, PROBE: What was the name of the last regular high school you attended?)

2b. In what city or town and state was that school?

_____, _____
(CITY OR TOWN) (STATE)

2c. In what month and year did you last attend school there?

_____ , 19_____
(MONTH) (YEAR)

3. INTERVIEWER: DID R ATTEND FIRST YEAR OF COLLEGE OR HIGHER (Q 1)?

/Yes/ /No/
(TO Q 8, PAGE 5)

3a. In what month and year did you first attend a junior college, college, or university?

_____ , 19_____
(MONTH) (YEAR)

3b. INTERVIEWER: DID...

/R complete at least 1 year of college?/ (See Q 1d)

/R complete less than 1 year of college?/ (See Q 1d) (TO Q 8, PAGE 5)

4. Do you have a degree from a junior college, college, or university?

/Yes/ /No/ (TO Q 6)

4a. What is the name of your highest degree, certificate, or diploma?
_____

4b. What was your major field or specialty? _____

4c. What was the name and address of the college or university where you earned this degree?

_____ ,_____ , _____
(NAME OF COLLEGE OR UNIVERSITY) (CITY) (STATE)

4d. In what month and year did you complete this degree?
_____ , 19_____
(MONTH) (YEAR)

5. Have you ever been enrolled as a regular student in a college or university since you earned this degree?

/Yes/ /No/ (TO Q 7)

5a. How many more years of school did you <u>complete</u> after this degree (at a college or university)?

/Less than one/, or _____(# YEARS OF SCHOOL)
(TO Q 7) (TO Q 6)

6. What was the name and address of the college or university where you completed your last year?

_____ ,_____ , _____
(NAME OF COLLEGE OR UNIVERSITY) (CITY) (STATE)

6a. What was your major field or specialty? _____

7. INTERVIEWER: DOES R HAVE A GRADUATE OR PROFESSIONAL DEGREE?
(See Q 4 AND Q 4a)

/Yes/ /No/
(TO Q 8)

7a. In what month and year did you complete your bachelor's degree or its equivalent?

_____ , 19 _____
(MONTH) (YEAR)

7b. What was the name and address of the college or university where you earned this degree?

_____ ,_____ ,_____
(NAME OF COLLEGE OR UNIVERSITY) (CITY) (STATE)

7c. What was your major field or specialty?

_____

(GO ON TO NEXT PAGE)

8. Are you now enrolled in a formal program in a university, college, or junior college? Do not include business, vocational or technical training, apprenticeships, or on-the-job training.

/Yes/ /No/
(TO Q 12, PAGE 7)

9. Let's see. You completed _____
(HIGHEST COMPLETED LEVEL OF SCHOOL FROM Q1d)

in _____ , 19 _____ (MONTH/YEAR FROM Q1d)
(MONTH) (YEAR)

We would like to know about the first full-time civilian job you had after you completed your highest grade in school. Do include full-time work in a family business or farm, even if you were working without pay. What kind of work were you doing?

_____ Never worked or never worked at full-time civilian job since completing school (SKIP TO Q 12)
_____
_____
(For example: electrical engineer, stock clerk, farmer)

9a. What were your most important activities or duties?
_____
(For example: kept account books, filed, sold cars, operated printing press, finished concrete.)

9b. What kind of business or industry was this?
_____
(For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.)

9c. Was this mainly manufacturing, wholesale trade, retail trade, or something else?

/Manufacturing/ /Wholesale/ /Retail/ /Something else/

9d. Were you...(READ ALL CHOICES, CHECK ONE)

an employee of a private company, business or individual for wages, salary, or commissions?

a government employee (federal, state, county, or local government)?

self-employed in own business, professional practice or farm?

own business not incorporated

own business incorporated

working without pay in a family business or farm?

PRECODE: / /

9e. In what month and year did you begin this job? Report the month and year in which you actually began this job, even if you started the job before you completed your highest grade in school.

_____(MONTH), 19_____

10. INTERVIEWER: DID R BEGIN JOB (Q 9e) OVER ONE MONTH BEFORE COMPLETING HIGHEST LEVEL IN SCHOOL (Q 9)?

/Yes/ /No/
(TO Q 12)

11. (This date is earlier than when you last left school.) Did you start this job while you were still in school?

/Yes/ /No/
(TO Q 12)

11a. INTERVIEWER: PROBE TO BE SURE DATES OF COMPLETING SCHOOL AND BEGINNING JOB ARE CORRECT. IN YOUR OPINION, IS THE TIME DISCREPANCY LEGITIMATE?

/Yes/ /No/

11b. (RECORD EXPLANATION FOR DISCREPANCY)

_____
_____
_____
_____

BEGIN AGAIN AT "CHECK POINT" Q1d, AND RESOLVE PROBLEM, THEN GO ON TO Q 12.

(GO TO Q 12)

12. Aside from regular school, did you ever take an apprenticeship or a formal program in a business or technical or vocational institute, such as drafting, nursing, secretarial, or electronics? Do not include training in military service.

/Yes/ /No/
(TO Q 13)

12a. How many such programs have you taken?_____(#)

12b. Did (this program; any of these programs) take six months or longer?
/Yes/ /No/
(TO Q 13)

12c. (I'd like to know about the longest program.) What type of training did you take?

_____

12d. Was that in a school, on the job, or some where else?

/School/ /On the job/ /Somewhere else/
(TO Q 12f) (TO Q 12g)

12e. Who ran or sponsored it? _____
(e.g., IBM) (TO Q 12g)

12f. Was this school public, private, or commercial?

/Public/ /Private/ /Commercial/

12g. For how many weeks or months did you participate in this training?

_____(# WEEKS), OR _____ (# MONTHS)

12h. Is this training still going on, did you finish it, or did you drop out of it before it was finished?

/Still going on/ /Finish/ /Drop out/
(TO Q 12j)

12i. In what month and year did you last participate in this training?

_____(MONTH), 19____

12j. Have you used this training on any job?

/Yes/ /No/

13. Have you ever been on active duty in the U.S. armed forces or spent at least two consecutive months on active duty for training in the Reserves or National Guard?

/Yes/ /No/
(TO Q 14)

13a. How did you first enter the armed forces? Were you drafted, did you enlist in the regular services, the Reserves, or the National Guard, or did you enter through college ROTC, OCS, a service academy, or what?

/Drafted/ /Enlisted/ /Reserves, /National Guard/ /ROTC, OCS, Academy/

Other: _____

13b. What is the highest grade of regular school you had completed before you first entered active military service?

_____(GRADE OF SCHOOL), OR _____(YEAR OF COLLEGE)

13c. In What month and year did you first enter active military service?

_____(MONTH), 19_____

13d. Are you currently on active duty in the U.S. armed forces?

/Yes/ /No/
(TO Q 13f)

13e. What was the month and year of your last separation from active service? Do not count Reserves, National Guard, etc., after active service.

_____(MONTH), 19____

13f. Between the time you first entered active military service and (when you were last separated; now), was there ever a time when you were not in the service? (PROBE: Were there any interruptions?)

/Yes/ /No/

ALL RESPONDENTS

14. Now think back to March of 1970. Did you live in your present house or apartment in March of 1970?

/Yes/ /No/

15. In March, 1970, were you working at a civilian job or business either full-time or part-time? Do not count military service.

/Yes/ /No/ (TO Q 16)

15a. What kind of work were you doing? _____

_____

(For example: electrical engineer, stock clerk, farmer)

15b. What were your most important activities or duties?

_____

(For example: kept account books, filed, sold cars, operating printing press, finished concrete)

15c. What kind of business or industry was this? _____

_____

(For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm)

15d. Was this mainly manufacturing, wholesale trade, retail trade, or something else?

/Manufacturing/ /Wholesale/ /Retail/ /Something else/

15e. Were you...(READ ALL CHOICES, CHECK ONE)

an employee of a <u>private</u> company, business or individual for wages, salary, or commissions?

a <u>government</u> employee (federal, state, county, or local government)?

self-employed in <u>own</u> business, professional practice, or farm?

own business not incorporated

own business incorporated

working <u>without</u> pay in a family business or farm?

PRECODE: / /

16. Now I have some specific questions about your current employment. Are you presently employed, are you looking for work, retired, a student, a housewife, or what? (CHECK THE FIRST WHICH APPLIES)

_____ (a) Working now (SKIP TO Q 19)

_____ (b) With a job, but not at work because of temporary illness, temporary layoff, on sick leave, vacation, labor dispute, on strike, bad weather (SKIP TO Q19)

_____ (c) Looking for work (SKIP TO Q 18)

_____ (d) Keeping house

_____ (e) Going to school

_____ (f) Unable to work, disabled or too ill to work

_____ (g) Retired

_____ (h) Other (SPECIFY): _____

17. Are you looking for work or doing any work for pay now?

(x)/Yes, working full or/ part-time now/ (TO Q 19) (y)/Yes, looking for work/ (z)/No/

18. When did you last work for pay at a regular job or business, either full-time or part-time?

/Never worked/ (SKIP TO Q 44, PAGE 16) /Last worked/ before 1972 (SKIP TO Q 44, PAGE 16) Last worked in 1972 or later SPECIFY: _____ (MONTH), 19_____

19. What kind of work (are/were) you doing? _____
_____
(For example: electrical engineer, stock clerk, farmer)

l9a. What were your most important activities or duties?
_____
(For example: kept account books, filed, sold cars, operated printing press, finished concrete)

l9b. What kind of business or industry is this? _____
_____
(For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm)

(PROBE IF UNCLEAR WHETHER EMPLOYER IS MANUFACTURING, WHOLESALE, RETAILER, OR SOMETHING ELSE)

l9c. Were you... (READ ALL CHOICES, CHECK ONE)

_____ an employee of a <u>private</u> company, business or individual for wages, salary, or commissions?

_____ a <u>government</u> employee (federal, state, county, or local government)?

self-employed in <u>own</u> business, professional practice, or farm?

_____own business not incorporated

_____own business incorporated

_____ working <u>without</u> pay in the family business or farm?
PRECODE: / /

19d. In what month and year did you first start working there?

_____(MONTH), 19_____

20. How many people worked there? (PROBE: If you are not sure, please make a guess.)

_____(# PEOPLE)

21. The things people do at their jobs can involve reading and writing, working with their hands, and dealing with people, or sometimes all three at the same time. How about you? In an average week on your job, how many hours (do; did) you spend reading, writing, and dealing with written materials?

_____ (# HOURS)

22. How many hours per week (do; did) you spend working with your hands, tools, or equipment? _____(# HOURS)

23. How many hours per week (do; did) you spend dealing with people about work--not just passing the time of day?

_____(# HOURS)

24. How often (do; did) you have to work under the pressure of time? Is it always, frequently, sometimes, rarely, or never?

/Always/ /Frequently/ /Sometimes/ /Rarely/ /Never/ /Don't know/
(TO Q 25)

24a. When you work(ed) under time pressure, (does; did) this usually involve...

24b. Working longer hours? /Yes/ /No/

24c. Heavier physical work? /Yes/ /No/

24d. Faster physical movements? /Yes/ /No/

24e. Faster thinking? /Yes/ /No/

24f. Anything else? /Yes/ /No/
(TO Q 25)

24g. What? _____
_____
_____
_____

25. How dirty (do; did) you get on the job...very dirty, fairly dirty, a little dirty, or not at all dirty?

/Very/ (TO Q 26) /Fairly/ (TO Q 26) /A little/ (TO Q 26) /Not at all/ (TO Q 26) /Depends/

25a. On what (does; did) it depend? _____
_____
_____
_____

26. Which of these things (does; did) your work involve doing...the same thing in the same way repeatedly, or the same kind of thing in a number of different ways, or a number of different kinds of things? (CHECK ONLY ONE BOX)

/The same thing in the same way repeatedly/

/The same kind of thins in a number of different ways/

/A number of different kinds of things/

Other (SPECIFY): _____
_____

27. How often (are; were) you held responsible for things that are really outside of your control? (Is; was) it frequently, sometimes, rarely, or never?

/Frequently/ /Sometimes/ /Rarely/ /Never/ /Don't know/

28. I shall read several statements about a person's activities on the job. As I read each statement, please tell me by saying "Yes" or "No" whether it (applies; applied) to you in your work as (SEE QUESTION 19 PAGE 10). First: I have authority to hire or fire others.

/Yes/ /No/

29. I can influence or set the rate of pay received by others.

/Yes/ /No/

30. Someone else influences or sets my rate or amount of pay.

/Yes/ /No/

31. I supervise the work of others; that is, what they produce or how much.

/Yes/ /No/
(TO Q 32)

31a. I decide both what others do and how they do it.

/Yes/ /No/
(TO Q 32)

31b. I decide what others do, but they decide how to do it.

/Yes/ /No/

32. Someone else supervises my work; that is, what I produce or how much.

/Yes/ /No/
(TO Q 33)

32a. Someone else decides both what I do and how I do it.

/Yes/ /No/
(TO Q 33)

32b. Someone else decides what I do, but I decide how to do it.

/Yes/ /No/

32c. My supervisor exercises little or no control over my work.

/Yes/ /No/

33. All things considered, how satisfied (are; were) you with the job as a whole? (Are; Were) you very satisfied, fairly satisfied, somewhat dissatisfied, or very dissatisfied?

/ Very satisfied/ /Fairly satisfied/ /Somewhat dissatisfied/ /Very dissatisfied/ /Don't know/

34. How many hours a week (do; did) you usually work (at all jobs)?
_____(# HRS)

35. Now I'd like to ask you about last year. In 1976, how many weeks did you work either full-time or part-time, not counting work around the house? Include paid vacation and paid sick leave.
_____(# WEEKS)

35a. INTERVIEWER: NUMBER WEEKS R WORKED IN 1976 IS ...

/0 or none/ /1 - 49 wks/ /50 - 52 wks/
(TO Q 36)

35b. Did you lose any full weeks of work in 1976 because you were on layoff from a job or lost a job?

/Yes/ /No/
(SKIP TO Q 38)

35c. Even though you did not work in 1976, did you spend any time trying to find a job?
/Yes/ /No/
(SKIP TO Q 44, PAGE 16)

35d. How many different weeks were you looking for work or on layoff from a job?

/1-4 wks/ /5-14 wks/ /15-26 wks/ /27-39 wks/ /40 wks or more/
(SKIP TO Q 44, PAGE 16) (SKIP TO Q 44, PAGE 16)

36. You said you worked (# FROM Q 35, ABOVE) weeks in 1976. How many of the remaining (SUBTRACT # WEEKS WORKED FROM 52) weeks were you looking for work or on layoff from a job?

/None/, or _____ (# WEEKS)
(TO Q 37)

36a. Were the (__#__) weeks you were looking for work (or on layoff) all in one stretch?
/Yes/ /No/

36b. How many stretches? _____(#)

37. INTERVIEWER: ARE ALL OF THE 52 WEEKS ACCOUNTED FOR IN QUESTIONS 35 AND 36?
/Yes/ /No/
(TO Q 38)

37a. What were you doing the remaining weeks in 1976? _____
_____

38. When you worked in 1976, was it usually full or part time?
/Full/ /Part/

39. What was your longest job in 1976? _____
_____

40. INTERVIEWER: IS ABOVE JOB SAME AS THAT GIVEN IN QUESTIONS l9-19d, PAGES 10 AND 11---(CURRENT OR LAST JOB)?

/Same job as current or last job/ (TO Q 41) /Different job than current or last job/ /No entry in Q's l9-19d/

40a. What were your most important activities or duties? _____
_____
(For example: kept account books, filed, sold cars, operated printing press, finished concrete)

40b. What kind of business or industry was this? _____
_____
(For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm)

40c. Were you...(READ ALL CHOICES, CHECK ONE)

_____ an employee of a <u>private</u> company, business, or individual for wages, salary, or commissions?

_____ a <u>government</u> employee (federal, state, county, or local government)?

self-employed in own business, professional practice, or farm?

_____own business not incorporated

_____own business incorporated

_____ working <u>without</u> pay in the family business or farm?

PRECODE: / /

41. Last year, 1976, how much did you, yourself, receive in wages and salaries before any deductions? $_____

42. Last year--1976--did you, yourself, receive any net income from your own business or professional practice or partnership?

/Yes/ /No or lost money/ (TO Q 43)

42a. As close as you remember, what was your gross income, before expenses? GROSS: $ _____

42b. And what were your business expenses? EXPENSES: $ _____

42c. Then your net would be...(SUBTRACT AND CHECK CORRECTNESS WITH R) NET: $ _____

43. Last year--1976--did you, yourself, receive any net income from your own farm?
/Yes/ /No, or lost money/ (TO Q 44)

43a. As close as you remember, what was your gross income, before expenses? GROSS: $ _____

43b. And what were your business expenses? EXPENSES: $ _____

43c. Then your net would be...(SUBTRACT AND CHECK CORRECTNESS WITH R) NET: $ _____

ALL RESPONDENTS

44. If you didn't have to work to make a living, would you want to work anyway?

/Yes/ /Depends/ /No/ /Don't know/ (TO Q 45) /R already doesn't have to work/ (TO Q 45)

44a. What would be your reasons for that? (PROBE: Is there anything else?) _____
_____
_____
_____

45. If you were free to choose, what kind of work would you like to be doing ten years from now?

/Same/ (TO QUESTION 46) /Not working/ (TO Q 46) /Housewife/ (TO Q 46) /Don't know/no idea/ (TO Q 48)

OR (KIND OF WORK) _____
_____

45a. What kind of business or industry would that be in?
_____

45b. Would that be working for yourself or for someone else?

/Self/ /Else/

PRECODE: / /

46. Do you think that chances are good or not so good that you will be doing what you want to do ten years from now?

/Good/ /Depends/ /Not so good/ /Don't know/

47. What would be the reasons for that? (PROBE: Is there anything else?)
_____

48. Now I'd like to ask some questions about your background. Were you living with both your parents most of the time up to age 16?

/Yes/ (TO Q 49) /No/

48a. Who was the head of your family? (PROBE TO GET SEX OF HEAD AND (HIS/HER) RELATIONSHIP TO RESPONDENT)
_____
(SEX OF HEAD) (RELATIONSHIP TO R)

49. What kind of work did (your father; the head of your family) do when you were about age 16? (IF DECEASED OR RETIRED, ASK: What kind of work did (he; she) do before that?) _____
_____
_____
_____
(For example: electrical engineer, stock clerk, farmer)

49a. What were (his; her) most important activities or duties?

_____

(For example: kept account books, filed, sold automobiles, operated printing press, finished concrete)

49b. In what kind of business or industry did (he; she) work?

_____

_____

(For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm)

49c. Was this mainly manufacturing, wholesale trade, retail trade, or something else?

/Manufacturing/ /Wholesale/ /Retail/ /Something else/

49d. Was (he; she)... (READ ALL CHOICES, CHECK ONE)

_____ an employee of a <u>private</u> company, business, or individual for wages, salary or commissions?

_____ a <u>government</u> employee (federal, state, county or local government)?

self-employed in <u>own</u> business, professional practice or farm?

_____own business not incorporated

_____own business incorporated

_____ working <u>without</u> pay in (his; her) family's business or farm?

PRECODE: / /

50. What is the highest grade of school (your father; head) completed? (PROBE: If you are not sure, please make a guess.)

_____(GRADE OF SCHOOL), or _____(YEAR OF COLLEGE)

51. We're interested in the time when you and (SIBLING'S NAME) were growing up. First of all, were you both born to the same mother and father? That is, are you and (SIBLING'S NAME) full (brothers; sisters; brother and sister)?

/Yes/ /No/
(TO Q 52)

51a. How is that? _____

_____

_____

52. Did you and (NAME OF SIBLING ON COVER SHEET) live together in the same family (or household) most of the time until you were about 16 years old?

/Yes/ /No/
(TO Q 52b)

52a. Was there ever a time of a year or longer when you were not both living in the same family (or household)?

/Yes/ /No/
(TO Q 53)

52b. How was that? _____
_____
_____

53. Do you have a religious preference? /Yes/ /No/
(TO Q 55)

53a. Are you either Protestant, Catholic, Jewish, or something else?

/Protestant/ /Catholic/ /Jewish/ Other (SPECIFY): _____
(GO TO Q 54) (TO Q 54)

53b. What specific denomination is that, if any?

_____, OR /Lutheran/, or /Baptist/
(TO Q 54) (TO Q 53d)

53c. Which synod is that? _____
(TO Q 54)

53d. Is that Southern Baptist, American Baptist, or what?
/Southern/ /American/ Other (SPECIFY):

54. Are you a member of a (PREFERENCE ENTERED IN QUESTION 53 AND/OR QUESTION 53a, 53b 53c, or 53d) church, of some other church, or are you not a church member?

/Member of church of preference/ /Member of other church/ /Not a Member/

55. About how often, if ever, have you attended religious services during the last year? Would it be at least once a week, two or three times a month, once a month, a few times a year, less often, or never?

/Once a week/ /2-3 mo/ /Once a month/ /Few times/yr/ /Less/ /Never/

56. Now I'd like you to think back to when you were about 16 years old. When you were about 16 years old, did you plan to attend a college or university?

/Yes/ /No/
(TO Q 57)

56a. How many years of further education did you plan to get?

_____(# YEARS)

57. Again thinking back to when you were about 16, what type of occupation did you hope eventually to enter? (PROBE AS NECESSARY)

/Nothing/Don't know/, or _____
(TO Q 58) _____

57a. What kind of business would that be in? (PROBE IF UNCLEAR)
_____

PRECODE: / /

58. Do you now belong to a labor union? /Yes/ /No/

59. Did your father (or family head) belong to a labor union when you were about 16 years old?

/Yes/ /No/
(TO Q 60)

59a. INTERVIEWER: IS "YES" CHECKED IN QUESTION 58?

/Yes/ /No/
(TO Q 60)

59b. Is that the same labor union? /Yes/ /No/

60. Here are a few questions about your family life. First, have you ever been married?

/Yes/ /No/
(SKIP TO Q 87, PAGE 29)

61. Are you currently married, separated, divorced, or widowed?

/Married/ /Separated/ /Divorced/ /Widowed/
(SKIP TO QUESTION 72, PAGE 25)

61a. Is this your first marriage?

/Yes/ /No/
(TO Q 62)

61b. In what month and year were you married?

_____ (MONTH), 19_____
(SKIP TO Q 65, NEXT PAGE)

62. Now about your first (husband; wife). How old was (he; she) when (he; she) married you?

_____(AGE)

63. At the time of your marriage, how many grades of school had (he; she) completed?

_____(GRADE OF SCHOOL), OR _____(YEAR OF COLLEGE)

64. How many times have you been married in all including your present marriage? _____(#)

(ASK Q's 64a THRU 64e AS APPROPRIATE FOR EACH MARRIAGE; NOTE THAT CURRENT MARRIAGE, WHATEVER ITS NUMBER, IS ENTERED IN THE LAST COLUMN)

		FIRST	SECOND	THIRD	CURRENT
64a.	In what month and year did your (first/second/third/current marriage begin?	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___
64b.	How many children were born during this marriage? Please count all that were born alive at any time?				
64c.	Did this marriage end in death, divorce, or what?	/Death/ /Divorce/ Other:_____	/Death/ /Divorce/ Other:_____	/Death/ /Divorce/ Other: ____	N/A
64d.	(IF DIVORCED) In what month and year did you stop living with with your (husband/wife)?	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___	N/A
64e.	(IF DIVORCED OR DEATH) What was the date (of your divorce/when your (husband/wife) died)?	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___	N/A

(WHEN ALL MARRIAGES ARE COVERED, GO ON TO Q 65)

65. Now I would like to know something about your (current) (husband/wife). What is the highest grade in school he/she has completed?
_____(GRADE OF SCHOOL), OR _____(YEAR OF COLLEGE)

66. How old is (he/she)? _____(AGE)

67. What does your (husband/wife) do? Is (he/she) working, has a job but not at work, looking for work, keeping house, a student, unable to work, retired, or what?

/Working/ /Has job,but not working/ (GO ON TO Q 68, NEXT PAGE) /Looking for work/ (GO ON TO Q 68, NEXT PAGE) /Unable to work/ (GO ON TO Q 68, NEXT PAGE) /Retired/ (GO ON TO Q 68, NEXT PAGE)

/Student/ /Keeping house/ (SKIP TO Q 67a, NEXT PAGE)

Other (SPECIFY) _____ (SKIP TO Q 67a, NEXT PAGE)

67a. Did (he; she) have any job last year? /Yes/ /No/
(TO Q78, PAGE 26)

68. What kind of work (does; did) your (husband; wife) do? (CURRENT OR LAST JOB)

/Never worked/, or _____
(TO Q 78)

68a. What (are; were) (his; her) principal activities or duties?
_____
(For example: kept account books, filed, sold cars, operated printing press, finished concrete)

68b. What kind of business or industry (is; was) this?
_____
(For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm)

68c. Was this mainly manufacturing, wholesale trade, retail trade, or something else?

/Manufacturing/ /Wholesale/ /Retail/ /Something else/

68d. (Is; Was) (he; she) a... (READ ALL CHOICES, CHECK ONE)

_____ an employee of a <u>private</u> company, business or individual for wages, salary, or commissions?

_____ a <u>government</u> employee (federal, state, county, or local government)?

self-employed in <u>own</u> business, professional practice, or farm?

_____own business not incorporated

_____own business incorporated

_____ working <u>without</u> pay in a family business or family farm?

PRECODE: / /

69. Last year--1976--how much did your (husband; wife) receive in wages and salaries before any deductions?

$_____

70. Last year--1976--did (he; she) receive any net income from (his; her) own business or professional practice or partnership?

/Yes/ /No, or lost money/ (TO Q 71) /DK; no idea/ (TO Q 71)

70a. As close as you remember, what was (his; her) gross income before expenses?

GROSS: $ _____

70b. And what were (his; her) business expenses?

EXPENSES: $ _____

70c. Then (his; her) net would be... (SUBTRACT AND CHECK CORRECTNESS WITH R)

NET: $ _____

71. Last year--1976--did (he; she) receive any net income from (his; her) own farm?

/Yes/ /No, or lost money/ (GO TO Q 78, PAGE 26) /DK; no idea/ (GO TO Q 78, PAGE 26)

71a. As close as you remember, what was (his; her) gross income before expenses?

GROSS: $ _____

71b. And what were (his; her) business expenses?

EXPENSES: $ _____

71c. Then (his; her) net would be... (SUBTRACT AND CHECK CORRECTNESS WITH R)

NET: $ _____

(SKIP TO Q 78, PAGE 26)

72. Have you been married more than once? /Yes/ /No/
(TO Q 73)

72a. In what month and year were you married? _____(MONTH), 19____

72b. (IF SEPARATED OR DIVORCED) In what month and year did you stop living with your (husband/wife)? _____(MONTH), 19 ____

72c. (IF R SEPARATED, SKIP TO QUESTION 76: ASK THIS QUESTION IF DIVORCED OR DEATH) What was the month and year (of your divorce/when your spouse died)? _____ (MONTH), 19____
(SKIP TO QUESTION 76)

73. Now about your first (husband/wife)...how old was (he/she) when (he/she) married you? _____(AGE)

74. At the time of your marriage, how many grades of school had (he/she) completed? ___(GRADE OF SCHOOL), OR _____(YEAR OF COLLEGE)

75. How many times have you been married? _____(#)
(ASK Q 75a - 75c AS APPROPRIATE FOR EACH MARRIAGE; NOTE THAT R'S LAST--OR MOST RECENT MARRIAGE, WHATEVER ITS NUMBER, IS ENTERED IN LAST COLUMN)

	FIRST	SECOND	THIRD	LAST
75a. In what month and year did your (first/second/third/ last) marriage begin?	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___
75b. How many children were born during this marriage? Please count all that were born alive at any time.				
75c. Did this marriage divorce, or what? (or are you separated)?	/DEATH/ /DIVORCE/ OTHER: ___	/DEATH/ /DIVORCE/ OTHER: ___	/DEATH/ /DIVORCE/ OTHER: ___	/DEATH/ /DIVORCE/ /SEPARATED/ OTHER: ___
75d. (IF DIVORCED OR SEPARATED) In what month and year did you stop living with your (husband/wife)?	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___
75e. (IF DIVORCED OR DEATH) What was the date (of your divorce/when your husband /wife died)	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___	(MONTH) 19___

(WHEN ALL MARRIAGES ARE COVERED, GO ON TO Q 76)

76. Now about your (last; former) (husband; wife). How old was (he; she) when (he; she) married you? _____(AGE)

77. At the time of your marriage, how many grades of school had (he; she) completed?

_____(GRADE OF SCHOOL), OR ____(YEAR OF COLLEGE)

78. INTERVIEWER: R'S SEX IS...

/Female/	/Male/
78a. How many children have you you ever had?	78b. How many children have you ever had?
/None/, or ____(# CHILDREN) (TO Q 83)	/None/, or___(# CHILDREN) (SKIP TO Q 87, PAGE 29)

79. Would you please tell me the first name, sex, and the month and year of birth for each of your children? Please start with the oldest and work down to the youngest. (IF R CAN'T RECALL THE DATE, ASK FOR AGE OF CHILD)

Child Number	Adopted/ Foster/step?	First Name	Sex	Month & Year
			/M/ /F/	19__
			/M/ /F/	19__
			/M/ /F/	19__
			/M/ /F/	19__
			/M/ /F/	19__
			/M/ /F/	19__
			/M/ /F/	19__
			/M/ /F/	19__
			/M/ /F/	19__
			/M/ /F/	19__

80. Are any of the children you have told me about adopted, step, or foster children?

/Yes/ /No/ (TO Q 82)

81. Which of your children are adopted, step, or foster children?

ALL HIGHEST CHILD # = 0 (TO Q 83) or _____

82. INTERVIEWER: CHECK OFF ALL ADOPTED, STEP, OR FOSTER CHILDREN IN THE ADOPTED/STEP/FOSTER BOX. THEN, STARTING AT THE TOP OF THE CHILD,ROSTER, NUMBER EACH CHILD WHO IS NOT A STEP OR ADOPTED OR FOSTER CHILD.

83. INTERVIEWER: CHECK BOX FOR NUMBER OF R's CHILDREN. NONE (FROM Q78a OR Q81) OR HIGHEST CHILD # (FROM Q79). ASK THE FOLLOWING QUESTIONS FOR R's NUMBERED CHILDREN. IF THERE IS ANY MISUNDERSTANDING, REFER TO EACH CHILD BY NAME.

HIGHEST CHILD NUMBER AND PERIODS

	/0 or none/	/1/	/2/	/3/	/4 or more/
INTRO: We would like to know about the employment experience women have had and the periods when they worked.	PERIOD BEFORE YOUR (FIRST) MARRIAGE	PERIOD BETW YOUR (FIRST) MARRIAGE AND FIRST CHILD	PERIOD BETW YOUR FIRST AND SECOND CHILD	PERIOD BETW YOUR SECOND AND THIRD CHILD	PERIOD BETW YOUR NEXT TO LAST AND LAST CHILD
83a. About the period (DESCRIBE PERIOD) did you work at all then?	/YES/ /NO/(TO Q83e FOR THIS PERIOD)	/YES/ /NO(TO Q83e FOR THIS PERIOD)	/YES/ /NO/(TO Q83e FOR THIS PERIOD)	/YES/ /NO/(TO Q83e FOR THIS PERIOD)	/YES/ /NO/ (TO Q84)
83b. How soon did you start working after (BEGINNING OF PERIOD)?		/DIDN'T STOP/ OR_____	/DIDN'T STOP/ OR_____	/DIDN'T STOP/ OR_____	/DIDN'T STOP/ OR_____
83c. How long was it before (END OF PERIOD) when you stopped working?	/DIDN'T STOP/ OR_____	/DIDN'T STOP/ OR_____	/DIDN'T STOP/ OR_____	/DIDN'T STOP/ OR_____	/DIDN'T STOP/ OR_____
83d. How many hours did you usually work each week on the longest job held during this period?	___(# HRS)	___(# HRS)	___(# HRS)	___(# HRS)	___(# HRS)

83e. (IF THIS IS HIGHEST COLUMN CHECKED, GO TO Q 84, OTHERWISE GO TO Q 83 FOR NEXT PERIOD.)

84. INTERVIEWER: IS R WORKING? (CHECK "YES" IF Q 16 IS (a) OR (b) OR Q17 IS (x) -- SEE PAGE 10)

/Yes/
(GO TO Q 85. ASK ABOUT TIME SINCE END OF LAST PERIOD IN PRECEDING

/No/

84a. (ASK THIS QUESTION ABOUT TIME TABLE.) SINCE END OF LAST PERIOD ENTERED IN PRECEDING TABLE) Have you worked at all since (END OF LAST PERIOD)?

/Yes/

/No/
(GO TO Q 87, NEXT PAGE)

84b. In what month and year did you stop working?

_____(MONTH), 19___

85. How soon after (END OF LAST PERIOD) did you start working?

_____

86. How many hours did you usually work each week on the longest job held during this period?

_____(# HOURS)

ALL RESPONDENTS

87. Now we would like some information about your activities and memberships. I shall read a list of clubs and organizations that many people belong to. As I read each one, please tell me if you belong to something like that or not. (IF MEMBER, CHECK BELOW)

87a. (FOR EACH ORGANIZATION R MENTIONED, ASK) Would you say that you are very involved or not very involved in (ORGANIZATION)? (CHECK IN COLUMN 87a, TO RIGHT)

Q 87.		Q 87a Very	Not
_____	a. Church-connected groups, but not the church itself.	____	____
_____	b. Labor unions.	____	____
_____	c. Veterans' organizations	____	____
_____	d. Fraternal organizations or lodges	____	____
_____	e. Business or civic groups.	____	____
_____	f. Parent-teachers associations.	____	____
_____	g. Community centers.	____	____
_____	h. Organizations of people of the same nationality . .	____	____
_____	i. Sport teams	____	____
_____	j. Country clubs	____	____
_____	k. Youth groups (Scout leader, etc.)	____	____
_____	l. Professional groups	____	____
_____	m. Political clubs or organizations.	____	____
_____	n. Neighborhood improvement organizations.	____	____
_____	o. Charity or welfare organizations.	____	____

/R belongs to none of the above: No checks in column for Q 87/

88. Are there any others you are in that are not on this list?

/Yes/ /No/ (TO Q 89)

Q 88		Q 87a Very	Not
_____	p. Other (SPECIFY):_____	____	____
_____	q. Other (SPECIFY):_____	____	____

(ASK Q 87a FOR EACH OF THE ABOVE)

89. How many times during the past four weeks have you gotten together with friends? We mean like going out together or visiting in each other's homes.
_____(# TIMES)

90. In November, 1976, you remember there were elections for president, congressmen, and senators and also for state and local officials. Do you remember for sure whether or not you voted in that election?
/Voted/ /Didn't vote/ /Ineligible/ /Refused/ /Don't know/

91. What is your birth date? _____, _____ , 19_____
(MONTH) (DAY) (YEAR)

92. We have your name and address as: (READ R'S NAME AND ADDRESS FROM COVER SHEET). Is this your full name and correct address?

/Yes/ /No
(TO Q 93)

92a. What is your correct name and address? (MAKE CORRECTION(S) ON COVER SHEET)

93. INTERVIEWER: R'S SEX IS... /Male/ /Female/
(TO Q 95)

94. INTERVIEWER: IS R A FEMALE WHO IS NOW MARRIED OR HAS BEEN MARRIED PREVIOUSLY? (REFER TO Q 60, PAGE 21)

/Yes, R is female who is or has been married/ /No/
(TO Q 95)

94a. What is your full maiden name?
(ENTER ON COVER SHEET)

95. We would like to thank you very much for taking part in this study.

TIME ENDED:

("COMMENTS" SECTION ON NEXT PAGE)

COMMENTS:

WISCONSIN LONGITUDINAL STUDY

Tab 6

1992/94 Round of Data Collection

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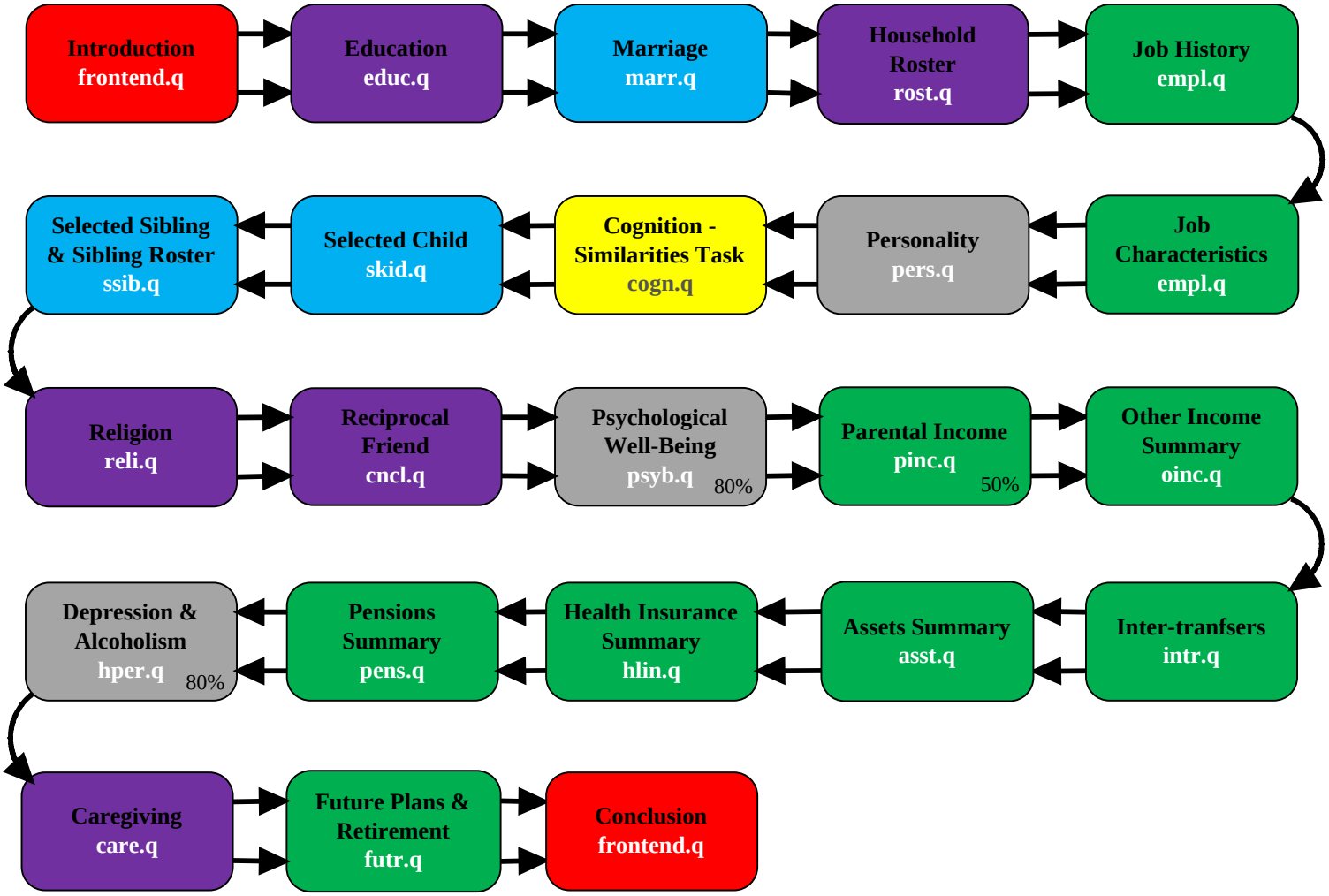
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CATI Flowcharts for Survey of Graduates

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1992 Graduate CATI Flow

Click Box to Jump to Module



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INTRODUCTION

>inum< INTERVIEWER: Enter your interviewer I.D. number.

Else

Other, Not Listed Above

>inam< INTERVIEWER: Enter your first and last name.

>T111< Was an interview with R already started during a prior telephone contact attempt?

Yes

Else → >dial< p. 3

>redy< INTERVIEWER: This is a callback for sample number [respondent I.D. number].
Sex is: [male/female]
Outcome of last call: [outcome description]
Total calls to this number: [number of calls]
Respondent's name: [name of respondent]
Last known address: [address of respondent]
INTERVIEWER: The interview was interrupted at question [item number].

>cdil< INTERVIEWER: Dial this number: [telephone number on record for respondent].

Answered

No Answer or Reached Operator → >998p< p. 6

>cnf3< Hello. May I please speak to [name of respondent]?

R No Longer Lives At This Phone Number → >cnfx< p. 2

R Died Since Starting Interview

R is Not Available or Not Willing to Finish Now → >cb< p. 3

Refused

Else → >cnf6< p. 3

RESPONDENT MORTALITY CLOSE-OUT

>750< I'm sorry to hear about Mr./Mrs./Ms. [last name of respondent]'s death. In order to complete our research, we would like to ask you just a few questions about Mr./Mrs./Ms. [last name of respondent]. In what month and year did [name of respondent] die?

>751< Was [full name of respondent] his/her complete name?

>752< In what city and state did he/she die?

>754< What was the cause of his/her death?

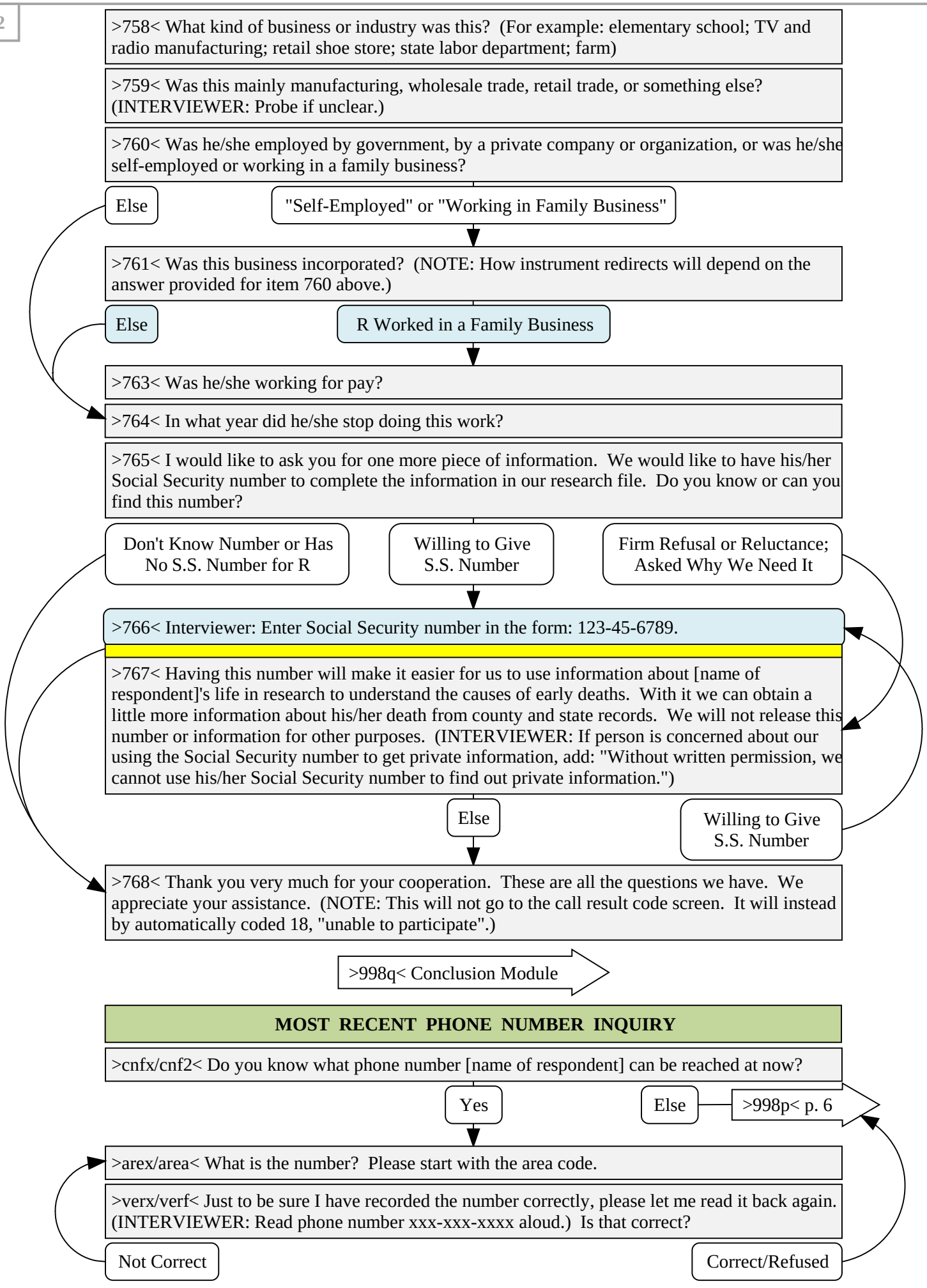
>755< Was there a kind of work he/she usually did?

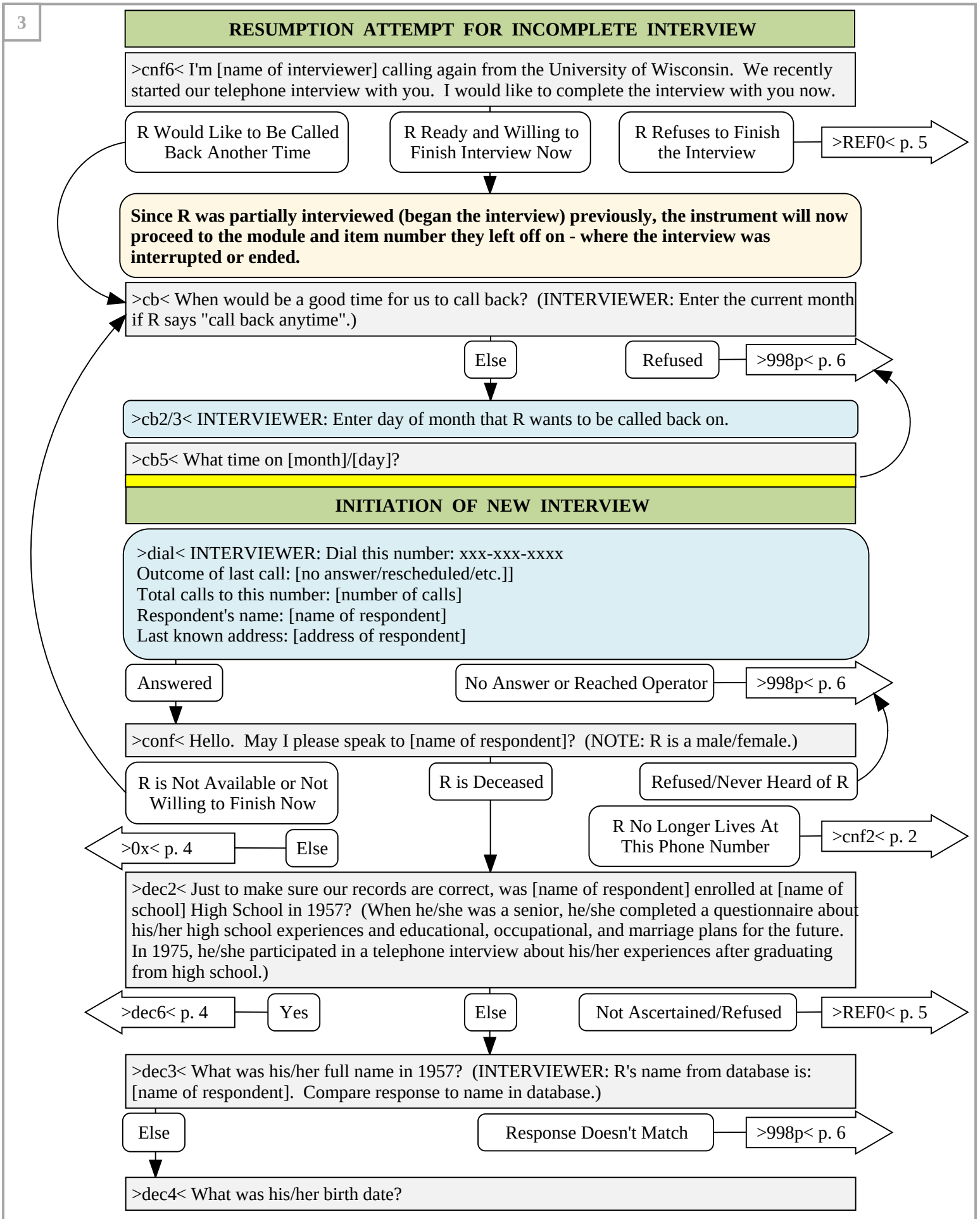
Yes

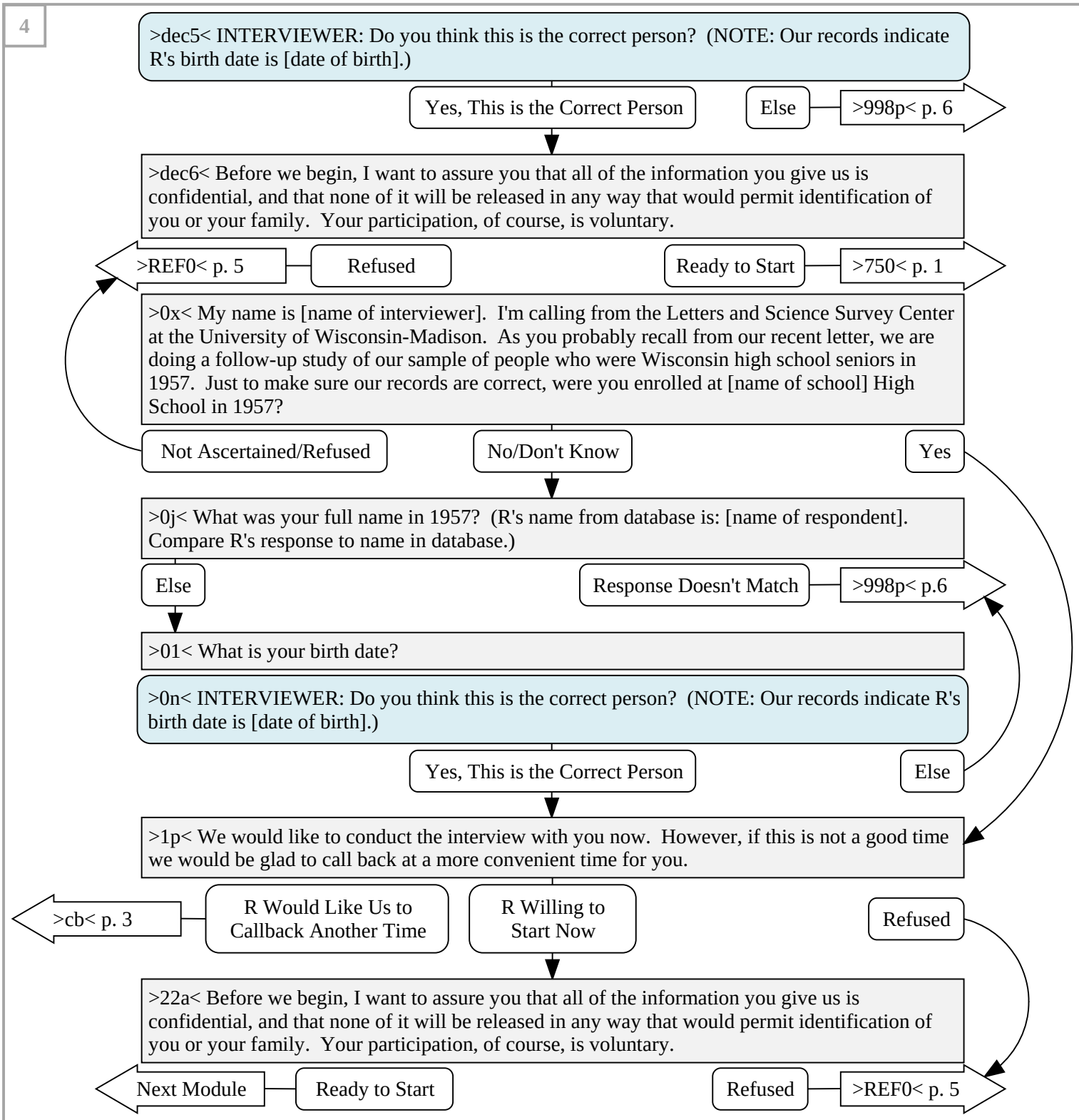
Else → >765< p. 2

>756< I'd like to know more about the last job he/she held when he/she was doing this usual kind of work. What kind of work did [name of respondent] do? (For example: Electrical engineer; stock clerk; farmer)

>757< What were his/her principal activities or duties? (For example: Kept account books; filed; sold cars; operated printing press; finished concrete)


>758< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>759< Was this mainly manufacturing, wholesale trade, retail trade, or something else? (INTERVIEWER: Probe if unclear.)
>760< Was he/she employed by government, by a private company or organization, or was he/she self-employed or working in a family business?
Else
"Self-Employed" or "Working in Family Business"
>761< Was this business incorporated? (NOTE: How instrument redirects will depend on the answer provided for item 760 above.)
Else
R Worked in a Family Business
>763< Was he/she working for pay?
>764< In what year did he/she stop doing this work?
>765< I would like to ask you for one more piece of information. We would like to have his/her Social Security number to complete the information in our research file. Do you know or can you find this number?
Don't Know Number or Has No S.S. Number for R
Willing to Give S.S. Number
Firm Refusal or Reluctance; Asked Why We Need It
>766< Interviewer: Enter Social Security number in the form: 123-45-6789.
>767< Having this number will make it easier for us to use information about [name of respondent]'s life in research to understand the causes of early deaths. With it we can obtain a little more information about his/her death from county and state records. We will not release this number or information for other purposes. (INTERVIEWER: If person is concerned about our using the Social Security number to get private information, add: "Without written permission, we cannot use his/her Social Security number to find out private information.")
Else
Willing to Give S.S. Number
>768< Thank you very much for your cooperation. These are all the questions we have. We appreciate your assistance. (NOTE: This will not go to the call result code screen. It will instead by automatically coded 18, "unable to participate".)
>998q< Conclusion Module
MOST RECENT PHONE NUMBER INQUIRY
>cnfx/cnf2< Do you know what phone number [name of respondent] can be reached at now?
Yes
Else
>998p< p. 6
>arex/area< What is the number? Please start with the area code.
>verx/verf< Just to be sure I have recorded the number correctly, please let me read it back again. (INTERVIEWER: Read phone number xxx-xxx-xxxx aloud.) Is that correct?
Not Correct
Correct/Refused


RESUMPTION ATTEMPT FOR INCOMPLETE INTERVIEW
>cnf6< I'm [name of interviewer] calling again from the University of Wisconsin. We recently started our telephone interview with you. I would like to complete the interview with you now.
R Would Like to Be Called Back Another Time
R Ready and Willing to Finish Interview Now
R Refuses to Finish the Interview
>REF0< p. 5
Since R was partially interviewed (began the interview) previously, the instrument will now proceed to the module and item number they left off on - where the interview was interrupted or ended.
>cb< When would be a good time for us to call back? (INTERVIEWER: Enter the current month if R says "call back anytime".)
Else
Refused
>998p< p. 6
>cb2/3< INTERVIEWER: Enter day of month that R wants to be called back on.
>cb5< What time on [month]/[day]?
INITIATION OF NEW INTERVIEW
>dial< INTERVIEWER: Dial this number: xxx-xxx-xxxx
Outcome of last call: [no answer/rescheduled/etc.]]
Total calls to this number: [number of calls]
Respondent's name: [name of respondent]
Last known address: [address of respondent]
Answered
No Answer or Reached Operator
>998p< p. 6
>conf< Hello. May I please speak to [name of respondent]? (NOTE: R is a male/female.)
R is Not Available or Not Willing to Finish Now
R is Deceased
Refused/Never Heard of R
>0x< p. 4
Else
R No Longer Lives At This Phone Number
>cnf2< p. 2
>dec2< Just to make sure our records are correct, was [name of respondent] enrolled at [name of school] High School in 1957? (When he/she was a senior, he/she completed a questionnaire about his/her high school experiences and educational, occupational, and marriage plans for the future. In 1975, he/she participated in a telephone interview about his/her experiences after graduating from high school.)
>dec6< p. 4
Yes
Else
Not Ascertained/Refused
>REF0< p. 5
>dec3< What was his/her full name in 1957? (INTERVIEWER: R's name from database is: [name of respondent]. Compare response to name in database.)
Else
Response Doesn't Match
>998p< p. 6
>dec4< What was his/her birth date?


>dec5< INTERVIEWER: Do you think this is the correct person? (NOTE: Our records indicate R's birth date is [date of birth].)
Yes, This is the Correct Person
Else
>998p< p. 6
>dec6< Before we begin, I want to assure you that all of the information you give us is confidential, and that none of it will be released in any way that would permit identification of you or your family. Your participation, of course, is voluntary.
>REF0< p. 5
Refused
Ready to Start
>750< p. 1
>0x< My name is [name of interviewer]. I'm calling from the Letters and Science Survey Center at the University of Wisconsin-Madison. As you probably recall from our recent letter, we are doing a follow-up study of our sample of people who were Wisconsin high school seniors in 1957. Just to make sure our records are correct, were you enrolled at [name of school] High School in 1957?
Not Ascertained/Refused
No/Don't Know
Yes
>0j< What was your full name in 1957? (R's name from database is: [name of respondent]. Compare R's response to name in database.)
Else
Response Doesn't Match
>998p< p.6
>01< What is your birth date?
>0n< INTERVIEWER: Do you think this is the correct person? (NOTE: Our records indicate R's birth date is [date of birth].)
Yes, This is the Correct Person
Else
>1p< We would like to conduct the interview with you now. However, if this is not a good time we would be glad to call back at a more convenient time for you.
>cb< p. 3
R Would Like Us to Callback Another Time
R Willing to Start Now
Refused
>22a< Before we begin, I want to assure you that all of the information you give us is confidential, and that none of it will be released in any way that would permit identification of you or your family. Your participation, of course, is voluntary.
Next Module
Ready to Start
Refused
>REF0< p. 5

RESPONSES TO REFUSALS

>REF0< INTERVIEWER: Press the number that most closely represents the reason for refusing or resisting the interview.
1.) Too busy
2.) Bad health
3.) Feel inadequate: don't know enough to answer
4.) Not interested
5.) No one else's business what I think/confidentiality
6.) Objects to surveys
7.) Objects to phone surveys

4 or "None of These" → 1
3 → 1
2 → 1
1 → >REF1< Sorry to have caught you at a bad time, I would be happy to call back another time. Or, if you would prefer, we could begin the interview now and complete part of it, then call again another time to finish it. (NOTE: All paths - except #1 - from itemREF0 are still available.)

7 → >REF7< p. 6
6 → >REF6< p. 6
5 → >REF5< I can certainly understand, that's why all of our interviews are confidential. Protecting people's privacy is one of our major concerns and to do it, no one's name is associated with their answers. All the results are released in a way that no single individual can ever be identified. (NOTE: All paths - except #5 - from itemREF0 are still available.)

>REF1< → R Absolutely Refuses → >998p< p. 6
>REF1< → R Ready to Start → Next Module

>REF2< I'm sorry to hear that. Have you been sick long? I would be happy to call back another time. (INTERVIEWER: If lengthy or serious illness that makes doing an interview impossible, say that we will not call again.) Your participation in this survey is just as important as anyone else's. In order for the results to be representative of the entire class of 1957, we need to be sure to interview as many people in the sample as possible. We really want YOUR participation. (NOTE: All paths - except #2 - from itemREF0 are still available.)

>REF2< → R Absolutely Refuses → >998p< p. 6
>REF2< → R Ready to Start → Next Module

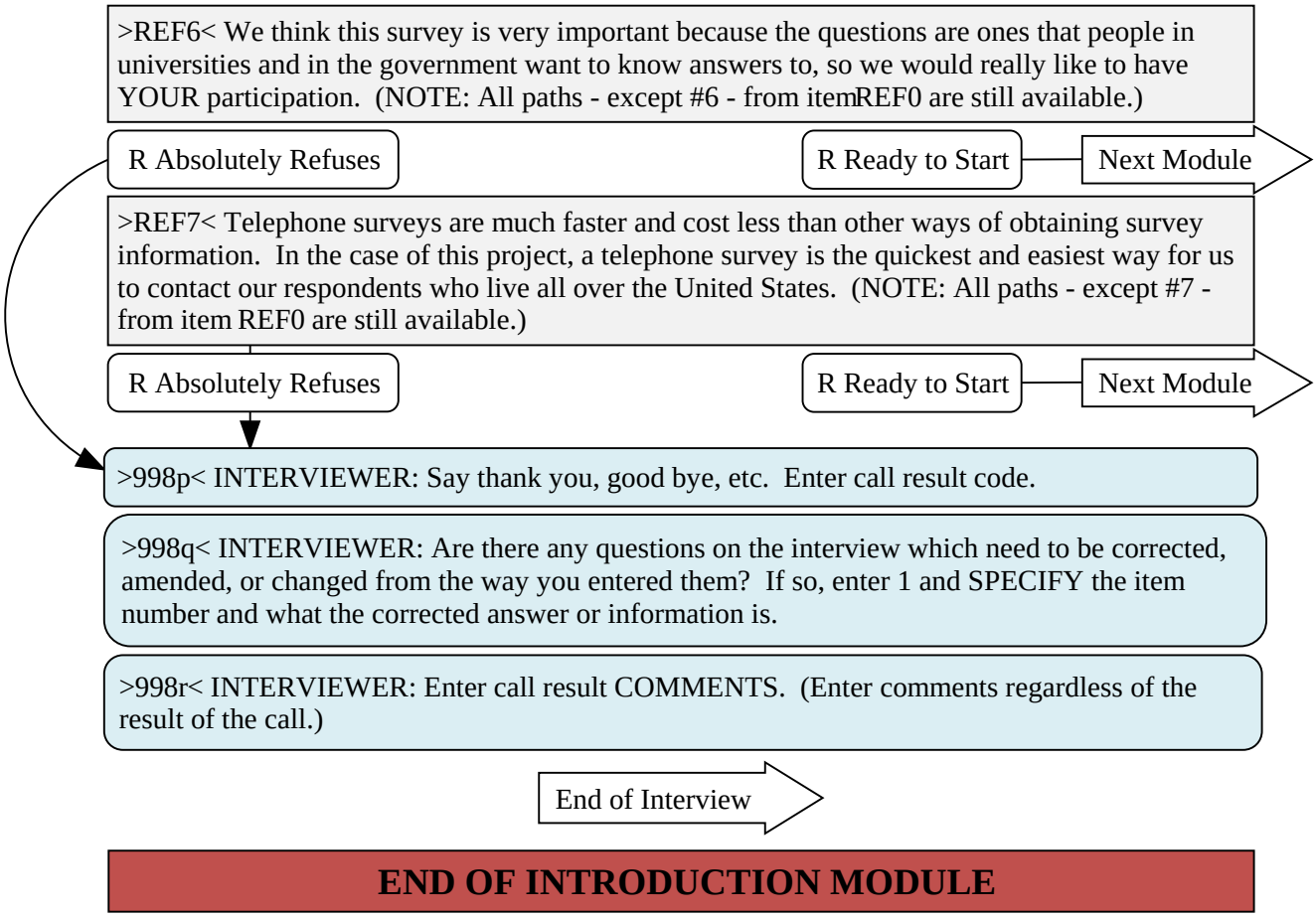
>REF3< The questions are not at all difficult. They mostly concern how you feel about things, rather than how much you know about certain things. Some of the people we have already interviewed had the same concern you have, but once we got started they didn't have any difficulty answering the questions. Maybe I could read just a few questions to you and you can see what they are like. (NOTE: All paths - except #3 - from itemREF0 are still available.)

>REF3< → R Absolutely Refuses → >998p< p. 6
>REF3< → R Ready to Start → Next Module

>REF4< I'm sorry you feel that way. This study began with the class of 1957, and ever since that first survey was taken during your senior year in high school, you and your other classmates have been extremely cooperative. It is very important that we talk with everyone in the sample, so our findings will accurately describe what has happened to the class of 1957. The results from the 1957 study were used to plan the expansion of post-secondary school facilities in the state of Wisconsin. The study we are currently conducting will offer valuable information on adults' careers and relationships at mid-life. And, as in the past, everything you tell us is confidential. We're hoping that you will want to continue to be a part of this project. (NOTE: All paths - except #4 - from item REF0 are still available; "None of these", however, redirects toREF3.)

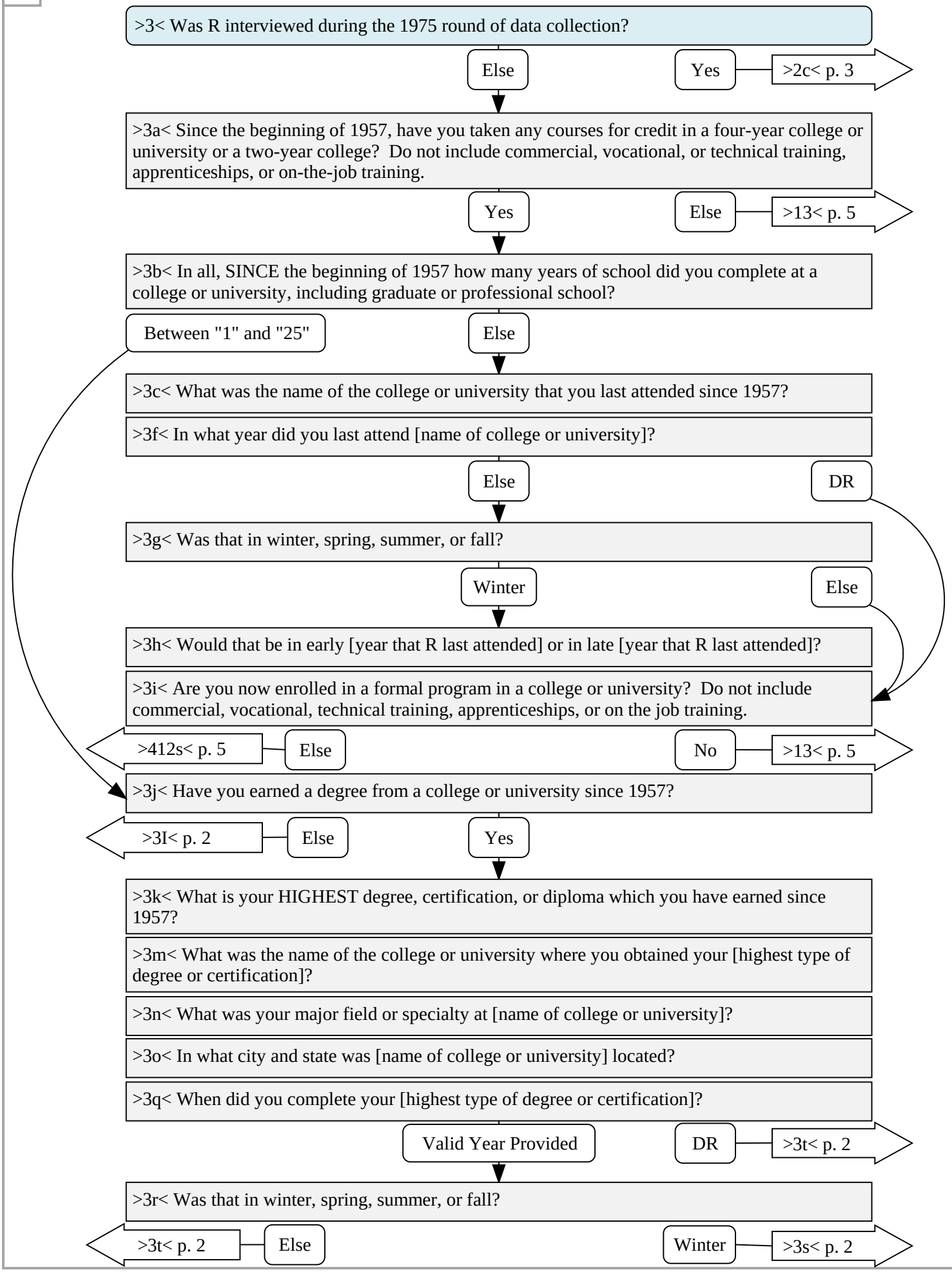
>REF4< → R Absolutely Refuses → >998p< p. 6
>REF4< → R Ready to Start → Next Module

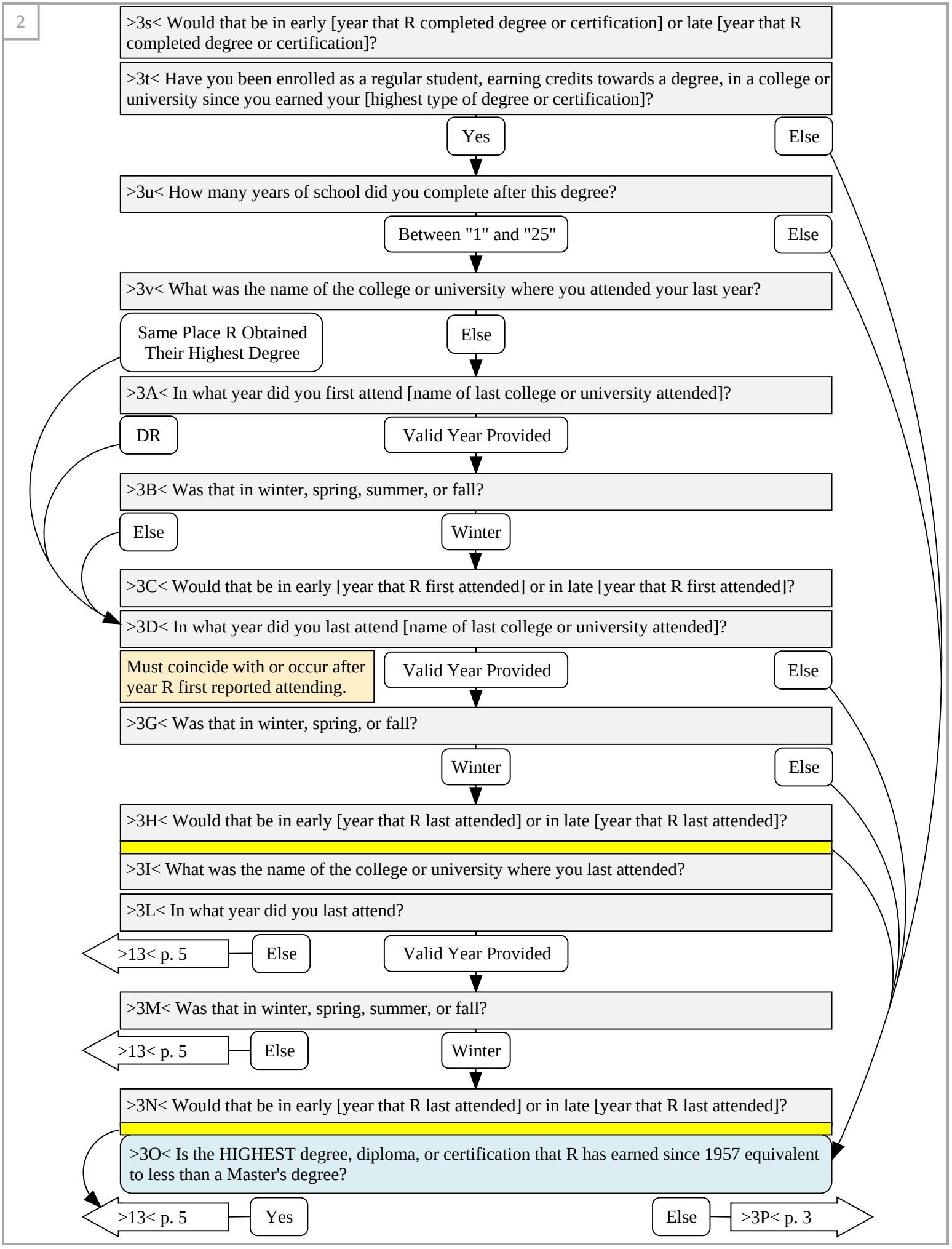
>REF5< → R Absolutely Refuses → >998p< p. 6
>REF5< → R Ready to Start → Next Module

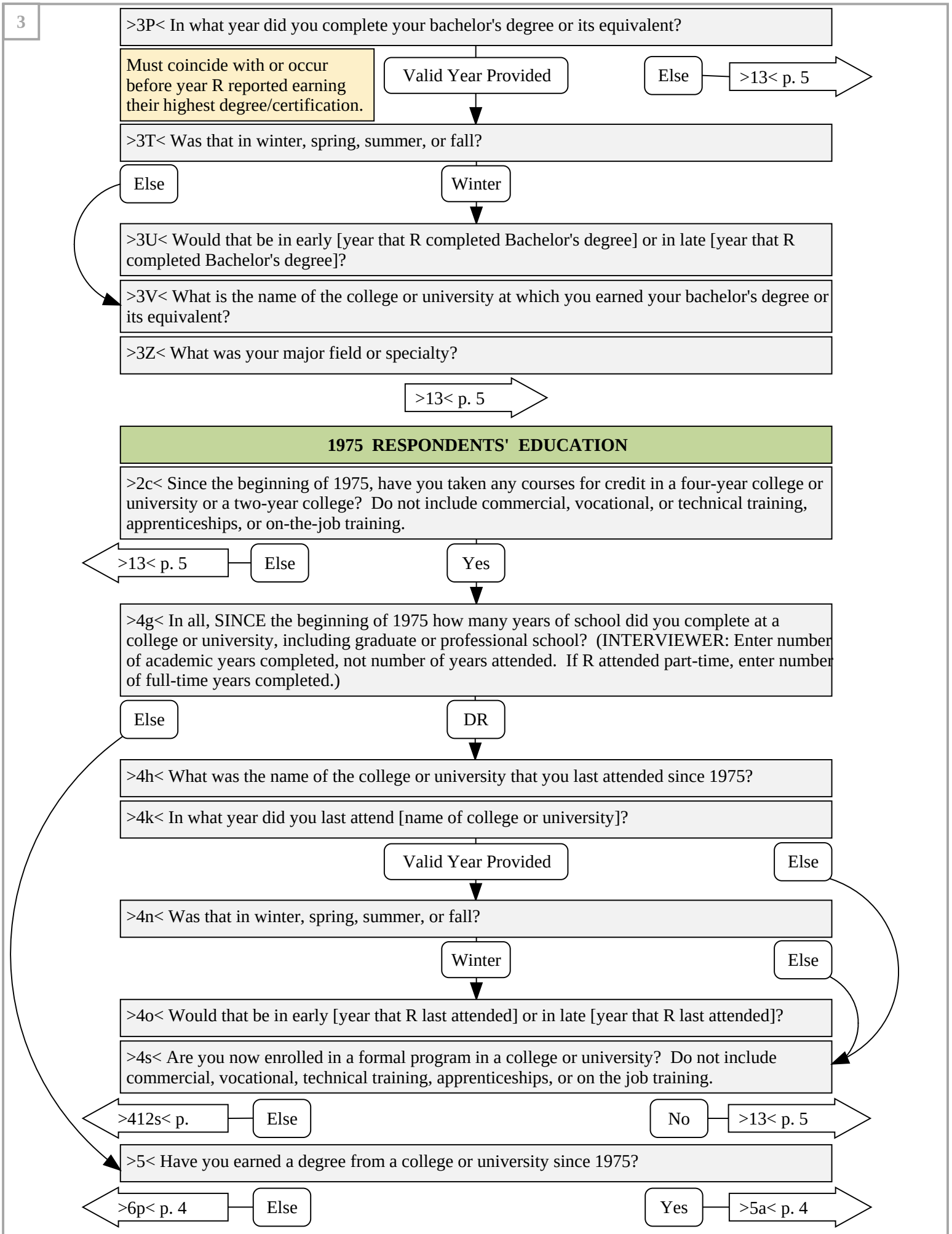


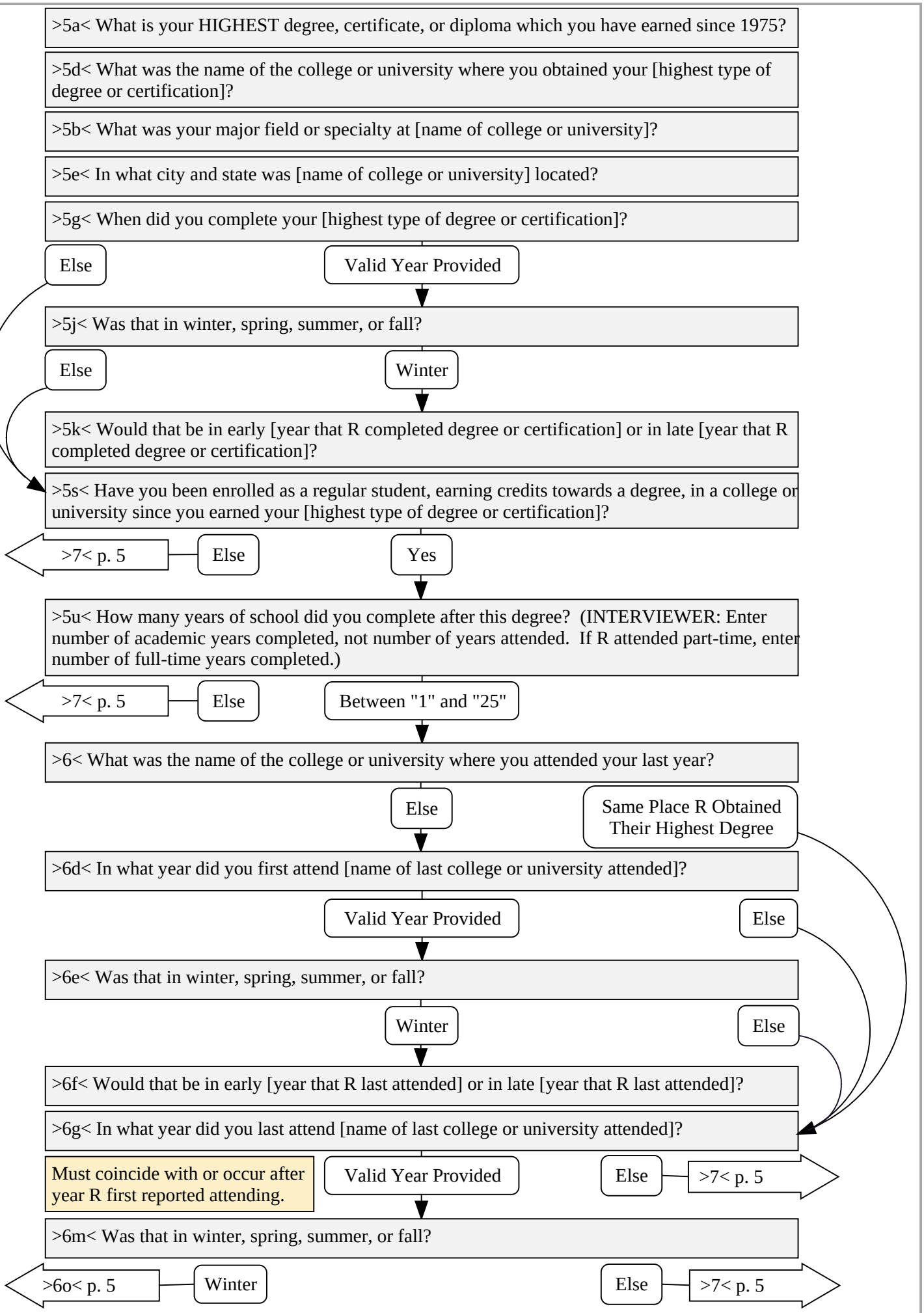
END OF INTRODUCTION MODULE

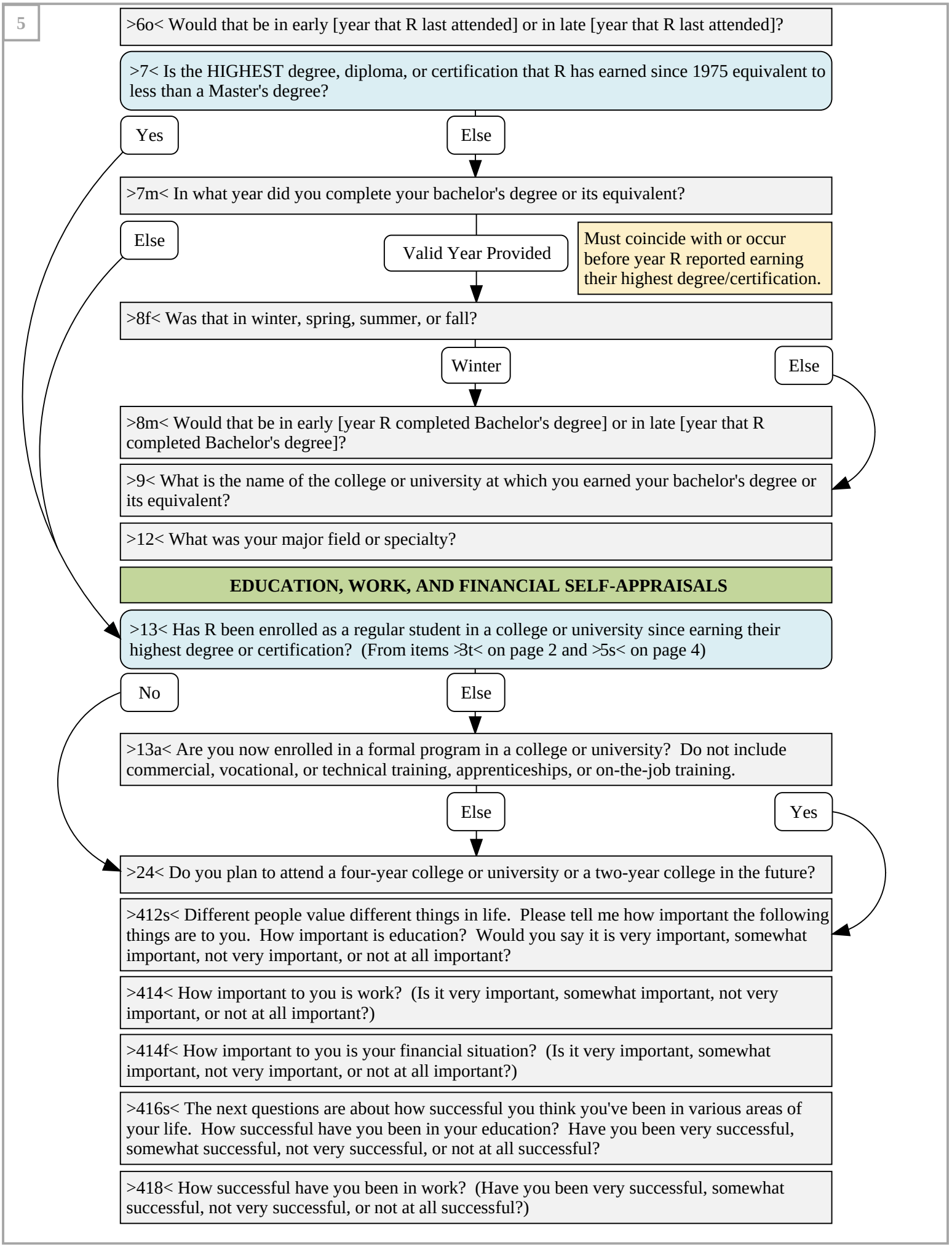
EDUCATION


>3< Was R interviewed during the 1975 round of data collection?
Else
Yes
>2c< p. 3
>3a< Since the beginning of 1957, have you taken any courses for credit in a four-year college or university or a two-year college? Do not include commercial, vocational, or technical training, apprenticeships, or on-the-job training.
Yes
Else
>13< p. 5
>3b< In all, SINCE the beginning of 1957 how many years of school did you complete at a college or university, including graduate or professional school?
Between "1" and "25"
Else
>3c< What was the name of the college or university that you last attended since 1957?
>3f< In what year did you last attend [name of college or university]?
Else
DR
>3g< Was that in winter, spring, summer, or fall?
Winter
Else
>3h< Would that be in early [year that R last attended] or in late [year that R last attended]?
>3i< Are you now enrolled in a formal program in a college or university? Do not include commercial, vocational, technical training, apprenticeships, or on the job training.
>412s< p. 5
Else
No
>13< p. 5
>3j< Have you earned a degree from a college or university since 1957?
>3I< p. 2
Else
Yes
>3k< What is your HIGHEST degree, certification, or diploma which you have earned since 1957?
>3m< What was the name of the college or university where you obtained your [highest type of degree or certification]?
>3n< What was your major field or specialty at [name of college or university]?
>3o< In what city and state was [name of college or university] located?
>3q< When did you complete your [highest type of degree or certification]?
Valid Year Provided
DR
>3t< p. 2
>3r< Was that in winter, spring, summer, or fall?
>3t< p. 2
Else
Winter
>3s< p. 2


>3s< Would that be in early [year that R completed degree or certification] or late [year that R completed degree or certification]?
>3t< Have you been enrolled as a regular student, earning credits towards a degree, in a college or university since you earned your [highest type of degree or certification]?
Yes
Else
>3u< How many years of school did you complete after this degree?
Between "1" and "25"
Else
>3v< What was the name of the college or university where you attended your last year?
Same Place R Obtained Their Highest Degree
Else
>3A< In what year did you first attend [name of last college or university attended]?
DR
Valid Year Provided
>3B< Was that in winter, spring, summer, or fall?
Else
Winter
>3C< Would that be in early [year that R first attended] or in late [year that R first attended]?
>3D< In what year did you last attend [name of last college or university attended]?
Must coincide with or occur after year R first reported attending.
Valid Year Provided
Else
>3G< Was that in winter, spring, or fall?
Winter
Else
>3H< Would that be in early [year that R last attended] or in late [year that R last attended]?
>3I< What was the name of the college or university where you last attended?
>3L< In what year did you last attend?
>13< p. 5
Else
Valid Year Provided
>3M< Was that in winter, spring, summer, or fall?
>13< p. 5
Else
Winter
>3N< Would that be in early [year that R last attended] or in late [year that R last attended]?
>3O< Is the HIGHEST degree, diploma, or certification that R has earned since 1957 equivalent to less than a Master's degree?
>13< p. 5
Yes
Else
>3P< p. 3


>3P< In what year did you complete your bachelor's degree or its equivalent?
Must coincide with or occur before year R reported earning their highest degree/certification.
Valid Year Provided
Else
>13< p. 5
>3T< Was that in winter, spring, summer, or fall?
Else
Winter
>3U< Would that be in early [year that R completed Bachelor's degree] or in late [year that R completed Bachelor's degree]?
>3V< What is the name of the college or university at which you earned your bachelor's degree or its equivalent?
>3Z< What was your major field or specialty?
>13< p. 5
1975 RESPONDENTS' EDUCATION
>2c< Since the beginning of 1975, have you taken any courses for credit in a four-year college or university or a two-year college? Do not include commercial, vocational, or technical training, apprenticeships, or on-the-job training.
>13< p. 5
Else
Yes
>4g< In all, SINCE the beginning of 1975 how many years of school did you complete at a college or university, including graduate or professional school? (INTERVIEWER: Enter number of academic years completed, not number of years attended. If R attended part-time, enter number of full-time years completed.)
Else
DR
>4h< What was the name of the college or university that you last attended since 1975?
>4k< In what year did you last attend [name of college or university]?
Valid Year Provided
Else
>4n< Was that in winter, spring, summer, or fall?
Winter
Else
>4o< Would that be in early [year that R last attended] or in late [year that R last attended]?
>4s< Are you now enrolled in a formal program in a college or university? Do not include commercial, vocational, technical training, apprenticeships, or on the job training.
>412s< p.
Else
No
>13< p. 5
>5< Have you earned a degree from a college or university since 1975?
>6p< p. 4
Else
Yes
>5a< p. 4

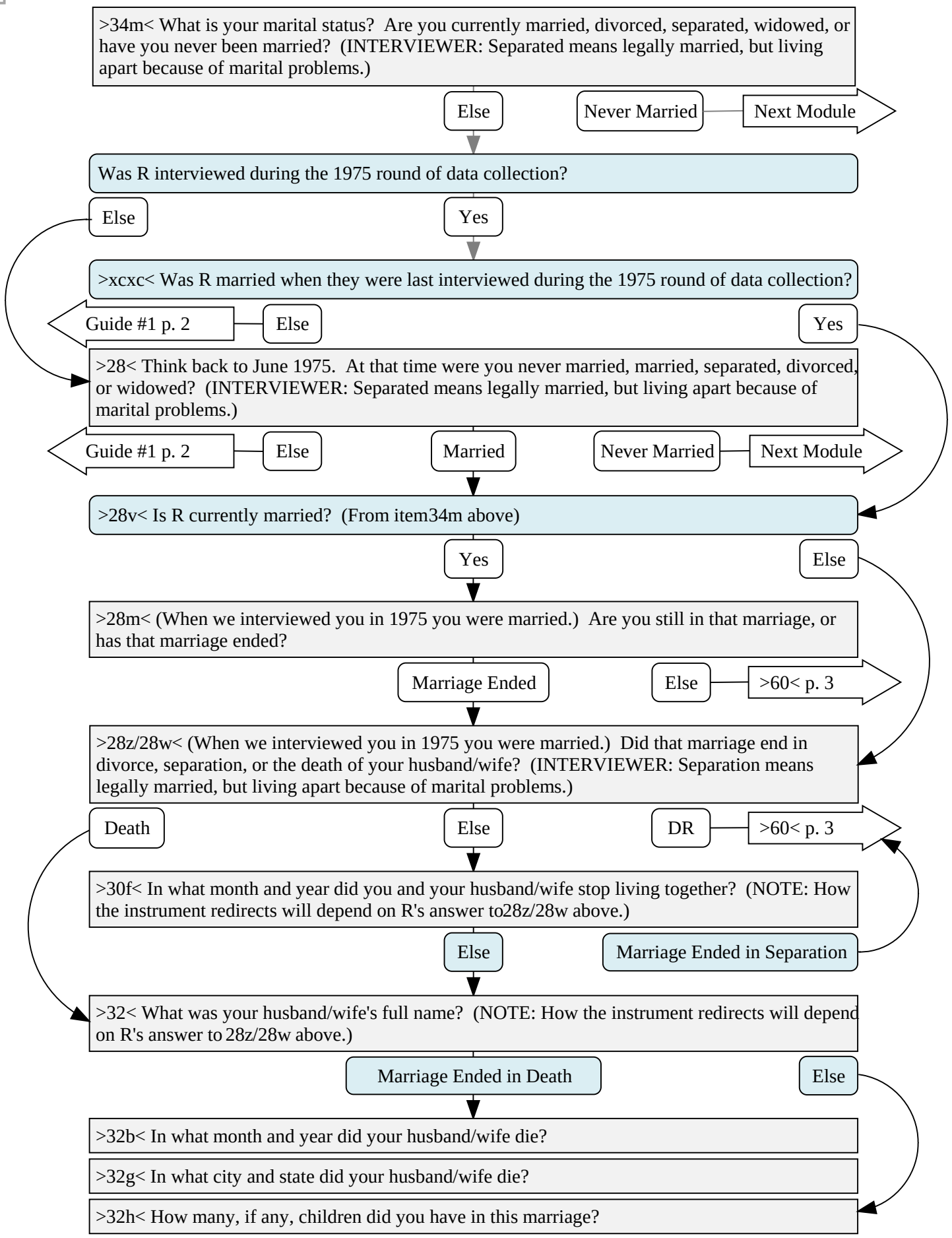

>5a< What is your HIGHEST degree, certificate, or diploma which you have earned since 1975?
>5d< What was the name of the college or university where you obtained your [highest type of degree or certification]?
>5b< What was your major field or specialty at [name of college or university]?
>5e< In what city and state was [name of college or university] located?
>5g< When did you complete your [highest type of degree or certification]?
Else
Valid Year Provided
>5j< Was that in winter, spring, summer, or fall?
Else
Winter
>5k< Would that be in early [year that R completed degree or certification] or in late [year that R completed degree or certification]?
>5s< Have you been enrolled as a regular student, earning credits towards a degree, in a college or university since you earned your [highest type of degree or certification]?
>7< p. 5
Else
Yes
>5u< How many years of school did you complete after this degree? (INTERVIEWER: Enter number of academic years completed, not number of years attended. If R attended part-time, enter number of full-time years completed.)
>7< p. 5
Else
Between "1" and "25"
>6< What was the name of the college or university where you attended your last year?
Else
Same Place R Obtained Their Highest Degree
>6d< In what year did you first attend [name of last college or university attended]?
Valid Year Provided
Else
>6e< Was that in winter, spring, summer, or fall?
Winter
Else
>6f< Would that be in early [year that R last attended] or in late [year that R last attended]?
>6g< In what year did you last attend [name of last college or university attended]?
Must coincide with or occur after year R first reported attending.
Valid Year Provided
Else
>7< p. 5
>6m< Was that in winter, spring, summer, or fall?
>6o< p. 5
Winter
Else
>7< p. 5

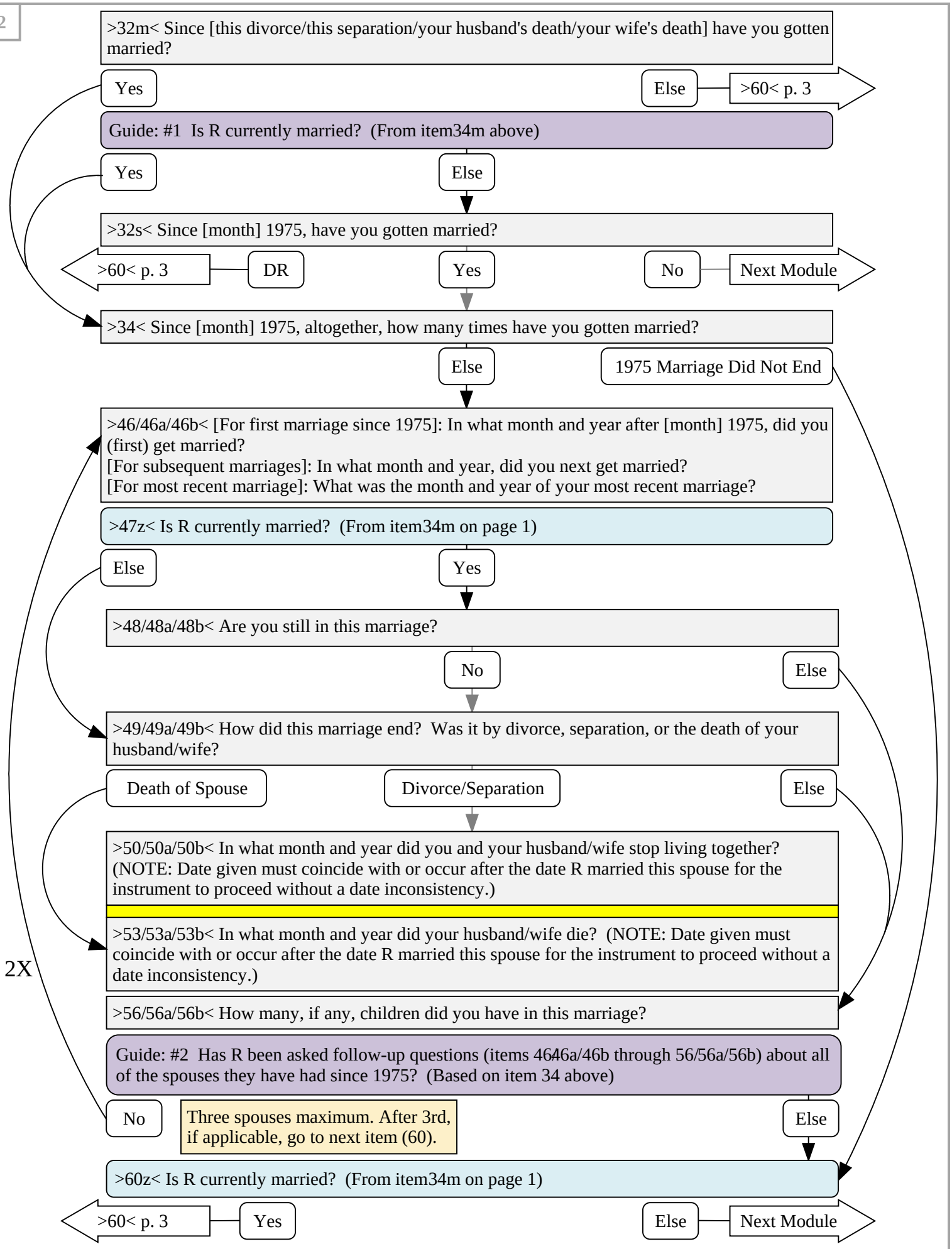

>6o< Would that be in early [year that R last attended] or in late [year that R last attended]?
>7< Is the HIGHEST degree, diploma, or certification that R has earned since 1975 equivalent to less than a Master's degree?
Yes
Else
>7m< In what year did you complete your bachelor's degree or its equivalent?
Else
Valid Year Provided
Must coincide with or occur before year R reported earning their highest degree/certification.
>8f< Was that in winter, spring, summer, or fall?
Winter
Else
>8m< Would that be in early [year R completed Bachelor's degree] or in late [year that R completed Bachelor's degree]?
>9< What is the name of the college or university at which you earned your bachelor's degree or its equivalent?
>12< What was your major field or specialty?
EDUCATION, WORK, AND FINANCIAL SELF-APPRAISALS
>13< Has R been enrolled as a regular student in a college or university since earning their highest degree or certification? (From items >3t< on page 2 and >5s< on page 4)
No
Else
>13a< Are you now enrolled in a formal program in a college or university? Do not include commercial, vocational, or technical training, apprenticeships, or on-the-job training.
Else
Yes
>24< Do you plan to attend a four-year college or university or a two-year college in the future?
>412s< Different people value different things in life. Please tell me how important the following things are to you. How important is education? Would you say it is very important, somewhat important, not very important, or not at all important?
>414< How important to you is work? (Is it very important, somewhat important, not very important, or not at all important?)
>414f< How important to you is your financial situation? (Is it very important, somewhat important, not very important, or not at all important?)
>416s< The next questions are about how successful you think you've been in various areas of your life. How successful have you been in your education? Have you been very successful, somewhat successful, not very successful, or not at all successful?
>418< How successful have you been in work? (Have you been very successful, somewhat successful, not very successful, or not at all successful?)

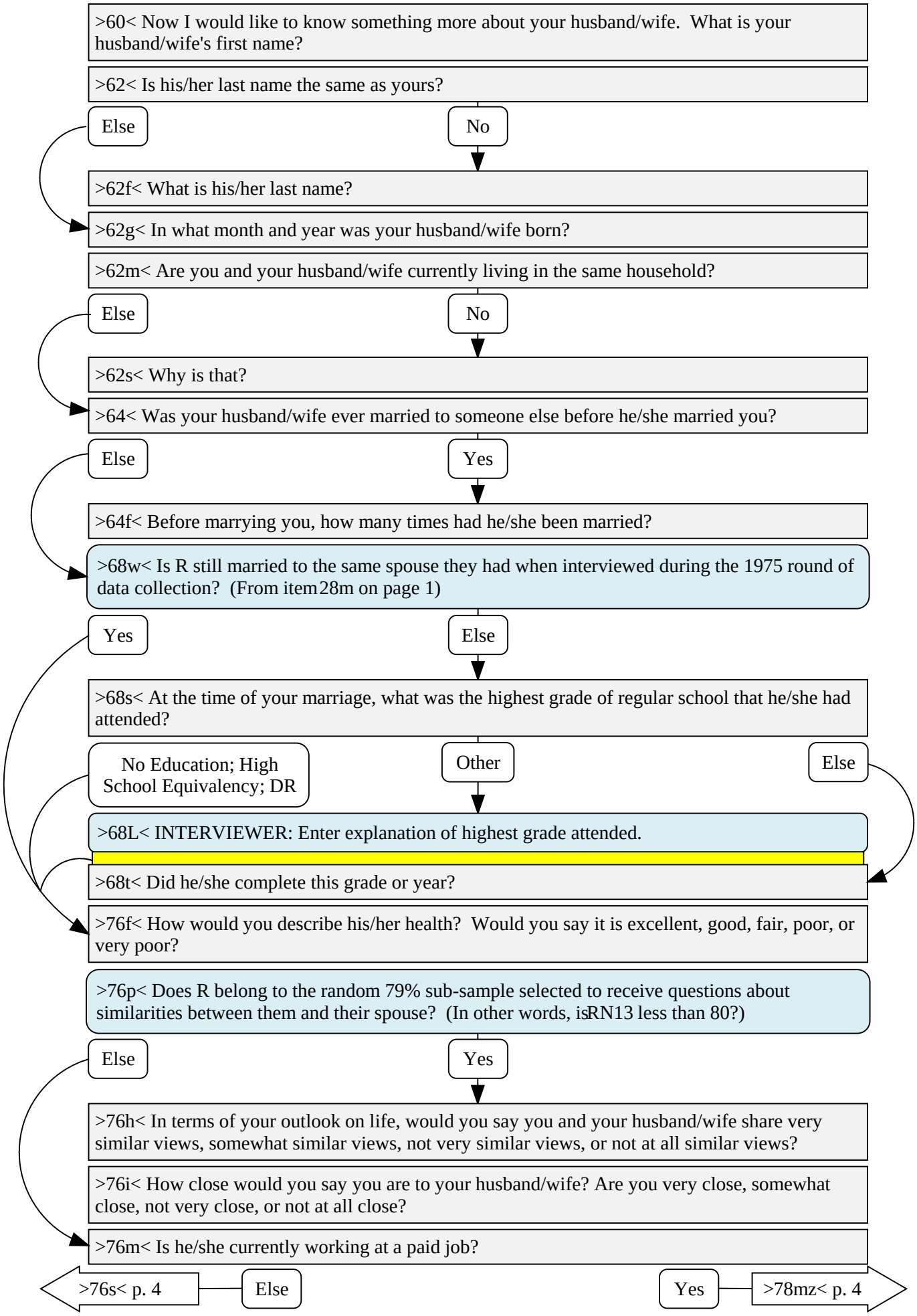
>418f< How successful have you been financially? (Have you been very, somewhat, not very, or not at all successful?)

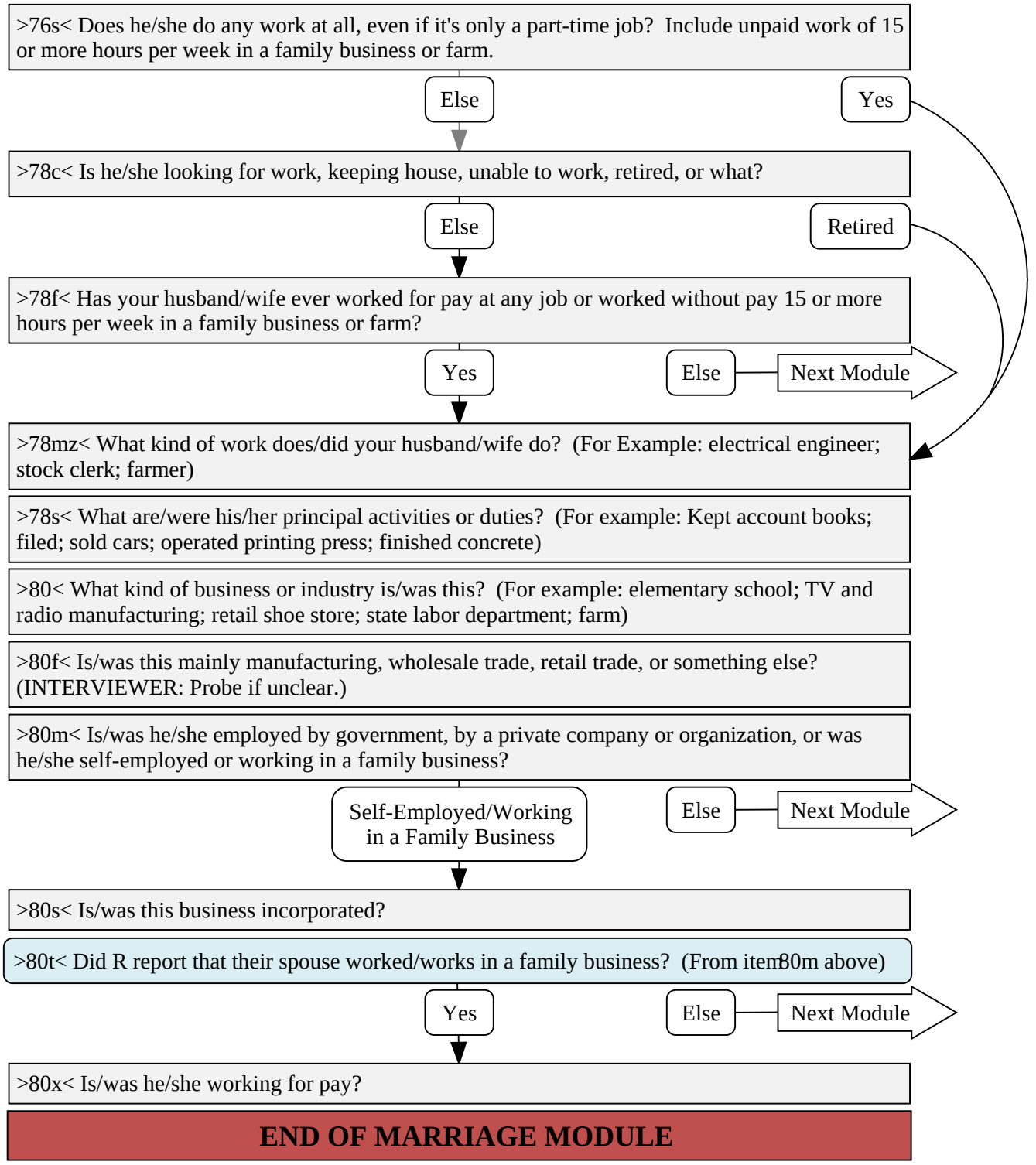
END OF EDUCATION MODULE

MARRIAGE


>34m< What is your marital status? Are you currently married, divorced, separated, widowed, or have you never been married? (INTERVIEWER: Separated means legally married, but living apart because of marital problems.)
Else
Never Married
Next Module
Was R interviewed during the 1975 round of data collection?
Else
Yes
>xcxc< Was R married when they were last interviewed during the 1975 round of data collection?
Guide #1 p. 2
Else
Yes
>28< Think back to June 1975. At that time were you never married, married, separated, divorced, or widowed? (INTERVIEWER: Separated means legally married, but living apart because of marital problems.)
Guide #1 p. 2
Else
Married
Never Married
Next Module
>28v< Is R currently married? (From item34m above)
Yes
Else
>28m< (When we interviewed you in 1975 you were married.) Are you still in that marriage, or has that marriage ended?
Marriage Ended
Else
>60< p. 3
>28z/28w< (When we interviewed you in 1975 you were married.) Did that marriage end in divorce, separation, or the death of your husband/wife? (INTERVIEWER: Separation means legally married, but living apart because of marital problems.)
Death
Else
DR
>60< p. 3
>30f< In what month and year did you and your husband/wife stop living together? (NOTE: How the instrument redirects will depend on R's answer to28z/28w above.)
Else
Marriage Ended in Separation
>32< What was your husband/wife's full name? (NOTE: How the instrument redirects will depend on R's answer to 28z/28w above.)
Marriage Ended in Death
Else
>32b< In what month and year did your husband/wife die?
>32g< In what city and state did your husband/wife die?
>32h< How many, if any, children did you have in this marriage?


>32m< Since [this divorce/this separation/your husband's death/your wife's death] have you gotten married?
Yes
Else
>60< p. 3
Guide: #1 Is R currently married? (From item34m above)
Yes
Else
>32s< Since [month] 1975, have you gotten married?
>60< p. 3
DR
Yes
No
Next Module
>34< Since [month] 1975, altogether, how many times have you gotten married?
Else
1975 Marriage Did Not End
>46/46a/46b< [For first marriage since 1975]: In what month and year after [month] 1975, did you (first) get married?
[For subsequent marriages]: In what month and year, did you next get married?
[For most recent marriage]: What was the month and year of your most recent marriage?
>47z< Is R currently married? (From item34m on page 1)
Else
Yes
>48/48a/48b< Are you still in this marriage?
No
Else
>49/49a/49b< How did this marriage end? Was it by divorce, separation, or the death of your husband/wife?
Death of Spouse
Divorce/Separation
Else
>50/50a/50b< In what month and year did you and your husband/wife stop living together? (NOTE: Date given must coincide with or occur after the date R married this spouse for the instrument to proceed without a date inconsistency.)
>53/53a/53b< In what month and year did your husband/wife die? (NOTE: Date given must coincide with or occur after the date R married this spouse for the instrument to proceed without a date inconsistency.)
2X
>56/56a/56b< How many, if any, children did you have in this marriage?
Guide: #2 Has R been asked follow-up questions (items 4646a/46b through 56/56a/56b) about all of the spouses they have had since 1975? (Based on item 34 above)
No
Three spouses maximum. After 3rd, if applicable, go to next item (60).
Else
>60z< Is R currently married? (From item34m on page 1)
>60< p. 3
Yes
Else
Next Module


>60< Now I would like to know something more about your husband/wife. What is your husband/wife's first name?
>62< Is his/her last name the same as yours?
Else
No
>62f< What is his/her last name?
>62g< In what month and year was your husband/wife born?
>62m< Are you and your husband/wife currently living in the same household?
Else
No
>62s< Why is that?
>64< Was your husband/wife ever married to someone else before he/she married you?
Else
Yes
>64f< Before marrying you, how many times had he/she been married?
>68w< Is R still married to the same spouse they had when interviewed during the 1975 round of data collection? (From item 28m on page 1)
Yes
Else
>68s< At the time of your marriage, what was the highest grade of regular school that he/she had attended?
No Education; High School Equivalency; DR
Other
Else
>68L< INTERVIEWER: Enter explanation of highest grade attended.
>68t< Did he/she complete this grade or year?
>76f< How would you describe his/her health? Would you say it is excellent, good, fair, poor, or very poor?
>76p< Does R belong to the random 79% sub-sample selected to receive questions about similarities between them and their spouse? (In other words, isRN13 less than 80?)
Else
Yes
>76h< In terms of your outlook on life, would you say you and your husband/wife share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>76i< How close would you say you are to your husband/wife? Are you very close, somewhat close, not very close, or not at all close?
>76m< Is he/she currently working at a paid job?
>76s< p. 4
Else
Yes
>78mz< p. 4


>76s< Does he/she do any work at all, even if it's only a part-time job? Include unpaid work of 15 or more hours per week in a family business or farm.
Else
Yes
>78c< Is he/she looking for work, keeping house, unable to work, retired, or what?
Else
Retired
>78f< Has your husband/wife ever worked for pay at any job or worked without pay 15 or more hours per week in a family business or farm?
Yes
Else
Next Module
>78mz< What kind of work does/did your husband/wife do? (For Example: electrical engineer; stock clerk; farmer)
>78s< What are/were his/her principal activities or duties? (For example: Kept account books; filed; sold cars; operated printing press; finished concrete)
>80< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>80f< Is/was this mainly manufacturing, wholesale trade, retail trade, or something else? (INTERVIEWER: Probe if unclear.)
>80m< Is/was he/she employed by government, by a private company or organization, or was he/she self-employed or working in a family business?
Self-Employed/Working in a Family Business
Else
Next Module
>80s< Is/was this business incorporated?
>80t< Did R report that their spouse worked/works in a family business? (From item 80m above)
Yes
Else
Next Module
>80x< Is/was he/she working for pay?
END OF MARRIAGE MODULE

HOUSEHOLD ROSTER

KNOWN CHILD ROSTER

>92h< Does R have any children (alive or dead, biological or otherwise) AND was R willing to talk about them during prior data collection?

Yes

Else → >118p< p. 2

>92h< Was R interviewed during the 1975 round of data collection?

Yes

Else → >118p< p. 2

>92m< When we last talked with you in 1975, you told us that you had [number of children] child(ren). We would like to confirm and update our information.

The instrument will now begin verifying the data we have on record for each of R's known children; this will be done by asking R about each child in order from oldest (chronologically first born) to youngest.

>94p< You said you had a son/daughter/child, [name of child], who was born in [month of birth] [year of birth]. Is all of this correct?

No

Denies Knowledge of this Child → Guide #1 p. 2

DR → >104t< p. 2

Refused to Talk About Any Children → >140f< p. 4

Yes

>94s< INTERVIEWER: Is sex correct?

No

Else

>96< INTERVIEWER: Enter correct sex.

>96f< INTERVIEWER: Is birth date correct?

No

Else

>96m/s< INTERVIEWER: Enter correct birth date (month and year).

>98< INTERVIEWER: Is first name correct?

No

Else

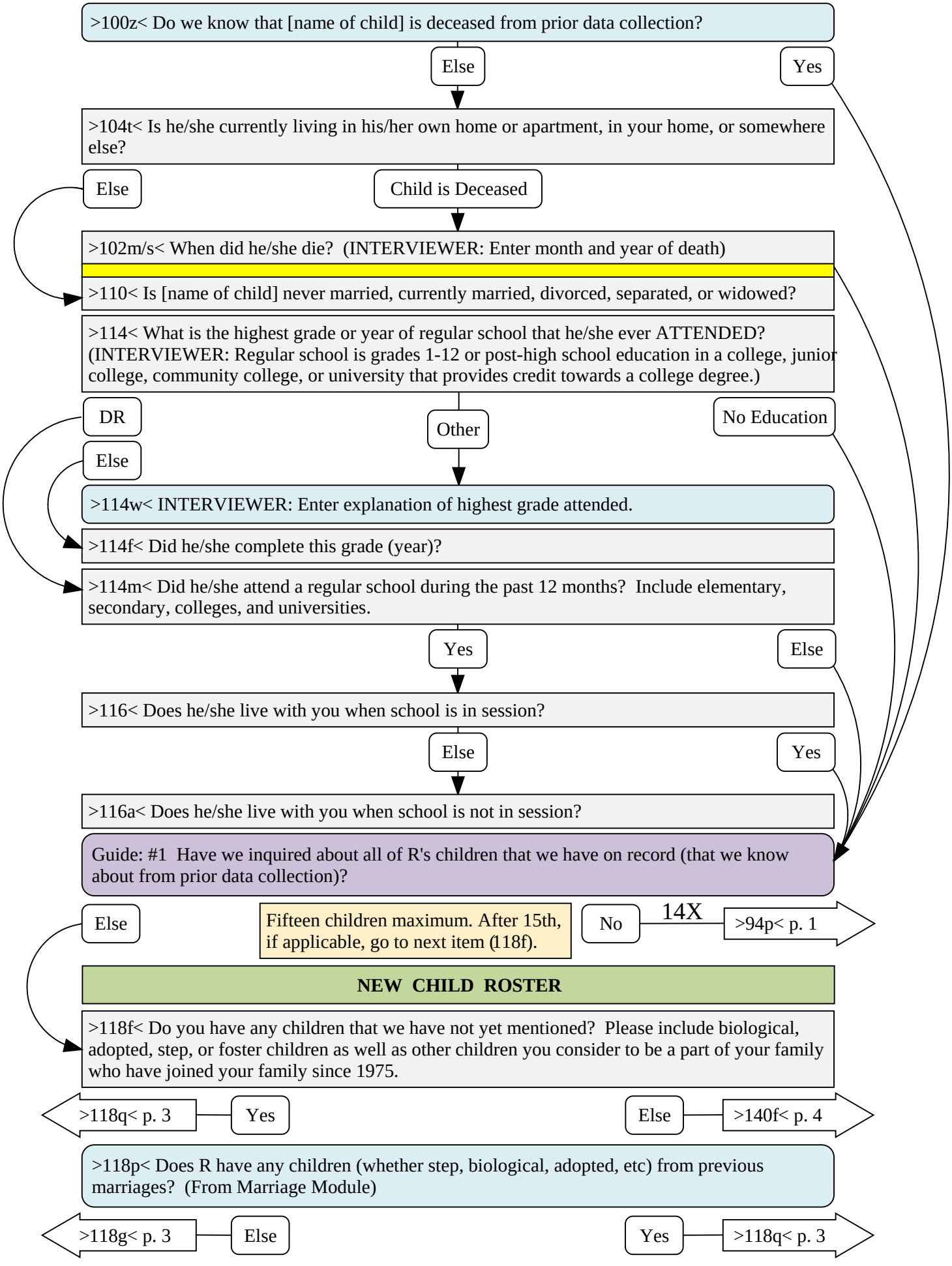
>98f< What is his/her first name?

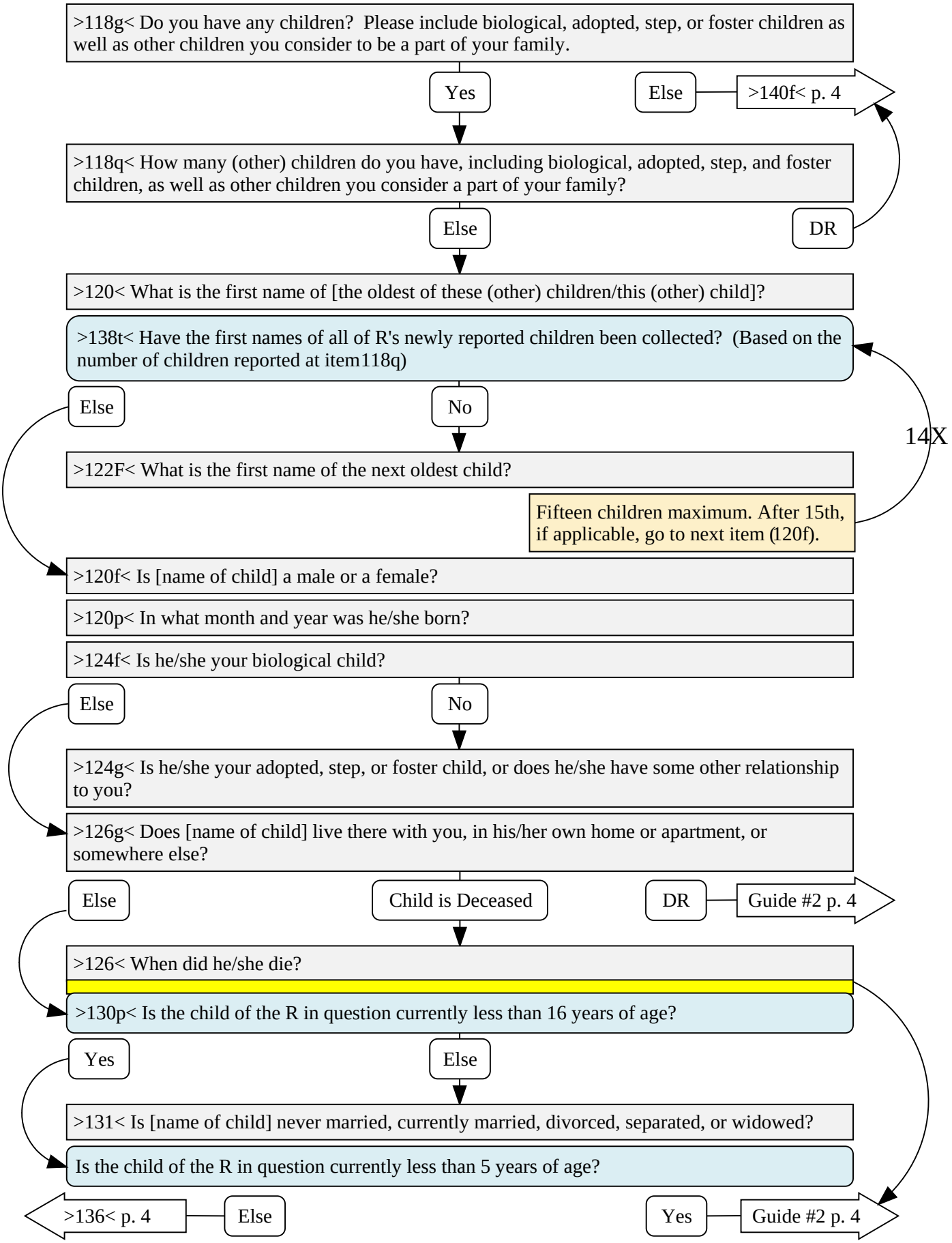
>100s< Is he/she your biological child?

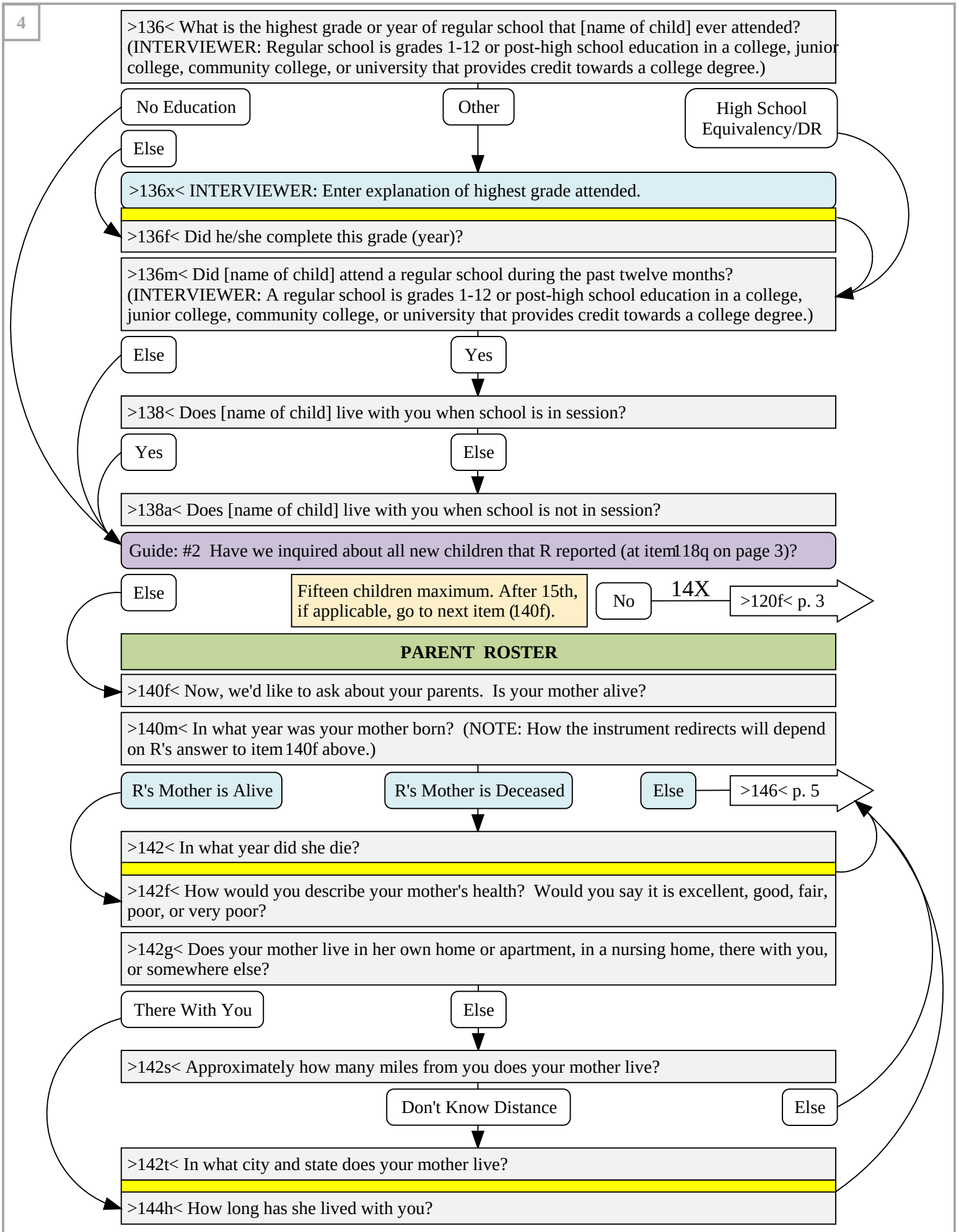
No

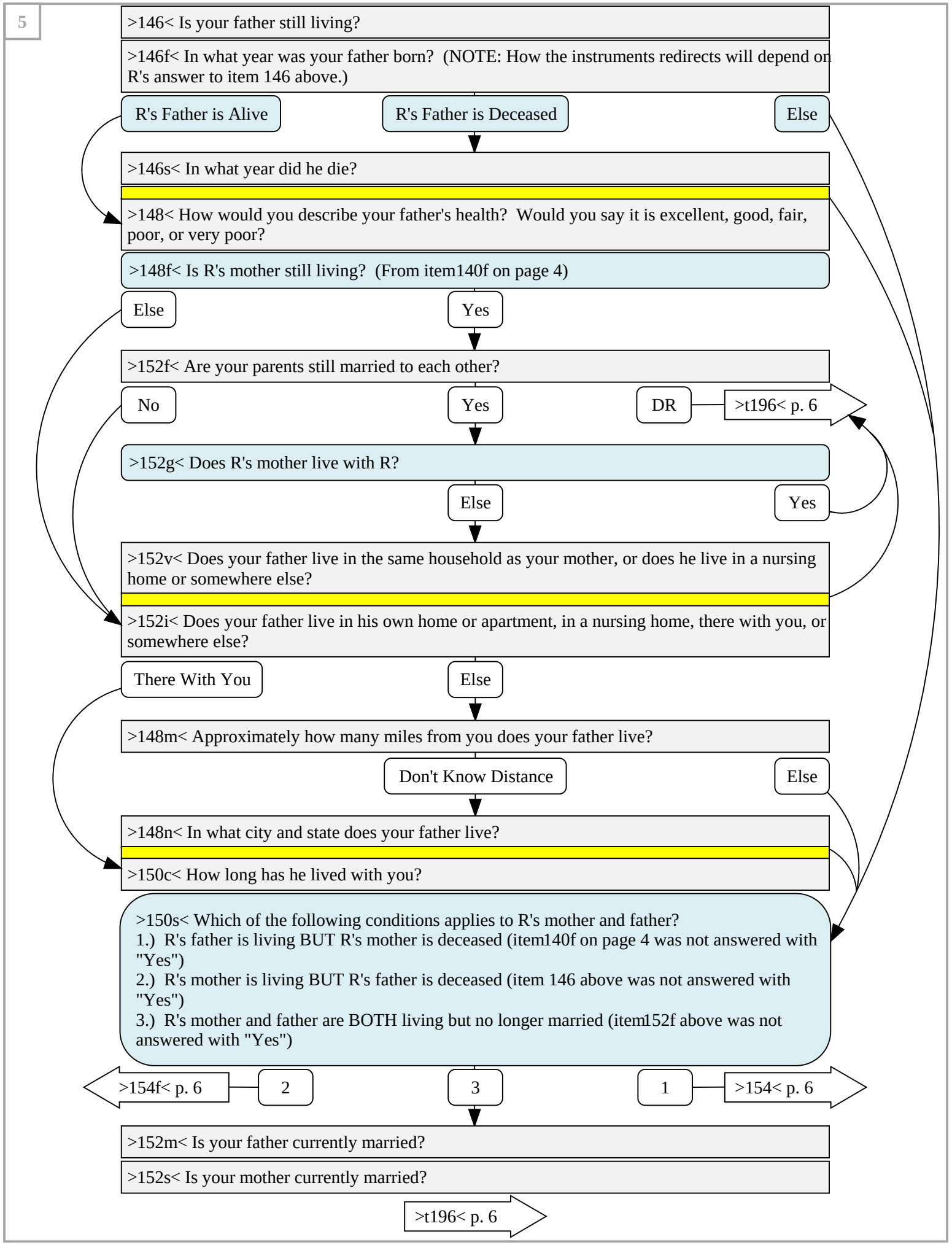
Else → >100z< p. 2

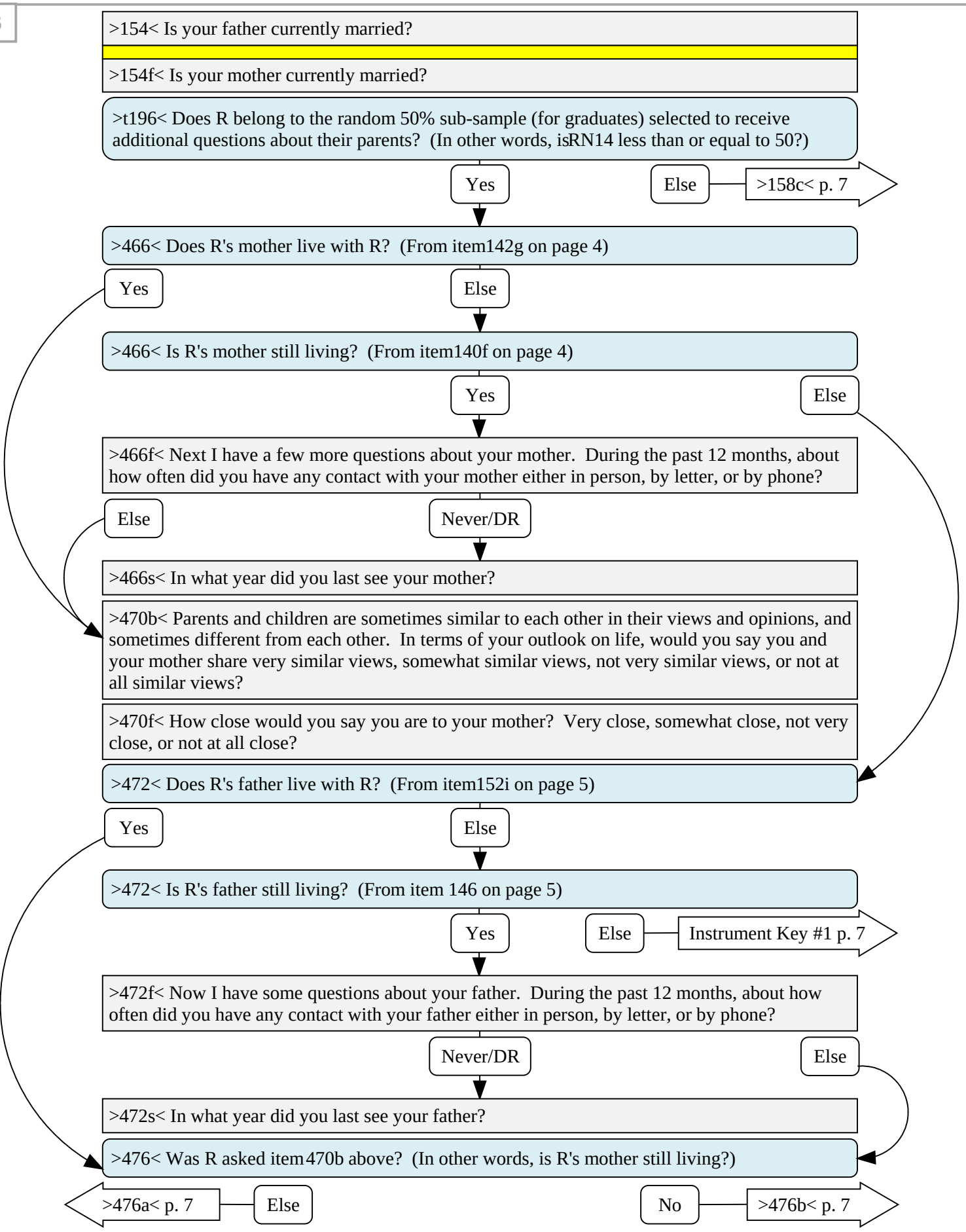
>100t< Is [name of child] your adopted, step, or foster child, or does he/she have some other relationship to you?

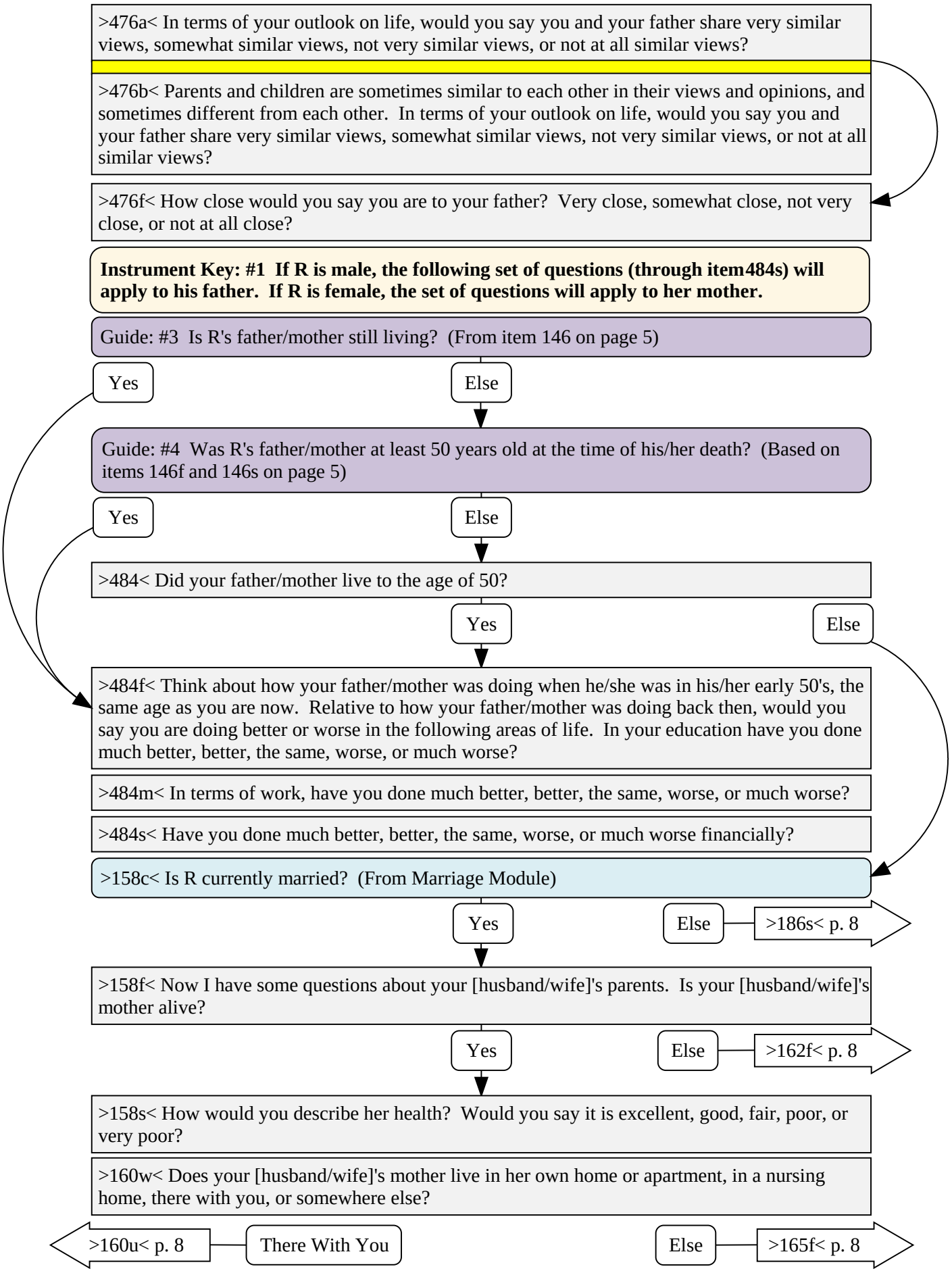

>100z< Do we know that [name of child] is deceased from prior data collection?
Else
Yes
>104t< Is he/she currently living in his/her own home or apartment, in your home, or somewhere else?
Else
Child is Deceased
>102m/s< When did he/she die? (INTERVIEWER: Enter month and year of death)
>110< Is [name of child] never married, currently married, divorced, separated, or widowed?
>114< What is the highest grade or year of regular school that he/she ever ATTENDED? (INTERVIEWER: Regular school is grades 1-12 or post-high school education in a college, junior college, community college, or university that provides credit towards a college degree.)
DR
Other
No Education
Else
>114w< INTERVIEWER: Enter explanation of highest grade attended.
>114f< Did he/she complete this grade (year)?
>114m< Did he/she attend a regular school during the past 12 months? Include elementary, secondary, colleges, and universities.
Yes
Else
>116< Does he/she live with you when school is in session?
Else
Yes
>116a< Does he/she live with you when school is not in session?
Guide: #1 Have we inquired about all of R's children that we have on record (that we know about from prior data collection)?
Else
Fifteen children maximum. After 15th, if applicable, go to next item (118f).
No
14X
>94p< p. 1
NEW CHILD ROSTER
>118f< Do you have any children that we have not yet mentioned? Please include biological, adopted, step, or foster children as well as other children you consider to be a part of your family who have joined your family since 1975.
>118q< p. 3
Yes
Else
>140f< p. 4
>118p< Does R have any children (whether step, biological, adopted, etc) from previous marriages? (From Marriage Module)
>118g< p. 3
Else
Yes
>118q< p. 3

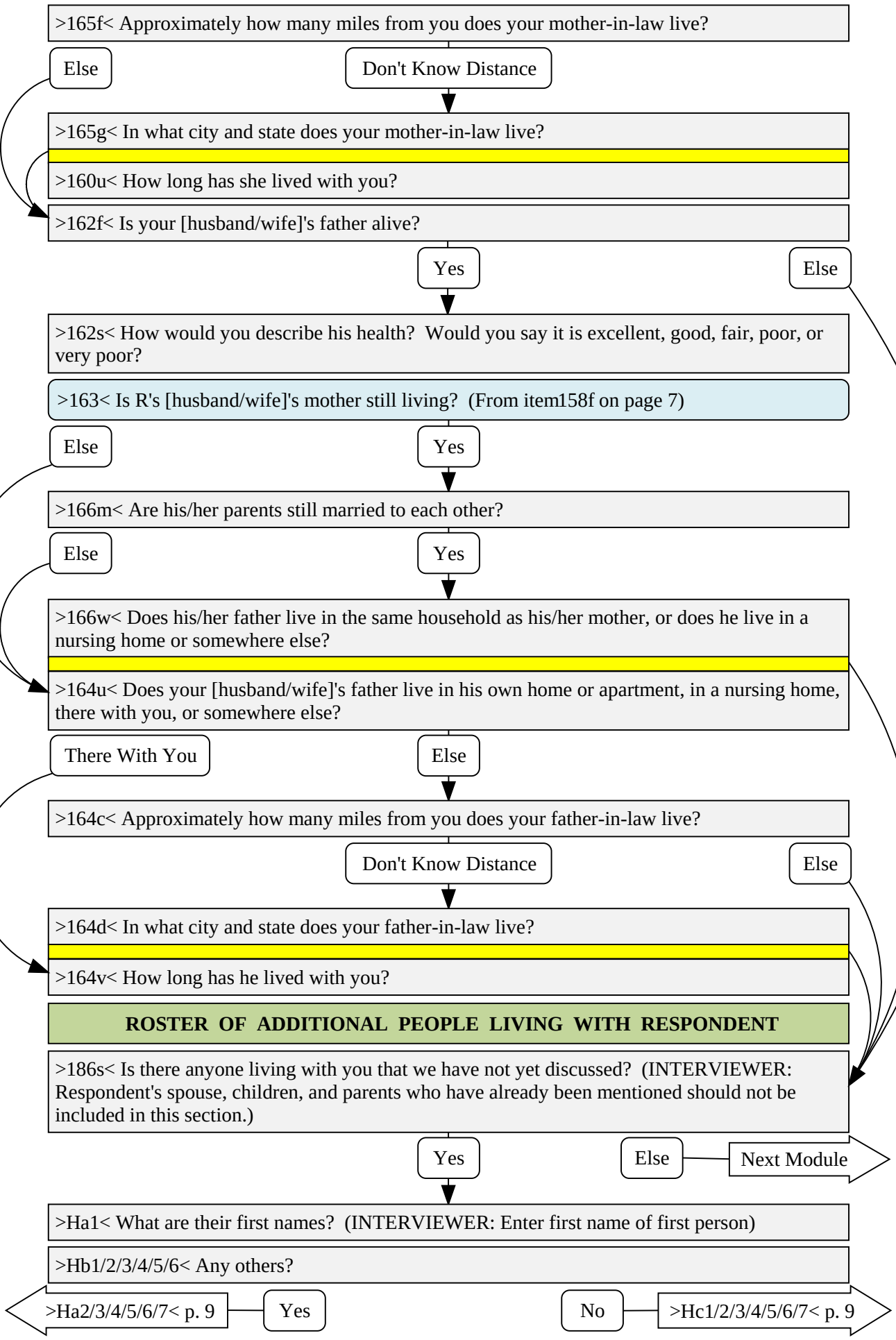

>118g< Do you have any children? Please include biological, adopted, step, or foster children as well as other children you consider to be a part of your family.
Yes
Else
>140f< p. 4
>118q< How many (other) children do you have, including biological, adopted, step, and foster children, as well as other children you consider a part of your family?
Else
DR
>120< What is the first name of [the oldest of these (other) children/this (other) child]?
>138t< Have the first names of all of R's newly reported children been collected? (Based on the number of children reported at item118q)
Else
No
14X
>122F< What is the first name of the next oldest child?
Fifteen children maximum. After 15th, if applicable, go to next item (120f).
>120f< Is [name of child] a male or a female?
>120p< In what month and year was he/she born?
>124f< Is he/she your biological child?
Else
No
>124g< Is he/she your adopted, step, or foster child, or does he/she have some other relationship to you?
>126g< Does [name of child] live there with you, in his/her own home or apartment, or somewhere else?
Else
Child is Deceased
DR
Guide #2 p. 4
>126< When did he/she die?
>130p< Is the child of the R in question currently less than 16 years of age?
Yes
Else
>131< Is [name of child] never married, currently married, divorced, separated, or widowed?
Is the child of the R in question currently less than 5 years of age?
>136< p. 4
Else
Yes
Guide #2 p. 4

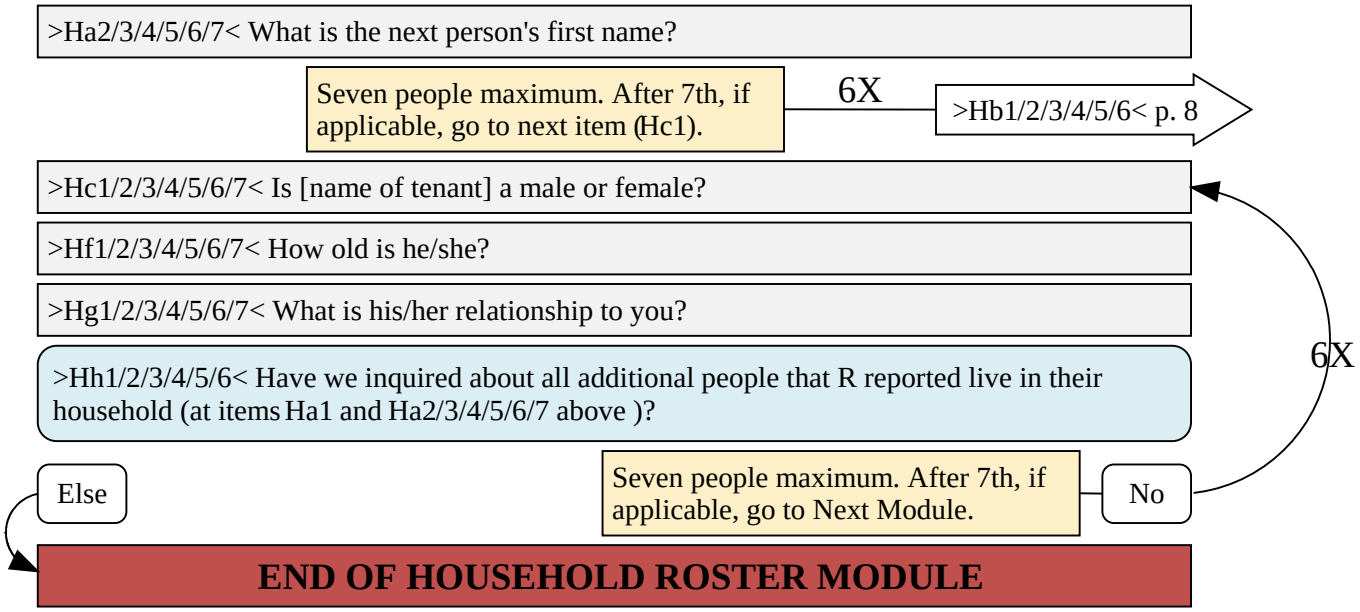

>136< What is the highest grade or year of regular school that [name of child] ever attended? (INTERVIEWER: Regular school is grades 1-12 or post-high school education in a college, junior college, community college, or university that provides credit towards a college degree.)
No Education
Other
High School Equivalency/DR
Else
>136x< INTERVIEWER: Enter explanation of highest grade attended.
>136f< Did he/she complete this grade (year)?
>136m< Did [name of child] attend a regular school during the past twelve months? (INTERVIEWER: A regular school is grades 1-12 or post-high school education in a college, junior college, community college, or university that provides credit towards a college degree.)
Else
Yes
>138< Does [name of child] live with you when school is in session?
Yes
Else
>138a< Does [name of child] live with you when school is not in session?
Guide: #2 Have we inquired about all new children that R reported (at item 118q on page 3)?
Else
Fifteen children maximum. After 15th, if applicable, go to next item (140f).
No
14X
>120f< p. 3
PARENT ROSTER
>140f< Now, we'd like to ask about your parents. Is your mother alive?
>140m< In what year was your mother born? (NOTE: How the instrument redirects will depend on R's answer to item 140f above.)
R's Mother is Alive
R's Mother is Deceased
Else
>146< p. 5
>142< In what year did she die?
>142f< How would you describe your mother's health? Would you say it is excellent, good, fair, poor, or very poor?
>142g< Does your mother live in her own home or apartment, in a nursing home, there with you, or somewhere else?
There With You
Else
>142s< Approximately how many miles from you does your mother live?
Don't Know Distance
Else
>142t< In what city and state does your mother live?
>144h< How long has she lived with you?


>146< Is your father still living?
>146f< In what year was your father born? (NOTE: How the instruments redirects will depend on R's answer to item 146 above.)
R's Father is Alive
R's Father is Deceased
Else
>146s< In what year did he die?
>148< How would you describe your father's health? Would you say it is excellent, good, fair, poor, or very poor?
>148f< Is R's mother still living? (From item140f on page 4)
Else
Yes
>152f< Are your parents still married to each other?
No
Yes
DR
>t196< p. 6
>152g< Does R's mother live with R?
Else
Yes
>152v< Does your father live in the same household as your mother, or does he live in a nursing home or somewhere else?
>152i< Does your father live in his own home or apartment, in a nursing home, there with you, or somewhere else?
There With You
Else
>148m< Approximately how many miles from you does your father live?
Don't Know Distance
Else
>148n< In what city and state does your father live?
>150c< How long has he lived with you?
>150s< Which of the following conditions applies to R's mother and father?
1.) R's father is living BUT R's mother is deceased (item140f on page 4 was not answered with "Yes")
2.) R's mother is living BUT R's father is deceased (item 146 above was not answered with "Yes")
3.) R's mother and father are BOTH living but no longer married (item152f above was not answered with "Yes")
>154f< p. 6
2
3
1
>154< p. 6
>152m< Is your father currently married?
>152s< Is your mother currently married?
>t196< p. 6

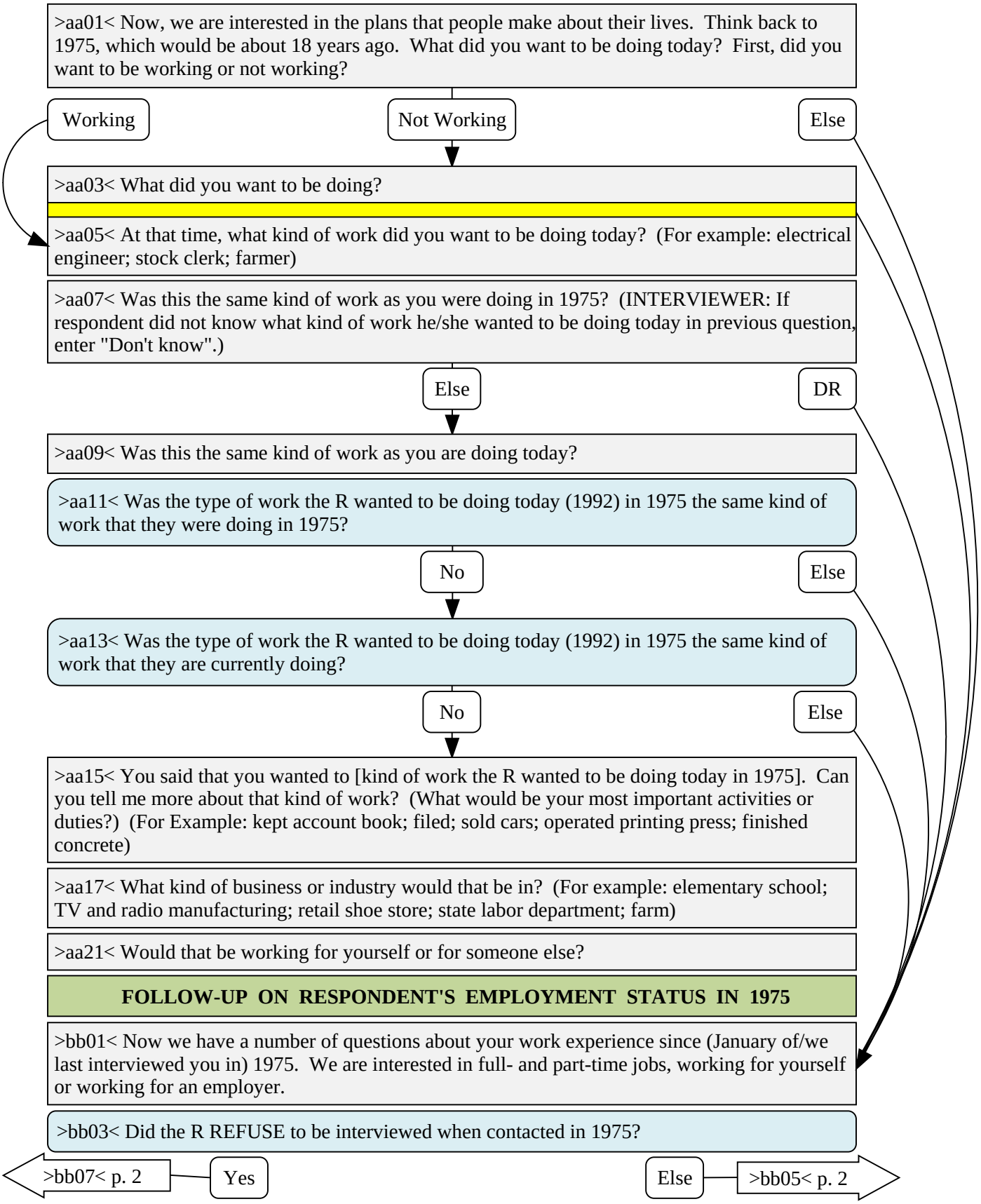

>154< Is your father currently married?
>154f< Is your mother currently married?
>t196< Does R belong to the random 50% sub-sample (for graduates) selected to receive additional questions about their parents? (In other words, isRN14 less than or equal to 50?)
Yes
Else
>158c< p. 7
>466< Does R's mother live with R? (From item142g on page 4)
Yes
Else
>466< Is R's mother still living? (From item140f on page 4)
Yes
Else
>466f< Next I have a few more questions about your mother. During the past 12 months, about how often did you have any contact with your mother either in person, by letter, or by phone?
Else
Never/DR
>466s< In what year did you last see your mother?
>470b< Parents and children are sometimes similar to each other in their views and opinions, and sometimes different from each other. In terms of your outlook on life, would you say you and your mother share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>470f< How close would you say you are to your mother? Very close, somewhat close, not very close, or not at all close?
>472< Does R's father live with R? (From item152i on page 5)
Yes
Else
>472< Is R's father still living? (From item 146 on page 5)
Yes
Else
Instrument Key #1 p. 7
>472f< Now I have some questions about your father. During the past 12 months, about how often did you have any contact with your father either in person, by letter, or by phone?
Never/DR
Else
>472s< In what year did you last see your father?
>476< Was R asked item470b above? (In other words, is R's mother still living?)
>476a< p. 7
Else
No
>476b< p. 7

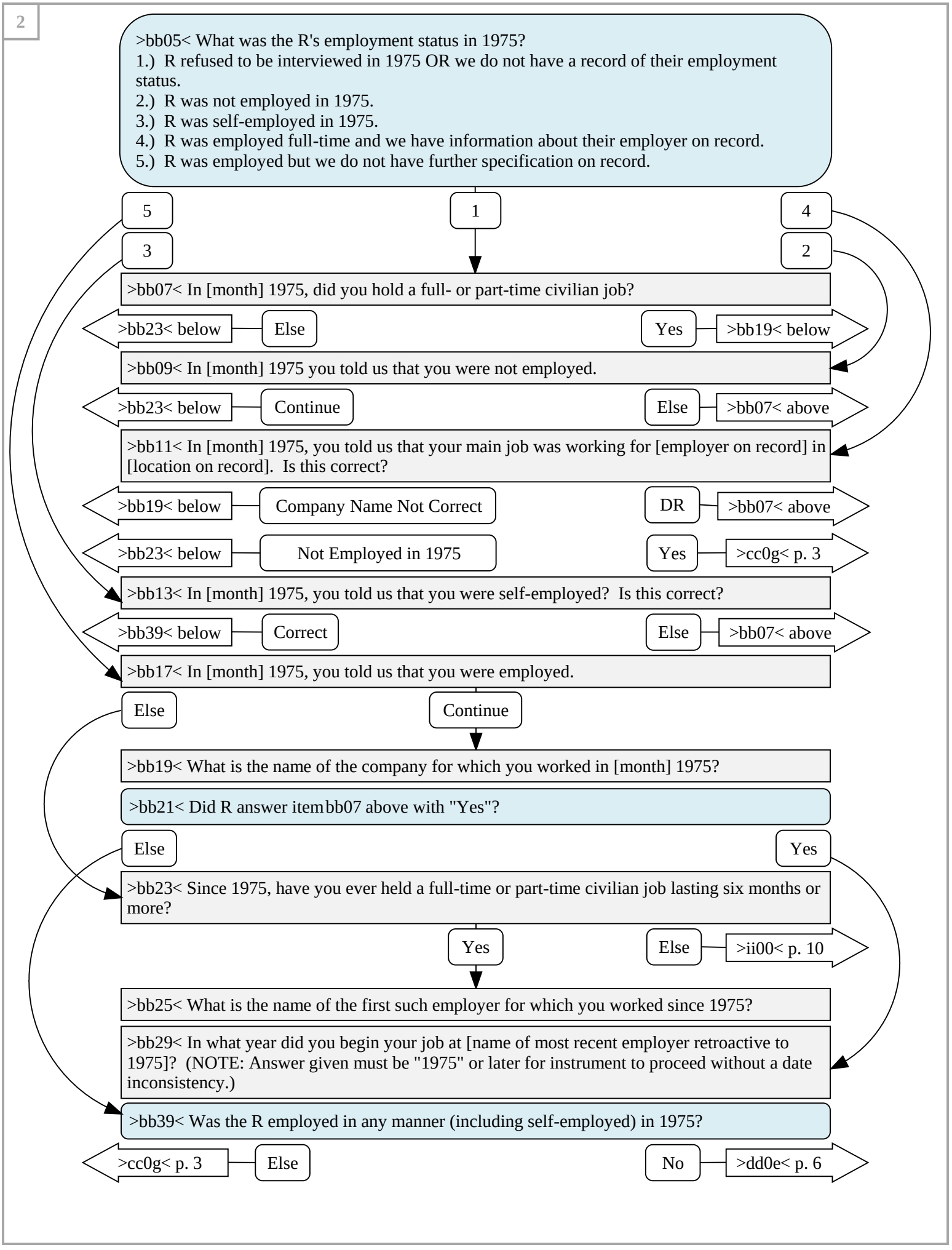

>476a< In terms of your outlook on life, would you say you and your father share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>476b< Parents and children are sometimes similar to each other in their views and opinions, and sometimes different from each other. In terms of your outlook on life, would you say you and your father share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>476f< How close would you say you are to your father? Very close, somewhat close, not very close, or not at all close?
Instrument Key: #1 If R is male, the following set of questions (through item484s) will apply to his father. If R is female, the set of questions will apply to her mother.
Guide: #3 Is R's father/mother still living? (From item 146 on page 5)
Yes
Else
Guide: #4 Was R's father/mother at least 50 years old at the time of his/her death? (Based on items 146f and 146s on page 5)
Yes
Else
>484< Did your father/mother live to the age of 50?
Yes
Else
>484f< Think about how your father/mother was doing when he/she was in his/her early 50's, the same age as you are now. Relative to how your father/mother was doing back then, would you say you are doing better or worse in the following areas of life. In your education have you done much better, better, the same, worse, or much worse?
>484m< In terms of work, have you done much better, better, the same, worse, or much worse?
>484s< Have you done much better, better, the same, worse, or much worse financially?
>158c< Is R currently married? (From Marriage Module)
Yes
Else
>186s< p. 8
>158f< Now I have some questions about your [husband/wife]'s parents. Is your [husband/wife]'s mother alive?
Yes
Else
>162f< p. 8
>158s< How would you describe her health? Would you say it is excellent, good, fair, poor, or very poor?
>160w< Does your [husband/wife]'s mother live in her own home or apartment, in a nursing home, there with you, or somewhere else?
>160u< p. 8
There With You
Else
>165f< p. 8

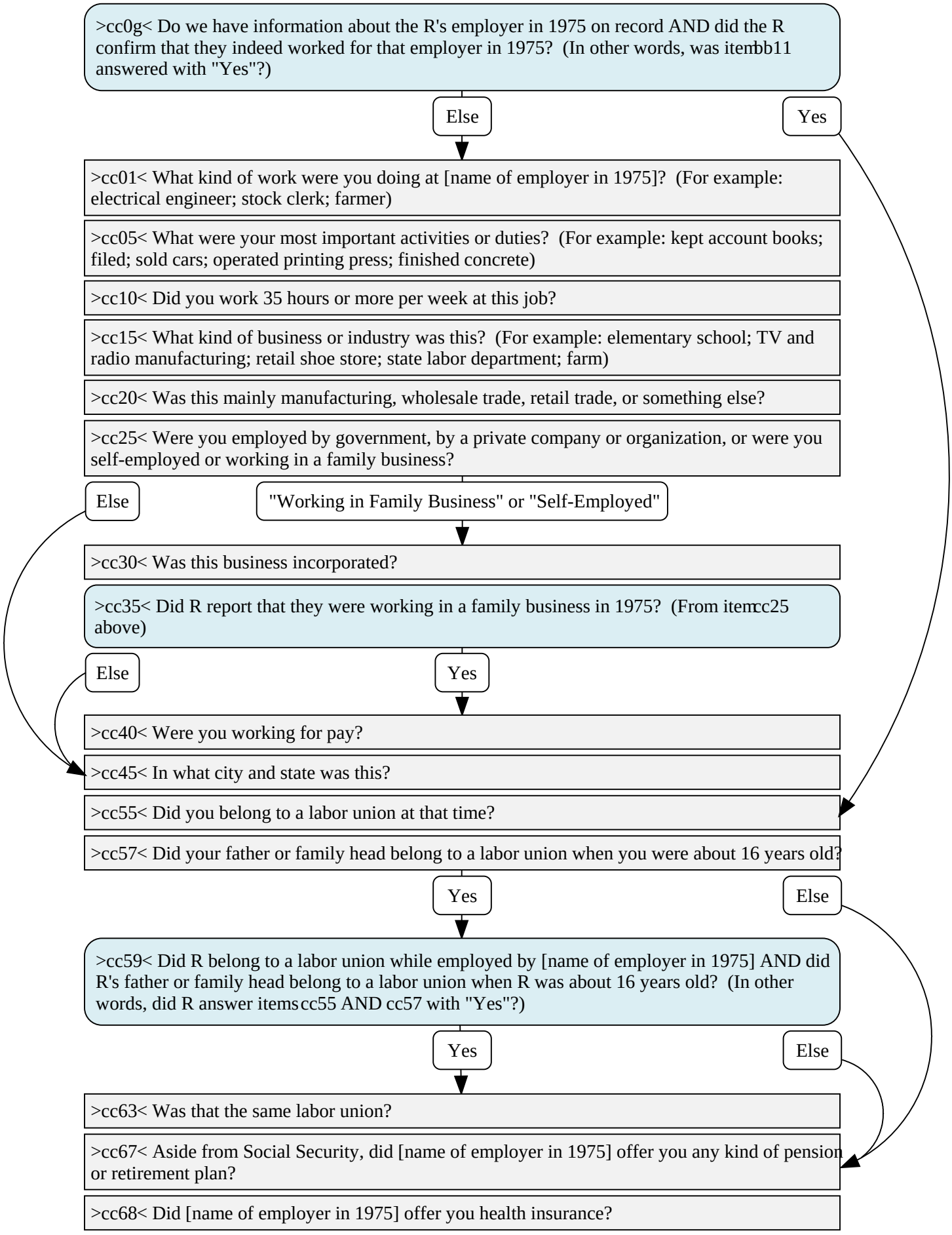

>165f< Approximately how many miles from you does your mother-in-law live?
Else
Don't Know Distance
>165g< In what city and state does your mother-in-law live?
>160u< How long has she lived with you?
>162f< Is your [husband/wife]'s father alive?
Yes
Else
>162s< How would you describe his health? Would you say it is excellent, good, fair, poor, or very poor?
>163< Is R's [husband/wife]'s mother still living? (From item158f on page 7)
Else
Yes
>166m< Are his/her parents still married to each other?
Else
Yes
>166w< Does his/her father live in the same household as his/her mother, or does he live in a nursing home or somewhere else?
>164u< Does your [husband/wife]'s father live in his own home or apartment, in a nursing home, there with you, or somewhere else?
There With You
Else
>164c< Approximately how many miles from you does your father-in-law live?
Don't Know Distance
Else
>164d< In what city and state does your father-in-law live?
>164v< How long has he lived with you?
ROSTER OF ADDITIONAL PEOPLE LIVING WITH RESPONDENT
>186s< Is there anyone living with you that we have not yet discussed? (INTERVIEWER: Respondent's spouse, children, and parents who have already been mentioned should not be included in this section.)
Yes
Else
Next Module
>Ha1< What are their first names? (INTERVIEWER: Enter first name of first person)
>Hb1/2/3/4/5/6< Any others?
>Ha2/3/4/5/6/7< p. 9
Yes
No
>Hc1/2/3/4/5/6/7< p. 9

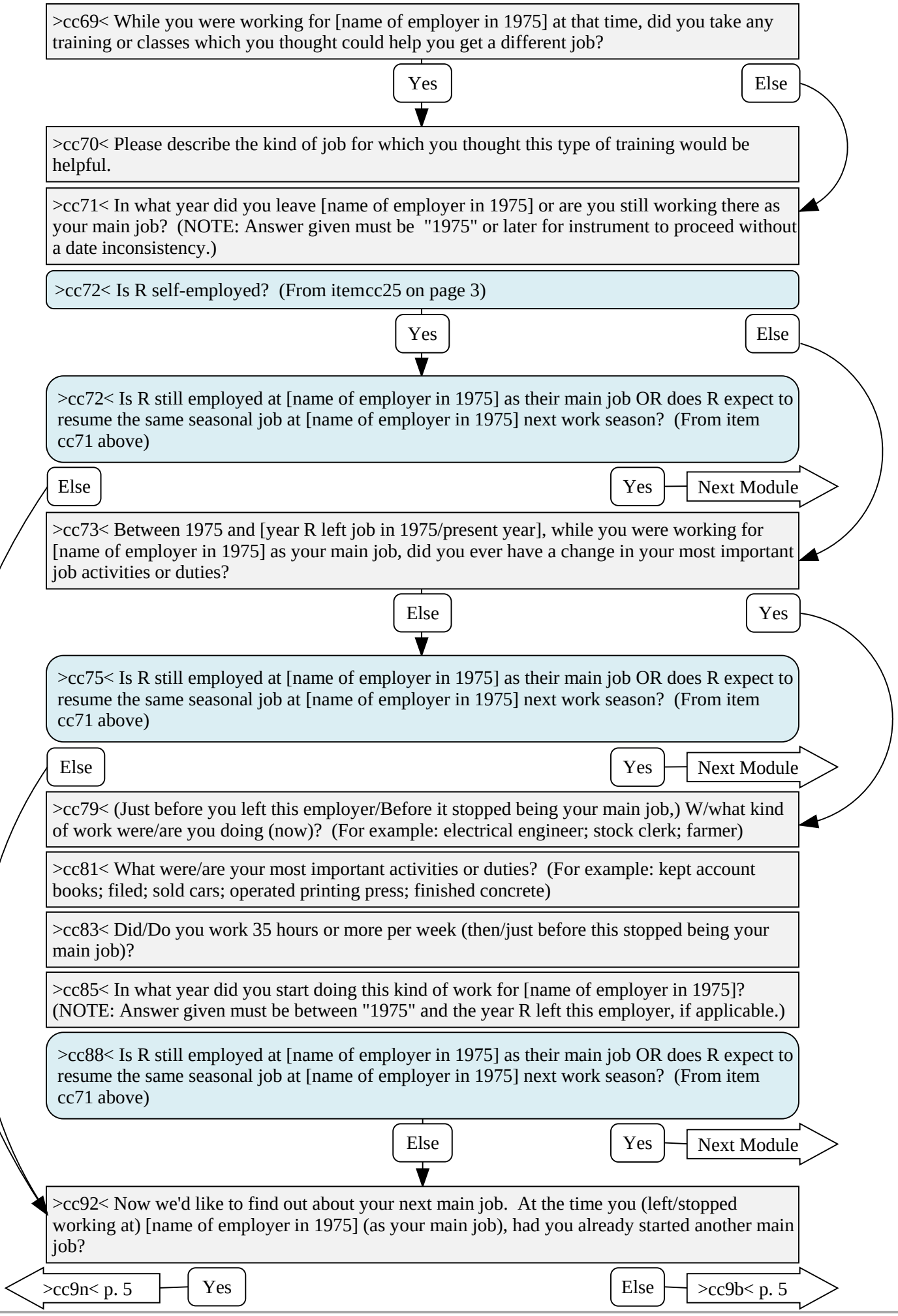

>Ha2/3/4/5/6/7< What is the next person's first name?
Seven people maximum. After 7th, if applicable, go to next item (Hc1).
6X
>Hb1/2/3/4/5/6< p. 8
>Hc1/2/3/4/5/6/7< Is [name of tenant] a male or female?
>Hf1/2/3/4/5/6/7< How old is he/she?
>Hg1/2/3/4/5/6/7< What is his/her relationship to you?
>Hh1/2/3/4/5/6< Have we inquired about all additional people that R reported live in their household (at items Ha1 and Ha2/3/4/5/6/7 above)?
6X
Else
Seven people maximum. After 7th, if applicable, go to Next Module.
No
END OF HOUSEHOLD ROSTER MODULE

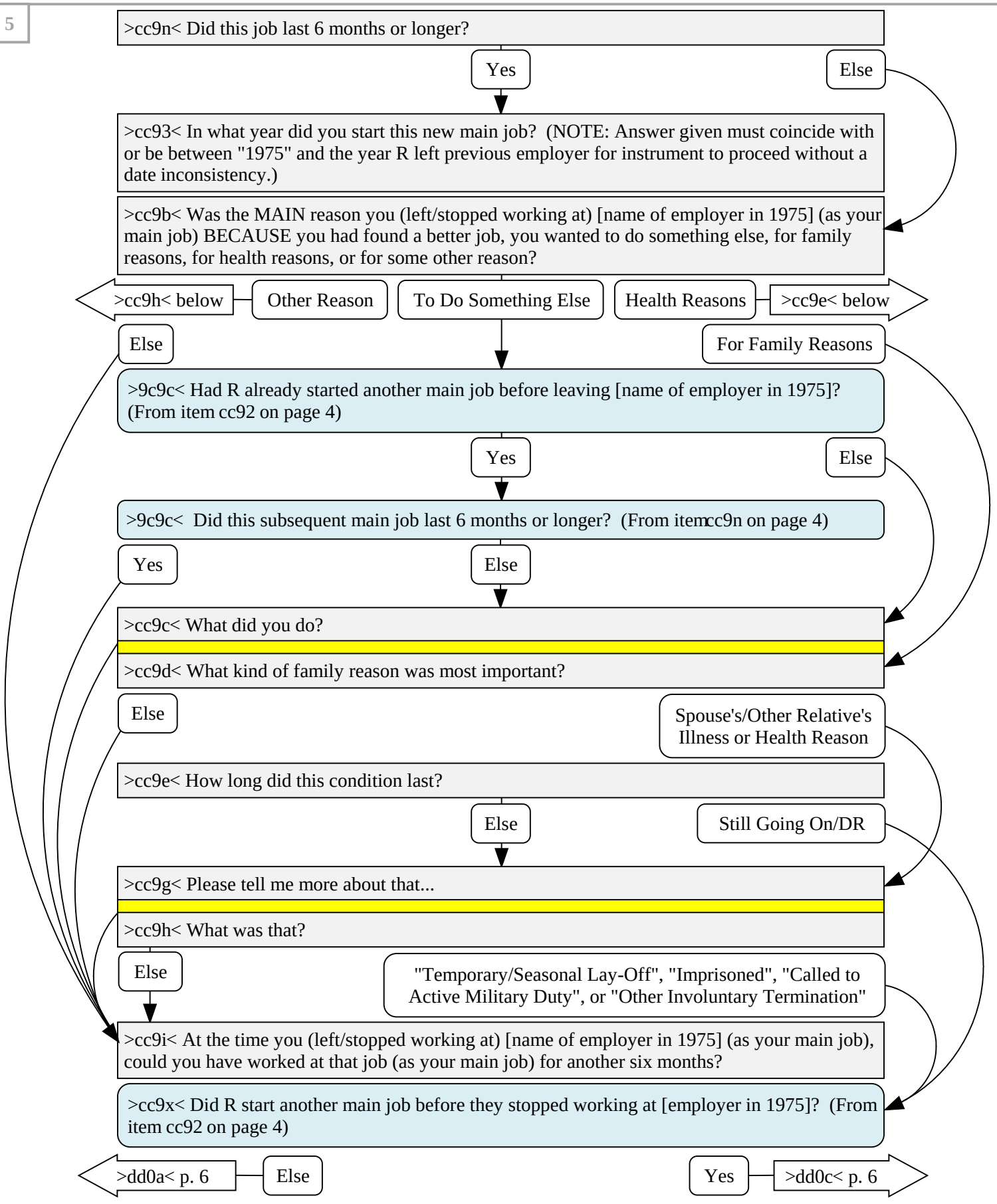
JOB HISTORY

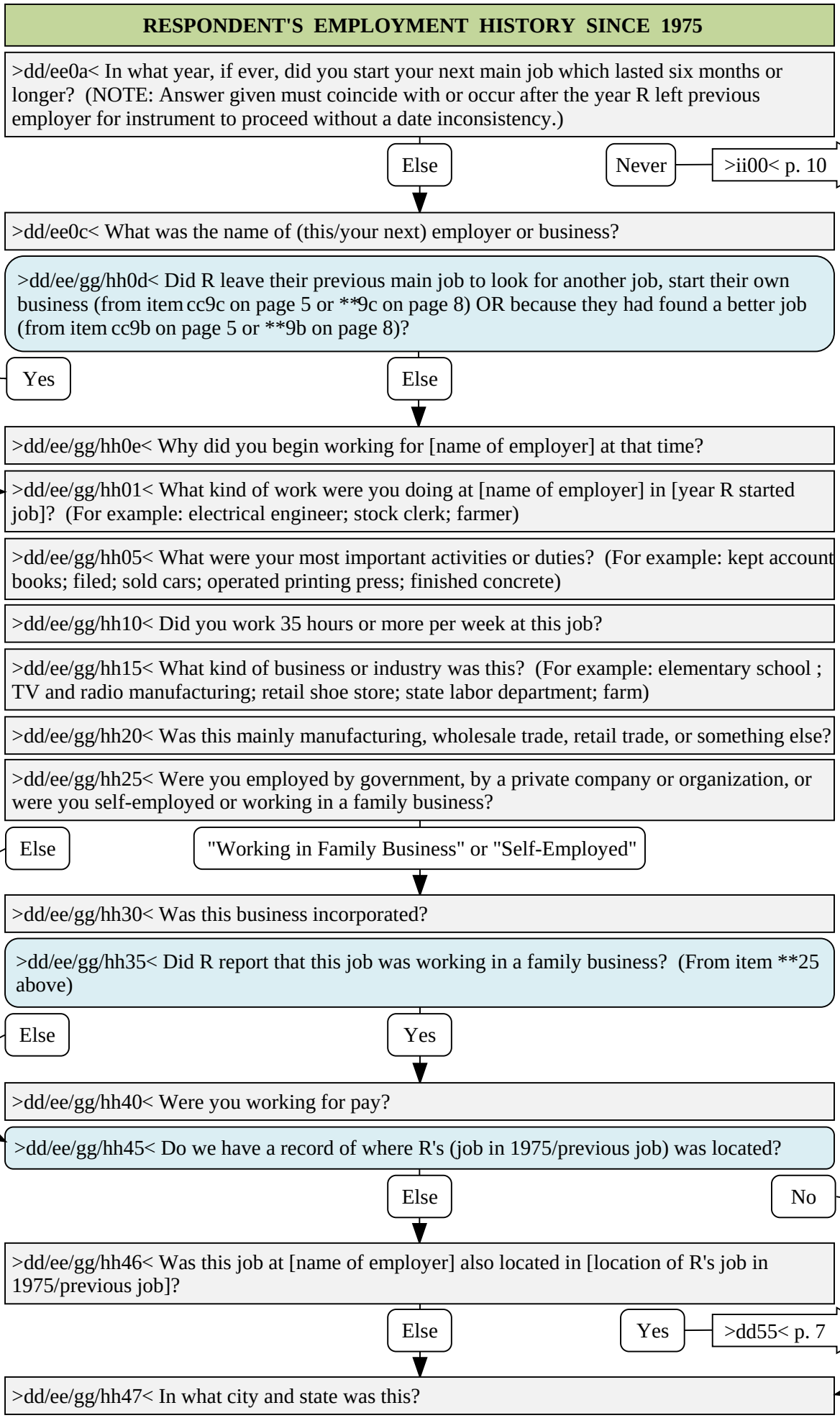

>aa01< Now, we are interested in the plans that people make about their lives. Think back to 1975, which would be about 18 years ago. What did you want to be doing today? First, did you want to be working or not working?
Working
Not Working
Else
>aa03< What did you want to be doing?
>aa05< At that time, what kind of work did you want to be doing today? (For example: electrical engineer; stock clerk; farmer)
>aa07< Was this the same kind of work as you were doing in 1975? (INTERVIEWER: If respondent did not know what kind of work he/she wanted to be doing today in previous question, enter "Don't know".)
Else
DR
>aa09< Was this the same kind of work as you are doing today?
>aa11< Was the type of work the R wanted to be doing today (1992) in 1975 the same kind of work that they were doing in 1975?
No
Else
>aa13< Was the type of work the R wanted to be doing today (1992) in 1975 the same kind of work that they are currently doing?
No
Else
>aa15< You said that you wanted to [kind of work the R wanted to be doing today in 1975]. Can you tell me more about that kind of work? (What would be your most important activities or duties?) (For Example: kept account book; filed; sold cars; operated printing press; finished concrete)
>aa17< What kind of business or industry would that be in? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>aa21< Would that be working for yourself or for someone else?
FOLLOW-UP ON RESPONDENT'S EMPLOYMENT STATUS IN 1975
>bb01< Now we have a number of questions about your work experience since (January of/we last interviewed you in) 1975. We are interested in full- and part-time jobs, working for yourself or working for an employer.
>bb03< Did the R REFUSE to be interviewed when contacted in 1975?
>bb07< p. 2
Yes
Else
>bb05< p. 2

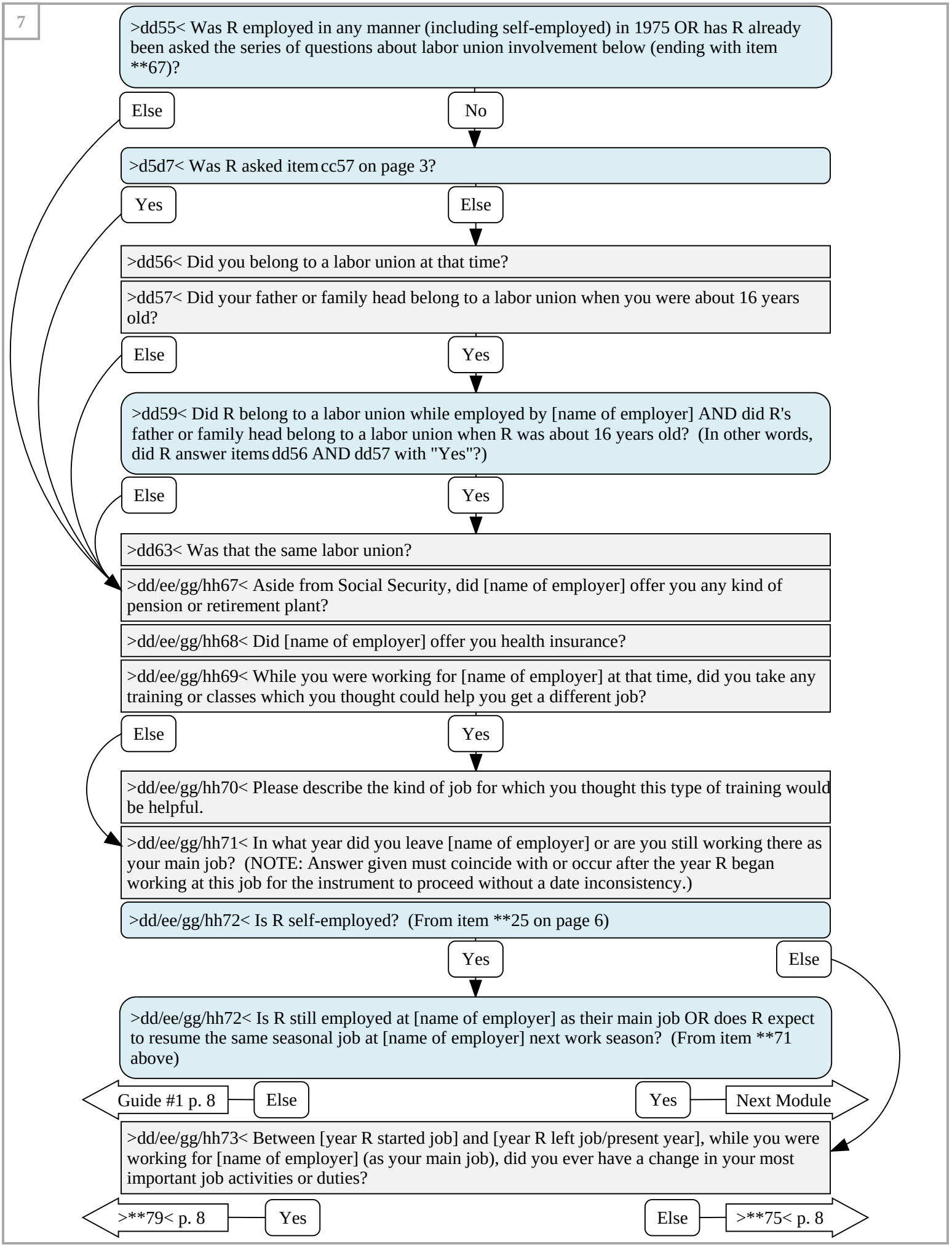

>bb05< What was the R's employment status in 1975?
1.) R refused to be interviewed in 1975 OR we do not have a record of their employment status.
2.) R was not employed in 1975.
3.) R was self-employed in 1975.
4.) R was employed full-time and we have information about their employer on record.
5.) R was employed but we do not have further specification on record.
5
1
4
3
2
>bb07< In [month] 1975, did you hold a full- or part-time civilian job?
>bb23< below
Else
Yes
>bb19< below
>bb09< In [month] 1975 you told us that you were not employed.
>bb23< below
Continue
Else
>bb07< above
>bb11< In [month] 1975, you told us that your main job was working for [employer on record] in [location on record]. Is this correct?
>bb19< below
Company Name Not Correct
DR
>bb07< above
>bb23< below
Not Employed in 1975
Yes
>cc0g< p. 3
>bb13< In [month] 1975, you told us that you were self-employed? Is this correct?
>bb39< below
Correct
Else
>bb07< above
>bb17< In [month] 1975, you told us that you were employed.
Else
Continue
>bb19< What is the name of the company for which you worked in [month] 1975?
>bb21< Did R answer item bb07 above with "Yes"?
Else
Yes
>bb23< Since 1975, have you ever held a full-time or part-time civilian job lasting six months or more?
Yes
Else
>ii00< p. 10
>bb25< What is the name of the first such employer for which you worked since 1975?
>bb29< In what year did you begin your job at [name of most recent employer retroactive to 1975]? (NOTE: Answer given must be "1975" or later for instrument to proceed without a date inconsistency.)
>bb39< Was the R employed in any manner (including self-employed) in 1975?
>cc0g< p. 3
Else
No
>dd0e< p. 6

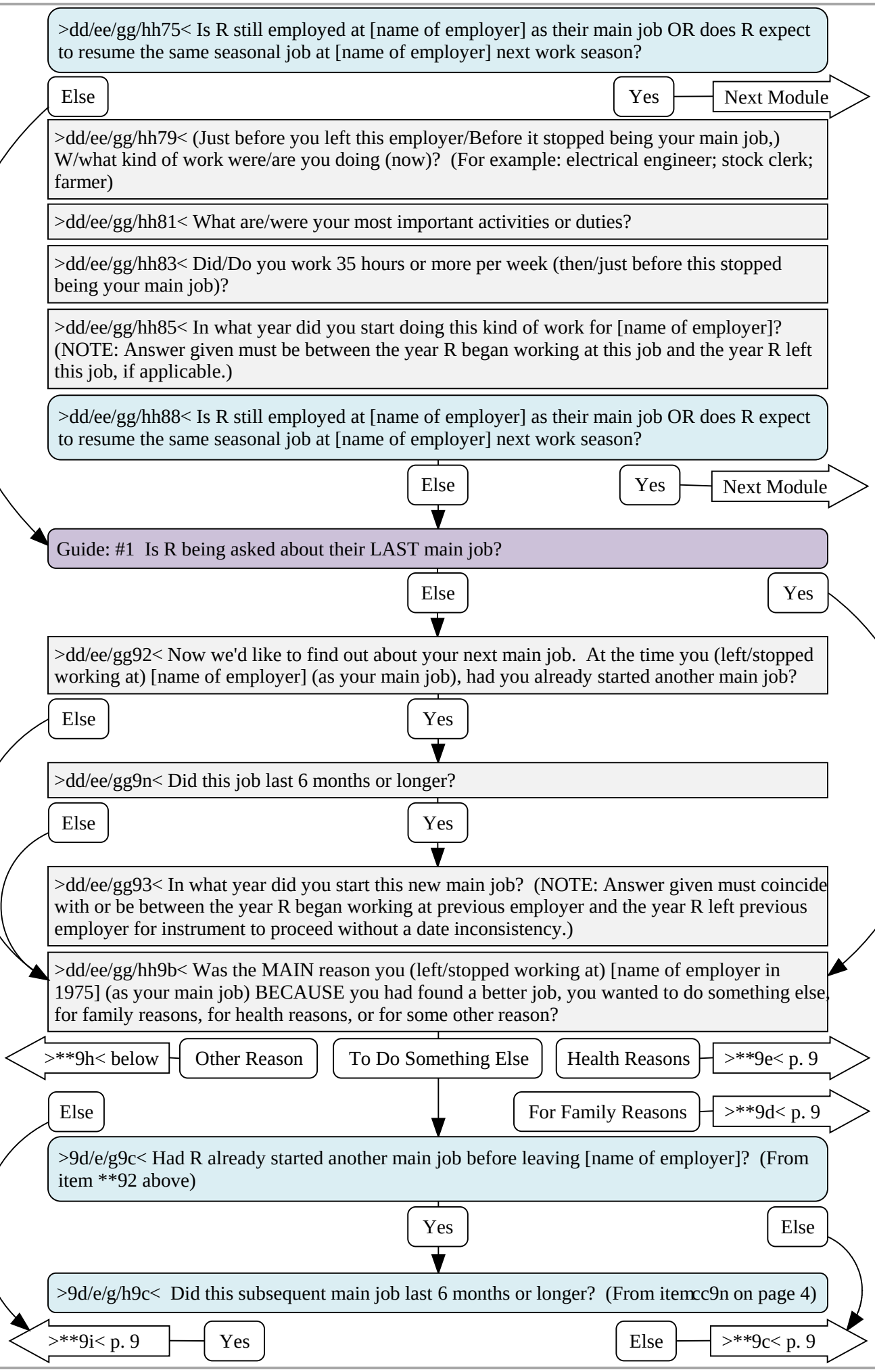

>cc0g< Do we have information about the R's employer in 1975 on record AND did the R confirm that they indeed worked for that employer in 1975? (In other words, was item bb11 answered with "Yes"?)
Else
Yes
>cc01< What kind of work were you doing at [name of employer in 1975]? (For example: electrical engineer; stock clerk; farmer)
>cc05< What were your most important activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)
>cc10< Did you work 35 hours or more per week at this job?
>cc15< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>cc20< Was this mainly manufacturing, wholesale trade, retail trade, or something else?
>cc25< Were you employed by government, by a private company or organization, or were you self-employed or working in a family business?
Else
"Working in Family Business" or "Self-Employed"
>cc30< Was this business incorporated?
>cc35< Did R report that they were working in a family business in 1975? (From item cc25 above)
Else
Yes
>cc40< Were you working for pay?
>cc45< In what city and state was this?
>cc55< Did you belong to a labor union at that time?
>cc57< Did your father or family head belong to a labor union when you were about 16 years old?
Yes
Else
>cc59< Did R belong to a labor union while employed by [name of employer in 1975] AND did R's father or family head belong to a labor union when R was about 16 years old? (In other words, did R answer items cc55 AND cc57 with "Yes"?)
Yes
Else
>cc63< Was that the same labor union?
>cc67< Aside from Social Security, did [name of employer in 1975] offer you any kind of pension or retirement plan?
>cc68< Did [name of employer in 1975] offer you health insurance?

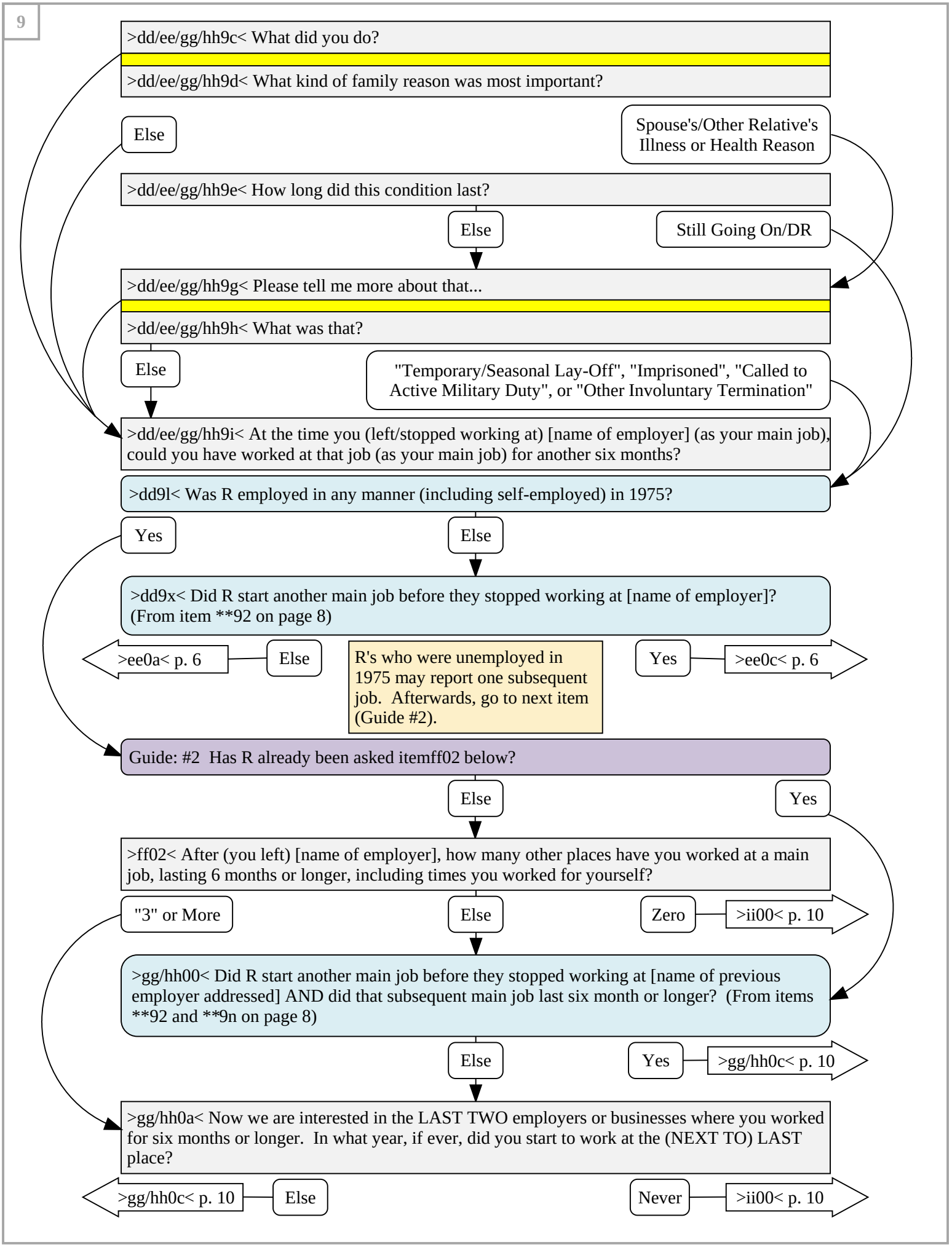

>cc69< While you were working for [name of employer in 1975] at that time, did you take any training or classes which you thought could help you get a different job?
Yes
Else
>cc70< Please describe the kind of job for which you thought this type of training would be helpful.
>cc71< In what year did you leave [name of employer in 1975] or are you still working there as your main job? (NOTE: Answer given must be "1975" or later for instrument to proceed without a date inconsistency.)
>cc72< Is R self-employed? (From itemcc25 on page 3)
Yes
Else
>cc72< Is R still employed at [name of employer in 1975] as their main job OR does R expect to resume the same seasonal job at [name of employer in 1975] next work season? (From item cc71 above)
Else
Yes
Next Module
>cc73< Between 1975 and [year R left job in 1975/present year], while you were working for [name of employer in 1975] as your main job, did you ever have a change in your most important job activities or duties?
Else
Yes
>cc75< Is R still employed at [name of employer in 1975] as their main job OR does R expect to resume the same seasonal job at [name of employer in 1975] next work season? (From item cc71 above)
Else
Yes
Next Module
>cc79< (Just before you left this employer/Before it stopped being your main job,) W/what kind of work were/are you doing (now)? (For example: electrical engineer; stock clerk; farmer)
>cc81< What were/are your most important activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)
>cc83< Did/Do you work 35 hours or more per week (then/just before this stopped being your main job)?
>cc85< In what year did you start doing this kind of work for [name of employer in 1975]? (NOTE: Answer given must be between "1975" and the year R left this employer, if applicable.)
>cc88< Is R still employed at [name of employer in 1975] as their main job OR does R expect to resume the same seasonal job at [name of employer in 1975] next work season? (From item cc71 above)
Else
Yes
Next Module
>cc92< Now we'd like to find out about your next main job. At the time you (left/stopped working at) [name of employer in 1975] (as your main job), had you already started another main job?
>cc9n< p. 5
Yes
Else
>cc9b< p. 5

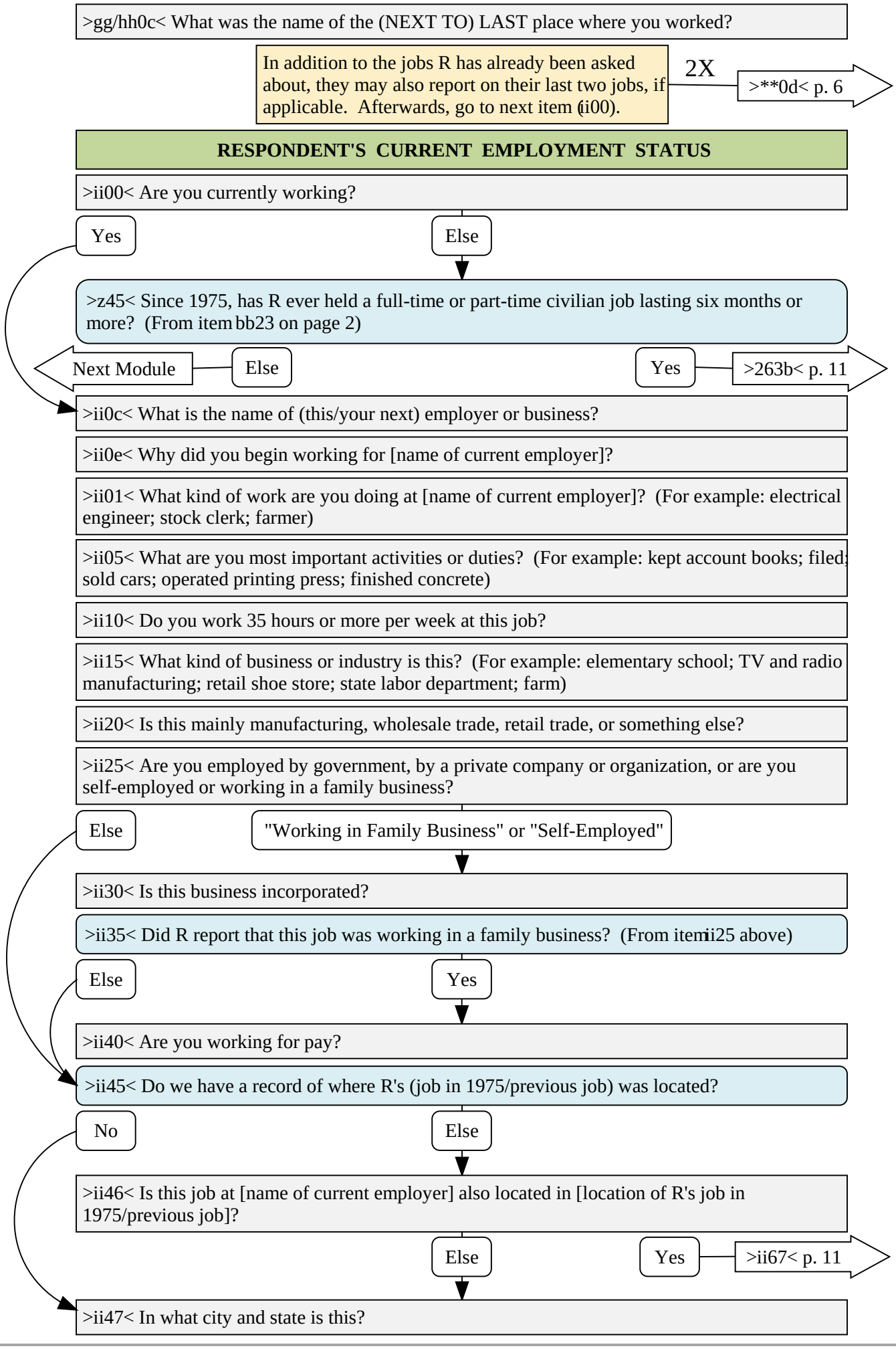

>cc9n< Did this job last 6 months or longer?
Yes
Else
>cc93< In what year did you start this new main job? (NOTE: Answer given must coincide with or be between "1975" and the year R left previous employer for instrument to proceed without a date inconsistency.)
>cc9b< Was the MAIN reason you (left/stopped working at) [name of employer in 1975] (as your main job) BECAUSE you had found a better job, you wanted to do something else, for family reasons, for health reasons, or for some other reason?
>cc9h< below
Other Reason
To Do Something Else
Health Reasons
>cc9e< below
Else
For Family Reasons
>9c9c< Had R already started another main job before leaving [name of employer in 1975]? (From item cc92 on page 4)
Yes
Else
>9c9c< Did this subsequent main job last 6 months or longer? (From item cc9n on page 4)
Yes
Else
>cc9c< What did you do?
>cc9d< What kind of family reason was most important?
Else
Spouse's/Other Relative's Illness or Health Reason
>cc9e< How long did this condition last?
Else
Still Going On/DR
>cc9g< Please tell me more about that...
>cc9h< What was that?
Else
"Temporary/Seasonal Lay-Off", "Imprisoned", "Called to Active Military Duty", or "Other Involuntary Termination"
>cc9i< At the time you (left/stopped working at) [name of employer in 1975] (as your main job), could you have worked at that job (as your main job) for another six months?
>cc9x< Did R start another main job before they stopped working at [employer in 1975]? (From item cc92 on page 4)
>dd0a< p. 6
Else
Yes
>dd0c< p. 6


RESPONDENT'S EMPLOYMENT HISTORY SINCE 1975
>dd/ee0a< In what year, if ever, did you start your next main job which lasted six months or longer? (NOTE: Answer given must coincide with or occur after the year R left previous employer for instrument to proceed without a date inconsistency.)
Else
Never
>ii00< p. 10
>dd/ee0c< What was the name of (this/your next) employer or business?
>dd/ee/gg/hh0d< Did R leave their previous main job to look for another job, start their own business (from item cc9c on page 5 or **9c on page 8) OR because they had found a better job (from item cc9b on page 5 or **9b on page 8)?
Yes
Else
>dd/ee/gg/hh0e< Why did you begin working for [name of employer] at that time?
>dd/ee/gg/hh01< What kind of work were you doing at [name of employer] in [year R started job]? (For example: electrical engineer; stock clerk; farmer)
>dd/ee/gg/hh05< What were your most important activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)
>dd/ee/gg/hh10< Did you work 35 hours or more per week at this job?
>dd/ee/gg/hh15< What kind of business or industry was this? (For example: elementary school ; TV and radio manufacturing; retail shoe store; state labor department; farm)
>dd/ee/gg/hh20< Was this mainly manufacturing, wholesale trade, retail trade, or something else?
>dd/ee/gg/hh25< Were you employed by government, by a private company or organization, or were you self-employed or working in a family business?
Else
"Working in Family Business" or "Self-Employed"
>dd/ee/gg/hh30< Was this business incorporated?
>dd/ee/gg/hh35< Did R report that this job was working in a family business? (From item **25 above)
Else
Yes
>dd/ee/gg/hh40< Were you working for pay?
>dd/ee/gg/hh45< Do we have a record of where R's (job in 1975/previous job) was located?
Else
No
>dd/ee/gg/hh46< Was this job at [name of employer] also located in [location of R's job in 1975/previous job]?
Else
Yes
>dd55< p. 7
>dd/ee/gg/hh47< In what city and state was this?


>dd55< Was R employed in any manner (including self-employed) in 1975 OR has R already been asked the series of questions about labor union involvement below (ending with item **67)?
Else
No
>d5d7< Was R asked item cc57 on page 3?
Yes
Else
>dd56< Did you belong to a labor union at that time?
>dd57< Did your father or family head belong to a labor union when you were about 16 years old?
Else
Yes
>dd59< Did R belong to a labor union while employed by [name of employer] AND did R's father or family head belong to a labor union when R was about 16 years old? (In other words, did R answer items dd56 AND dd57 with "Yes"?)
Else
Yes
>dd63< Was that the same labor union?
>dd/ee/gg/hh67< Aside from Social Security, did [name of employer] offer you any kind of pension or retirement plant?
>dd/ee/gg/hh68< Did [name of employer] offer you health insurance?
>dd/ee/gg/hh69< While you were working for [name of employer] at that time, did you take any training or classes which you thought could help you get a different job?
Else
Yes
>dd/ee/gg/hh70< Please describe the kind of job for which you thought this type of training would be helpful.
>dd/ee/gg/hh71< In what year did you leave [name of employer] or are you still working there as your main job? (NOTE: Answer given must coincide with or occur after the year R began working at this job for the instrument to proceed without a date inconsistency.)
>dd/ee/gg/hh72< Is R self-employed? (From item **25 on page 6)
Yes
Else
>dd/ee/gg/hh72< Is R still employed at [name of employer] as their main job OR does R expect to resume the same seasonal job at [name of employer] next work season? (From item **71 above)
Guide #1 p. 8
Else
Yes
Next Module
>dd/ee/gg/hh73< Between [year R started job] and [year R left job/present year], while you were working for [name of employer] (as your main job), did you ever have a change in your most important job activities or duties?
>**79< p. 8
Yes
Else
>**75< p. 8


>dd/ee/gg/hh75< Is R still employed at [name of employer] as their main job OR does R expect to resume the same seasonal job at [name of employer] next work season?
Else
Yes
Next Module
>dd/ee/gg/hh79< (Just before you left this employer/Before it stopped being your main job,) W/what kind of work were/are you doing (now)? (For example: electrical engineer; stock clerk; farmer)
>dd/ee/gg/hh81< What are/were your most important activities or duties?
>dd/ee/gg/hh83< Did/Do you work 35 hours or more per week (then/just before this stopped being your main job)?
>dd/ee/gg/hh85< In what year did you start doing this kind of work for [name of employer]? (NOTE: Answer given must be between the year R began working at this job and the year R left this job, if applicable.)
>dd/ee/gg/hh88< Is R still employed at [name of employer] as their main job OR does R expect to resume the same seasonal job at [name of employer] next work season?
Else
Yes
Next Module
Guide: #1 Is R being asked about their LAST main job?
Else
Yes
>dd/ee/gg92< Now we'd like to find out about your next main job. At the time you (left/stopped working at) [name of employer] (as your main job), had you already started another main job?
Else
Yes
>dd/ee/gg9n< Did this job last 6 months or longer?
Else
Yes
>dd/ee/gg93< In what year did you start this new main job? (NOTE: Answer given must coincide with or be between the year R began working at previous employer and the year R left previous employer for instrument to proceed without a date inconsistency.)
>dd/ee/gg/hh9b< Was the MAIN reason you (left/stopped working at) [name of employer in 1975] (as your main job) BECAUSE you had found a better job, you wanted to do something else, for family reasons, for health reasons, or for some other reason?
>**9h< below
Other Reason
To Do Something Else
Health Reasons
>**9e< p. 9
Else
For Family Reasons
>**9d< p. 9
>9d/e/g9c< Had R already started another main job before leaving [name of employer]? (From item **92 above)
Yes
Else
>9d/e/g/h9c< Did this subsequent main job last 6 months or longer? (From itemcc9n on page 4)
>**9i< p. 9
Yes
Else
>**9c< p. 9


>dd/ee/gg/hh9c< What did you do?
>dd/ee/gg/hh9d< What kind of family reason was most important?
Else
Spouse's/Other Relative's Illness or Health Reason
>dd/ee/gg/hh9e< How long did this condition last?
Else
Still Going On/DR
>dd/ee/gg/hh9g< Please tell me more about that...
>dd/ee/gg/hh9h< What was that?
Else
"Temporary/Seasonal Lay-Off", "Imprisoned", "Called to Active Military Duty", or "Other Involuntary Termination"
>dd/ee/gg/hh9i< At the time you (left/stopped working at) [name of employer] (as your main job), could you have worked at that job (as your main job) for another six months?
>dd9l< Was R employed in any manner (including self-employed) in 1975?
Yes
Else
>dd9x< Did R start another main job before they stopped working at [name of employer]? (From item **92 on page 8)
>ee0a< p. 6
Else
R's who were unemployed in 1975 may report one subsequent job. Afterwards, go to next item (Guide #2).
Yes
>ee0c< p. 6
Guide: #2 Has R already been asked itemff02 below?
Else
Yes
>ff02< After (you left) [name of employer], how many other places have you worked at a main job, lasting 6 months or longer, including times you worked for yourself?
"3" or More
Else
Zero
>ii00< p. 10
>gg/hh00< Did R start another main job before they stopped working at [name of previous employer addressed] AND did that subsequent main job last six month or longer? (From items **92 and **9n on page 8)
Else
Yes
>gg/hh0c< p. 10
>gg/hh0a< Now we are interested in the LAST TWO employers or businesses where you worked for six months or longer. In what year, if ever, did you start to work at the (NEXT TO) LAST place?
>gg/hh0c< p. 10
Else
Never
>ii00< p. 10


>gg/hh0c< What was the name of the (NEXT TO) LAST place where you worked?
In addition to the jobs R has already been asked about, they may also report on their last two jobs, if applicable. Afterwards, go to next item (ii00).
2X
>**0d< p. 6
RESPONDENT'S CURRENT EMPLOYMENT STATUS
>ii00< Are you currently working?
Yes
Else
>z45< Since 1975, has R ever held a full-time or part-time civilian job lasting six months or more? (From item bb23 on page 2)
Next Module
Else
Yes
>263b< p. 11
>ii0c< What is the name of (this/your next) employer or business?
>ii0e< Why did you begin working for [name of current employer]?
>ii01< What kind of work are you doing at [name of current employer]? (For example: electrical engineer; stock clerk; farmer)
>ii05< What are you most important activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)
>ii10< Do you work 35 hours or more per week at this job?
>ii15< What kind of business or industry is this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>ii20< Is this mainly manufacturing, wholesale trade, retail trade, or something else?
>ii25< Are you employed by government, by a private company or organization, or are you self-employed or working in a family business?
Else
"Working in Family Business" or "Self-Employed"
>ii30< Is this business incorporated?
>ii35< Did R report that this job was working in a family business? (From item ii25 above)
Else
Yes
>ii40< Are you working for pay?
>ii45< Do we have a record of where R's (job in 1975/previous job) was located?
No
Else
>ii46< Is this job at [name of current employer] also located in [location of R's job in 1975/previous job]?
Else
Yes
>ii67< p. 11
>ii47< In what city and state is this?

>ii67< Aside from Social Security, does [name of current employer] offer you any kind of pension or retirement plan?

>ii68< Does [name of current employer] offer you health insurance?

>ii69< While you've been working for [name of current employer] have you taken any training or classes which you thought could help you get a different job?

Yes

Else → Next Module

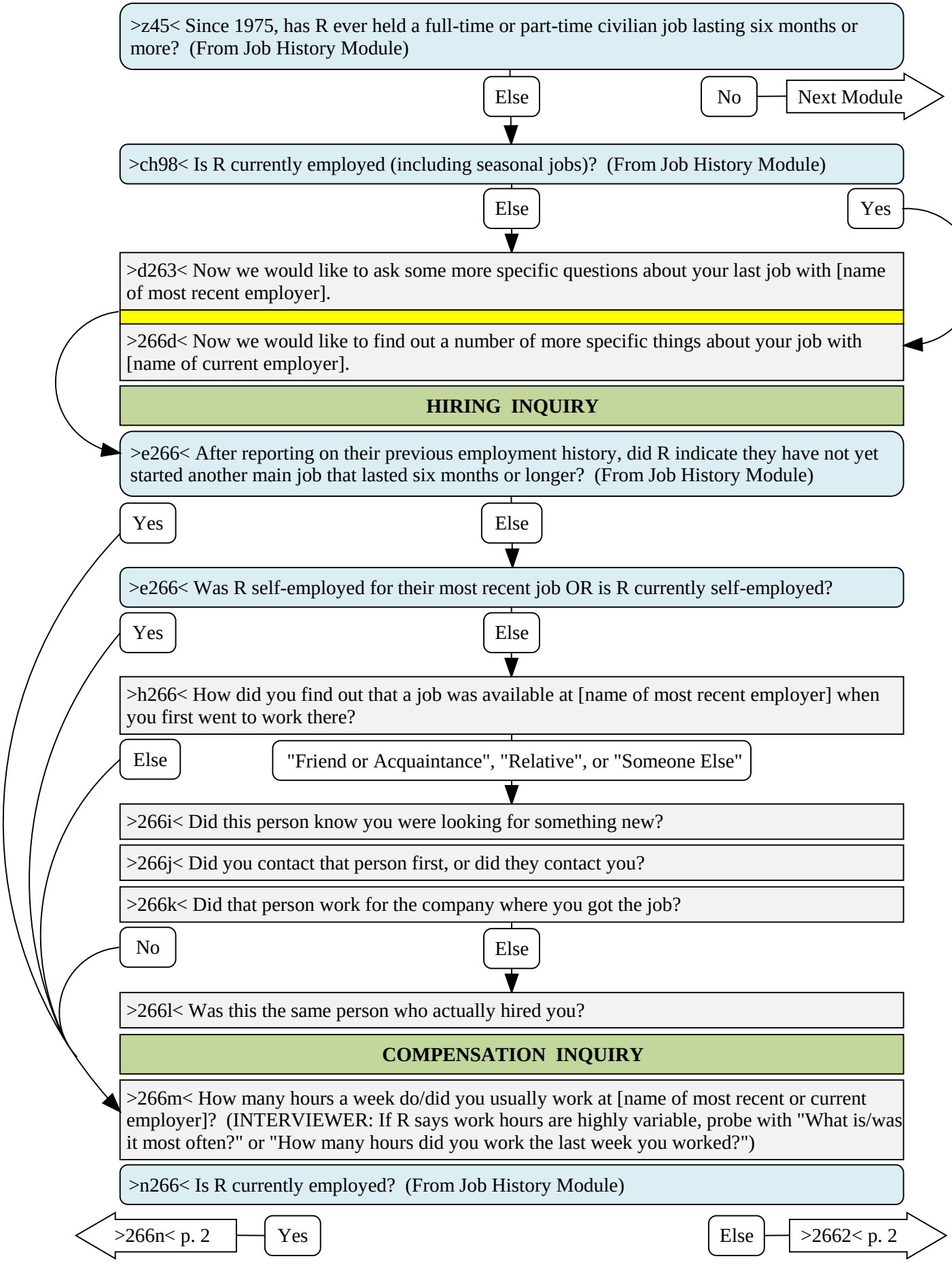
>ii70< Please describe the kind of job for which you thought this type of training would be helpful.

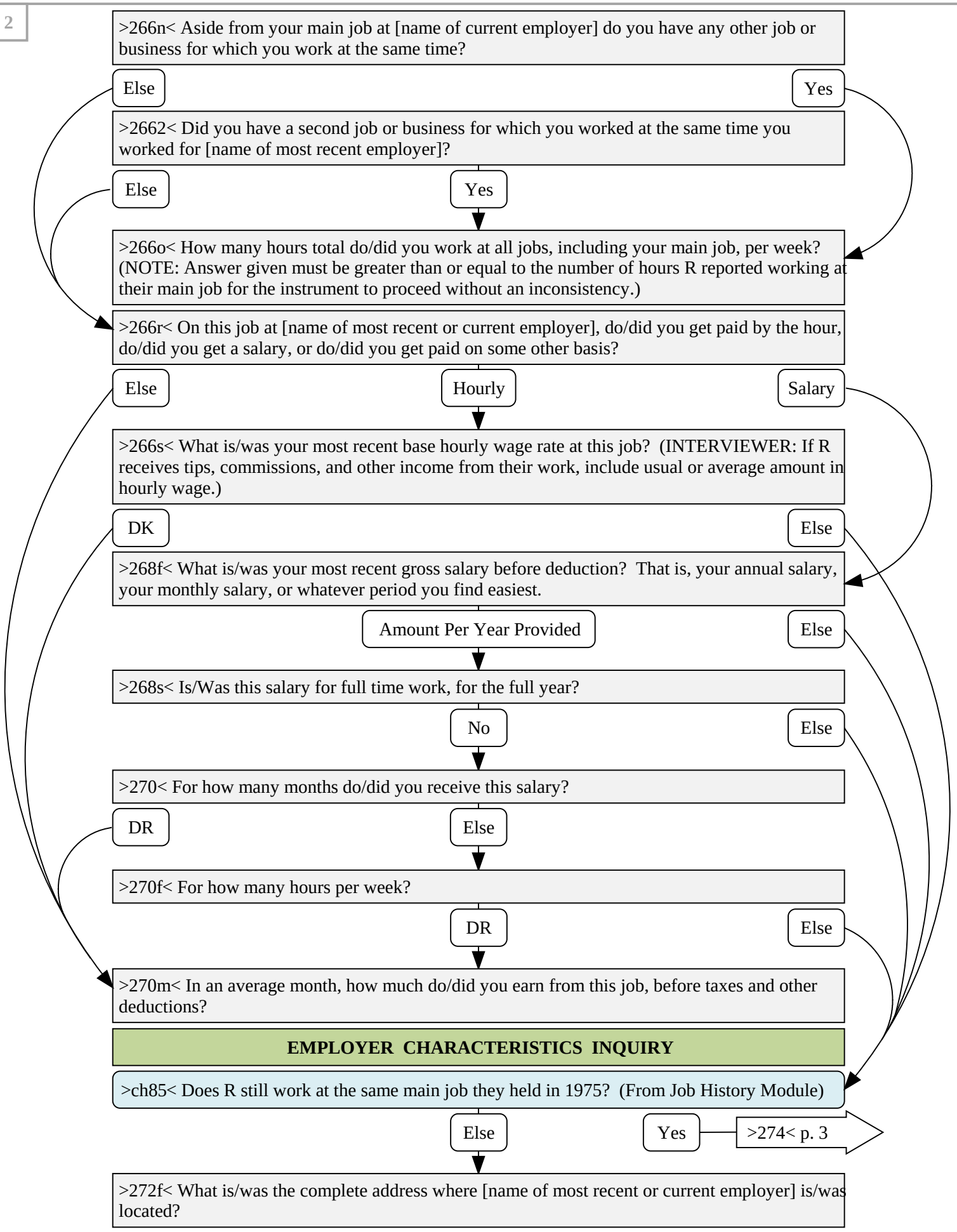
Next Module

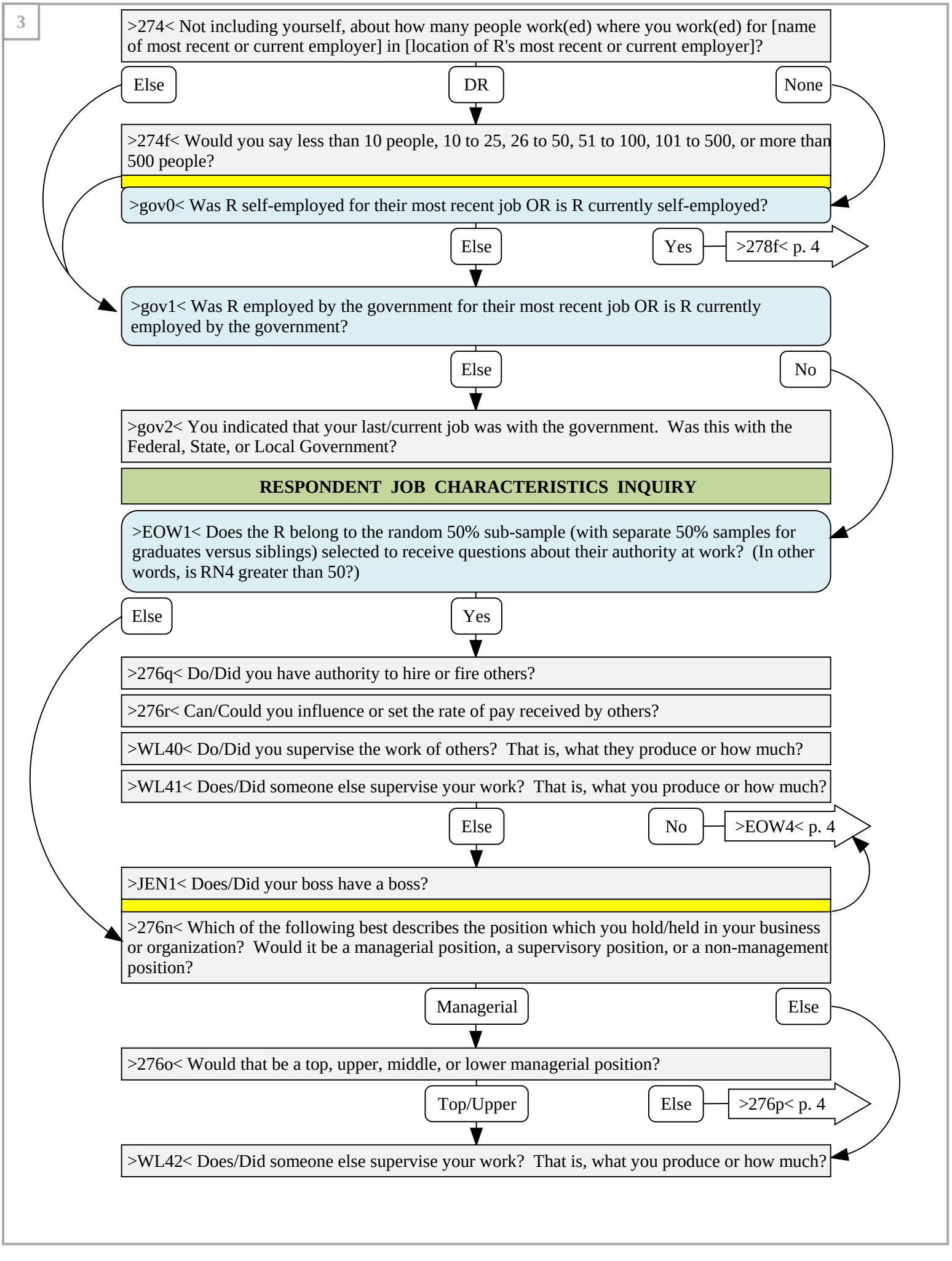
>263b< Is there a regular, main job to which you expect to return in the future?

END OF JOB HISTORY MODULE

JOB CHARACTERISTICS




>266n< Aside from your main job at [name of current employer] do you have any other job or business for which you work at the same time?
Else
Yes
>2662< Did you have a second job or business for which you worked at the same time you worked for [name of most recent employer]?
Else
Yes
>266o< How many hours total do/did you work at all jobs, including your main job, per week? (NOTE: Answer given must be greater than or equal to the number of hours R reported working at their main job for the instrument to proceed without an inconsistency.)
>266r< On this job at [name of most recent or current employer], do/did you get paid by the hour, do/did you get a salary, or do/did you get paid on some other basis?
Else
Hourly
Salary
>266s< What is/was your most recent base hourly wage rate at this job? (INTERVIEWER: If R receives tips, commissions, and other income from their work, include usual or average amount in hourly wage.)
DK
Else
>268f< What is/was your most recent gross salary before deduction? That is, your annual salary, your monthly salary, or whatever period you find easiest.
Amount Per Year Provided
Else
>268s< Is/Was this salary for full time work, for the full year?
No
Else
>270< For how many months do/did you receive this salary?
DR
Else
>270f< For how many hours per week?
DR
Else
>270m< In an average month, how much do/did you earn from this job, before taxes and other deductions?
EMPLOYER CHARACTERISTICS INQUIRY
>ch85< Does R still work at the same main job they held in 1975? (From Job History Module)
Else
Yes
>274< p. 3
>272f< What is/was the complete address where [name of most recent or current employer] is/was located?


>274< Not including yourself, about how many people work(ed) where you work(ed) for [name of most recent or current employer] in [location of R's most recent or current employer]?
Else
DR
None
>274f< Would you say less than 10 people, 10 to 25, 26 to 50, 51 to 100, 101 to 500, or more than 500 people?
>gov0< Was R self-employed for their most recent job OR is R currently self-employed?
Else
Yes
>278f< p. 4
>gov1< Was R employed by the government for their most recent job OR is R currently employed by the government?
Else
No
>gov2< You indicated that your last/current job was with the government. Was this with the Federal, State, or Local Government?
RESPONDENT JOB CHARACTERISTICS INQUIRY
>EOW1< Does the R belong to the random 50% sub-sample (with separate 50% samples for graduates versus siblings) selected to receive questions about their authority at work? (In other words, is RN4 greater than 50?)
Else
Yes
>276q< Do/Did you have authority to hire or fire others?
>276r< Can/Could you influence or set the rate of pay received by others?
>WL40< Do/Did you supervise the work of others? That is, what they produce or how much?
>WL41< Does/Did someone else supervise your work? That is, what you produce or how much?
Else
No
>EOW4< p. 4
>JEN1< Does/Did your boss have a boss?
>276n< Which of the following best describes the position which you hold/held in your business or organization? Would it be a managerial position, a supervisory position, or a non-management position?
Managerial
Else
>276o< Would that be a top, upper, middle, or lower managerial position?
Top/Upper
Else
>276p< p. 4
>WL42< Does/Did someone else supervise your work? That is, what you produce or how much?

>276p< The next question concerns policy-making at your workplace; that is, making decisions about such things as the products or services delivered, the total number of people employed, budgets, and so forth. Do/Did you participate in making these kinds of decisions, or even provide advice about them?

>EOW3< As an official part of your job, do/did you supervise the work of other employees or tell other employees what work to do?

>EOW4< Does/Did someone else supervise R's work (itemsWL41 and WL42 on page 3) OR is/was R employed in a managerial position ranking below "upper" management (from item276o on page 3)?

Else

No

>276< About how many times an hour, day, week, month, or year does/did a supervisor CHECK UP ON YOUR WORK?

>276m< Can/Could you decide what time to come to work and when to leave, either officially or unofficially?

>278f< How much education do/did MOST people in jobs like YOURS have?

>278s< All things considered, how satisfied are/were you with your job as a whole -- are/were you very satisfied, fairly satisfied, somewhat dissatisfied, or very dissatisfied?

>280< Would you agree or disagree with the following statement about your current/last job? A person on your job learns/learned NEW THINGS that could lead to a better job or to a promotion? Do you agree or disagree?

Else

Agree/Disagree

>280a< Would you agree/disagree strongly, moderately, or slightly?

>286m< I am going to list some things about jobs. Please tell me whether your job involves these things always, frequently, sometimes, rarely, or never. How frequently does/did your job require lots of physical effort?

>288< How frequently does/did your job require intense concentration or attention? (Is it always, frequently, sometimes, rarely, or never?)

>288s< How frequently do/did you have to work under the pressure of time? (Is it always, frequently, sometimes, rarely, or never?)

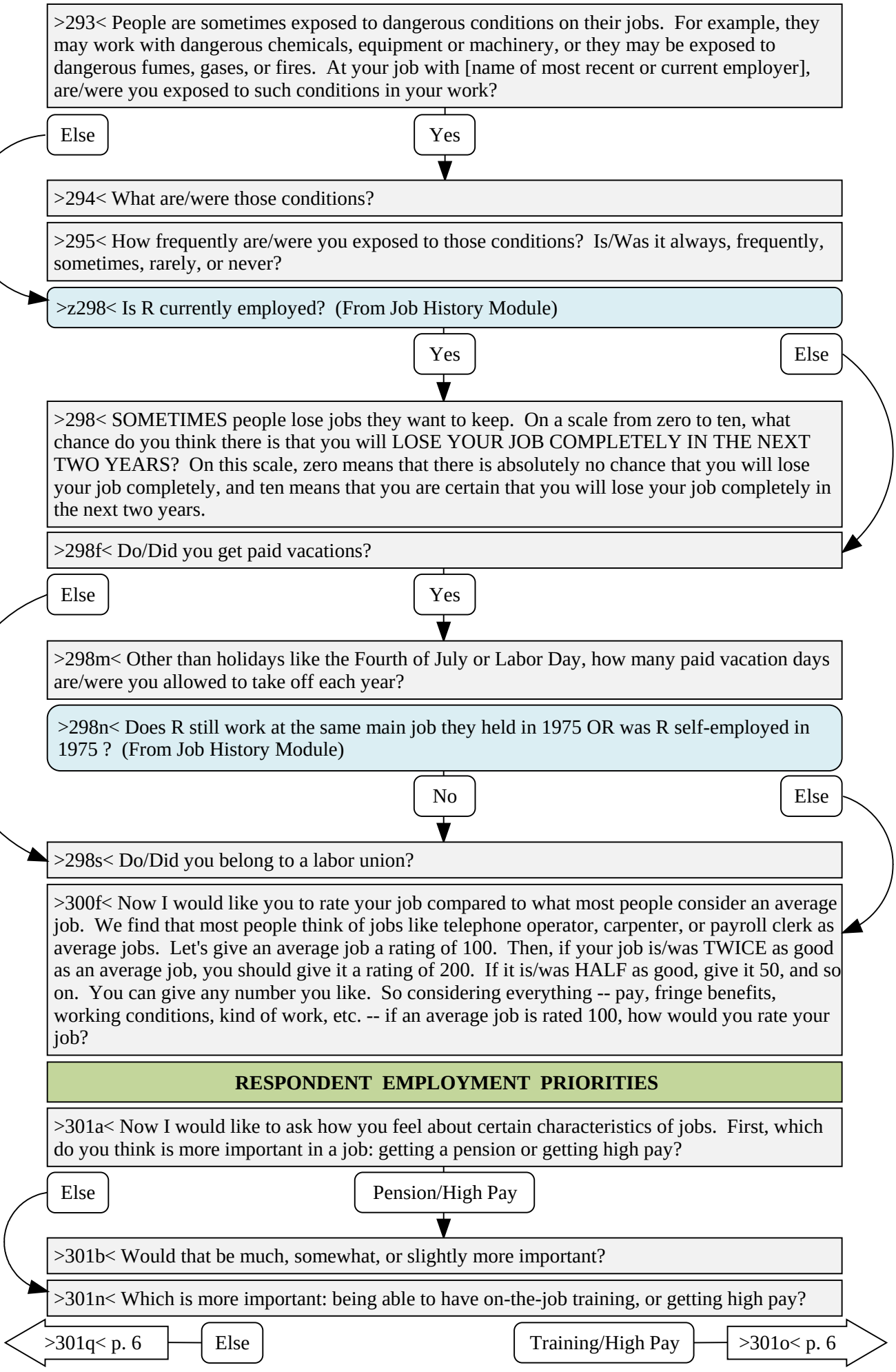
>290f< The things people do at their jobs can involve reading and writing, working with their hands, and dealing with people, or sometimes all three at the same time. In an average week on your job, how many hours do/did you spend reading, writing, and dealing with written materials? (NOTE: Answer given must be less than or equal to the to total number of hours R reports/reported spending working at their main job in an average week for the instrument to proceed without an inconsistency.)

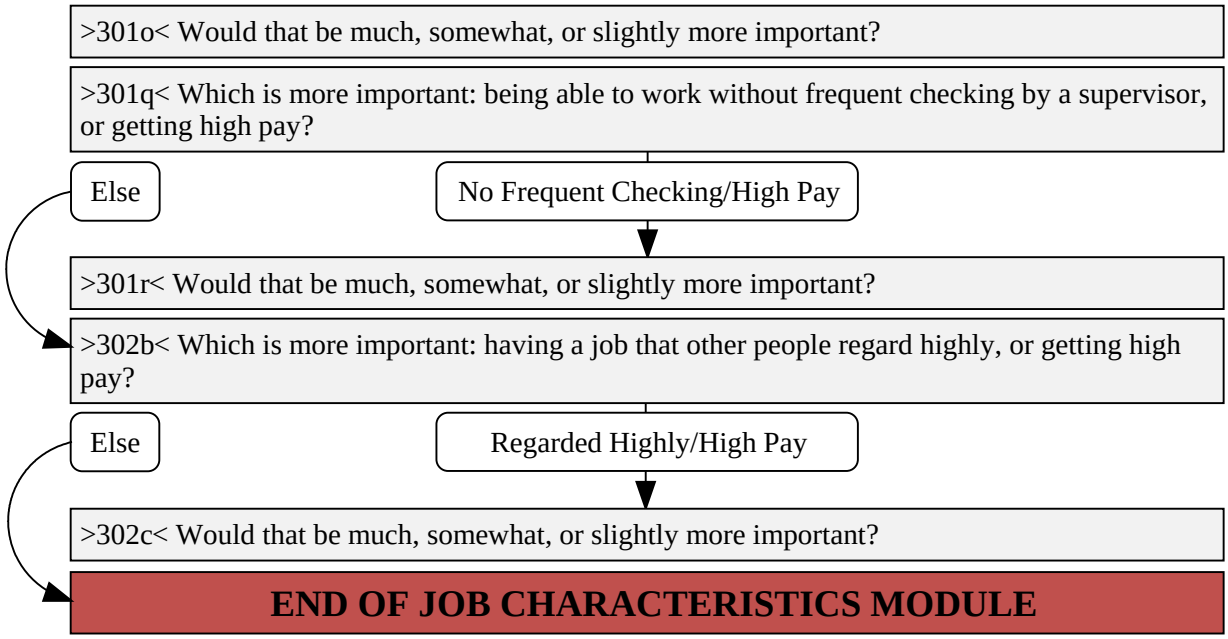
>290m< How many hours per week do/did you spend working with your hands, tools, or equipment? (See note for item290f above)

>290s< How many hours per week do/did you spend dealing with people about work -- not just passing the time of day? (See note for item290f above)

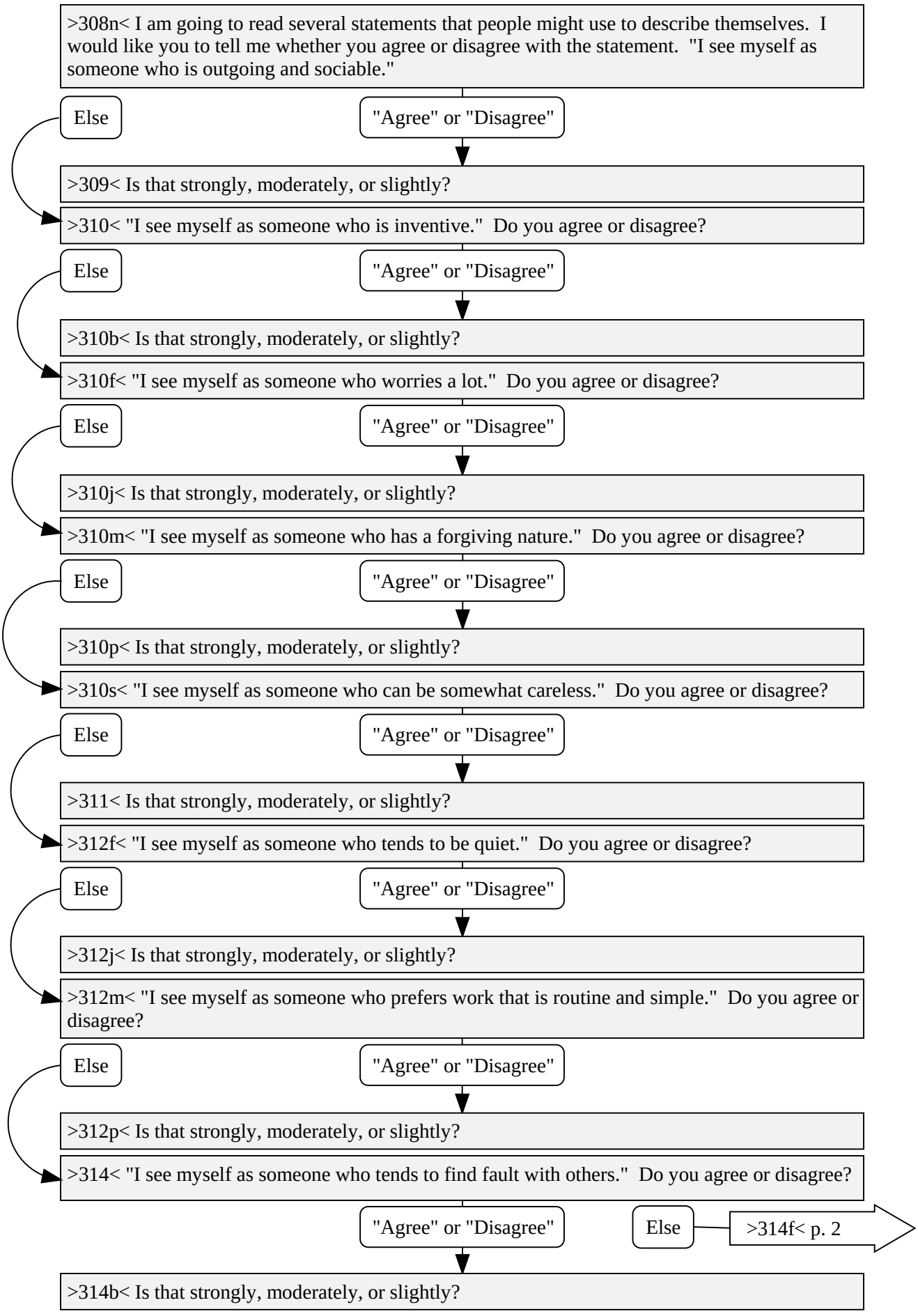
>292< How many hours per week do/did you do the SAME THINGS OVER AND OVER? (See note for item 290f above)

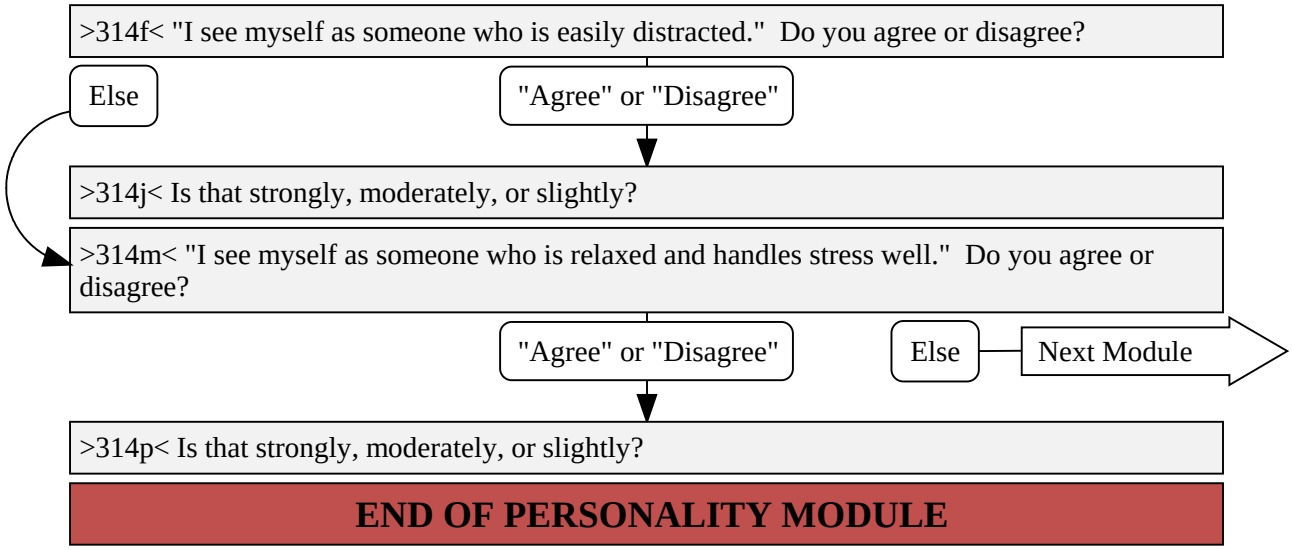
>292m< How dirty do/did you get on the job? Would you say very dirty, fairly dirty, a little dirty, or not at all dirty?


>293< People are sometimes exposed to dangerous conditions on their jobs. For example, they may work with dangerous chemicals, equipment or machinery, or they may be exposed to dangerous fumes, gases, or fires. At your job with [name of most recent or current employer], are/were you exposed to such conditions in your work?
Else
Yes
>294< What are/were those conditions?
>295< How frequently are/were you exposed to those conditions? Is/Was it always, frequently, sometimes, rarely, or never?
>z298< Is R currently employed? (From Job History Module)
Yes
Else
>298< SOMETIMES people lose jobs they want to keep. On a scale from zero to ten, what chance do you think there is that you will LOSE YOUR JOB COMPLETELY IN THE NEXT TWO YEARS? On this scale, zero means that there is absolutely no chance that you will lose your job completely, and ten means that you are certain that you will lose your job completely in the next two years.
>298f< Do/Did you get paid vacations?
Else
Yes
>298m< Other than holidays like the Fourth of July or Labor Day, how many paid vacation days are/were you allowed to take off each year?
>298n< Does R still work at the same main job they held in 1975 OR was R self-employed in 1975 ? (From Job History Module)
No
Else
>298s< Do/Did you belong to a labor union?
>300f< Now I would like you to rate your job compared to what most people consider an average job. We find that most people think of jobs like telephone operator, carpenter, or payroll clerk as average jobs. Let's give an average job a rating of 100. Then, if your job is/was TWICE as good as an average job, you should give it a rating of 200. If it is/was HALF as good, give it 50, and so on. You can give any number you like. So considering everything -- pay, fringe benefits, working conditions, kind of work, etc. -- if an average job is rated 100, how would you rate your job?
RESPONDENT EMPLOYMENT PRIORITIES
>301a< Now I would like to ask how you feel about certain characteristics of jobs. First, which do you think is more important in a job: getting a pension or getting high pay?
Else
Pension/High Pay
>301b< Would that be much, somewhat, or slightly more important?
>301n< Which is more important: being able to have on-the-job training, or getting high pay?
>301q< p. 6
Else
Training/High Pay
>301o< p. 6


>301o< Would that be much, somewhat, or slightly more important?
>301q< Which is more important: being able to work without frequent checking by a supervisor, or getting high pay?
Else
No Frequent Checking/High Pay
>301r< Would that be much, somewhat, or slightly more important?
>302b< Which is more important: having a job that other people regard highly, or getting high pay?
Else
Regarded Highly/High Pay
>302c< Would that be much, somewhat, or slightly more important?
END OF JOB CHARACTERISTICS MODULE

PERSONALITY




>314f< "I see myself as someone who is easily distracted." Do you agree or disagree?
Else
"Agree" or "Disagree"
>314j< Is that strongly, moderately, or slightly?
>314m< "I see myself as someone who is relaxed and handles stress well." Do you agree or disagree?
"Agree" or "Disagree"
Else
Next Module
>314p< Is that strongly, moderately, or slightly?
END OF PERSONALITY MODULE

COGNITION

>314t< Now I'd like to turn to something a bit different. This section is about reasoning abilities, that is, about how people think. Most people take tests of their reasoning abilities and there is a lot of interest in how these abilities may change over time. What I'd like you to do is tell me how 2 things are alike.
In what way are an orange and a banana alike?

>316< In what way are a table and a chair alike?

>316f< In what way are an eye and an ear alike?

>316m< In what way are an egg and a seed alike?

>316s< In what way are air and water alike?

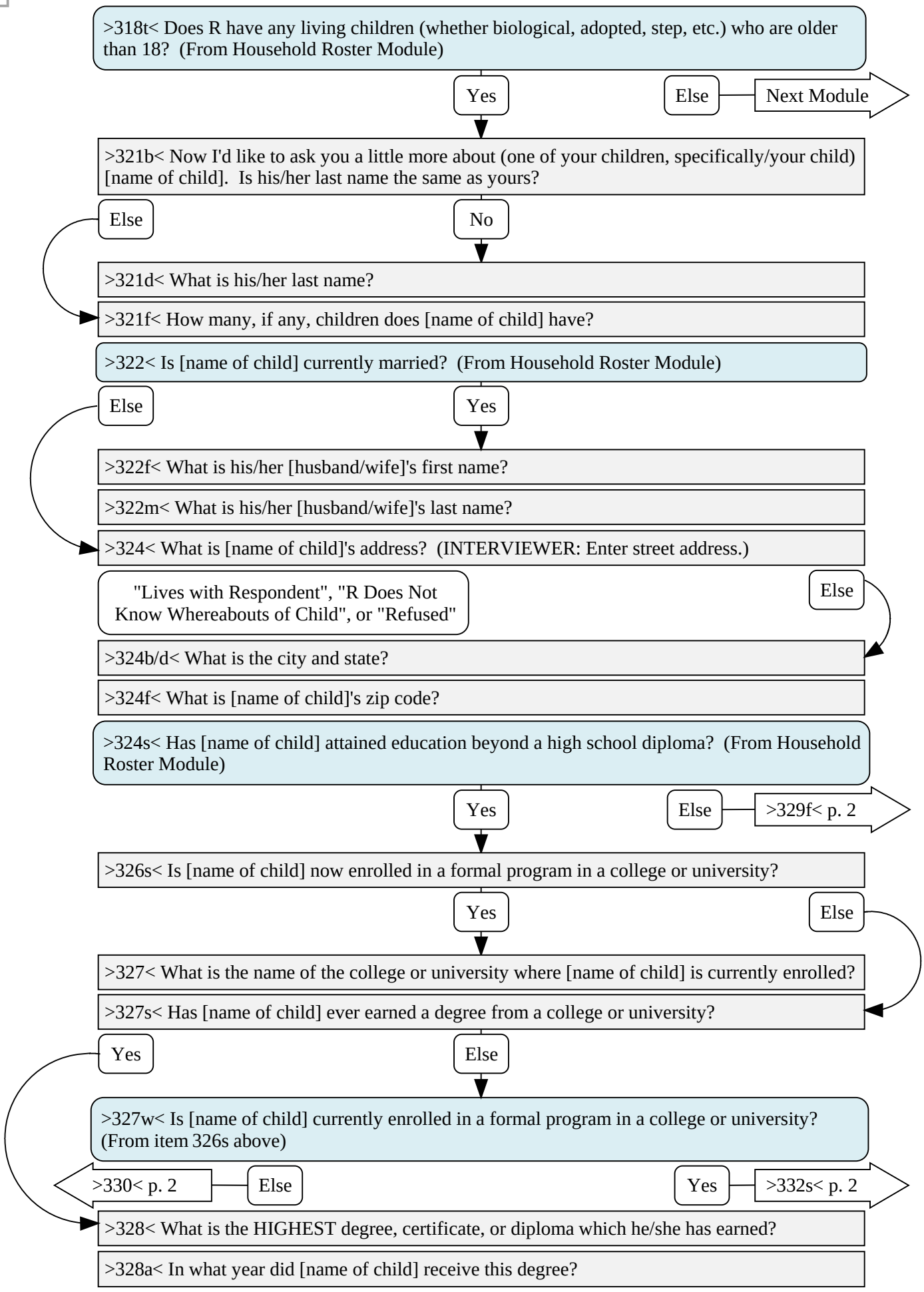
>318< In what way are work and play alike?

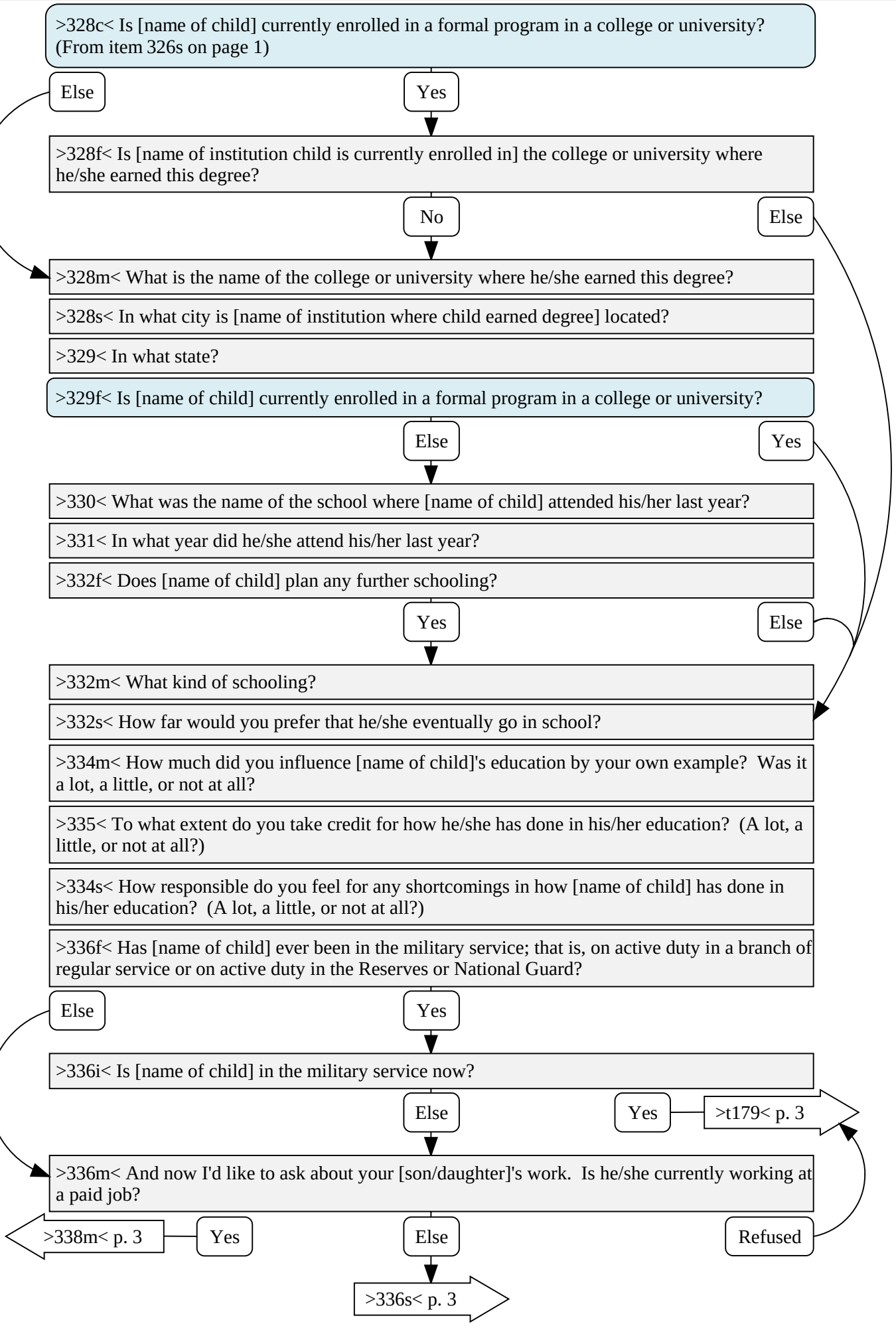
>318f< In what way are a fly and a tree alike?

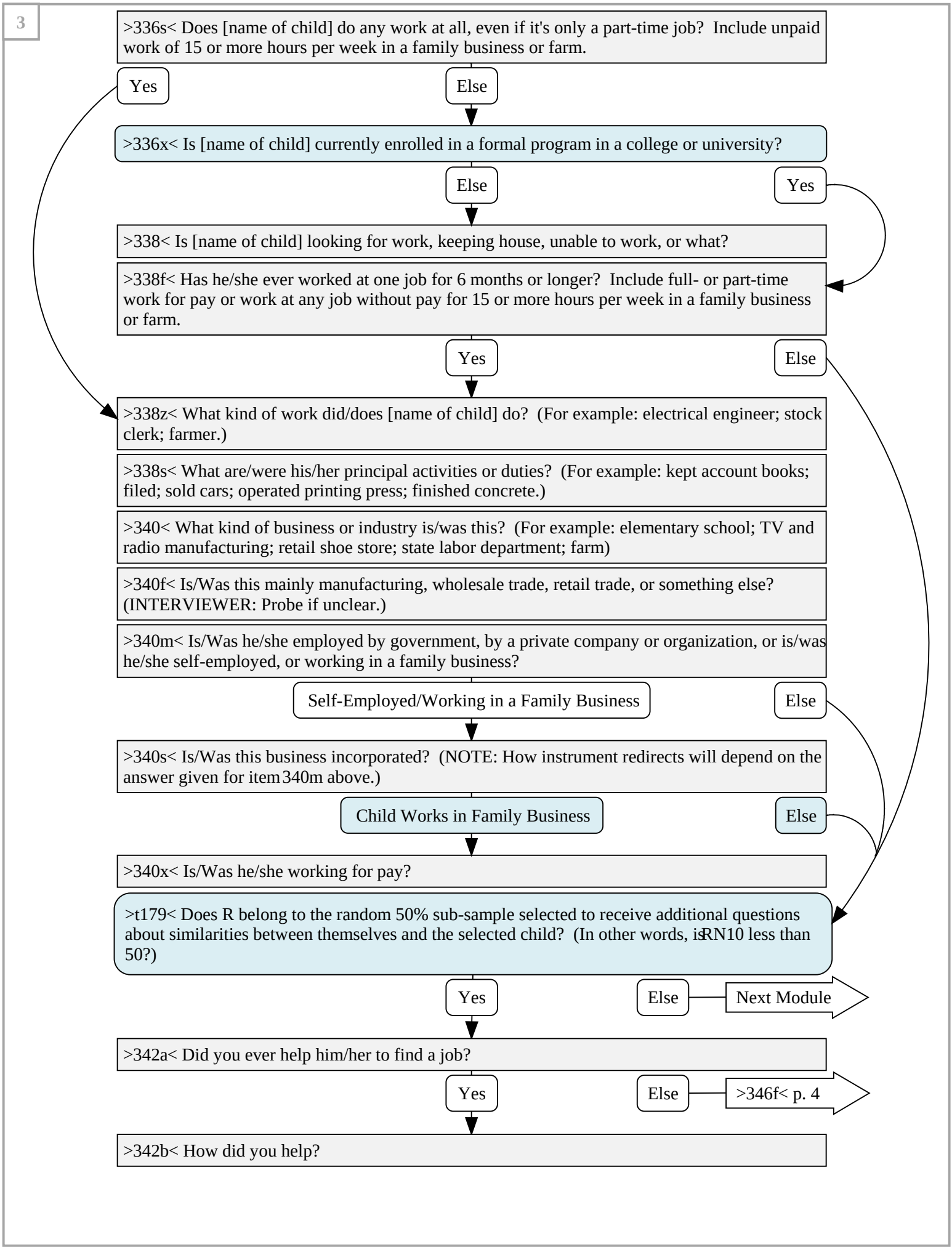
>318m< In what way are praise and punishment alike?

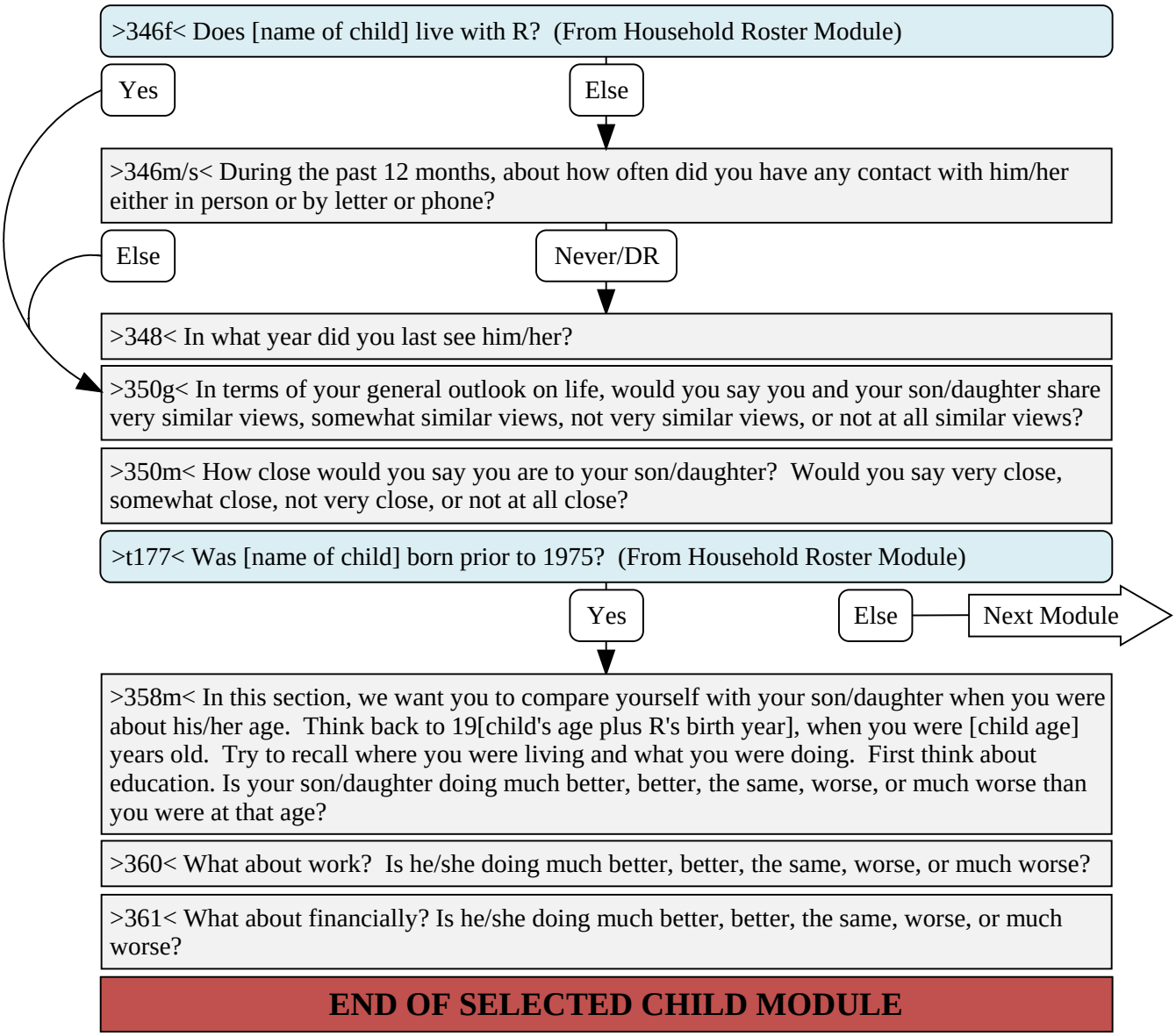
END OF COGNITION MODULE

SELECTED CHILD

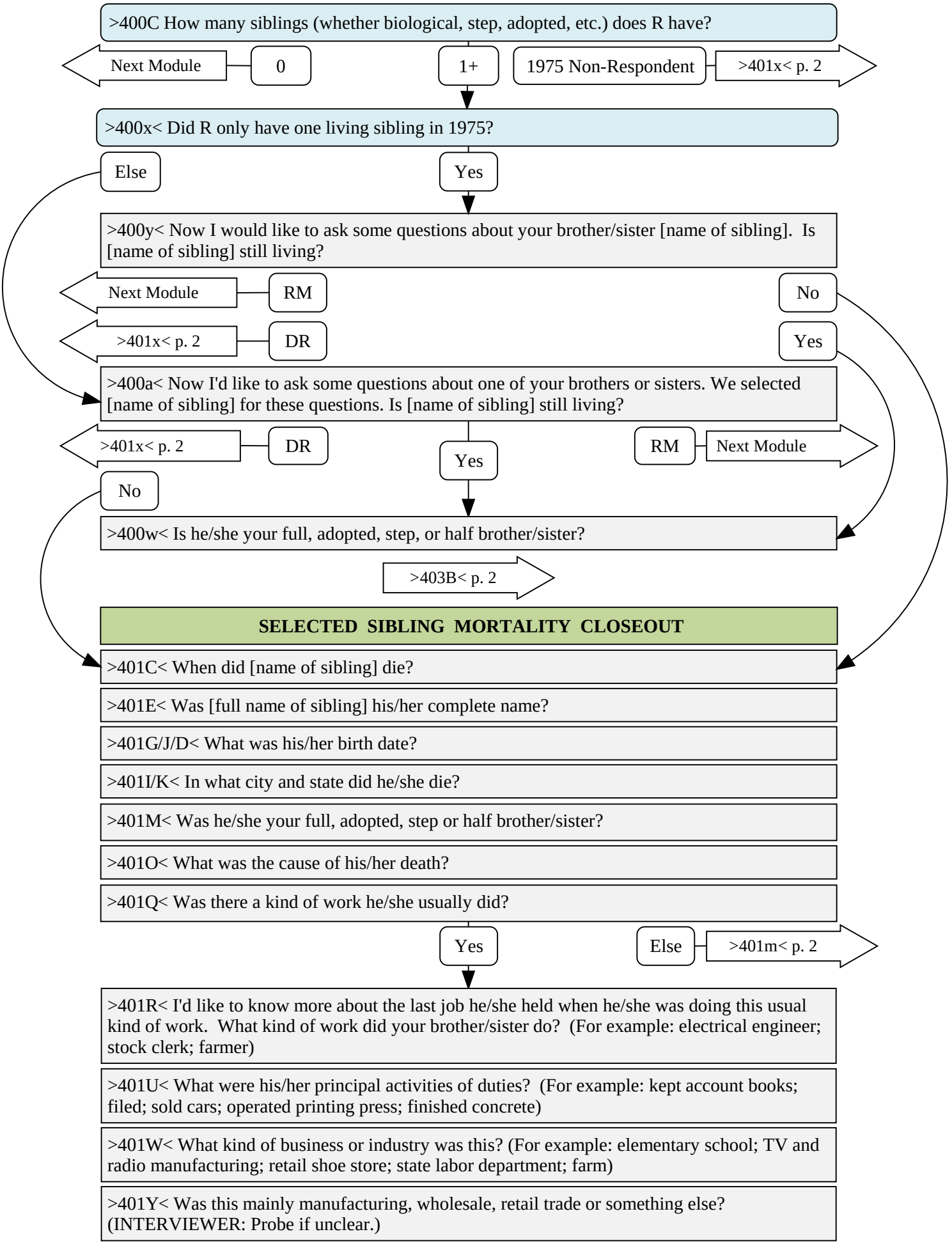


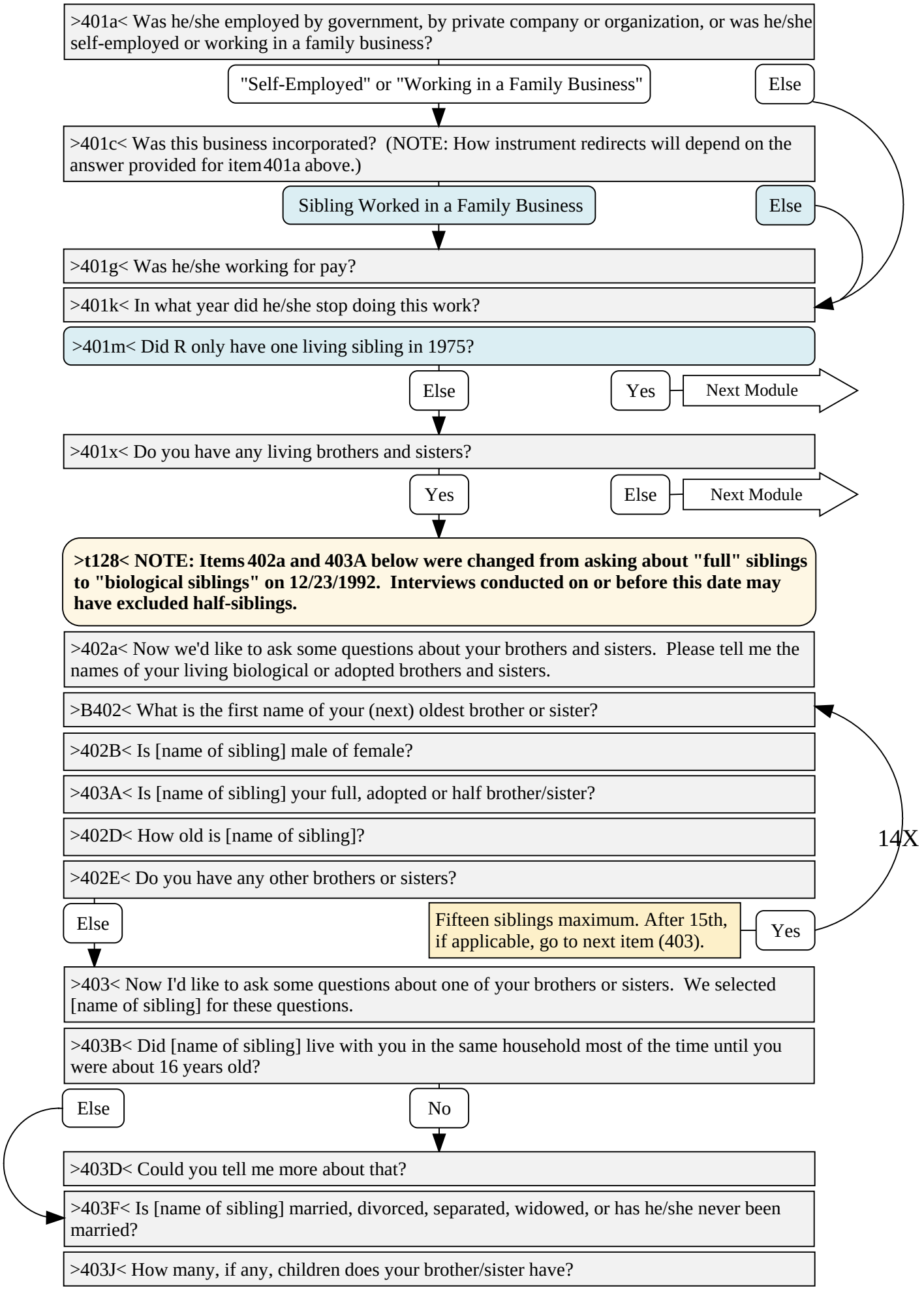

>328c< Is [name of child] currently enrolled in a formal program in a college or university? (From item 326s on page 1)
Else
Yes
>328f< Is [name of institution child is currently enrolled in] the college or university where he/she earned this degree?
No
Else
>328m< What is the name of the college or university where he/she earned this degree?
>328s< In what city is [name of institution where child earned degree] located?
>329< In what state?
>329f< Is [name of child] currently enrolled in a formal program in a college or university?
Else
Yes
>330< What was the name of the school where [name of child] attended his/her last year?
>331< In what year did he/she attend his/her last year?
>332f< Does [name of child] plan any further schooling?
Yes
Else
>332m< What kind of schooling?
>332s< How far would you prefer that he/she eventually go in school?
>334m< How much did you influence [name of child]'s education by your own example? Was it a lot, a little, or not at all?
>335< To what extent do you take credit for how he/she has done in his/her education? (A lot, a little, or not at all?)
>334s< How responsible do you feel for any shortcomings in how [name of child] has done in his/her education? (A lot, a little, or not at all?)
>336f< Has [name of child] ever been in the military service; that is, on active duty in a branch of regular service or on active duty in the Reserves or National Guard?
Else
Yes
>336i< Is [name of child] in the military service now?
Else
Yes
>t179< p. 3
>336m< And now I'd like to ask about your [son/daughter]'s work. Is he/she currently working at a paid job?
>338m< p. 3
Yes
Else
Refused
>336s< p. 3

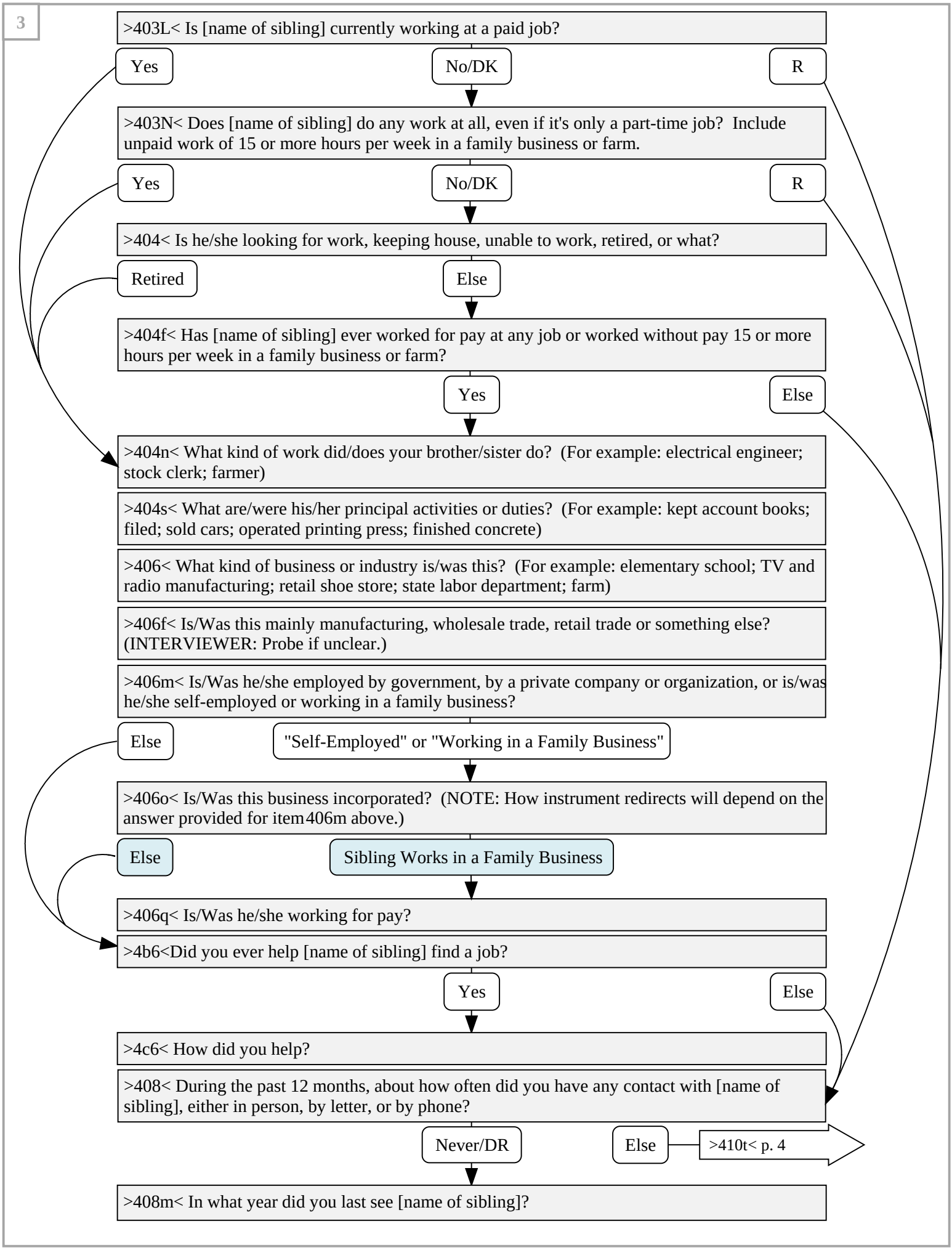

>336s< Does [name of child] do any work at all, even if it's only a part-time job? Include unpaid work of 15 or more hours per week in a family business or farm.
Yes
Else
>336x< Is [name of child] currently enrolled in a formal program in a college or university?
Else
Yes
>338< Is [name of child] looking for work, keeping house, unable to work, or what?
>338f< Has he/she ever worked at one job for 6 months or longer? Include full- or part-time work for pay or work at any job without pay for 15 or more hours per week in a family business or farm.
Yes
Else
>338z< What kind of work did/does [name of child] do? (For example: electrical engineer; stock clerk; farmer.)
>338s< What are/were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete.)
>340< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>340f< Is/Was this mainly manufacturing, wholesale trade, retail trade, or something else? (INTERVIEWER: Probe if unclear.)
>340m< Is/Was he/she employed by government, by a private company or organization, or is/was he/she self-employed, or working in a family business?
Self-Employed/Working in a Family Business
Else
>340s< Is/Was this business incorporated? (NOTE: How instrument redirects will depend on the answer given for item 340m above.)
Child Works in Family Business
Else
>340x< Is/Was he/she working for pay?
>t179< Does R belong to the random 50% sub-sample selected to receive additional questions about similarities between themselves and the selected child? (In other words, is RN10 less than 50?)
Yes
Else
Next Module
>342a< Did you ever help him/her to find a job?
Yes
Else
>346f< p. 4
>342b< How did you help?


>346f< Does [name of child] live with R? (From Household Roster Module)
Yes
Else
>346m/s< During the past 12 months, about how often did you have any contact with him/her either in person or by letter or phone?
Else
Never/DR
>348< In what year did you last see him/her?
>350g< In terms of your general outlook on life, would you say you and your son/daughter share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>350m< How close would you say you are to your son/daughter? Would you say very close, somewhat close, not very close, or not at all close?
>t177< Was [name of child] born prior to 1975? (From Household Roster Module)
Yes
Else
Next Module
>358m< In this section, we want you to compare yourself with your son/daughter when you were about his/her age. Think back to 19[child's age plus R's birth year], when you were [child age] years old. Try to recall where you were living and what you were doing. First think about education. Is your son/daughter doing much better, better, the same, worse, or much worse than you were at that age?
>360< What about work? Is he/she doing much better, better, the same, worse, or much worse?
>361< What about financially? Is he/she doing much better, better, the same, worse, or much worse?
END OF SELECTED CHILD MODULE

SELECTED SIBLING




>401a< Was he/she employed by government, by private company or organization, or was he/she self-employed or working in a family business?
"Self-Employed" or "Working in a Family Business"
Else
>401c< Was this business incorporated? (NOTE: How instrument redirects will depend on the answer provided for item 401a above.)
Sibling Worked in a Family Business
Else
>401g< Was he/she working for pay?
>401k< In what year did he/she stop doing this work?
>401m< Did R only have one living sibling in 1975?
Else
Yes
Next Module
>401x< Do you have any living brothers and sisters?
Yes
Else
Next Module
>t128< NOTE: Items 402a and 403A below were changed from asking about "full" siblings to "biological siblings" on 12/23/1992. Interviews conducted on or before this date may have excluded half-siblings.
>402a< Now we'd like to ask some questions about your brothers and sisters. Please tell me the names of your living biological or adopted brothers and sisters.
>B402< What is the first name of your (next) oldest brother or sister?
>402B< Is [name of sibling] male of female?
>403A< Is [name of sibling] your full, adopted or half brother/sister?
>402D< How old is [name of sibling]?
>402E< Do you have any other brothers or sisters?
14X
Else
Fifteen siblings maximum. After 15th, if applicable, go to next item (403).
Yes
>403< Now I'd like to ask some questions about one of your brothers or sisters. We selected [name of sibling] for these questions.
>403B< Did [name of sibling] live with you in the same household most of the time until you were about 16 years old?
Else
No
>403D< Could you tell me more about that?
>403F< Is [name of sibling] married, divorced, separated, widowed, or has he/she never been married?
>403J< How many, if any, children does your brother/sister have?


>403L< Is [name of sibling] currently working at a paid job?
Yes
No/DK
R
>403N< Does [name of sibling] do any work at all, even if it's only a part-time job? Include unpaid work of 15 or more hours per week in a family business or farm.
Yes
No/DK
R
>404< Is he/she looking for work, keeping house, unable to work, retired, or what?
Retired
Else
>404f< Has [name of sibling] ever worked for pay at any job or worked without pay 15 or more hours per week in a family business or farm?
Yes
Else
>404n< What kind of work did/does your brother/sister do? (For example: electrical engineer; stock clerk; farmer)
>404s< What are/were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)
>406< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>406f< Is/Was this mainly manufacturing, wholesale trade, retail trade or something else? (INTERVIEWER: Probe if unclear.)
>406m< Is/Was he/she employed by government, by a private company or organization, or is/was he/she self-employed or working in a family business?
Else
"Self-Employed" or "Working in a Family Business"
>406o< Is/Was this business incorporated? (NOTE: How instrument redirects will depend on the answer provided for item 406m above.)
Else
Sibling Works in a Family Business
>406q< Is/Was he/she working for pay?
>4b6<Did you ever help [name of sibling] find a job?
Yes
Else
>4c6< How did you help?
>408< During the past 12 months, about how often did you have any contact with [name of sibling], either in person, by letter, or by phone?
Never/DR
Else
>410t< p. 4
>408m< In what year did you last see [name of sibling]?

>410t< In terms of your general outlook on life, would you say that you and your sister/brother share very similar views, somewhat similar, views, not very similar view, or not at all similar views?

>412< How close would you say you are to [name of sibling]? Would you say you are very close, somewhat close, not very close, or not close at all?

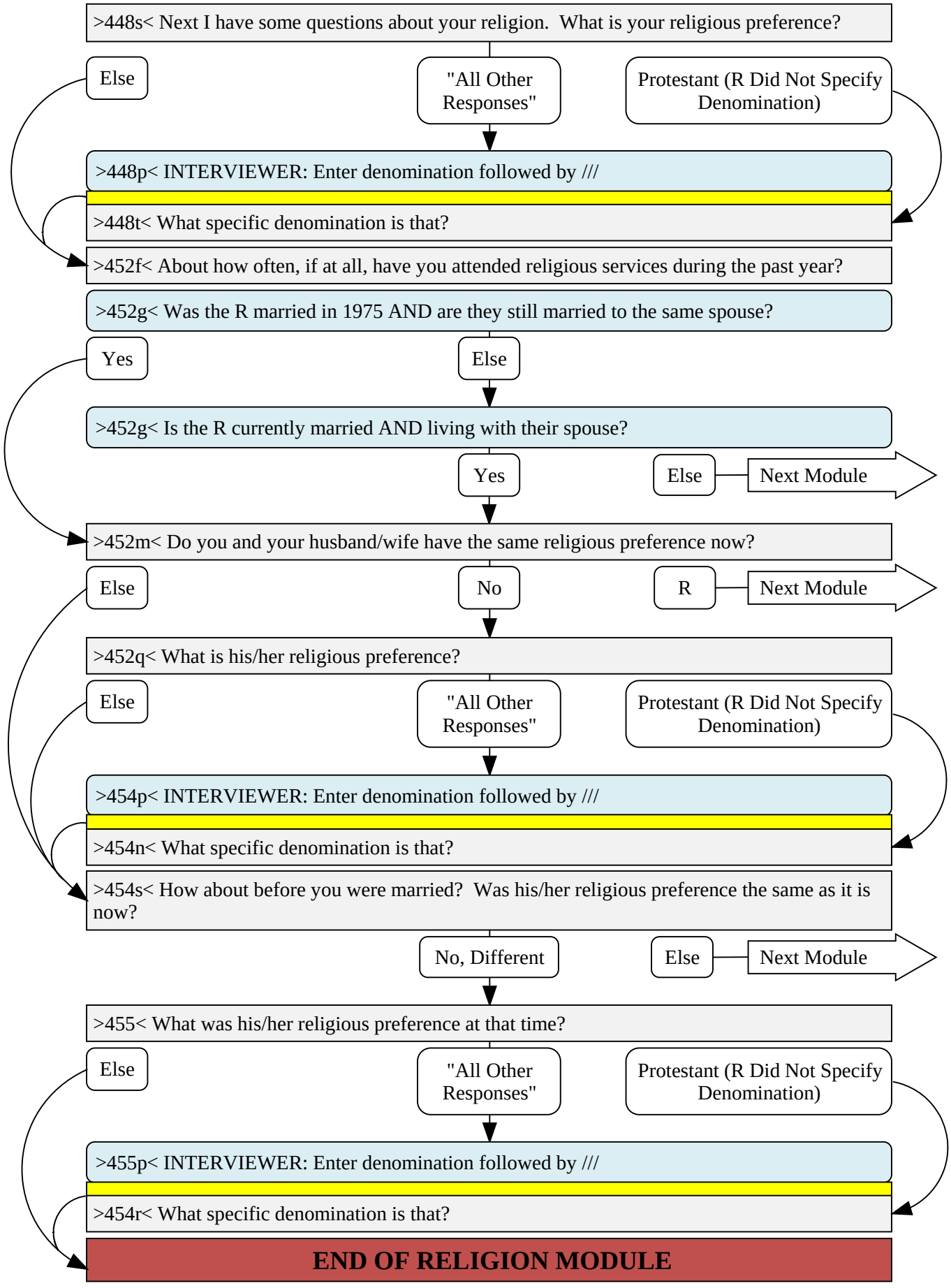
>424s< Now we are interested in how you compare yourself to your brother/sister [name of sibling]. Let's begin with education. Have you done much better, better, about the same, worse, or much worse than your brother/sister?

>426< What about in work? Have you done much better, better, about the same, worse, or much worst than [name of sibling]? (INTERVIEWER: This refers to work in general, and not to a specific job.)

>426f< What about financially? Have you done much better, better, about the same, worse, or mush worse than [sibling name]?

END OF SELECTED SIBLING MODULE

RELIGION


>448s< Next I have some questions about your religion. What is your religious preference?
Else
"All Other Responses"
Protestant (R Did Not Specify Denomination)
>448p< INTERVIEWER: Enter denomination followed by ///
>448t< What specific denomination is that?
>452f< About how often, if at all, have you attended religious services during the past year?
>452g< Was the R married in 1975 AND are they still married to the same spouse?
Yes
Else
>452g< Is the R currently married AND living with their spouse?
Yes
Else
Next Module
>452m< Do you and your husband/wife have the same religious preference now?
Else
No
R
Next Module
>452q< What is his/her religious preference?
Else
"All Other Responses"
Protestant (R Did Not Specify Denomination)
>454p< INTERVIEWER: Enter denomination followed by ///
>454n< What specific denomination is that?
>454s< How about before you were married? Was his/her religious preference the same as it is now?
No, Different
Else
Next Module
>455< What was his/her religious preference at that time?
Else
"All Other Responses"
Protestant (R Did Not Specify Denomination)
>455p< INTERVIEWER: Enter denomination followed by ///
>454r< What specific denomination is that?
END OF RELIGION MODULE

RECIPROCAL FRIEND

In 1975, all WLS respondents were asked to provide the names of 3 of their best high school friends. If two respondents provided each other's names, they were both coded as "reciprocal friends" and have been targeted to receive the questions in this module. 1975 respondents for whom this condition does not apply will skip to the next module.

>tm26< Does R have a reciprocal friend in theWLS sample OR was R not interviewed during the 1975 round of data collection (1975 non-respondent)?

Else

No → Next Module

>458< Was R interviewed during the 1975 round of data collection?

No

Yes

>458m< Think back to 1957. What was the name of your closest same sex friend in high school?

Else

DR → Next Module

>458Z< INTERVIEWER: Enter first and last names of friend.

>458s< During the past 12 months, about how often did you have any contact with [name of friend]?

Else

Friend Deceased → >465< p. 2

Never/DR

>460< In 1975, you told us that [full name of friend] was one of your high school friends. Is [name of friend] living now?

>465< p. 2 ← No

Yes

DR

>460c< During the past 12 months, about how often did you have any contact with [name of friend] either in person, by letter, or by phone?

Never/DR

Else

>460m< In what year did you last see [name of friend]?

Between "1987" and "1993" (Inclusive)

DR

Else → Next Module

>462d< Have you had any contact at all with [name of friend] within the last 5 years?

Yes

Else → Next Module

>462f< How close would you say you are to [name of friend]? Would you say you are very close, somewhat close, not very close, or not at all close?

>462m< Overall, how do you think you compare with [name of friend]? Let's begin with education. Have you done much better, better, about the same, worse, or much worse than your high school friend?

>462s< What about work? Have you done much better, better, about the same, worse, or much worse than your high school friend?

>464< Financially, have you done much better, better, about the same, worse, or much worse than your high school friend?

RECIPROCAL FRIEND MORTALITY CLOSEOUT

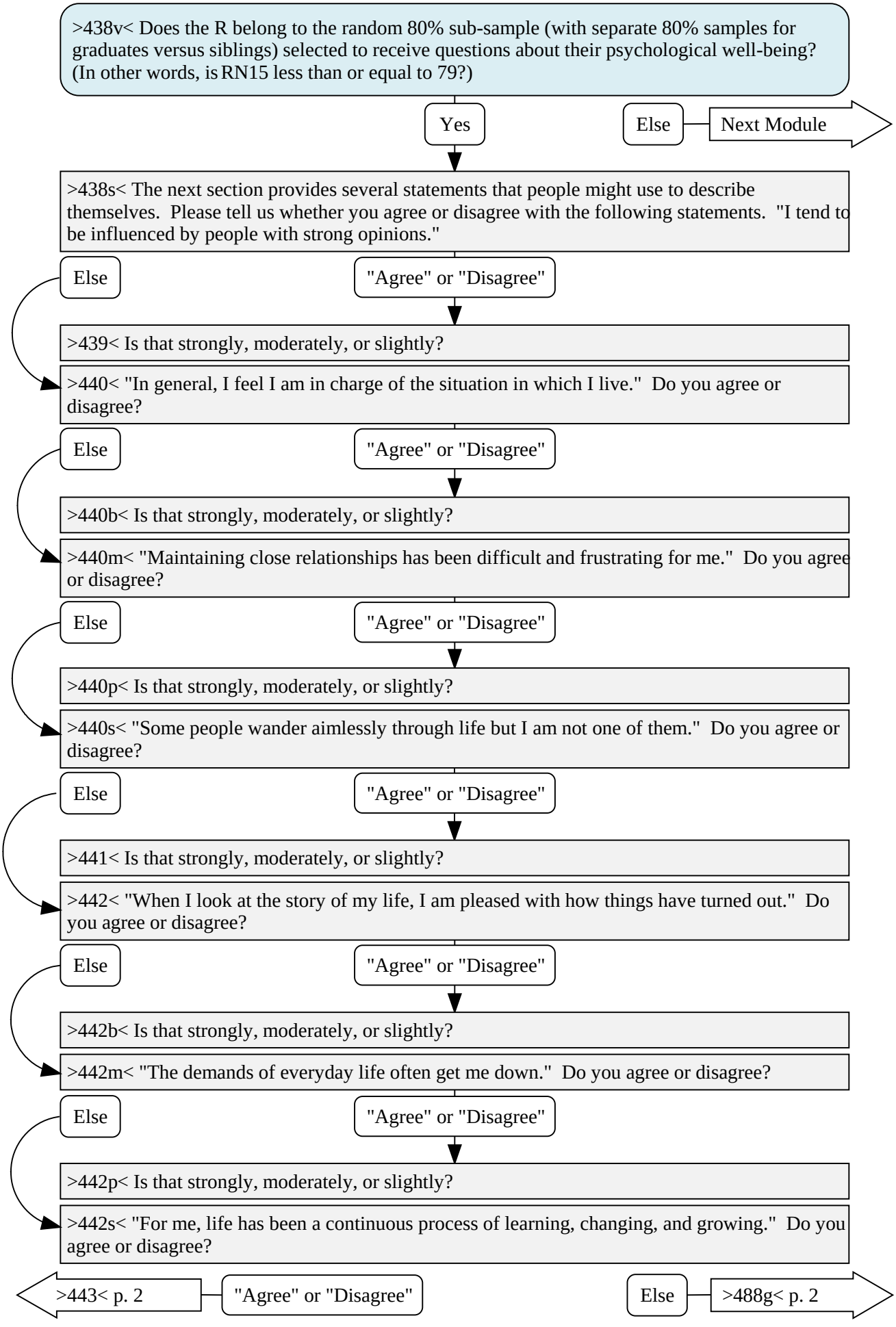
>465< When did [name of friend] die?

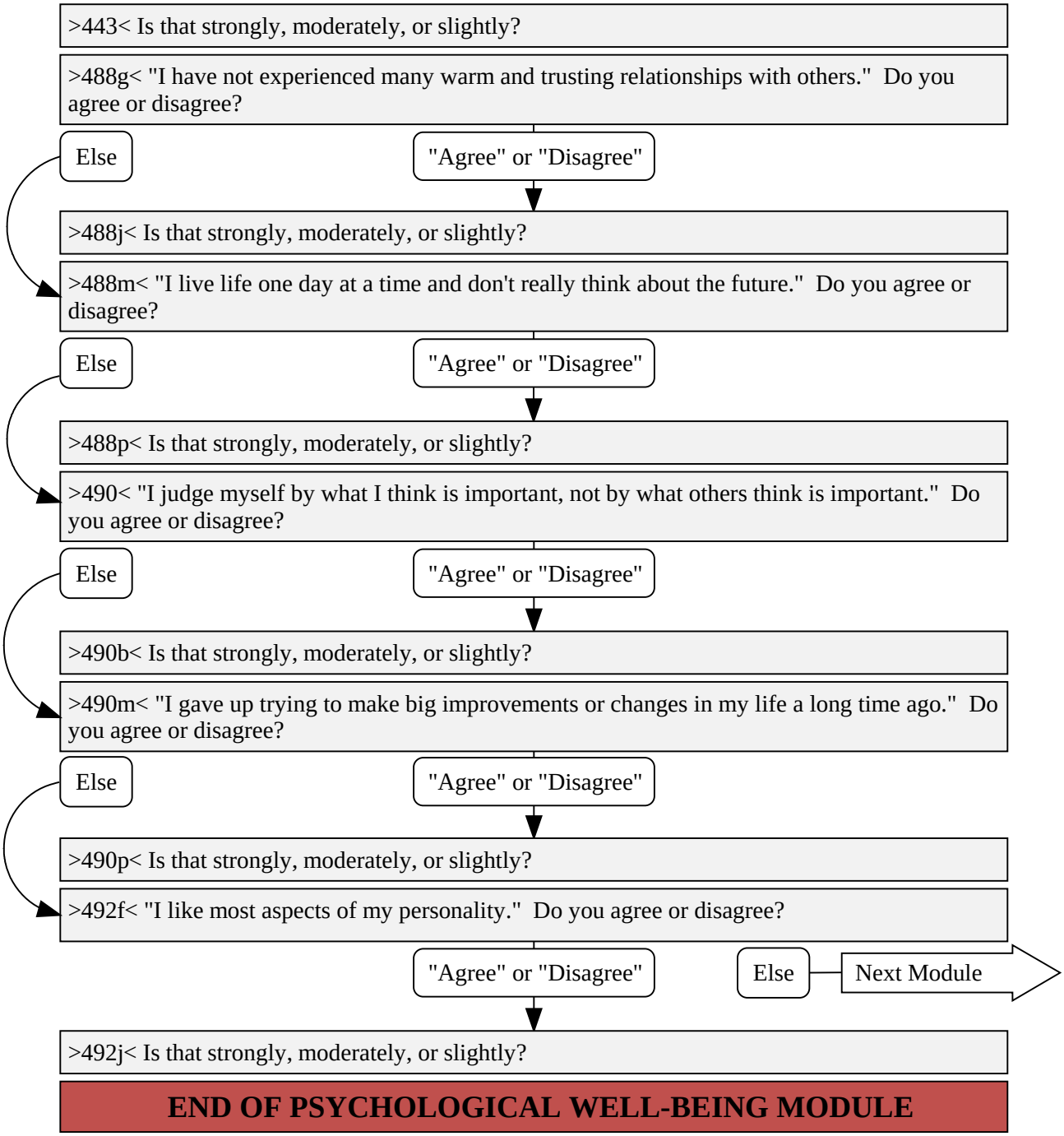
>465e< Was [full name of friend] his/her complete name?

>465j/k< In what city and state did [name of friend] die?

END OF RECIPROCAL FRIEND MODULE

PSYCHOLOGICAL WELL-BEING




>443< Is that strongly, moderately, or slightly?
>488g< "I have not experienced many warm and trusting relationships with others." Do you agree or disagree?
Else
"Agree" or "Disagree"
>488j< Is that strongly, moderately, or slightly?
>488m< "I live life one day at a time and don't really think about the future." Do you agree or disagree?
Else
"Agree" or "Disagree"
>488p< Is that strongly, moderately, or slightly?
>490< "I judge myself by what I think is important, not by what others think is important." Do you agree or disagree?
Else
"Agree" or "Disagree"
>490b< Is that strongly, moderately, or slightly?
>490m< "I gave up trying to make big improvements or changes in my life a long time ago." Do you agree or disagree?
Else
"Agree" or "Disagree"
>490p< Is that strongly, moderately, or slightly?
>492f< "I like most aspects of my personality." Do you agree or disagree?
"Agree" or "Disagree"
Else
Next Module
>492j< Is that strongly, moderately, or slightly?
END OF PSYCHOLOGICAL WELL-BEING MODULE

PARENTAL INCOME

>538g< Does the R belong to the random 50% sub-sample (with separate 50% samples for graduates versus siblings) selected to receive questions about their parents' income? (In other words, is RN17 less than 50?)

Yes

Else → Next Module

>538v< Is the R's mother, father, mother-in-law, OR father-in-law still living? (From Household Roster Module)

Else

No → Next Module

>538m< Now I have some questions about your (parent's) (and) (parent-in-law's) economic situation.

RESPONDENT'S PARENTS

>538s< Are the R's mother AND father both still living? (From Household Roster Module)

Yes

Else → >546< p. 2

>538s< Are the R's mother and father currently married (to each other)? (From Household Roster Module)

Yes

Else → >546f< p. 2

>540m< About how much income would you say your parents received in the past 12 months? Include all sources, including income from employment, Social Security, pensions, and investments.

Else

Don't Know

>540s< Would it amount to $25,000 or more?

Refused

Yes

Else

>542< $50,000 or more?

>542f< $5,000 or more?

>542m< Do your parents own their own home?

>542s< Suppose your parents were to sell all of their possessions including their (home and) investments, and pay off all of their debts. Would they have something left over, break even, or be in debt?

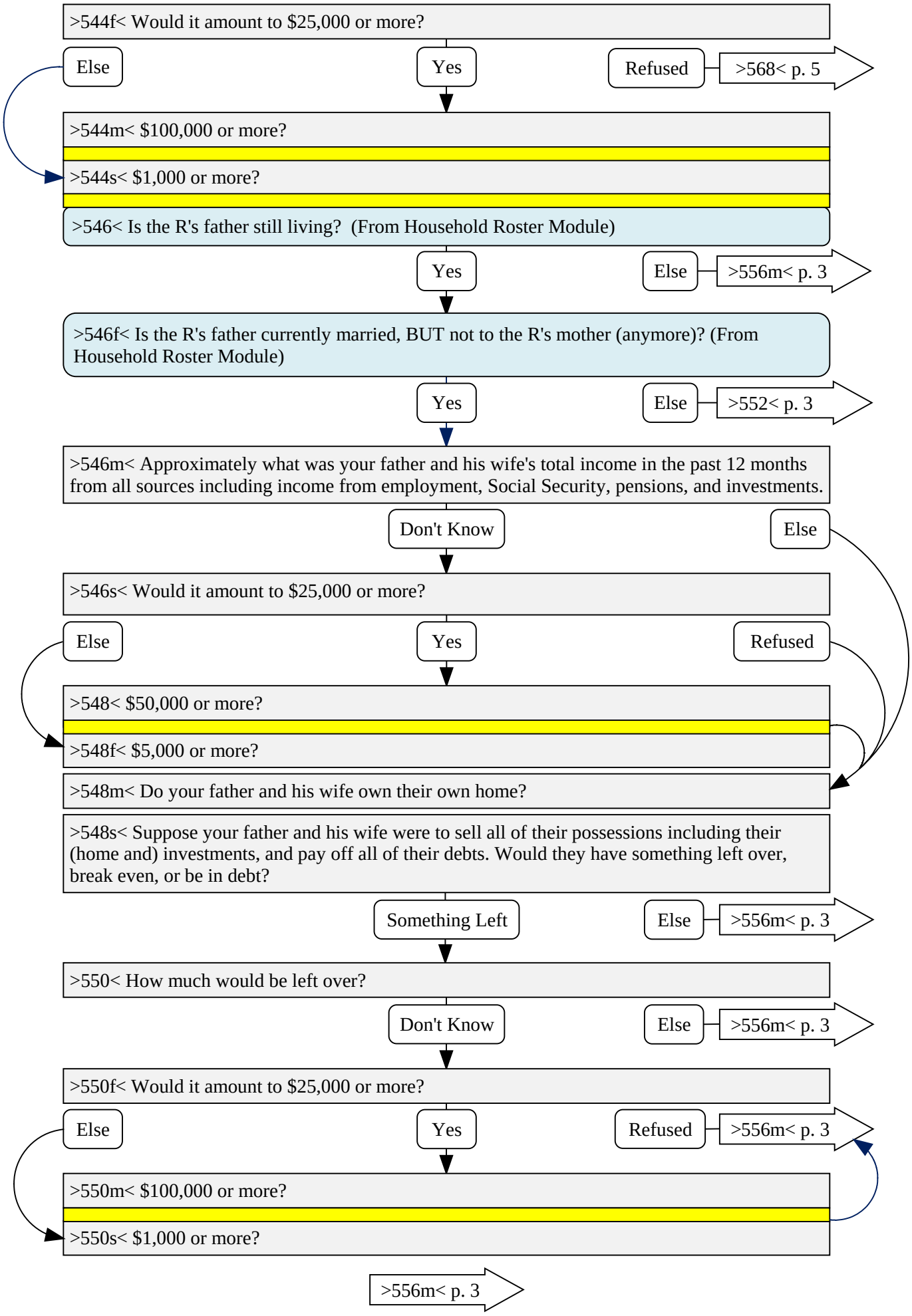
Something Left

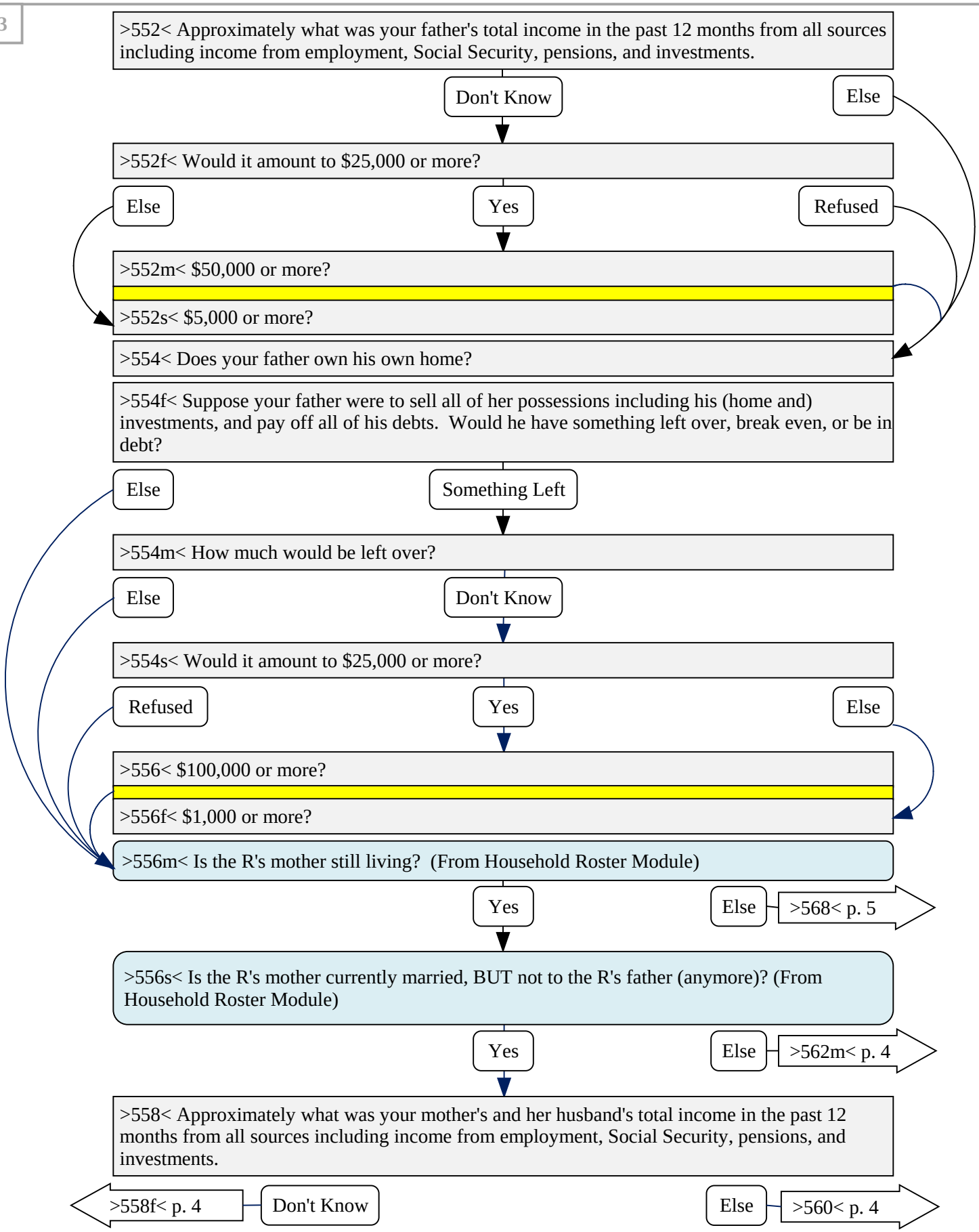
Else → >568< p.5

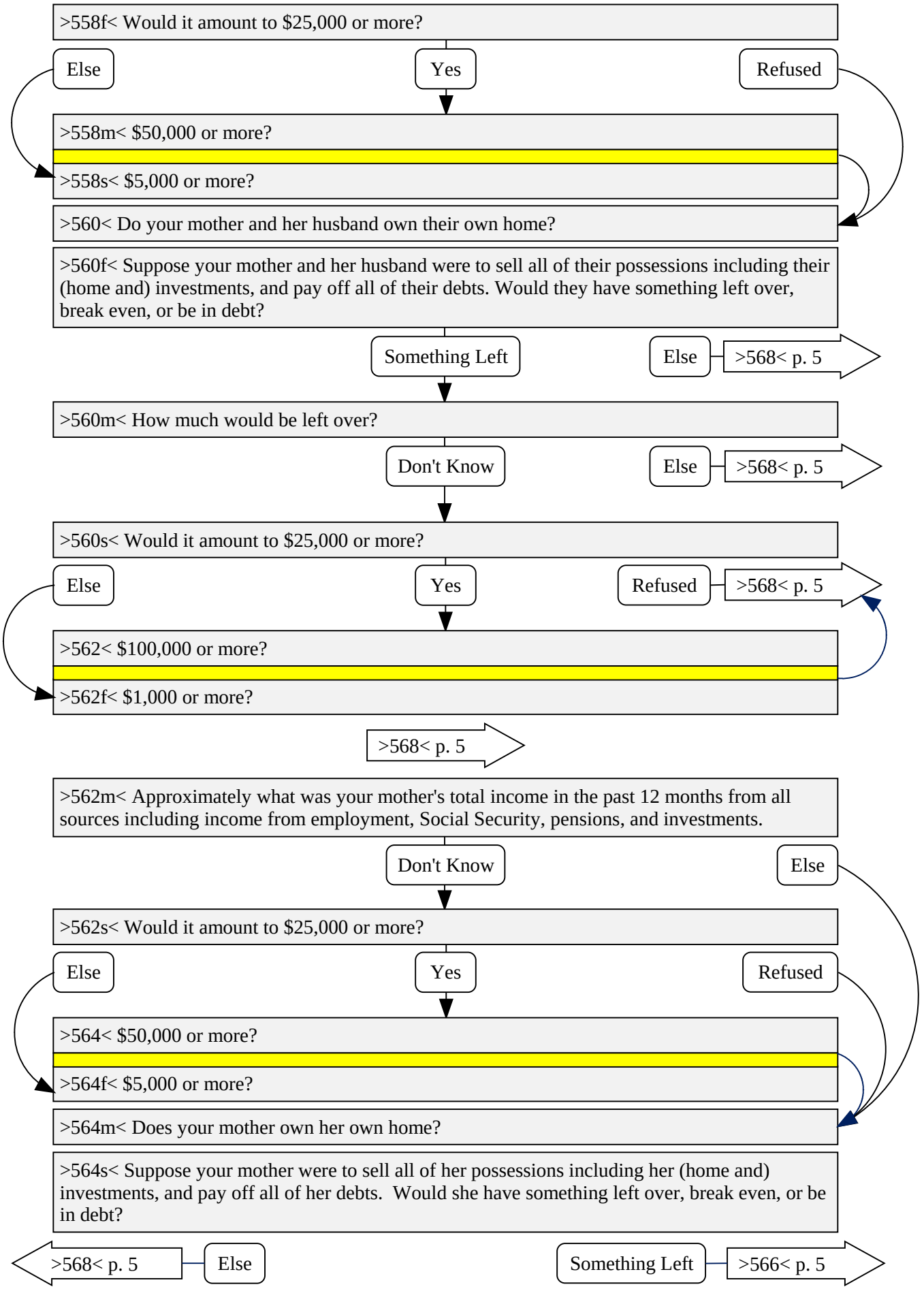
>544< How much would be left over?

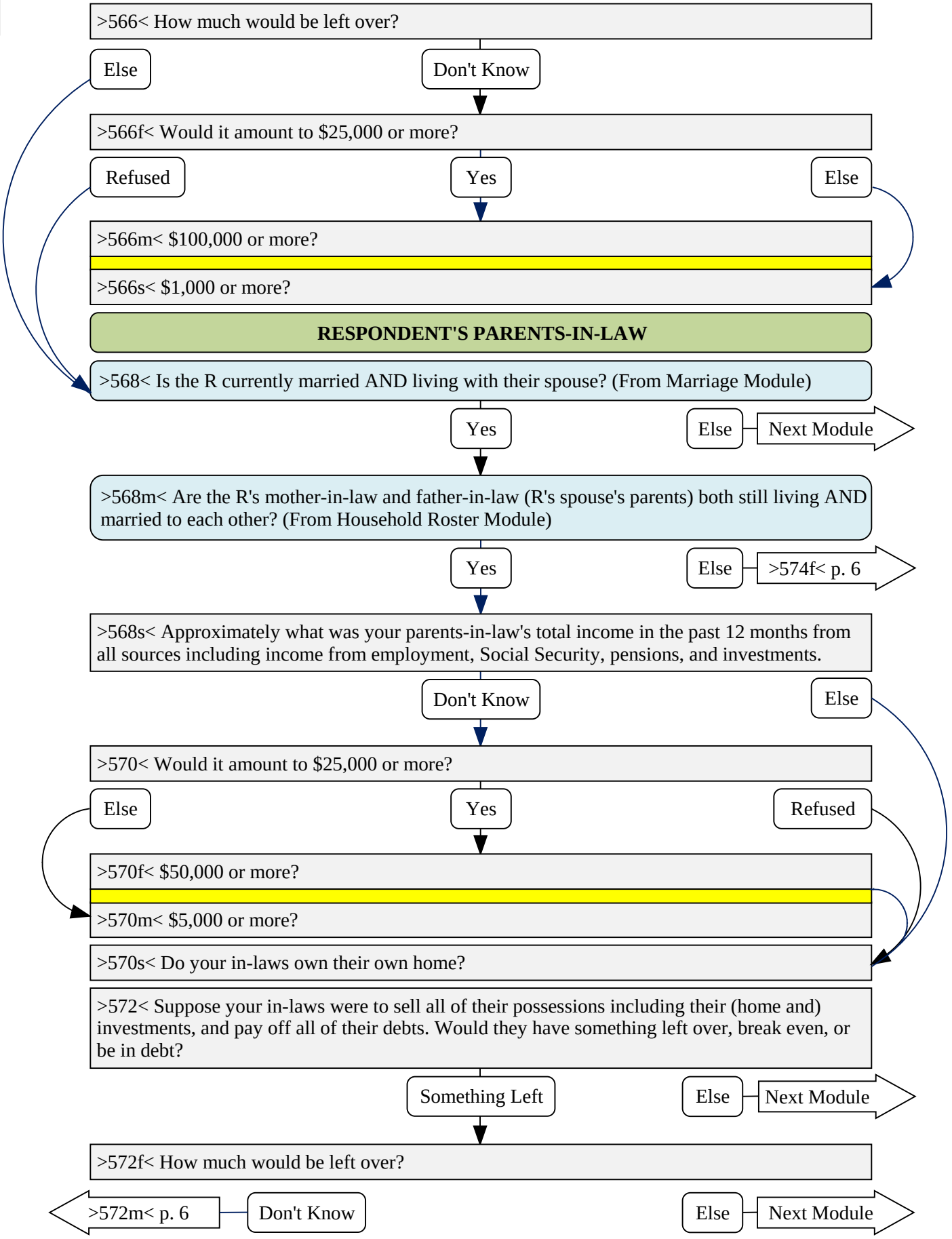
>544f< p. 2 ← Don't Know

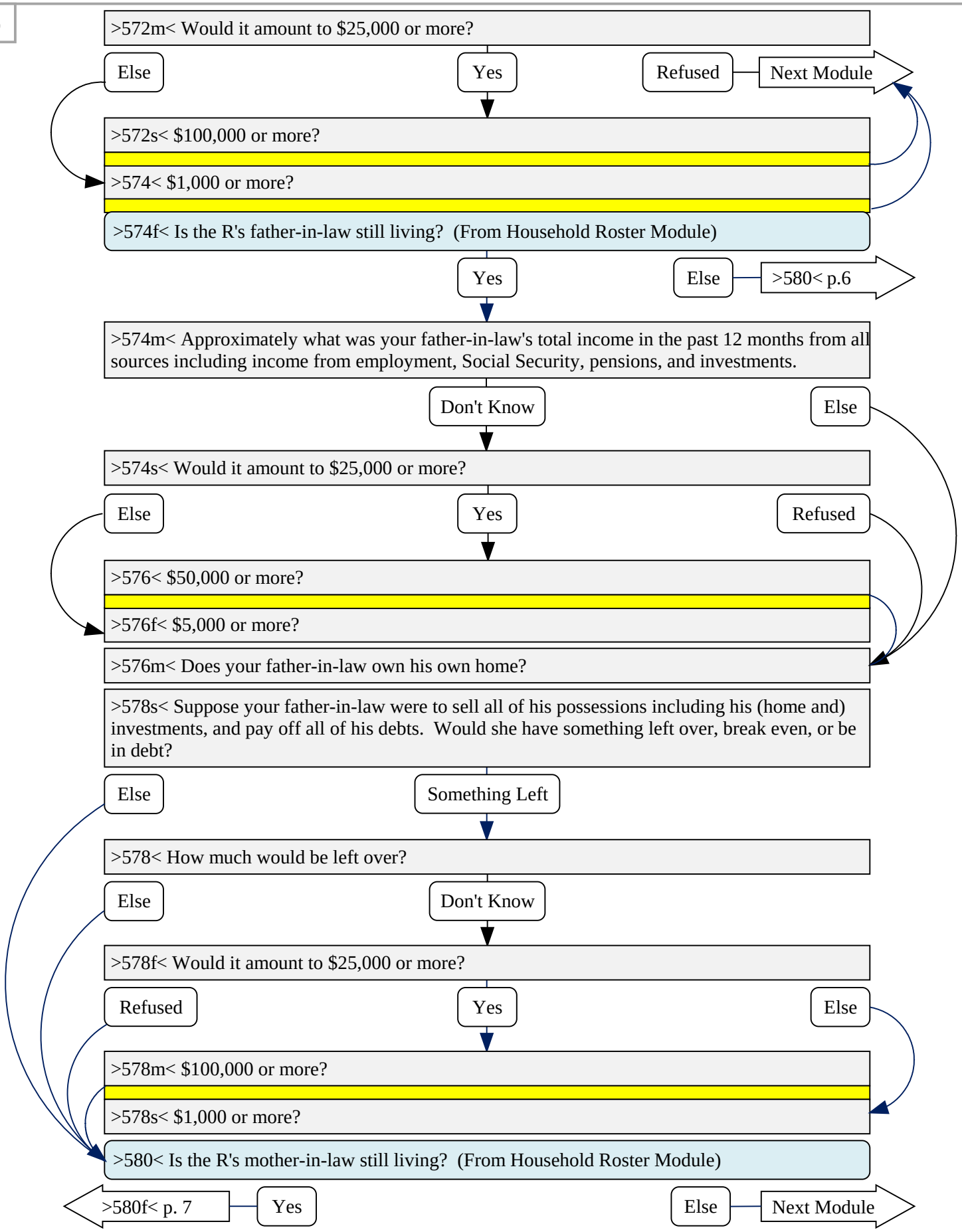
Else → >568< p.5

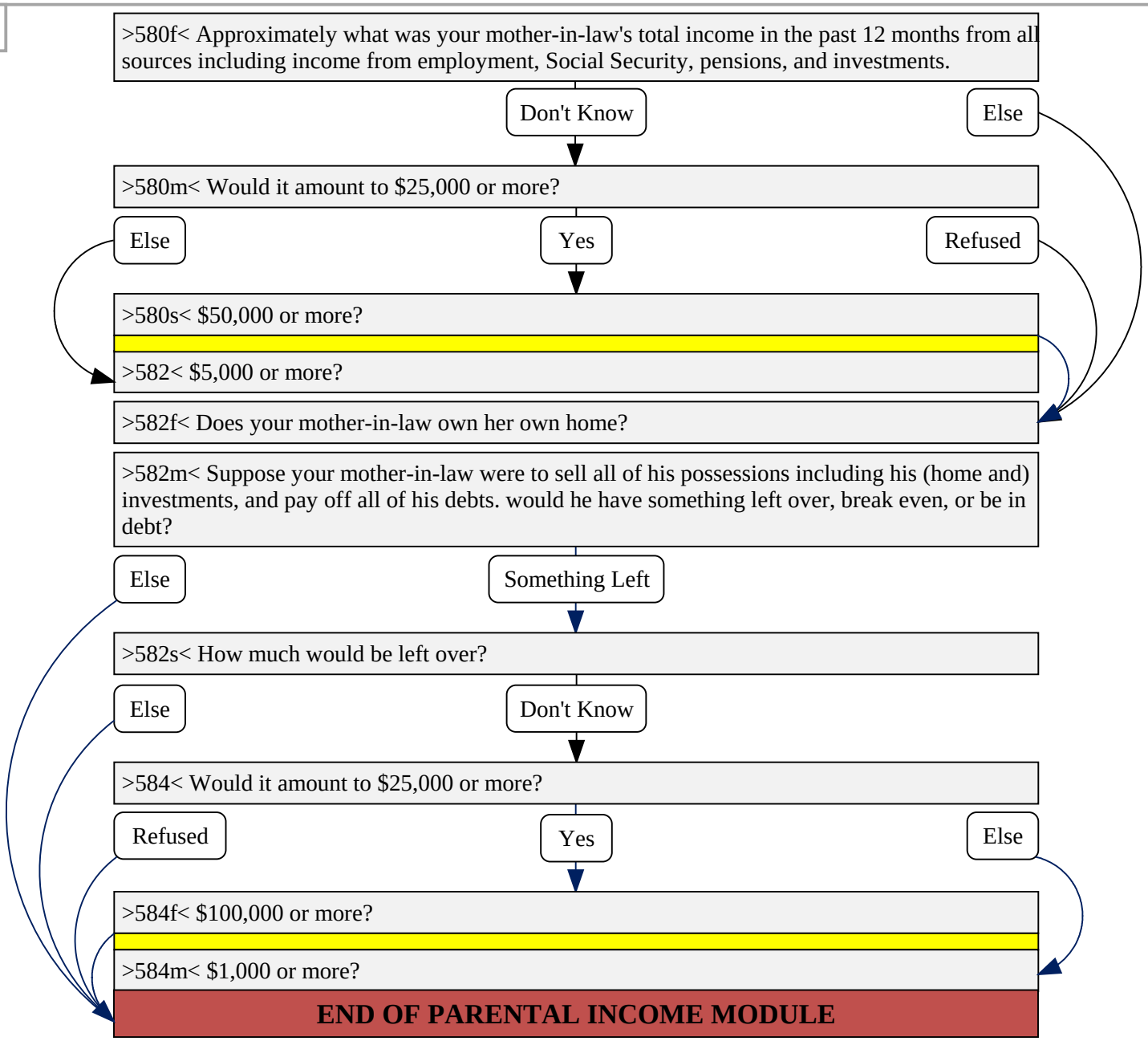

>544f< Would it amount to $25,000 or more?
Else
Yes
Refused
>568< p. 5
>544m< $100,000 or more?
>544s< $1,000 or more?
>546< Is the R's father still living? (From Household Roster Module)
Yes
Else
>556m< p. 3
>546f< Is the R's father currently married, BUT not to the R's mother (anymore)? (From Household Roster Module)
Yes
Else
>552< p. 3
>546m< Approximately what was your father and his wife's total income in the past 12 months from all sources including income from employment, Social Security, pensions, and investments.
Don't Know
Else
>546s< Would it amount to $25,000 or more?
Else
Yes
Refused
>548< $50,000 or more?
>548f< $5,000 or more?
>548m< Do your father and his wife own their own home?
>548s< Suppose your father and his wife were to sell all of their possessions including their (home and) investments, and pay off all of their debts. Would they have something left over, break even, or be in debt?
Something Left
Else
>556m< p. 3
>550< How much would be left over?
Don't Know
Else
>556m< p. 3
>550f< Would it amount to $25,000 or more?
Else
Yes
Refused
>556m< p. 3
>550m< $100,000 or more?
>550s< $1,000 or more?
>556m< p. 3


>552< Approximately what was your father's total income in the past 12 months from all sources including income from employment, Social Security, pensions, and investments.
Don't Know
Else
>552f< Would it amount to $25,000 or more?
Else
Yes
Refused
>552m< $50,000 or more?
>552s< $5,000 or more?
>554< Does your father own his own home?
>554f< Suppose your father were to sell all of her possessions including his (home and) investments, and pay off all of his debts. Would he have something left over, break even, or be in debt?
Else
Something Left
>554m< How much would be left over?
Else
Don't Know
>554s< Would it amount to $25,000 or more?
Refused
Yes
Else
>556< $100,000 or more?
>556f< $1,000 or more?
>556m< Is the R's mother still living? (From Household Roster Module)
Yes
Else
>568< p. 5
>556s< Is the R's mother currently married, BUT not to the R's father (anymore)? (From Household Roster Module)
Yes
Else
>562m< p. 4
>558< Approximately what was your mother's and her husband's total income in the past 12 months from all sources including income from employment, Social Security, pensions, and investments.
>558f< p. 4
Don't Know
Else
>560< p. 4

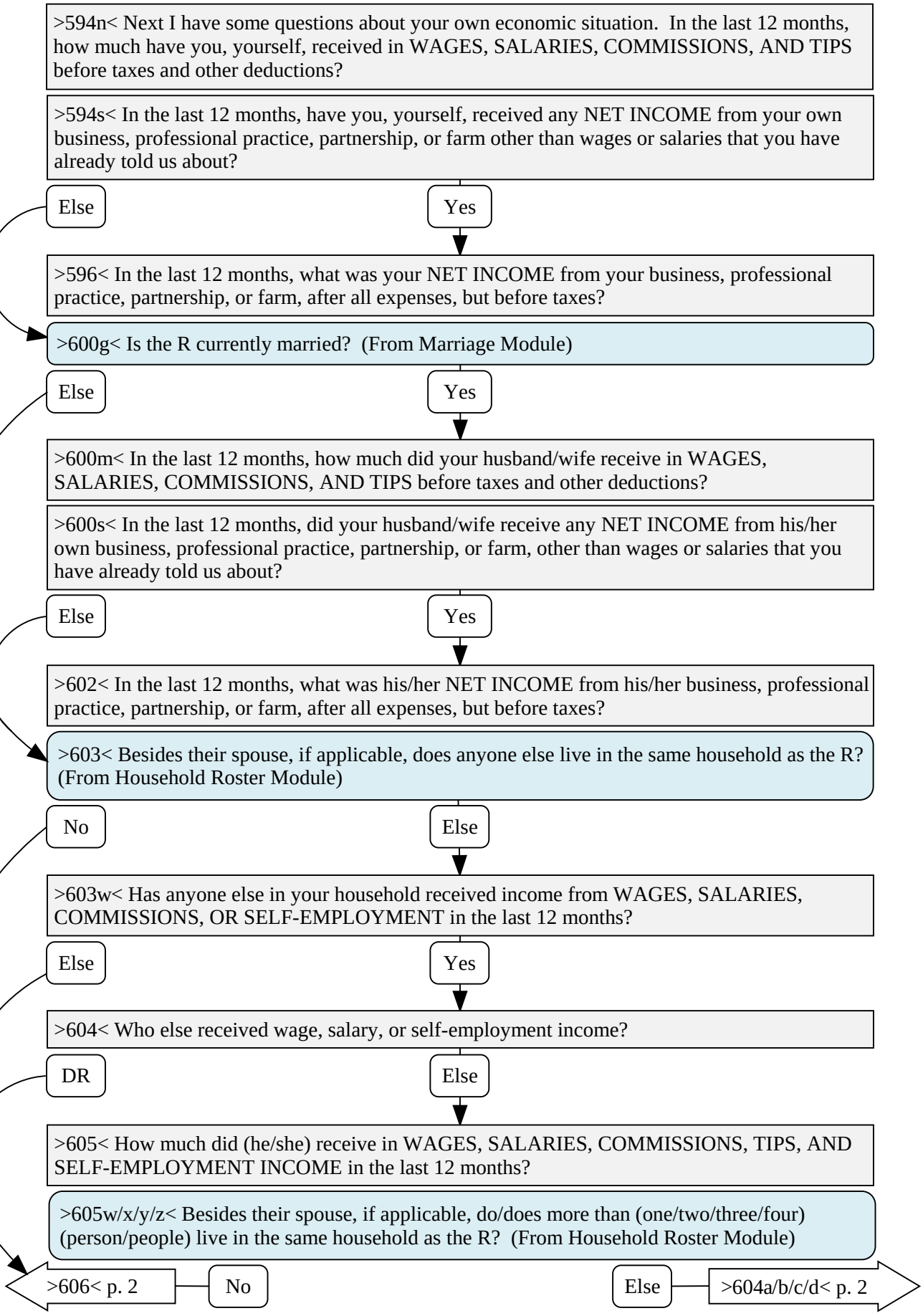

>558f< Would it amount to $25,000 or more?
Else
Yes
Refused
>558m< $50,000 or more?
>558s< $5,000 or more?
>560< Do your mother and her husband own their own home?
>560f< Suppose your mother and her husband were to sell all of their possessions including their (home and) investments, and pay off all of their debts. Would they have something left over, break even, or be in debt?
Something Left
Else
>568< p. 5
>560m< How much would be left over?
Don't Know
Else
>568< p. 5
>560s< Would it amount to $25,000 or more?
Else
Yes
Refused
>568< p. 5
>562< $100,000 or more?
>562f< $1,000 or more?
>568< p. 5
>562m< Approximately what was your mother's total income in the past 12 months from all sources including income from employment, Social Security, pensions, and investments.
Don't Know
Else
>562s< Would it amount to $25,000 or more?
Else
Yes
Refused
>564< $50,000 or more?
>564f< $5,000 or more?
>564m< Does your mother own her own home?
>564s< Suppose your mother were to sell all of her possessions including her (home and) investments, and pay off all of her debts. Would she have something left over, break even, or be in debt?
>568< p. 5
Else
Something Left
>566< p. 5

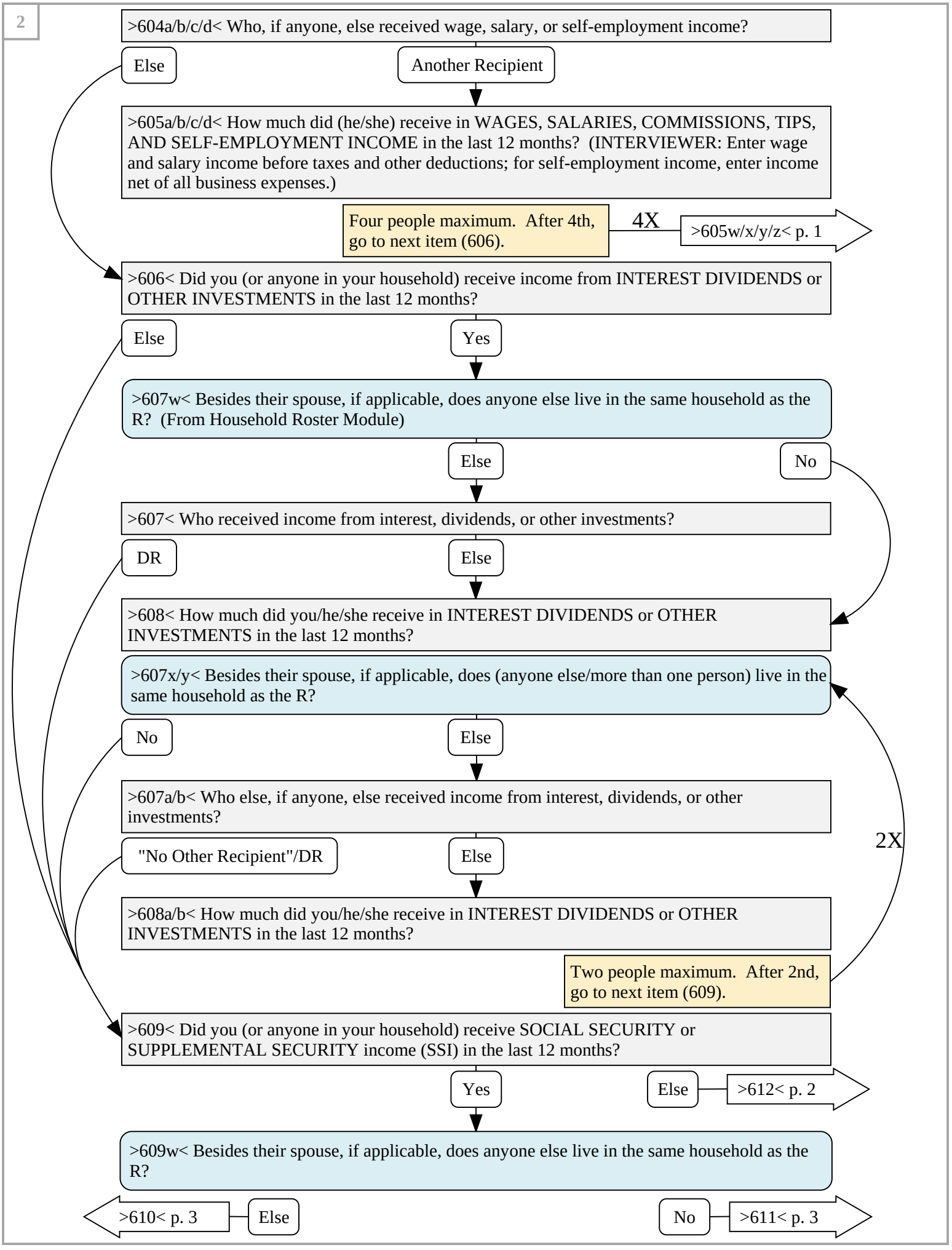

>566< How much would be left over?
Else
Don't Know
>566f< Would it amount to $25,000 or more?
Refused
Yes
Else
>566m< $100,000 or more?
>566s< $1,000 or more?
RESPONDENT'S PARENTS-IN-LAW
>568< Is the R currently married AND living with their spouse? (From Marriage Module)
Yes
Else
Next Module
>568m< Are the R's mother-in-law and father-in-law (R's spouse's parents) both still living AND married to each other? (From Household Roster Module)
Yes
Else
>574f< p. 6
>568s< Approximately what was your parents-in-law's total income in the past 12 months from all sources including income from employment, Social Security, pensions, and investments.
Don't Know
Else
>570< Would it amount to $25,000 or more?
Else
Yes
Refused
>570f< $50,000 or more?
>570m< $5,000 or more?
>570s< Do your in-laws own their own home?
>572< Suppose your in-laws were to sell all of their possessions including their (home and) investments, and pay off all of their debts. Would they have something left over, break even, or be in debt?
Something Left
Else
Next Module
>572f< How much would be left over?
>572m< p. 6
Don't Know
Else
Next Module

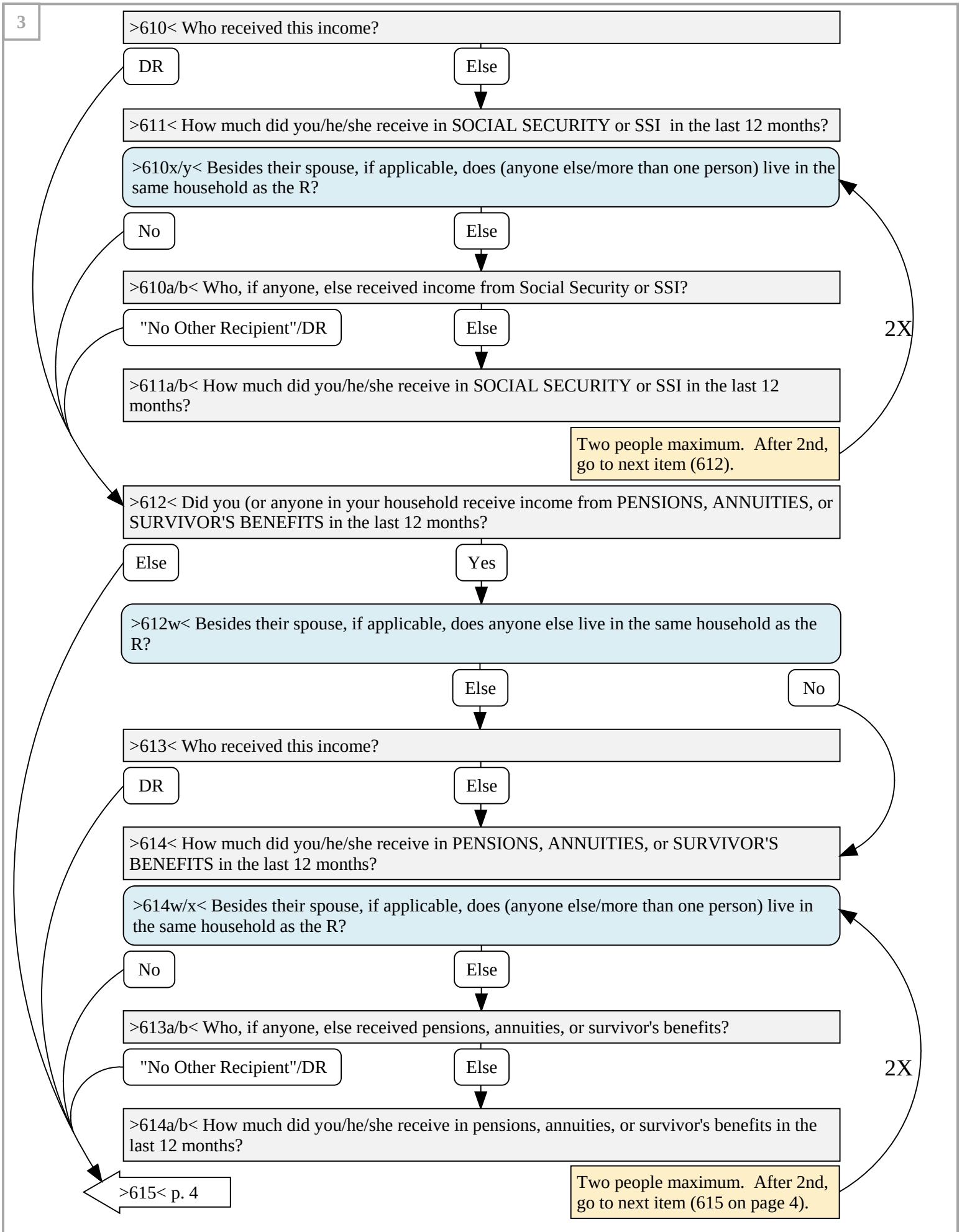

>572m< Would it amount to $25,000 or more?
Else
Yes
Refused
Next Module
>572s< $100,000 or more?
>574< $1,000 or more?
>574f< Is the R's father-in-law still living? (From Household Roster Module)
Yes
Else
>580< p.6
>574m< Approximately what was your father-in-law's total income in the past 12 months from all sources including income from employment, Social Security, pensions, and investments.
Don't Know
Else
>574s< Would it amount to $25,000 or more?
Else
Yes
Refused
>576< $50,000 or more?
>576f< $5,000 or more?
>576m< Does your father-in-law own his own home?
>578s< Suppose your father-in-law were to sell all of his possessions including his (home and) investments, and pay off all of his debts. Would she have something left over, break even, or be in debt?
Else
Something Left
>578< How much would be left over?
Else
Don't Know
>578f< Would it amount to $25,000 or more?
Refused
Yes
Else
>578m< $100,000 or more?
>578s< $1,000 or more?
>580< Is the R's mother-in-law still living? (From Household Roster Module)
>580f< p. 7
Yes
Else
Next Module

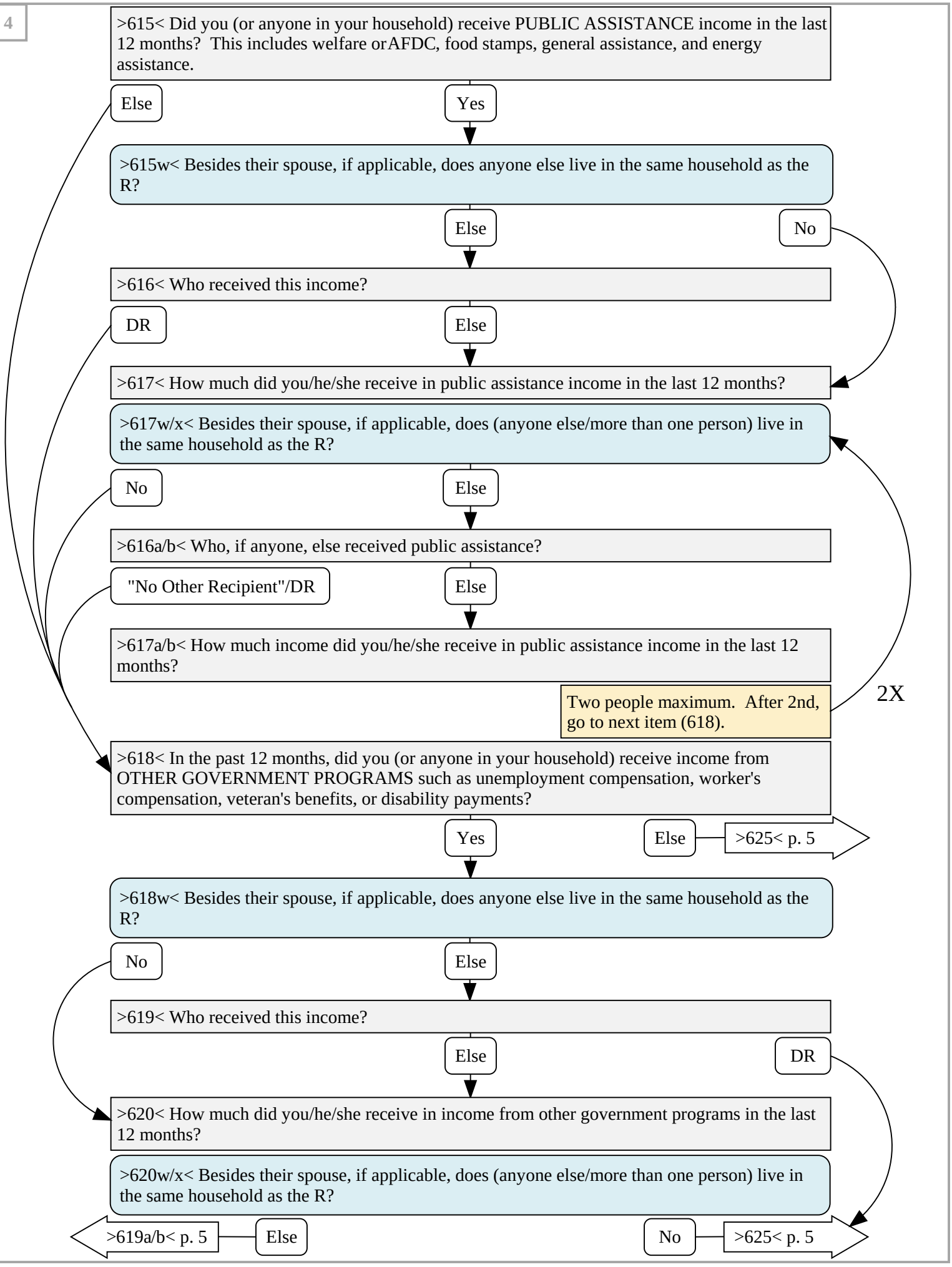

>580f< Approximately what was your mother-in-law's total income in the past 12 months from all sources including income from employment, Social Security, pensions, and investments.
Don't Know
Else
>580m< Would it amount to $25,000 or more?
Else
Yes
Refused
>580s< $50,000 or more?
>582< $5,000 or more?
>582f< Does your mother-in-law own her own home?
>582m< Suppose your mother-in-law were to sell all of his possessions including his (home and) investments, and pay off all of his debts. would he have something left over, break even, or be in debt?
Else
Something Left
>582s< How much would be left over?
Else
Don't Know
>584< Would it amount to $25,000 or more?
Refused
Yes
Else
>584f< $100,000 or more?
>584m< $1,000 or more?
END OF PARENTAL INCOME MODULE

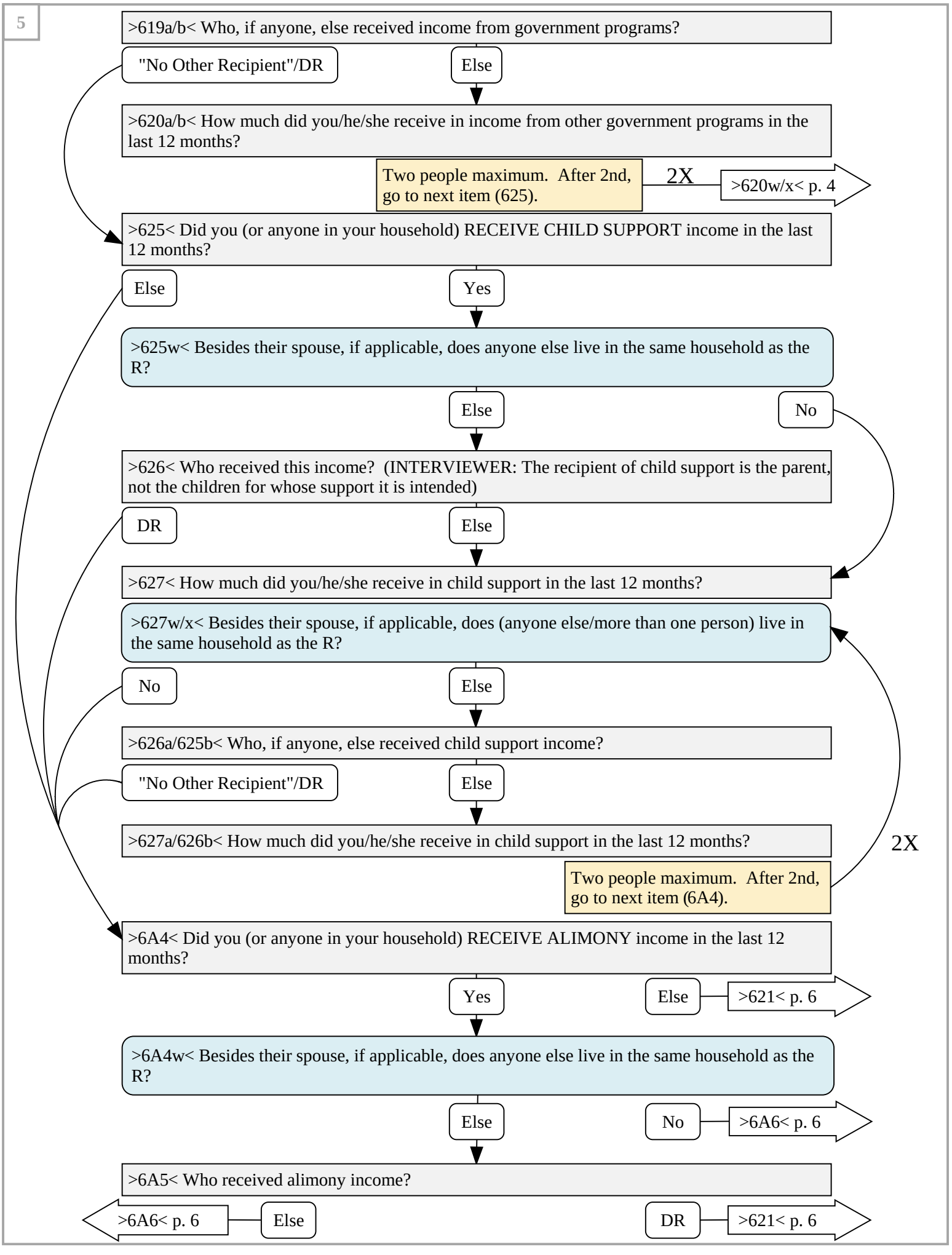
OTHER INCOME SUMMARY

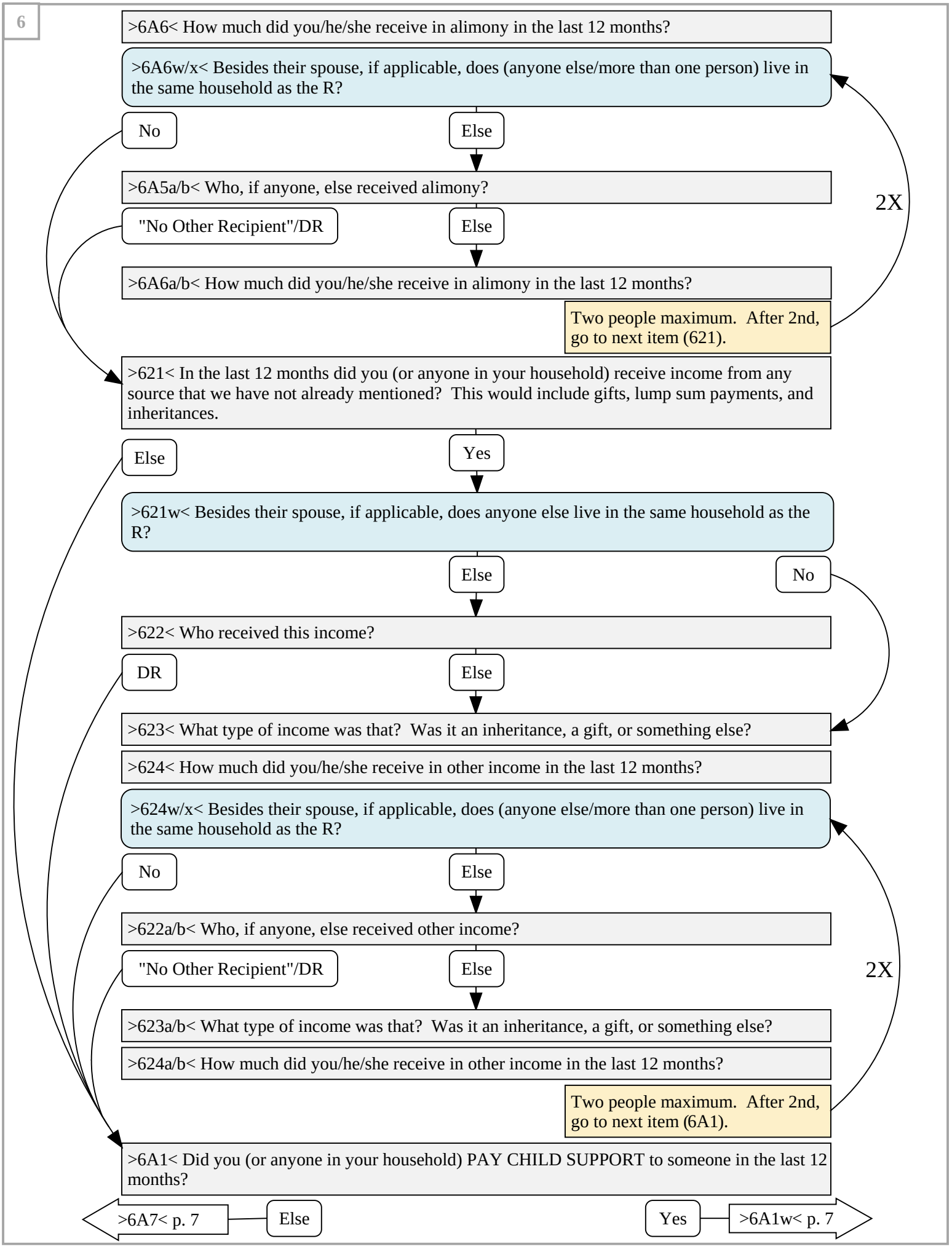


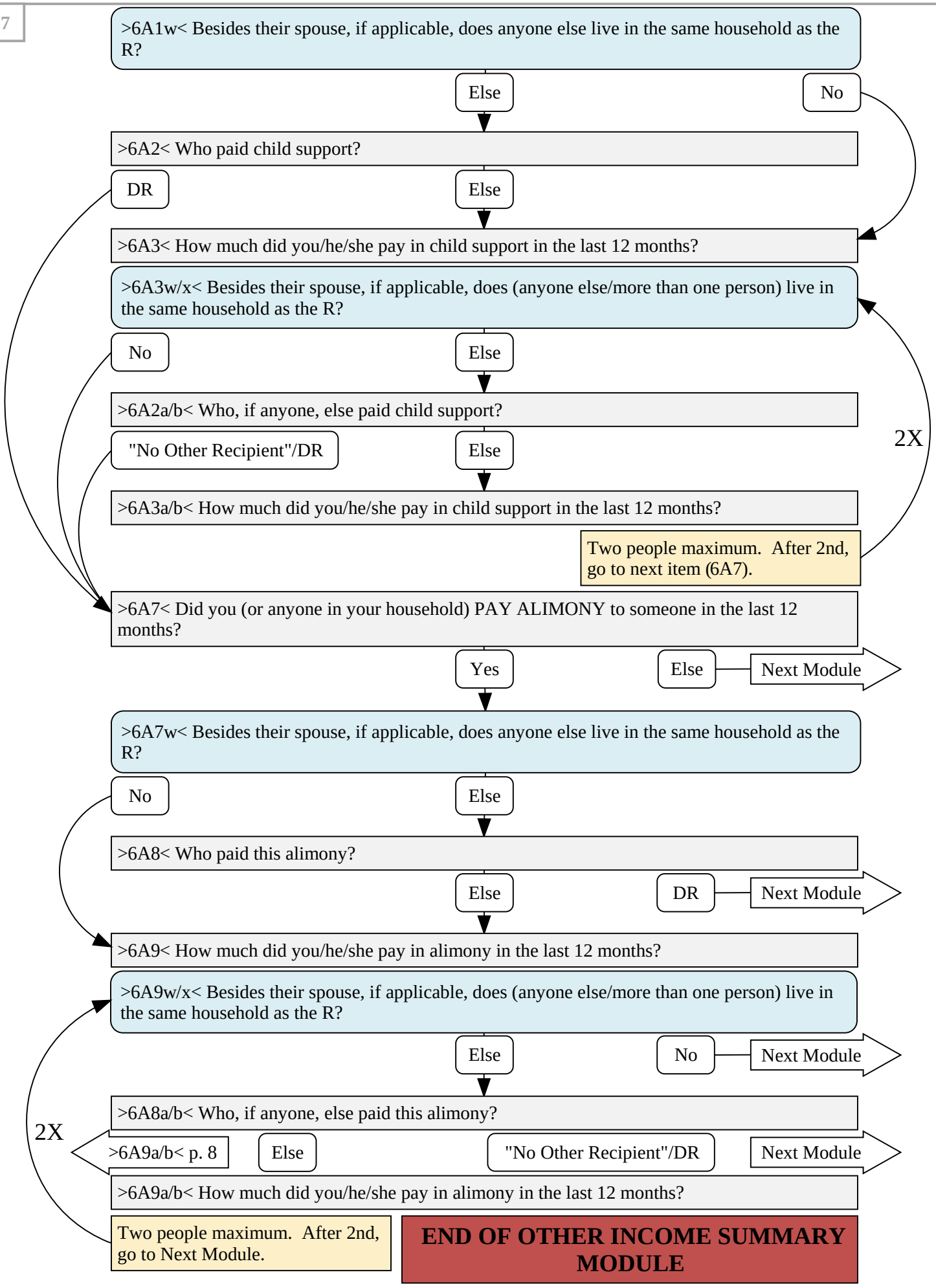

>604a/b/c/d< Who, if anyone, else received wage, salary, or self-employment income?
Else
Another Recipient
>605a/b/c/d< How much did (he/she) receive in WAGES, SALARIES, COMMISSIONS, TIPS, AND SELF-EMPLOYMENT INCOME in the last 12 months? (INTERVIEWER: Enter wage and salary income before taxes and other deductions; for self-employment income, enter income net of all business expenses.)
Four people maximum. After 4th, go to next item (606).
4X
>605w/x/y/z< p. 1
>606< Did you (or anyone in your household) receive income from INTEREST DIVIDENDS or OTHER INVESTMENTS in the last 12 months?
Else
Yes
>607w< Besides their spouse, if applicable, does anyone else live in the same household as the R? (From Household Roster Module)
Else
No
>607< Who received income from interest, dividends, or other investments?
DR
Else
>608< How much did you/he/she receive in INTEREST DIVIDENDS or OTHER INVESTMENTS in the last 12 months?
>607x/y< Besides their spouse, if applicable, does (anyone else/more than one person) live in the same household as the R?
No
Else
>607a/b< Who else, if anyone, else received income from interest, dividends, or other investments?
"No Other Recipient"/DR
Else
2X
>608a/b< How much did you/he/she receive in INTEREST DIVIDENDS or OTHER INVESTMENTS in the last 12 months?
Two people maximum. After 2nd, go to next item (609).
>609< Did you (or anyone in your household) receive SOCIAL SECURITY or SUPPLEMENTAL SECURITY income (SSI) in the last 12 months?
Yes
Else
>612< p. 2
>609w< Besides their spouse, if applicable, does anyone else live in the same household as the R?
>610< p. 3
Else
No
>611< p. 3


>610< Who received this income?
DR
Else
>611< How much did you/he/she receive in SOCIAL SECURITY or SSI in the last 12 months?
>610x/y< Besides their spouse, if applicable, does (anyone else/more than one person) live in the same household as the R?
No
Else
>610a/b< Who, if anyone, else received income from Social Security or SSI?
"No Other Recipient"/DR
Else
2X
>611a/b< How much did you/he/she receive in SOCIAL SECURITY or SSI in the last 12 months?
Two people maximum. After 2nd, go to next item (612).
>612< Did you (or anyone in your household receive income from PENSIONS, ANNUITIES, or SURVIVOR'S BENEFITS in the last 12 months?
Else
Yes
>612w< Besides their spouse, if applicable, does anyone else live in the same household as the R?
Else
No
>613< Who received this income?
DR
Else
>614< How much did you/he/she receive in PENSIONS, ANNUITIES, or SURVIVOR'S BENEFITS in the last 12 months?
>614w/x< Besides their spouse, if applicable, does (anyone else/more than one person) live in the same household as the R?
No
Else
>613a/b< Who, if anyone, else received pensions, annuities, or survivor's benefits?
"No Other Recipient"/DR
Else
2X
>614a/b< How much did you/he/she receive in pensions, annuities, or survivor's benefits in the last 12 months?
>615< p. 4
Two people maximum. After 2nd, go to next item (615 on page 4).


>615< Did you (or anyone in your household) receive PUBLIC ASSISTANCE income in the last 12 months? This includes welfare or AFDC, food stamps, general assistance, and energy assistance.
Else
Yes
>615w< Besides their spouse, if applicable, does anyone else live in the same household as the R?
Else
No
>616< Who received this income?
DR
Else
>617< How much did you/he/she receive in public assistance income in the last 12 months?
>617w/x< Besides their spouse, if applicable, does (anyone else/more than one person) live in the same household as the R?
No
Else
>616a/b< Who, if anyone, else received public assistance?
"No Other Recipient"/DR
Else
>617a/b< How much income did you/he/she receive in public assistance income in the last 12 months?
Two people maximum. After 2nd, go to next item (618).
2X
>618< In the past 12 months, did you (or anyone in your household) receive income from OTHER GOVERNMENT PROGRAMS such as unemployment compensation, worker's compensation, veteran's benefits, or disability payments?
Yes
Else
>625< p. 5
>618w< Besides their spouse, if applicable, does anyone else live in the same household as the R?
No
Else
>619< Who received this income?
Else
DR
>620< How much did you/he/she receive in income from other government programs in the last 12 months?
>620w/x< Besides their spouse, if applicable, does (anyone else/more than one person) live in the same household as the R?
>619a/b< p. 5
Else
No
>625< p. 5


>619a/b< Who, if anyone, else received income from government programs?
"No Other Recipient"/DR
Else
>620a/b< How much did you/he/she receive in income from other government programs in the last 12 months?
Two people maximum. After 2nd, go to next item (625).
2X
>620w/x< p. 4
>625< Did you (or anyone in your household) RECEIVE CHILD SUPPORT income in the last 12 months?
Else
Yes
>625w< Besides their spouse, if applicable, does anyone else live in the same household as the R?
Else
No
>626< Who received this income? (INTERVIEWER: The recipient of child support is the parent, not the children for whose support it is intended)
DR
Else
>627< How much did you/he/she receive in child support in the last 12 months?
>627w/x< Besides their spouse, if applicable, does (anyone else/more than one person) live in the same household as the R?
No
Else
>626a/625b< Who, if anyone, else received child support income?
"No Other Recipient"/DR
Else
>627a/626b< How much did you/he/she receive in child support in the last 12 months?
Two people maximum. After 2nd, go to next item (6A4).
2X
>6A4< Did you (or anyone in your household) RECEIVE ALIMONY income in the last 12 months?
Yes
Else
>621< p. 6
>6A4w< Besides their spouse, if applicable, does anyone else live in the same household as the R?
Else
No
>6A6< p. 6
>6A5< Who received alimony income?
>6A6< p. 6
Else
DR
>621< p. 6


>6A6< How much did you/he/she receive in alimony in the last 12 months?
>6A6w/x< Besides their spouse, if applicable, does (anyone else/more than one person) live in the same household as the R?
No
Else
>6A5a/b< Who, if anyone, else received alimony?
"No Other Recipient"/DR
Else
>6A6a/b< How much did you/he/she receive in alimony in the last 12 months?
Two people maximum. After 2nd, go to next item (621).
2X
>621< In the last 12 months did you (or anyone in your household) receive income from any source that we have not already mentioned? This would include gifts, lump sum payments, and inheritances.
Else
Yes
>621w< Besides their spouse, does anyone else live in the same household as the R?
Else
No
>622< Who received this income?
DR
Else
>623< What type of income was that? Was it an inheritance, a gift, or something else?
>624< How much did you/he/she receive in other income in the last 12 months?
>624w/x< Besides their spouse, if applicable, does (anyone else/more than one person) live in the same household as the R?
No
Else
>622a/b< Who, if anyone, else received other income?
"No Other Recipient"/DR
Else
>623a/b< What type of income was that? Was it an inheritance, a gift, or something else?
>624a/b< How much did you/he/she receive in other income in the last 12 months?
Two people maximum. After 2nd, go to next item (6A1).
2X
>6A1< Did you (or anyone in your household) PAY CHILD SUPPORT to someone in the last 12 months?
>6A7< p. 7
Else
Yes
>6A1w< p. 7


>6A1w< Besides their spouse, if applicable, does anyone else live in the same household as the R?
Else
No
>6A2< Who paid child support?
DR
Else
>6A3< How much did you/he/she pay in child support in the last 12 months?
>6A3w/x< Besides their spouse, if applicable, does (anyone else/more than one person) live in the same household as the R?
No
Else
>6A2a/b< Who, if anyone, else paid child support?
"No Other Recipient"/DR
Else
>6A3a/b< How much did you/he/she pay in child support in the last 12 months?
Two people maximum. After 2nd, go to next item (6A7).
2X
>6A7< Did you (or anyone in your household) PAY ALIMONY to someone in the last 12 months?
Yes
Else
Next Module
>6A7w< Besides their spouse, if applicable, does anyone else live in the same household as the R?
No
Else
>6A8< Who paid this alimony?
Else
DR
Next Module
>6A9< How much did you/he/she pay in alimony in the last 12 months?
>6A9w/x< Besides their spouse, if applicable, does (anyone else/more than one person) live in the same household as the R?
Else
No
Next Module
>6A8a/b< Who, if anyone, else paid this alimony?
2X
>6A9a/b< p. 8
Else
"No Other Recipient"/DR
Next Module
>6A9a/b< How much did you/he/she pay in alimony in the last 12 months?
Two people maximum. After 2nd, go to Next Module.
END OF OTHER INCOME SUMMARY MODULE

INTER-TRANSFERS

>640< Did anyone ever leave you (or your husband/wife) (at the time) anything worth more than $1,000 when they died? Include inheritances, insurance settlements, or shares in a family business or farm.

Else → >643a<

Yes →

>641< What was the total value of all inheritances, insurance settlements, and shares in a business or farm that you (or your spouse husband/wife) (at the time) ever received when someone died?

>642< In what year did you last receive anything worth more than $1,000 from someone when they died?

>643a< During the last year, did you (or your husband/wife) make charitable contributions of money or property totaling $500 or more?

Else → >647<

Yes →

>644< Roughly, how much did you (or your husband/wife) contribute?

>647< Other than inheritances, over the years have any of your parents (or parents-in-law) given you (or your husband/wife) money totaling $1,000 or more at one time for a down-payment on a home, living expenses, or to pay for education, medical care, or for other needs (while they were alive)?

>646< Have any of your parents (or parents-in-law) ever given you (or your husband/wife) property or other assets totaling $1,000 or more?

Yes →

Else →

>648< Which parent gave you the most money, property, or assets?

2 X

>649/649a/649b< Altogether, what is the total amount you have received from him/her/them? (INTERVIEWER: Probe for estimate if unsure.)

>650/650a/650b< What was the main reason that he/she/they helped in that way?

>651/651a/651b< What was the most recent year that he/she/they gave you something worth $1,000 or more?

>648a/648b< Which, if any, other parent gave you (or your husband/wife) the next most money, property, or assets?

Else → Three people maximum. After 3rd, if applicable, go to next item (653).

No One Else →

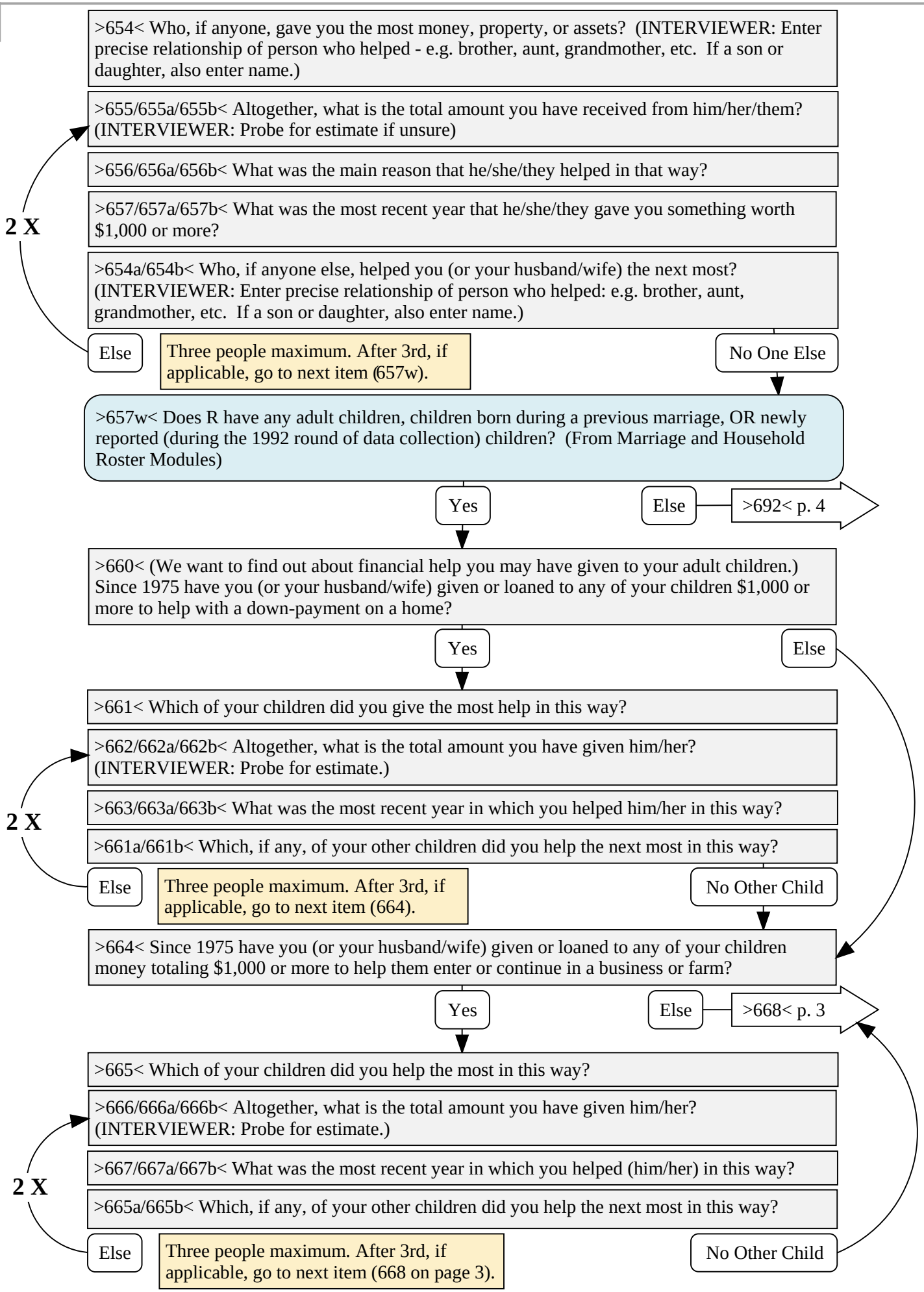
>653< Not counting inheritances, has anyone else who was not living with you ever given you (or your husband/wife) money totaling $1,000 or more for a down-payment on a home, living expenses, or to pay for education, medical care, or other needs (while they were alive)?

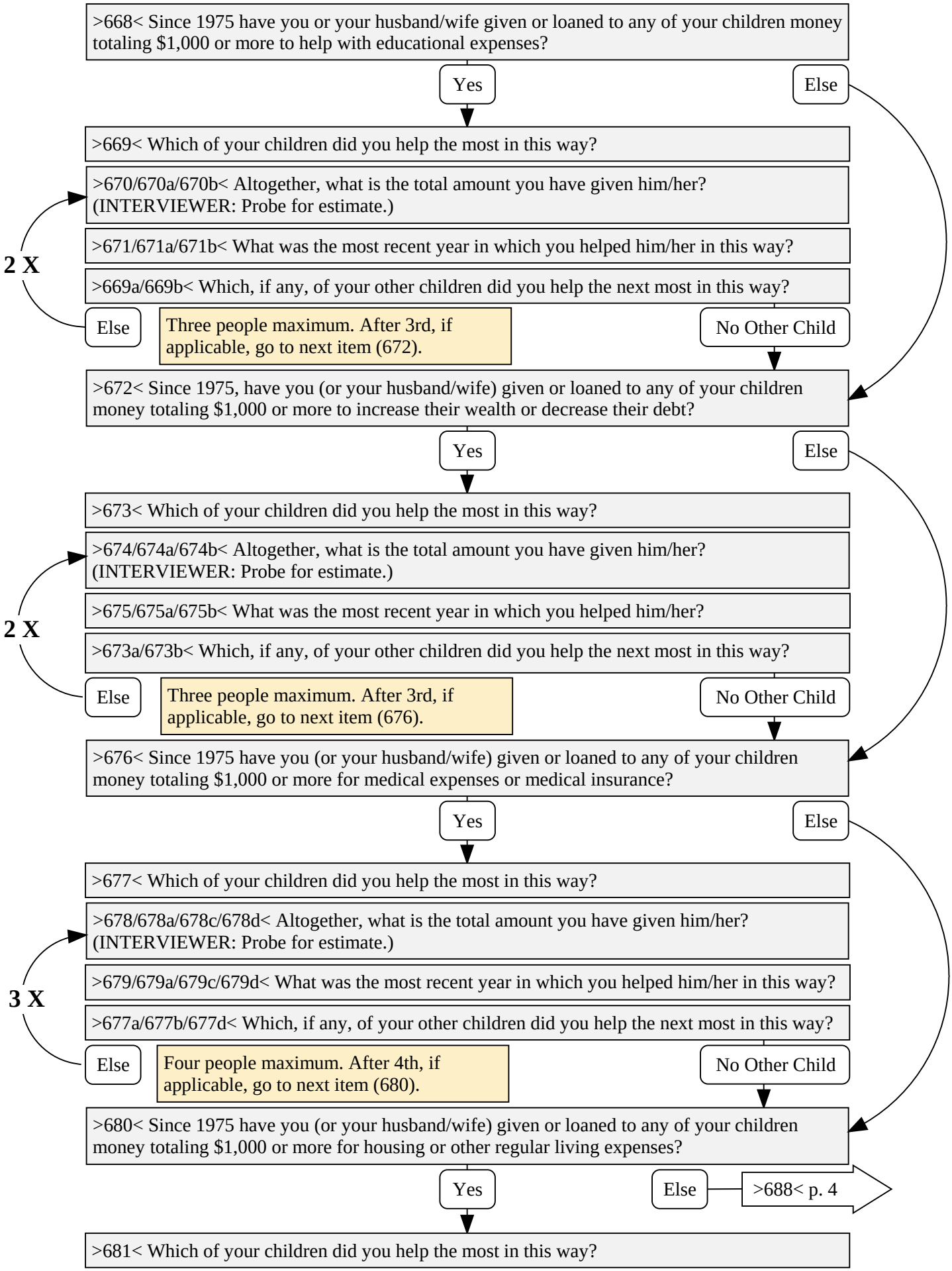
>652< Other than inheritances, has anyone else who was not living with you ever given you (or your husband/wife) property or assets, other than money, totaling $1,000 or more (while they were alive)?

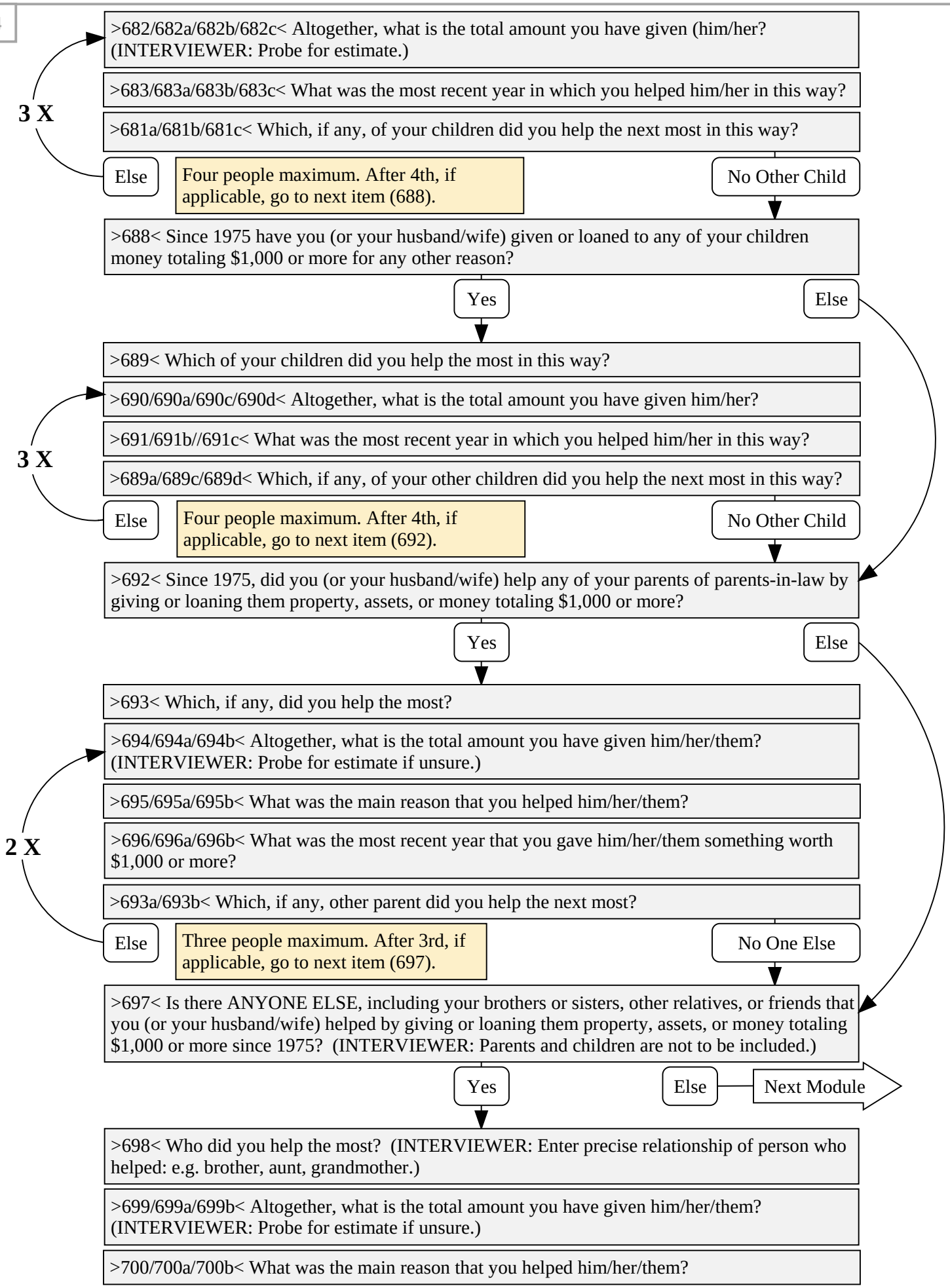
>652< Other than inheritances, has anyone else who not living with you ever given you [or your spouse] property or assets, other than money, totaling $1,000 or more?

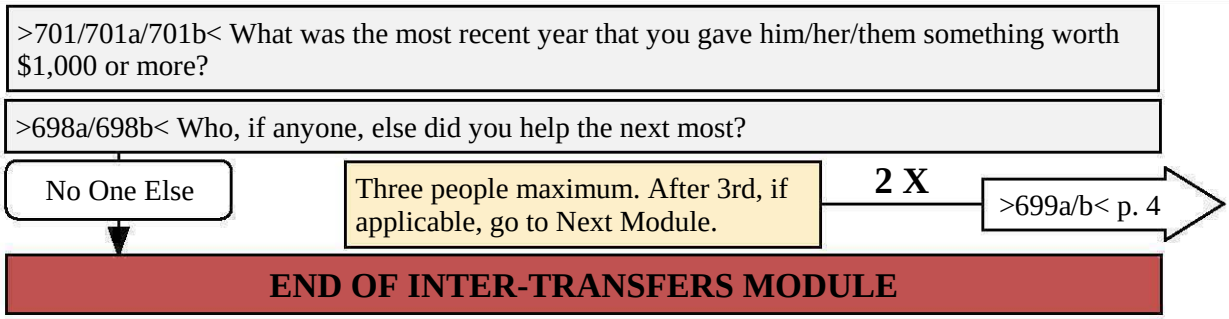
Yes → >654< p. 2

Else → >657w< p. 2

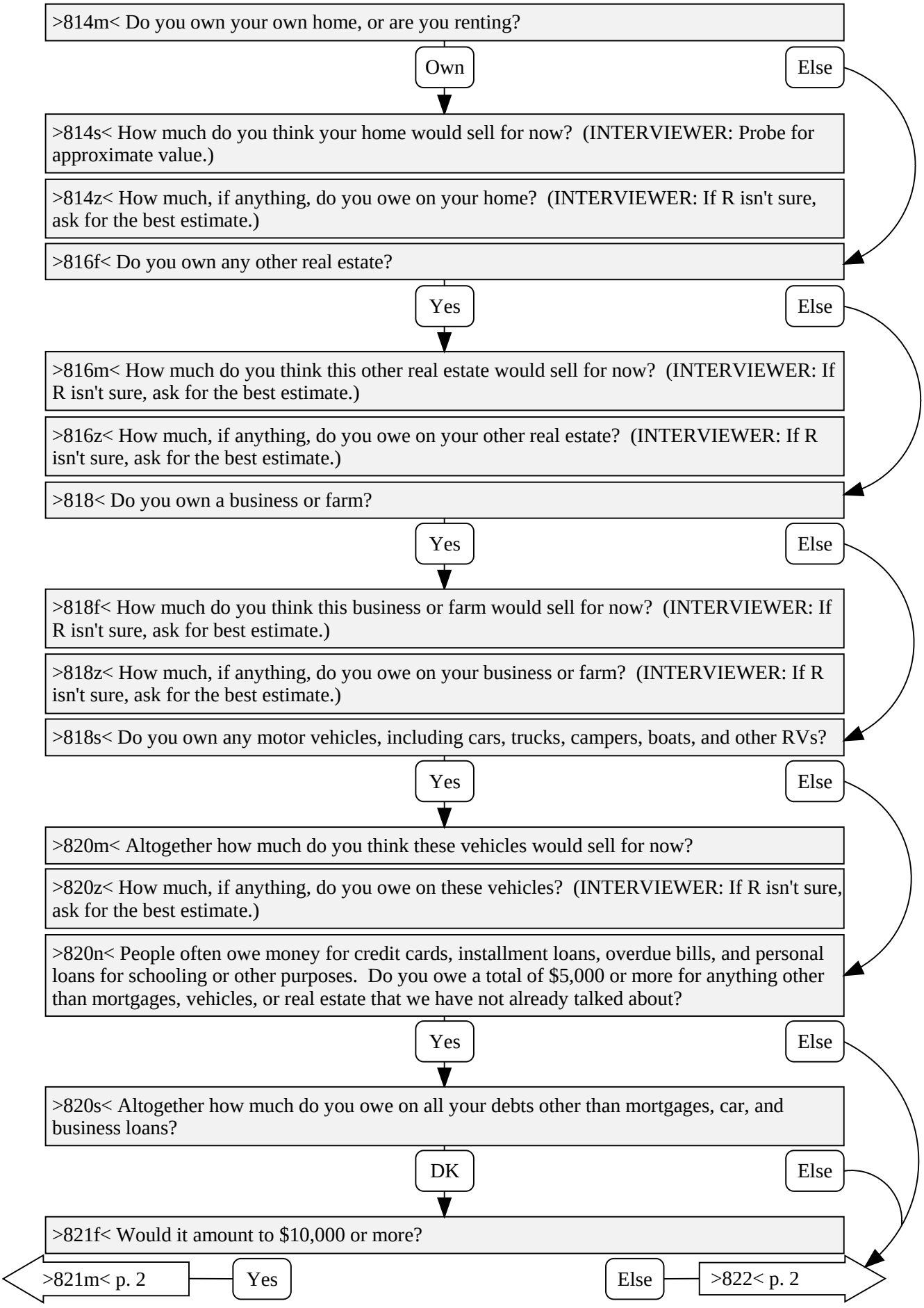

>654< Who, if anyone, gave you the most money, property, or assets? (INTERVIEWER: Enter precise relationship of person who helped - e.g. brother, aunt, grandmother, etc. If a son or daughter, also enter name.)
>655/655a/655b< Altogether, what is the total amount you have received from him/her/them? (INTERVIEWER: Probe for estimate if unsure)
>656/656a/656b< What was the main reason that he/she/they helped in that way?
>657/657a/657b< What was the most recent year that he/she/they gave you something worth $1,000 or more?
>654a/654b< Who, if anyone else, helped you (or your husband/wife) the next most? (INTERVIEWER: Enter precise relationship of person who helped: e.g. brother, aunt, grandmother, etc. If a son or daughter, also enter name.)
2 X
Else
Three people maximum. After 3rd, if applicable, go to next item (657w).
No One Else
>657w< Does R have any adult children, children born during a previous marriage, OR newly reported (during the 1992 round of data collection) children? (From Marriage and Household Roster Modules)
Yes
Else
>692< p. 4
>660< (We want to find out about financial help you may have given to your adult children.) Since 1975 have you (or your husband/wife) given or loaned to any of your children $1,000 or more to help with a down-payment on a home?
Yes
Else
>661< Which of your children did you give the most help in this way?
>662/662a/662b< Altogether, what is the total amount you have given him/her? (INTERVIEWER: Probe for estimate.)
>663/663a/663b< What was the most recent year in which you helped him/her in this way?
>661a/661b< Which, if any, of your other children did you help the next most in this way?
2 X
Else
Three people maximum. After 3rd, if applicable, go to next item (664).
No Other Child
>664< Since 1975 have you (or your husband/wife) given or loaned to any of your children money totaling $1,000 or more to help them enter or continue in a business or farm?
Yes
Else
>668< p. 3
>665< Which of your children did you help the most in this way?
>666/666a/666b< Altogether, what is the total amount you have given him/her? (INTERVIEWER: Probe for estimate.)
>667/667a/667b< What was the most recent year in which you helped (him/her) in this way?
>665a/665b< Which, if any, of your other children did you help the next most in this way?
2 X
Else
Three people maximum. After 3rd, if applicable, go to next item (668 on page 3).
No Other Child


>668< Since 1975 have you or your husband/wife given or loaned to any of your children money totaling $1,000 or more to help with educational expenses?
Yes
Else
>669< Which of your children did you help the most in this way?
>670/670a/670b< Altogether, what is the total amount you have given him/her? (INTERVIEWER: Probe for estimate.)
>671/671a/671b< What was the most recent year in which you helped him/her in this way?
>669a/669b< Which, if any, of your other children did you help the next most in this way?
2 X
Else
Three people maximum. After 3rd, if applicable, go to next item (672).
No Other Child
>672< Since 1975, have you (or your husband/wife) given or loaned to any of your children money totaling $1,000 or more to increase their wealth or decrease their debt?
Yes
Else
>673< Which of your children did you help the most in this way?
>674/674a/674b< Altogether, what is the total amount you have given him/her? (INTERVIEWER: Probe for estimate.)
>675/675a/675b< What was the most recent year in which you helped him/her?
>673a/673b< Which, if any, of your other children did you help the next most in this way?
2 X
Else
Three people maximum. After 3rd, if applicable, go to next item (676).
No Other Child
>676< Since 1975 have you (or your husband/wife) given or loaned to any of your children money totaling $1,000 or more for medical expenses or medical insurance?
Yes
Else
>677< Which of your children did you help the most in this way?
>678/678a/678c/678d< Altogether, what is the total amount you have given him/her? (INTERVIEWER: Probe for estimate.)
>679/679a/679c/679d< What was the most recent year in which you helped him/her in this way?
>677a/677b/677d< Which, if any, of your other children did you help the next most in this way?
3 X
Else
Four people maximum. After 4th, if applicable, go to next item (680).
No Other Child
>680< Since 1975 have you (or your husband/wife) given or loaned to any of your children money totaling $1,000 or more for housing or other regular living expenses?
Yes
Else
>688< p. 4
>681< Which of your children did you help the most in this way?


>682/682a/682b/682c< Altogether, what is the total amount you have given (him/her? (INTERVIEWER: Probe for estimate.)
>683/683a/683b/683c< What was the most recent year in which you helped him/her in this way?
>681a/681b/681c< Which, if any, of your children did you help the next most in this way?
3 X
Else
Four people maximum. After 4th, if applicable, go to next item (688).
No Other Child
>688< Since 1975 have you (or your husband/wife) given or loaned to any of your children money totaling $1,000 or more for any other reason?
Yes
Else
>689< Which of your children did you help the most in this way?
>690/690a/690c/690d< Altogether, what is the total amount you have given him/her?
>691/691b//691c< What was the most recent year in which you helped him/her in this way?
>689a/689c/689d< Which, if any, of your other children did you help the next most in this way?
3 X
Else
Four people maximum. After 4th, if applicable, go to next item (692).
No Other Child
>692< Since 1975, did you (or your husband/wife) help any of your parents of parents-in-law by giving or loaning them property, assets, or money totaling $1,000 or more?
Yes
Else
>693< Which, if any, did you help the most?
>694/694a/694b< Altogether, what is the total amount you have given him/her/them? (INTERVIEWER: Probe for estimate if unsure.)
>695/695a/695b< What was the main reason that you helped him/her/them?
>696/696a/696b< What was the most recent year that you gave him/her/them something worth $1,000 or more?
2 X
>693a/693b< Which, if any, other parent did you help the next most?
Else
Three people maximum. After 3rd, if applicable, go to next item (697).
No One Else
>697< Is there ANYONE ELSE, including your brothers or sisters, other relatives, or friends that you (or your husband/wife) helped by giving or loaning them property, assets, or money totaling $1,000 or more since 1975? (INTERVIEWER: Parents and children are not to be included.)
Yes
Else
Next Module
>698< Who did you help the most? (INTERVIEWER: Enter precise relationship of person who helped: e.g. brother, aunt, grandmother.)
>699/699a/699b< Altogether, what is the total amount you have given him/her/them? (INTERVIEWER: Probe for estimate if unsure.)
>700/700a/700b< What was the main reason that you helped him/her/them?


>701/701a/701b< What was the most recent year that you gave him/her/them something worth $1,000 or more?
>698a/698b< Who, if anyone, else did you help the next most?
No One Else
Three people maximum. After 3rd, if applicable, go to Next Module.
2 X
>699a/b< p. 4
END OF INTER-TRANSFERS MODULE

ASSETS SUMMARY



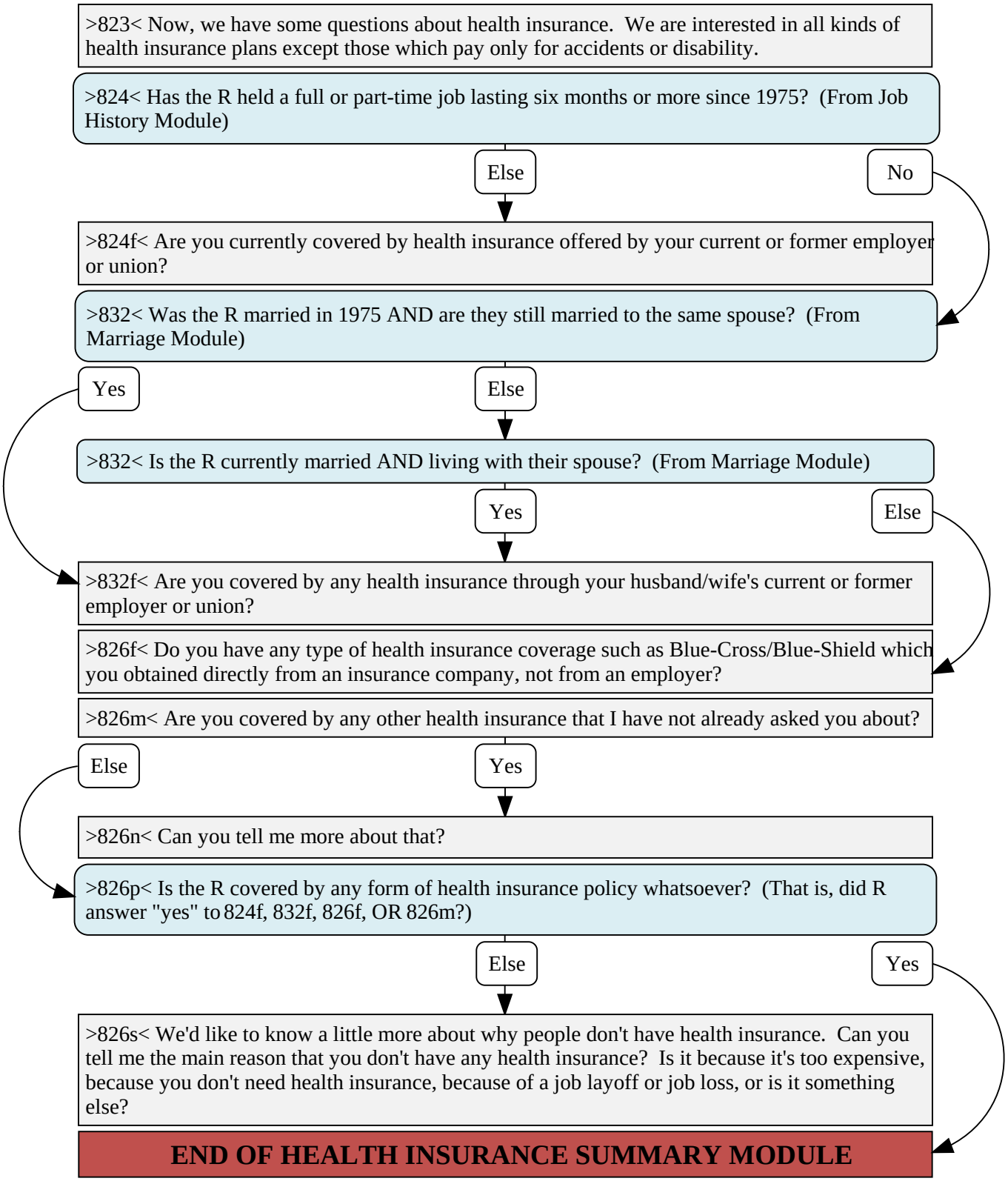
>821m< Would it amount to $25,000 or more?

>822< About how much is the total value of your (and your husband/wife's) savings, including savings accounts, savings bonds, IRAs, money market shares, and CDs? Just tell me the best estimate you can give.

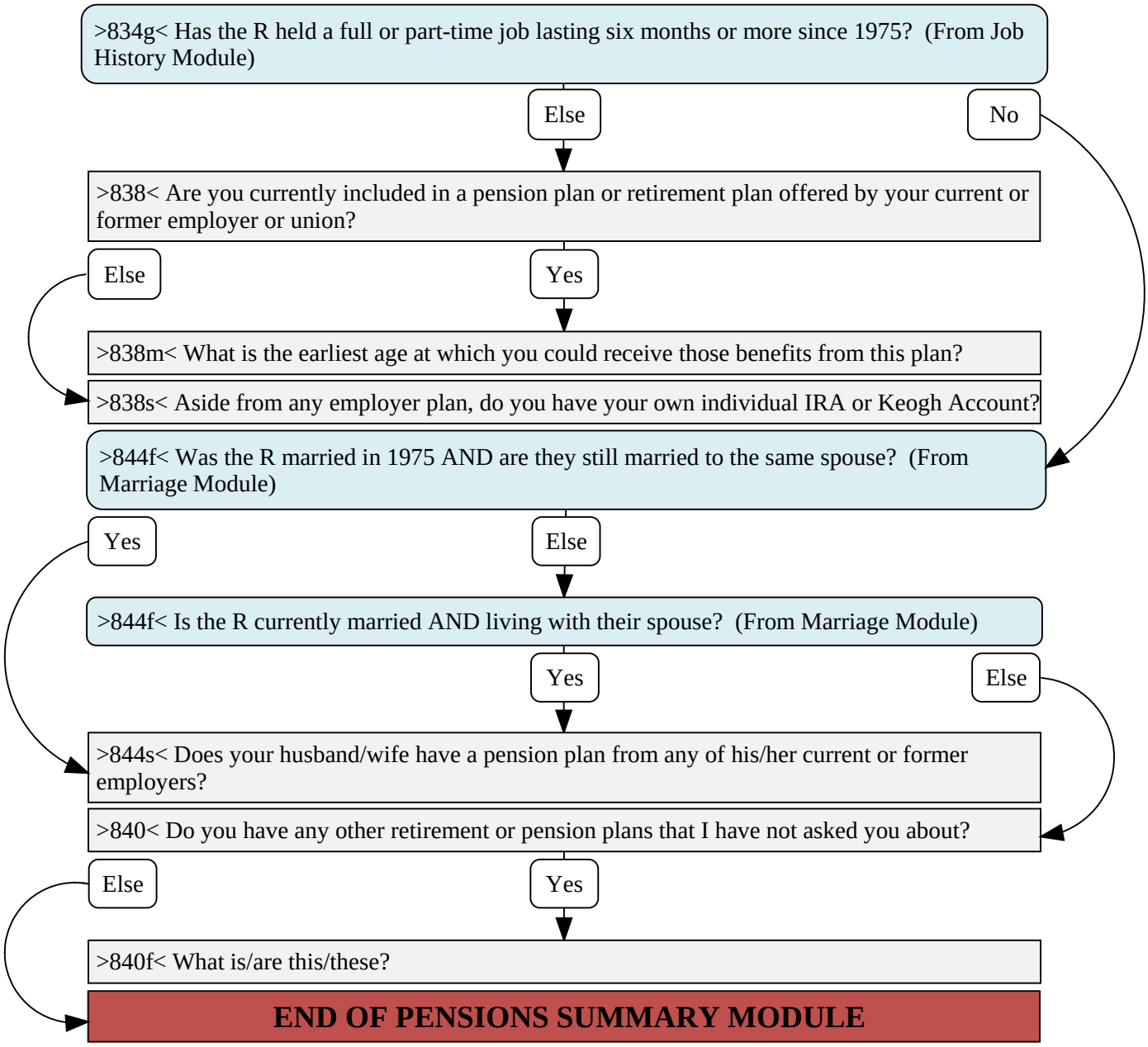
>822f< (In addition to those savings,) About how much is the total value of your (and your husband/wife's) investments, including stocks, bonds, shares in mutual funds, or other investments? Include tax deferred annuities in mutual funds. (INTERVIEWER: Probe for best estimate.)

END OF ASSETS SUMMARY MODULE

HEALTH INSURANCE SUMMARY



PENSIONS SUMMARY



DEPRESSION AND ALCOHOLISM

>866< Does the R belong to the random 79% sub-sample (with separate 79% samples for graduates versus siblings) selected to receive questions about depression and alcohol? (In other words, is RN15 less than 79?)

Yes

Else → Next Module

>866f< Next I have some questions about how you have been feeling. Have you ever had a time in your life lasting two weeks or more when nearly every day you felt sad, blue, depressed, or when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?

Yes

Else → >874< p. 2

>866m< This kind of experience is usually called an episode of depression. Sometimes these episodes can be caused by alcohol, drugs, medications, or physical illness. Was your experience with depression always caused by these things?

Else

Yes → >874< p. 2

>868< Think of your worst period of depression. How old were you when that period occurred?

Valid Age Provided

Else

>868f< Can you think of a particularly bad one?

Yes

Else

>868m< How old were you when that period occurred?

>868s< Then think of your most recent period of feeling this way. How old were you when it occurred?

>870a< During that episode, did you lose weight without trying to -- as much as 2 pounds a week for several weeks or as much as 10 pounds altogether?

>870b< Did you have two weeks or more when nearly every night you had trouble falling asleep?

>870c< Did you have two weeks or more when you lacked energy or felt tired all the time, even when you had not been working very hard?

>870d< Did you have two weeks or more when you felt very bad when you got up, but felt better later in the day?

>870e< Did you have two weeks or more when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?

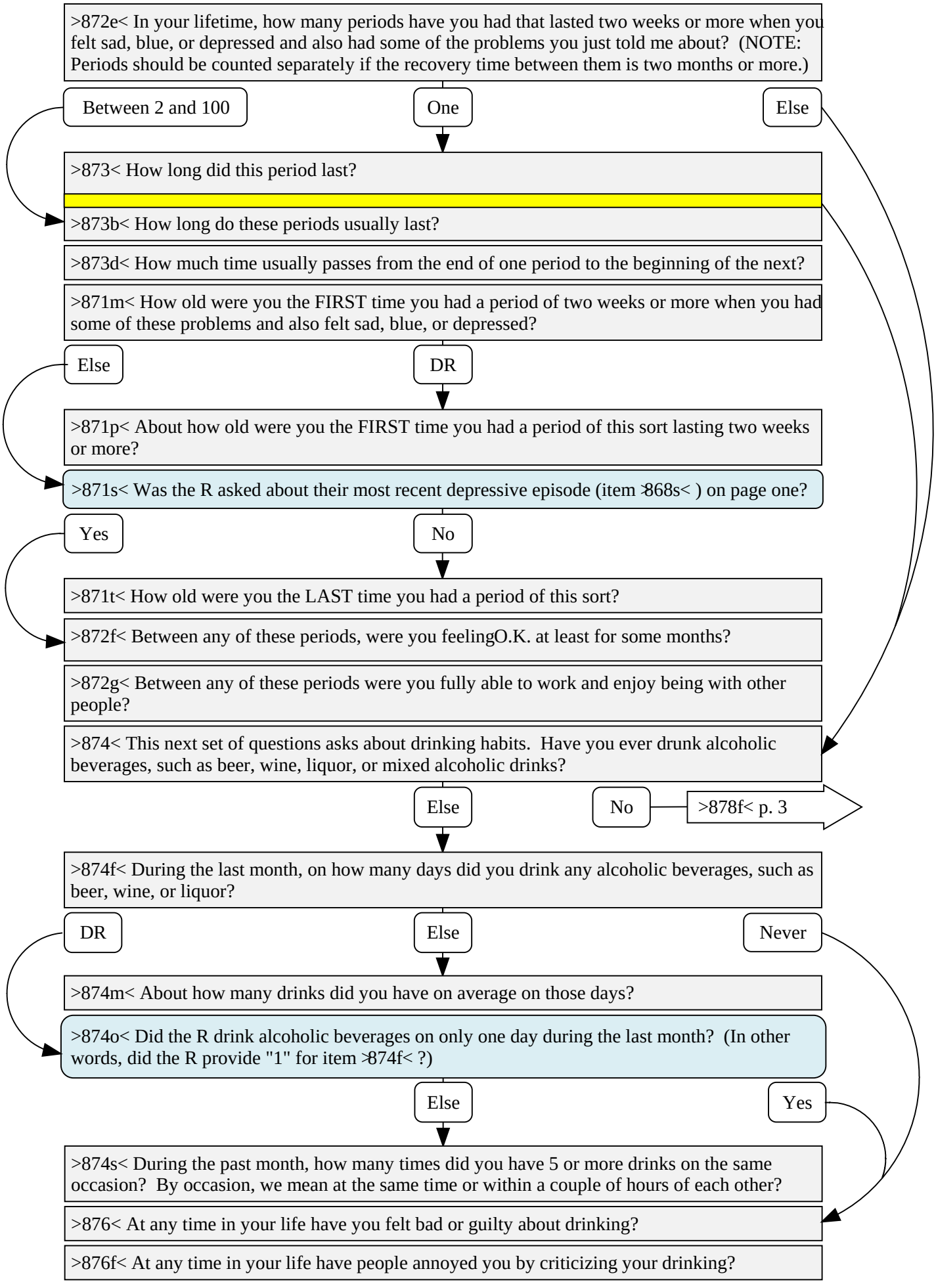
>870f< Did you have two weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?

>870g< Did you have two weeks or more when you thought a lot about death -- either your own, someone else's, or death in general?

>871< Did the R answer "yes" to two or more of the previous seven items (870a through 870g)?

>872e< p. 2 ← Yes

No → >874< p. 2


>872e< In your lifetime, how many periods have you had that lasted two weeks or more when you felt sad, blue, or depressed and also had some of the problems you just told me about? (NOTE: Periods should be counted separately if the recovery time between them is two months or more.)
Between 2 and 100
One
Else
>873< How long did this period last?
>873b< How long do these periods usually last?
>873d< How much time usually passes from the end of one period to the beginning of the next?
>871m< How old were you the FIRST time you had a period of two weeks or more when you had some of these problems and also felt sad, blue, or depressed?
Else
DR
>871p< About how old were you the FIRST time you had a period of this sort lasting two weeks or more?
>871s< Was the R asked about their most recent depressive episode (item >868s<) on page one?
Yes
No
>871t< How old were you the LAST time you had a period of this sort?
>872f< Between any of these periods, were you feelingO.K. at least for some months?
>872g< Between any of these periods were you fully able to work and enjoy being with other people?
>874< This next set of questions asks about drinking habits. Have you ever drunk alcoholic beverages, such as beer, wine, liquor, or mixed alcoholic drinks?
Else
No
>878f< p. 3
>874f< During the last month, on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor?
DR
Else
Never
>874m< About how many drinks did you have on average on those days?
>874o< Did the R drink alcoholic beverages on only one day during the last month? (In other words, did the R provide "1" for item >874f< ?)
Else
Yes
>874s< During the past month, how many times did you have 5 or more drinks on the same occasion? By occasion, we mean at the same time or within a couple of hours of each other?
>876< At any time in your life have you felt bad or guilty about drinking?
>876f< At any time in your life have people annoyed you by criticizing your drinking?

>876m< (At any time in your life) has drinking caused a problem for you at work?

>876s< (At any time in your life) has drinking created problems between you and your husband/wife, children, parents, or other near relatives?

>878< (At any time in your life) have you gone to anyone for help about drinking?

Else

Yes

>878a< Was that about your drinking or someone else's drinking?

>878f< When you were growing up, that is during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?

>878s< Have you ever been married to, or lived with someone who was a problem drinker or alcoholic other than when you were growing up?

END OF DEPRESSION AND ALCOHOLISM MODULE

CAREGIVING

>tm49< Does R belong to the random 80% sub-sample (for graduates) selected to receive questions about care-giving? (In other words, isRN7A less than or equal to 79?)

Yes

Else → Next Module

>883< Do you have any long-term physical or mental condition, illness or disability which limits what you are able to do, or which is likely to limit your activities in the future?

Yes

Else

>883a< What is your most serious condition?

>883b< What is your next most serious condition?

>884g< Is R currently married? (From Marriage Module)

Yes

Else

>884m< Does your husband/wife have any long-term physical or mental condition, illness or disability which limits what he/she is able to do, or which is likely to limit his/her activities in the future?

Yes

Else

>884s< What is the most serious condition that he/she has?

>886< What is the next most serious condition?

>886f/890f< Does anyone else in your household have any long-term physical or mental condition, illness or disability, which limits what they are able to do, or which is likely to limit their activities in the future?

Yes

Else

1 X

>886s/890m< Who has such a condition? (INTERVIEWER: Enter name and relationship to R)

>886t/891< (INTERVIEWER: Ask if necessary) Is this a male or a female?

>888f/892<What is the most serious condition that he/she has?

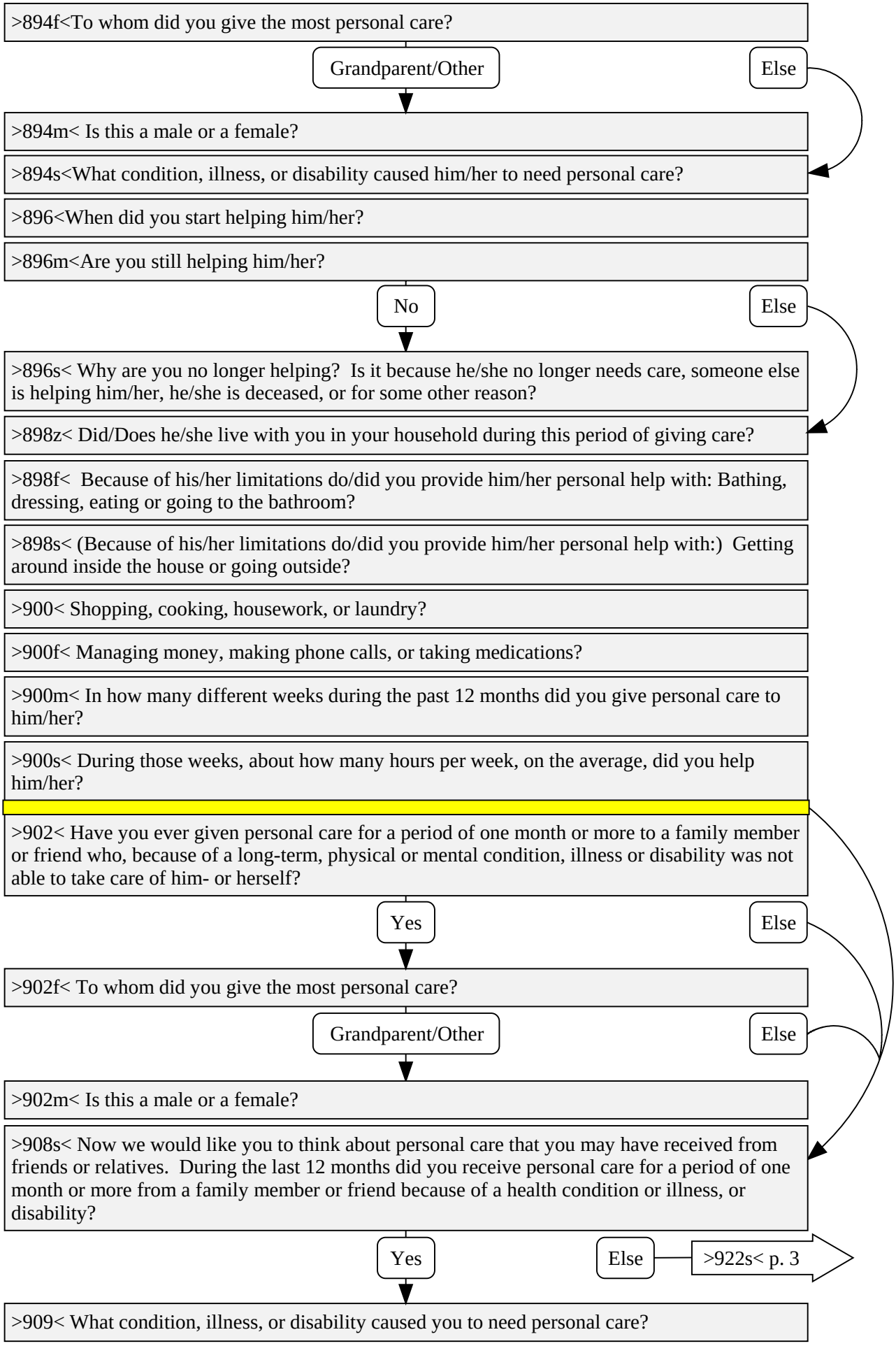
>888s/892m<What is the next most serious condition that he/she has?

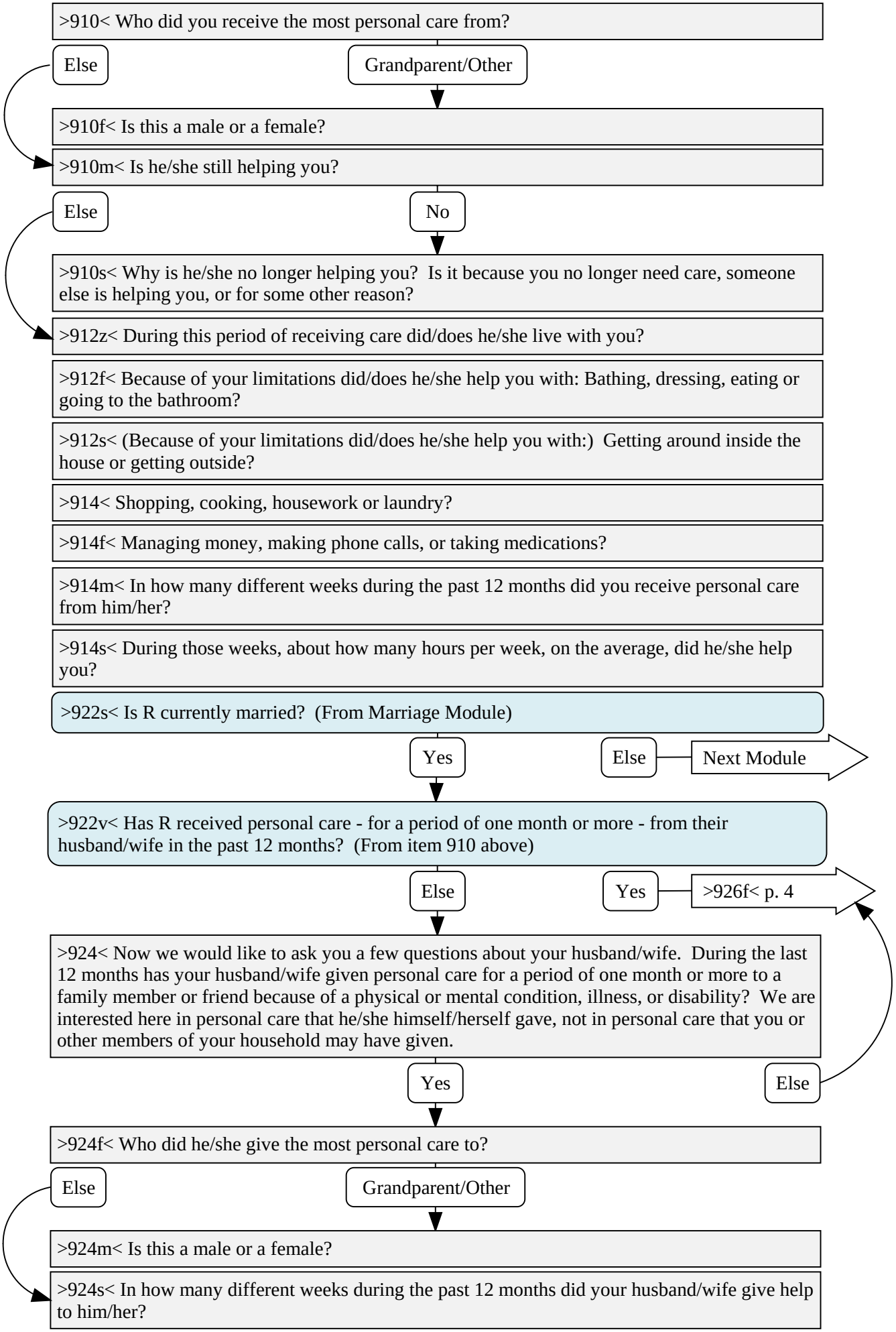
Two people maximum. After 2nd, if applicable, go to next item (894).

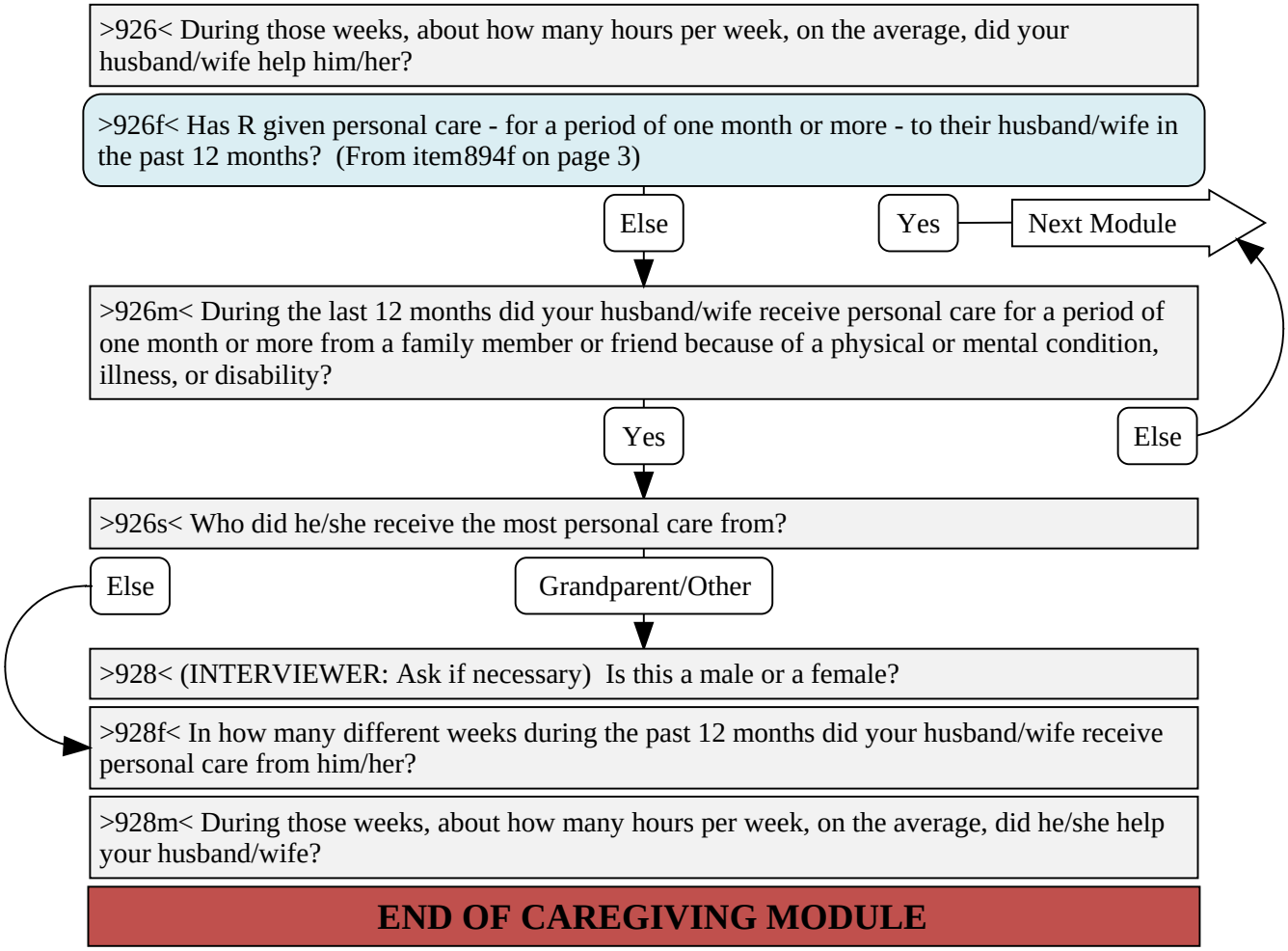
>894< Sometimes because of a physical or mental condition, illness, or disability, people have trouble taking care of themselves and require the assistance of friends or relatives. During the last 12 months have you, yourself, GIVEN personal care for a period of ONE MONTH OR MORE to a family member or friend because of a PHYSICAL OR MENTAL condition, illness, or disability?

Yes → >894f< p. 2

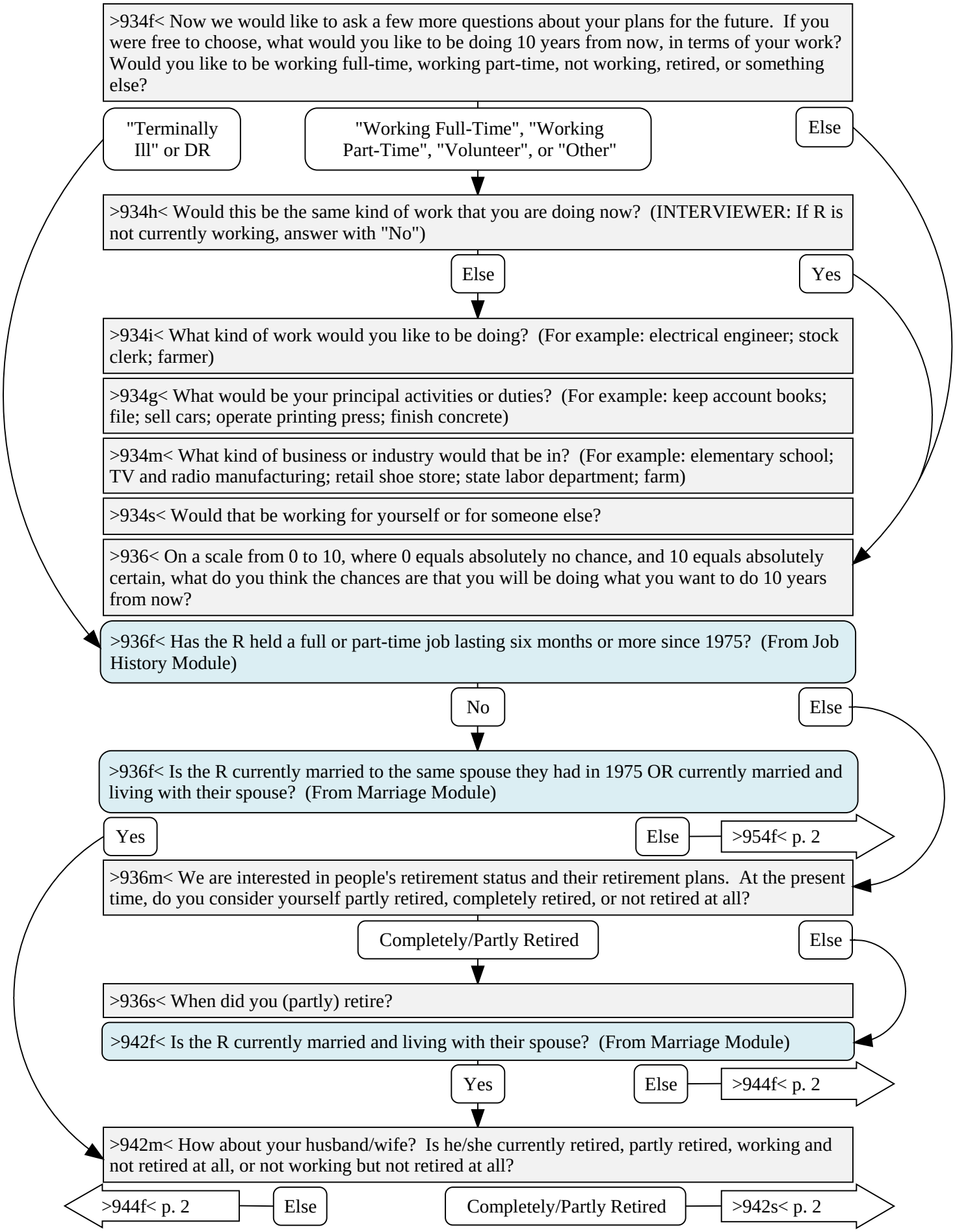
Else → >902< p. 2

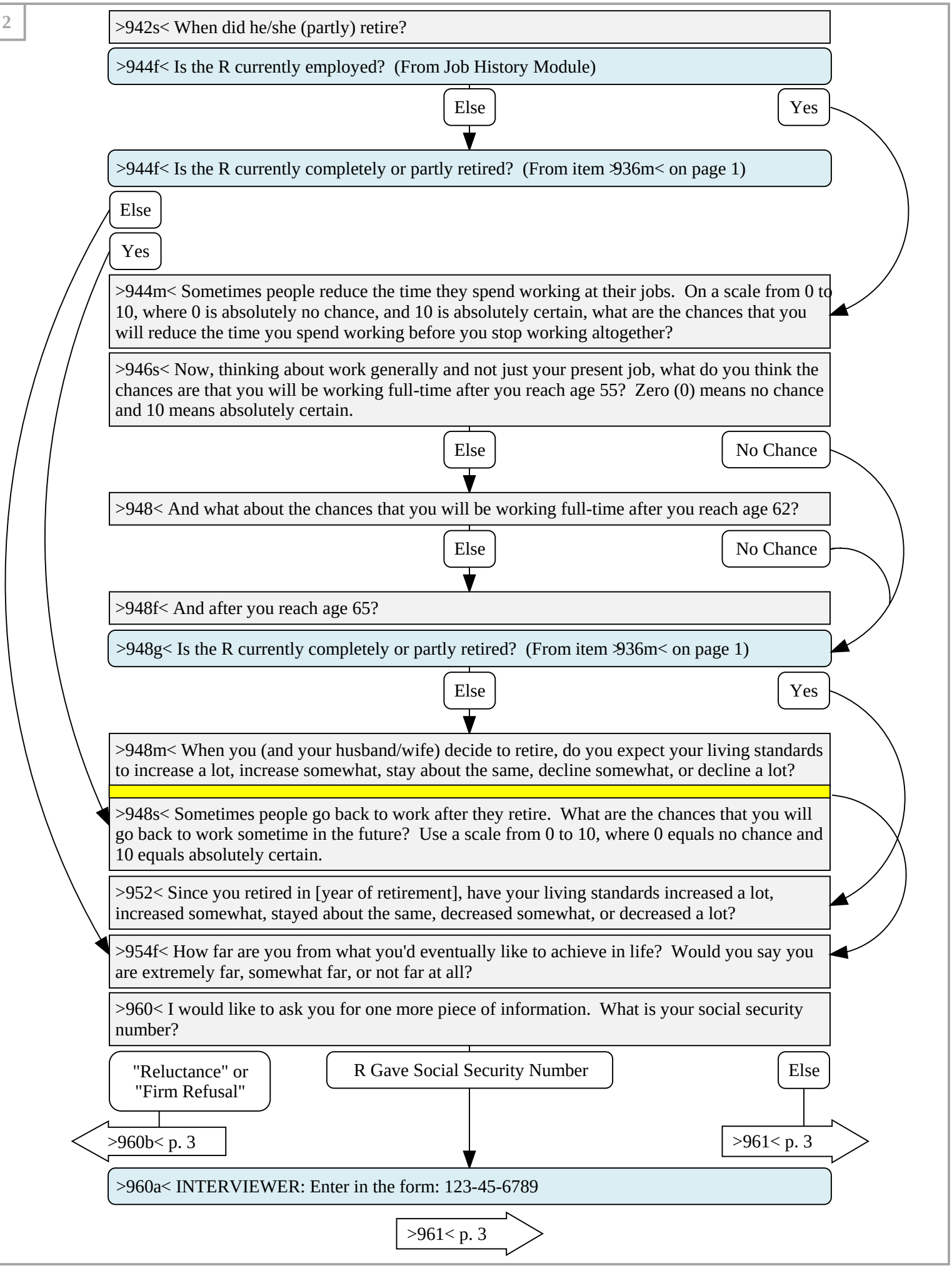

>894f<To whom did you give the most personal care?
Grandparent/Other
Else
>894m< Is this a male or a female?
>894s<What condition, illness, or disability caused him/her to need personal care?
>896<When did you start helping him/her?
>896m<Are you still helping him/her?
No
Else
>896s< Why are you no longer helping? Is it because he/she no longer needs care, someone else is helping him/her, he/she is deceased, or for some other reason?
>898z< Did/Does he/she live with you in your household during this period of giving care?
>898f< Because of his/her limitations do/did you provide him/her personal help with: Bathing, dressing, eating or going to the bathroom?
>898s< (Because of his/her limitations do/did you provide him/her personal help with:) Getting around inside the house or going outside?
>900< Shopping, cooking, housework, or laundry?
>900f< Managing money, making phone calls, or taking medications?
>900m< In how many different weeks during the past 12 months did you give personal care to him/her?
>900s< During those weeks, about how many hours per week, on the average, did you help him/her?
>902< Have you ever given personal care for a period of one month or more to a family member or friend who, because of a long-term, physical or mental condition, illness or disability was not able to take care of him- or herself?
Yes
Else
>902f< To whom did you give the most personal care?
Grandparent/Other
Else
>902m< Is this a male or a female?
>908s< Now we would like you to think about personal care that you may have received from friends or relatives. During the last 12 months did you receive personal care for a period of one month or more from a family member or friend because of a health condition or illness, or disability?
Yes
Else
>922s< p. 3
>909< What condition, illness, or disability caused you to need personal care?

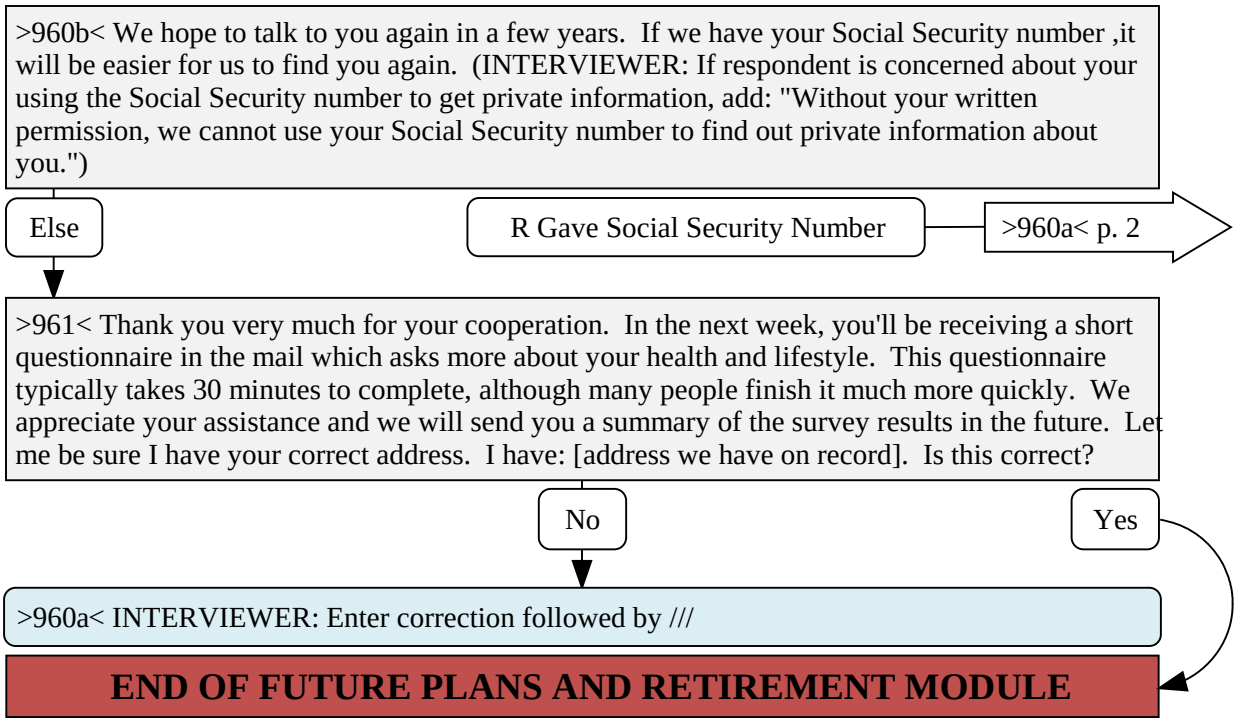

>910< Who did you receive the most personal care from?
Else
Grandparent/Other
>910f< Is this a male or a female?
>910m< Is he/she still helping you?
Else
No
>910s< Why is he/she no longer helping you? Is it because you no longer need care, someone else is helping you, or for some other reason?
>912z< During this period of receiving care did/does he/she live with you?
>912f< Because of your limitations did/does he/she help you with: Bathing, dressing, eating or going to the bathroom?
>912s< (Because of your limitations did/does he/she help you with:) Getting around inside the house or getting outside?
>914< Shopping, cooking, housework or laundry?
>914f< Managing money, making phone calls, or taking medications?
>914m< In how many different weeks during the past 12 months did you receive personal care from him/her?
>914s< During those weeks, about how many hours per week, on the average, did he/she help you?
>922s< Is R currently married? (From Marriage Module)
Yes
Else
Next Module
>922v< Has R received personal care - for a period of one month or more - from their husband/wife in the past 12 months? (From item 910 above)
Else
Yes
>926f< p. 4
>924< Now we would like to ask you a few questions about your husband/wife. During the last 12 months has your husband/wife given personal care for a period of one month or more to a family member or friend because of a physical or mental condition, illness, or disability? We are interested here in personal care that he/she himself/herself gave, not in personal care that you or other members of your household may have given.
Yes
Else
>924f< Who did he/she give the most personal care to?
Else
Grandparent/Other
>924m< Is this a male or a female?
>924s< In how many different weeks during the past 12 months did your husband/wife give help to him/her?


>926< During those weeks, about how many hours per week, on the average, did your husband/wife help him/her?
>926f< Has R given personal care - for a period of one month or more - to their husband/wife in the past 12 months? (From item894f on page 3)
Else
Yes
Next Module
>926m< During the last 12 months did your husband/wife receive personal care for a period of one month or more from a family member or friend because of a physical or mental condition, illness, or disability?
Yes
Else
>926s< Who did he/she receive the most personal care from?
Else
Grandparent/Other
>928< (INTERVIEWER: Ask if necessary) Is this a male or a female?
>928f< In how many different weeks during the past 12 months did your husband/wife receive personal care from him/her?
>928m< During those weeks, about how many hours per week, on the average, did he/she help your husband/wife?
END OF CAREGIVING MODULE

FUTURE PLANS AND RETIREMENT




>942s< When did he/she (partly) retire?
>944f< Is the R currently employed? (From Job History Module)
Else
Yes
>944f< Is the R currently completely or partly retired? (From item >936m< on page 1)
Else
Yes
>944m< Sometimes people reduce the time they spend working at their jobs. On a scale from 0 to 10, where 0 is absolutely no chance, and 10 is absolutely certain, what are the chances that you will reduce the time you spend working before you stop working altogether?
>946s< Now, thinking about work generally and not just your present job, what do you think the chances are that you will be working full-time after you reach age 55? Zero (0) means no chance and 10 means absolutely certain.
Else
No Chance
>948< And what about the chances that you will be working full-time after you reach age 62?
Else
No Chance
>948f< And after you reach age 65?
>948g< Is the R currently completely or partly retired? (From item >936m< on page 1)
Else
Yes
>948m< When you (and your husband/wife) decide to retire, do you expect your living standards to increase a lot, increase somewhat, stay about the same, decline somewhat, or decline a lot?
>948s< Sometimes people go back to work after they retire. What are the chances that you will go back to work sometime in the future? Use a scale from 0 to 10, where 0 equals no chance and 10 equals absolutely certain.
>952< Since you retired in [year of retirement], have your living standards increased a lot, increased somewhat, stayed about the same, decreased somewhat, or decreased a lot?
>954f< How far are you from what you'd eventually like to achieve in life? Would you say you are extremely far, somewhat far, or not far at all?
>960< I would like to ask you for one more piece of information. What is your social security number?
"Reluctance" or "Firm Refusal"
R Gave Social Security Number
Else
>960b< p. 3
>961< p. 3
>960a< INTERVIEWER: Enter in the form: 123-45-6789
>961< p. 3


>960b< We hope to talk to you again in a few years. If we have your Social Security number ,it will be easier for us to find you again. (INTERVIEWER: If respondent is concerned about your using the Social Security number to get private information, add: "Without your written permission, we cannot use your Social Security number to find out private information about you.")
Else
R Gave Social Security Number
>960a< p. 2
>961< Thank you very much for your cooperation. In the next week, you'll be receiving a short questionnaire in the mail which asks more about your health and lifestyle. This questionnaire typically takes 30 minutes to complete, although many people finish it much more quickly. We appreciate your assistance and we will send you a summary of the survey results in the future. Let me be sure I have your correct address. I have: [address we have on record]. Is this correct?
No
Yes
>960a< INTERVIEWER: Enter correction followed by ///
END OF FUTURE PLANS AND RETIREMENT MODULE

CONCLUSION

>thnk< This concludes the interview. Again, let me assure you that all the information will be kept confidential and will be used only for routine statistical research purposes. Thank you for your assistance.
Date: [today's date]
Begin Time: [time interview began]
End Time: [time interview ended]
Elapsed Time: [duration of the interview]
(INTERVIEWER: Remember, the program will automatically create the completed result code (11) after you move past this item. You will not go to the screen for result code entry!)

>998q< INTERVIEWER: Are there any questions on the interview which need to be corrected, amended, or changed from the way you entered them? If so, enter 1 and SPECIFY the item number and what the corrected answer or information is.

>998r< INTERVIEWER: Enter call result COMMENTS. (Enter comments regardless of the result of the call.)

END OF INTERVIEW

Mailed SAQ for Graduate Respondents

Return to Tab 6



Please return this questionnaire within ten days in the envelope provided to:

Wisconsin Longitudinal Study
Letters & Science Survey Center
2418 Social Science Building
University of Wisconsin-Madison
Madison, Wisconsin 53706

Please note time started: _____

I. HEALTH

We would like to begin the questionnaire with some general questions about your health.

1. How would you rate your health...					
	Circle one number for each lettered item.				
	Very Poor	Poor	Fair	Good	Excellent
a. at the present time?	1	2	3	4	5
b. compared with other people your age and sex?	1	2	3	4	5

2. Compared with 10 years ago...					
	Circle one number for each lettered item.				
	Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a. how would you rate your health?	1	2	3	4	5
b. how would you rate your appearance?	1	2	3	4	5

3. How often do you participate in...

	Circle number of the most appropriate response.			
	Three or more times per week	Once or twice per week	About one to three times per month	Less than once per month
a. light physical activity--such as walking, dancing, gardening, golfing, bowling, etc.?	1	2	3	4
b. vigorous physical exercise or sports--such as aerobics, running, swimming, bicycling, etc.?	1	2	3	4

4. During the last year, how many days, if any, did you stay in bed for more than half of the day because of illness or injury? *(Enter number of days or circle none.)*

___ Day(s) None

5. During the last year, how many times, if any, have you been hospitalized for at least one night? *(Enter number of times or circle none.)*

___ Time(s) None

6. How much do you weigh? _____ Pounds

7. How tall are you? _____ Feet _____ Inches

8. Have you ever smoked cigarettes regularly? *(Circle number)*

1 Yes (Go to Q8a)

2 No GO TO QUESTION 9A, PAGE 4 -------->

8a. Do you smoke regularly now? *(Circle number)*

1 Yes (Go to Q8d)

2 No ------->

8b. For how many years did you smoke regularly? *(Enter number of years.)*

_____ Years

8c. About how many packs did you usually smoke per day then? *(Circle number.)*

0 Half a pack or less
1 One pack
2 Two packs
3 Three packs
4 Four packs or more

GO TO QUESTION 9A, PAGE 4

8d. For how many years have you smoked regularly? *(Enter number of years.)*

_____ Years

8e. How many packs of cigarettes do you usually smoke in a day now? *(Circle number.)*

0 Half a pack or less
1 One pack
2 Two packs
3 Three packs
4 Four packs or more

EVERYONE

The following is a list of physical symptoms that people sometimes experience.

9A. Which symptoms have you had **in the past six months**? *(Circle the letter of each symptom you have had.)*	9B. **How often** have you had **this** symptom? *(Circle one for each of **your symptoms**.)*			9C. How much discomfort has **this** symptom caused you in the past **six** months? *(Circle one for each of **your symptoms**.)*			
	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Lack of energy	1	2	3	0	1	2	3
b. Trouble sleeping	1	2	3	0	1	2	3
c. Fatigue/exhaustion	1	2	3	0	1	2	3
d. Headache	1	2	3	0	1	2	3
e. Visual problems	1	2	3	0	1	2	3
f. Dizziness/faintness	1	2	3	0	1	2	3
g. Numbness	1	2	3	0	1	2	3
h. Ringing in ears	1	2	3	0	1	2	3
i. Nausea	1	2	3	0	1	2	3
j. Vomiting	1	2	3	0	1	2	3
k. Upset stomach	1	2	3	0	1	2	3
l. Constipation	1	2	3	0	1	2	3
m. Diarrhea	1	2	3	0	1	2	3
n. Urination problems	1	2	3	0	1	2	3
o. Aching muscles	1	2	3	0	1	2	3
p. Stiff/swollen joints	1	2	3	0	1	2	3
q. Back pain/strain	1	2	3	0	1	2	3
r. Chest pain	1	2	3	0	1	2	3
s. Shortness of breath	1	2	3	0	1	2	3
t. Excessive sweating	1	2	3	0	1	2	3
u. Respiratory problems	1	2	3	0	1	2	3
v. Skin problems	1	2	3	0	1	2	3

This question is about illnesses or medical conditions.

10A. Circle the letter of each illness or condition that a **medical professional** says you have. *(Circle each one that applies.)*		10B. How much does each of **your** illnesses or conditions **currently** interfere with what you like to do? *(Circle one for each of your illnesses or conditions.)*				
		Not at all	Very little	Some	Quite a bit	A great deal
a.	Anemia	1	2	3	4	5
b.	Asthma	1	2	3	4	5
c.	Arthritis/rheumatism	1	2	3	4	5
d.	Bronchitis/emphysema	1	2	3	4	5
e.	Cancer	1	2	3	4	5
f.	Chronic liver trouble	1	2	3	4	5
g.	Diabetes	1	2	3	4	5
h.	Serious back trouble	1	2	3	4	5
i.	Heart trouble	1	2	3	4	5
j.	High blood pressure	1	2	3	4	5
k.	Circulation problems	1	2	3	4	5
l.	Kidney/bladder problems	1	2	3	4	5
m.	Ulcer	1	2	3	4	5
n.	Allergies	1	2	3	4	5
o.	Multiple sclerosis	1	2	3	4	5
p.	Colitis	1	2	3	4	5
q.	Other; specify _____	1	2	3	4	5

11. Do <u>you</u> have a physical or mental condition that limits the amount or kind of work you can do for pay? *(Circle number of your answer.)*

1 Yes 2 No

12. Does your husband or wife have a physical or mental condition that limits the amount or kind of work he or she can do for pay? *(Circle number of your answer.)*

0 Not married (single, separated, divorced, or widowed) 1 Yes 2 No

MEN - GO TO QUESTION 17, PAGE 7
The following questions 13-16 are being asked of WOMEN ONLY:

13a. Have you had a menstrual period in the last 12 months? *(Circle your answer.)*

1 Yes (Go to Q13c) 2 No ----------> 13b. What age were you when you had your last period? Age_____ (Go to Q13c)

13c. Have you gone (or are you currently going) through menopause? *(Circle your answer.)*

1 Yes 2 No

13d. Have you ever had surgery to remove your uterus and/or ovaries? *(Circle all that apply.)*

2 No, I did NOT have surgery (Go to Q14a) 3 Yes, One Ovary 4 Yes, Both Ovaries 5 Yes, Uterus (Go to Q13e)

13e. How old were you when you had surgery? Age_____ (Go to Q14a)

14a. Have you ever taken hormones or birth control pills for menopausal or aging symptoms? *(Circle your answer.)*

1 Yes ----------> 14bu.What medications do or did you take? *(Circle all that apply)* When did you take them?

2 No (Go to Q15a)

Medication(s)	**Age Started**	**Age Stopped**	**Reason Stopped**
a. Estrogen	_____	_____	_____
b. Estrogen and Progesterone	_____	_____	_____
c. Not sure, but drug name(s) are: _____	_____	_____	_____
d._____	_____	_____	_____

15a. To what extent do or did you experience the following menopausal symptoms?	*Circle one number for each symptom.*			
	Not at all	A little	Somewhat	A lot
a. hot flushes/flashes	0	1	2	3
b. depression	0	1	2	3
c. sleep disturbance	0	1	2	3
d. bone pains	0	1	2	3
e. night sweats	0	1	2	3
15b. To what extent are you <u>currently</u> experiencing any menopausal symptoms?	0	1	2	3

16aa. Please indicate any other treatment(s) or method(s) you are using or have used to control your menopausal symptoms (such as herbal remedies, change of diet, exercise, lifestyle change)._____

_____

16bb. During menopause, did you have enough information about the changes you were experiencing? *(Circle your answer.)*
1 Yes 2 No

16cc. Who and what were your sources of information (such as magazines, sister, friend, physician)? _____

_____

_____

EVERYONE: II. VALUES AND ATTITUDES

This section lists a number of characteristics that may or may not apply to you. Please read the statements below and decide the extent to which each statement describes you.

17. I see myself as someone who...

Circle the number that best describes your agreement or disagreement with each statement.		Agree			Disagree		
		Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
a.	is talkative.	1	2	3	4	5	6
b.	tends to find fault with others.	1	2	3	4	5	6
c.	does a thorough job.	1	2	3	4	5	6
d.	is reserved.	1	2	3	4	5	6
e.	prefers the conventional, traditional.	1	2	3	4	5	6
f.	is full of energy.	1	2	3	4	5	6
g.	prefers work that is routine and simple.	1	2	3	4	5	6
h.	is a reliable worker.	1	2	3	4	5	6
i.	can be tense.	1	2	3	4	5	6
j.	tends to be quiet.	1	2	3	4	5	6
k.	values artistic, aesthetic experiences.	1	2	3	4	5	6
l.	tends to be disorganized.	1	2	3	4	5	6
m.	is emotionally stable, not easily upset.	1	2	3	4	5	6
n.	has an active imagination.	1	2	3	4	5	6
o.	is sometimes rude to others.	1	2	3	4	5	6
p.	is generally trusting.	1	2	3	4	5	6
q.	is lazy at times.	1	2	3	4	5	6
r.	worries a lot.	1	2	3	4	5	6
s.	wants things to be simple and clear-cut.	1	2	3	4	5	6
t.	is sometimes shy, inhibited.	1	2	3	4	5	6
u.	does things efficiently.	1	2	3	4	5	6
v.	generates a lot of enthusiasm.	1	2	3	4	5	6
w.	can be cold and aloof.	1	2	3	4	5	6
x.	remains calm in tense situations.	1	2	3	4	5	6
y.	is considerate to almost everyone.	1	2	3	4	5	6
z.	gets nervous easily.	1	2	3	4	5	6
aa.	is sophisticated in art, music, or literature.	1	2	3	4	5	6
bb.	likes to cooperate with others.	1	2	3	4	5	6
cc.	is easily distracted.	1	2	3	4	5	6

18. Next is a list of the ways you might have felt or behaved during the past week.
On how many days during the past week did you...

		*Circle the number of **days** in the past week you experienced each feeling.*							
a.	feel you could not shake off the blues even with help from your family and friends?	0	1	2	3	4	5	6	7
b.	feel bothered by things that usually don't bother you?	0	1	2	3	4	5	6	7
c.	think your life had been a failure?	0	1	2	3	4	5	6	7
d.	feel happy?	0	1	2	3	4	5	6	7
e.	feel that people were unfriendly?	0	1	2	3	4	5	6	7
f.	feel lonely?	0	1	2	3	4	5	6	7
g.	enjoy life?	0	1	2	3	4	5	6	7
h.	have crying spells?	0	1	2	3	4	5	6	7
i.	feel that people disliked you?	0	1	2	3	4	5	6	7
j.	feel sad?	0	1	2	3	4	5	6	7
k.	feel depressed?	0	1	2	3	4	5	6	7
l.	have trouble keeping your mind on what you were doing?	0	1	2	3	4	5	6	7
m.	not feel like eating, your appetite was poor?	0	1	2	3	4	5	6	7
n.	feel you were just as good as other people?	0	1	2	3	4	5	6	7
o.	feel everything you did was an effort?	0	1	2	3	4	5	6	7
p.	feel hopeful about the future?	0	1	2	3	4	5	6	7
q.	feel fearful?	0	1	2	3	4	5	6	7
r.	sleep restlessly?	0	1	2	3	4	5	6	7
s.	talk less than usual?	0	1	2	3	4	5	6	7
t.	feel you could not "get going"?	0	1	2	3	4	5	6	7
u.	feel irritable, or likely to fight or argue?	0	1	2	3	4	5	6	7
v.	feel like telling someone off?	0	1	2	3	4	5	6	7
w.	feel angry or hostile for several hours at a time?	0	1	2	3	4	5	6	7

19. Please read the statements below and decide the extent to which each statement describes you.	*Circle the number that best describes your agreement or disagreement with each statement.*					
	Agree			Disagree		
	Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
a. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
b. I am good at juggling my time so that I can fit everything in that needs to get done.	1	2	3	4	5	6
c. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
d. I don't have many people who want to listen when I need to talk.	1	2	3	4	5	6
e. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
f. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
g. I have confidence in my opinions even if they are contrary to the general consensus.	1	2	3	4	5	6
h. I tend to worry about what other people think of me.	1	2	3	4	5	6
i. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
j. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
k. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6
l. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
m. In general, I feel confident and positive about myself.	1	2	3	4	5	6
n. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
o. I often change my mind about decisions if my friends or family disagree.	1	2	3	4	5	6
p. I do not fit very well with the people and community around me.	1	2	3	4	5	6
q. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
r. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
s. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
t. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
u. I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5	6

CONTINUED ON NEXT PAGE.....

19. Please read the statements below and decide the extent to which each statement describes you.		*Circle the number that best describes your agreement or disagreement with each statement.*					
		Agree			Disagree		
		Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
v.	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
w.	I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
x.	I don't want to try new ways of doing things -- my life is fine the way it is.	1	2	3	4	5	6
y.	It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
z.	I tend to focus on the present, because the future nearly always brings me problems.	1	2	3	4	5	6
aa.	My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
bb.	People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
cc.	Being happy with myself is more important to me than having others approve of me.	1	2	3	4	5	6
dd.	I have been able to create a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
ee.	I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
ff.	Most people see me as loving and affectionate.	1	2	3	4	5	6
gg.	I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
hh.	I made some mistakes in the past, but I feel that all in all everything has worked out for the best.	1	2	3	4	5	6
ii.	I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
jj.	It's difficult for me to voice my opinions on controversial matters.	1	2	3	4	5	6
kk.	I generally do a good job of taking care of my personal finances and affairs.	1	2	3	4	5	6
ll.	There is truth to the saying you can't teach an old dog new tricks.	1	2	3	4	5	6
mm.	I know I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
nn.	I used to set goals for myself, but that now seems like a waste of time.	1	2	3	4	5	6
oo.	The past had its ups and downs, but in general, I wouldn't want to change it.	1	2	3	4	5	6
pp.	In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6

20. Please circle the response category that best describes your agreement or disagreement with each statement.

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a.	Even when things seem hopeless, I keep on fighting to reach my goals.	1	2	3	4	5
b.	If I don't get something I want, I take it with patience.	1	2	3	4	5
c.	It is very difficult for me to accept a setback or defeat.	1	2	3	4	5
d.	I stick to my goals and projects even in the face of great difficulties.	1	2	3	4	5
e.	The harder a goal is to achieve, the more appeal it has to me.	1	2	3	4	5
f.	I can be very stubborn in pursuing my goals.	1	2	3	4	5
g.	I find it easy to see something positive even in a serious mishap.	1	2	3	4	5
h.	To avoid disappointments, I don't set my goals too high.	1	2	3	4	5
i.	When everything seems to be going wrong, I can usually find a bright side to a situation.	1	2	3	4	5
j.	In general, I am not upset very long about an opportunity passed up.	1	2	3	4	5

III. WORK AND FAMILY

21. Are you currently employed (including self-employment)? *(Circle one.)*

1 Yes (Go to Q22)

2 No--------> **IF NOT CURRENTLY EMPLOYED, GO TO QUESTION 23, PAGE 13**

22. The following statements have to do with the way family life and work life can influence each other. *(For each statement, please circle the response that best describes your situation.)*

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a.	Family matters reduce the time I can devote to my job.	1	2	3	4	5
b.	I can do good work on the job because I am so happy at home.	1	2	3	4	5
c.	Family worries or problems distract me from my work.	1	2	3	4	5
d.	Family activities stop me from getting the amount of sleep I need to do my job well.	1	2	3	4	5
e.	Family obligations reduce the time I need to relax or be by myself.	1	2	3	4	5
f.	Family responsibilities make me work harder on the job.	1	2	3	4	5
g.	My job reduces the amount of time I can spend with the family.	1	2	3	4	5
h.	Problems at work make me irritable at home.	1	2	3	4	5
i.	My job involves a lot of travel away from home.	1	2	3	4	5
j.	I can devote a lot of time to my job because of the support I get on the homefront.	1	2	3	4	5
k.	My job takes so much energy I don't feel up to doing things that need attention at home.	1	2	3	4	5
l.	If I didn't have to work to make a living, I would want to work anyway.	1	2	3	4	5

EVERYONE

23. Please compare the importance of each of the following job characteristics with the IMPORTANCE OF HIGH PAY.	*Circle the number that best describes the IMPORTANCE of each characteristic COMPARED TO HIGH PAY.*						
	More Important			Same	Less Important		
	Much	Moderately	Slightly		Slightly	Moderately	Much
a. Having the opportunity to get on-the-job training.	1	2	3	4	5	6	7
b. Having a large number of paid vacation days.	1	2	3	4	5	6	7
c. Being able to do different things rather than the same things over and over.	1	2	3	4	5	6	7
d. Having a low risk of losing your job.	1	2	3	4	5	6	7
e. Being able to decide what time to come to work and when to leave.	1	2	3	4	5	6	7
f. Being able to work without frequent checking by a supervisor.	1	2	3	4	5	6	7
g. Being able to avoid getting dirty on the job.	1	2	3	4	5	6	7
h. Having a job that other people regard highly.	1	2	3	4	5	6	7
i. Having a job that provides health insurance.	1	2	3	4	5	6	7
j. Having a job that provides a pension plan.	1	2	3	4	5	6	7

24. Next, we are interested in the help and support that you receive from or give to people **(other than a spouse or young children).** We are interested here in help that is not paid for. **During the past month have you GIVEN the following kinds of help?**

Kind of help GIVEN:	*Check the box for EVERYONE that you GAVE each kind of help TO. (other than spouse or young child)*					
	No one needed help	Friends, neighbors, co-workers	Sons or daughters (19 and older)	Parents	Brothers or sisters	Other relatives
a. Help with transportation, errands, or shopping.						
b. Housework, yard work, repairs or other work around the house.						
c. Advice, encouragement, moral or emotional support.						
d. Help with baby sitting or child care.						

25. **During the past month have you RECEIVED the following kinds of help?**

Kind of help RECEIVED:	*Check the box for EVERYONE that you RECEIVED each kind of help FROM. (other than spouse or young child)*						
	Help not needed	No one available to help	Friends, neighbors, co-workers	Sons or daughters (19 and older)	Parents	Brothers or sisters	Other relatives
a. Help with transportation, errands, or shopping.							
b. Housework, yard work, repairs or other work around the house.							
c. Advice, encouragement, moral or emotional support.							
d. Help with baby sitting or child care.							

26. Is there a person in your family with whom you can really share your very private feelings and concerns? *(Circle the number of your answer.)*

1 Yes

2 No

27. Is there a friend outside your family with whom you can really share your very private feelings and concerns? *(Circle the number of your answer.)*

1 Yes

2 No

28. Now think about persons (other than a spouse or young child) who you feel you COULD ask for help, IF YOU NEEDED IT.

Kind of help you could ask for:	*Check the box for EVERYONE that you COULD ASK FOR each kind of HELP FROM.*					
	No one	Friends, neighbors, co-workers	Sons or daughters (19 and older)	Parents	Brothers or sisters	Other relatives
a. Suppose you had to borrow $250 for a few weeks because of an emergency. Who could you ask for help?						
b. Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice?						
c. Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?						

29. Here is a list of clubs and organizations to which many people belong. *(Please circle your level of involvement with each activity.)*

Activities and memberships:	Not involved	Very little	Some	Quite a bit	A great deal
a1. Church-connected groups, but not the church itself	0	1	2	3	4
a2. The church itself	0	1	2	3	4
b. Labor unions	0	1	2	3	4
c. Veterans' organizations	0	1	2	3	4
d. Fraternal organizations or lodges	0	1	2	3	4
e. Business or civic groups	0	1	2	3	4
f. Parent-teachers' associations	0	1	2	3	4
g. Community centers	0	1	2	3	4
h. Organizations of people of the same nationality	0	1	2	3	4
i. Sport teams	0	1	2	3	4
j. Country club	0	1	2	3	4
k. Youth groups (Scout leader etc.)	0	1	2	3	4
l. Professional groups	0	1	2	3	4
m. Political clubs or organizations	0	1	2	3	4
n. Neighborhood improvement organizations	0	1	2	3	4
o. Charity or welfare organizations	0	1	2	3	4
p. Hobby groups	0	1	2	3	4
q. Other; specify_____	0	1	2	3	4
r. Other; specify_____	0	1	2	3	4

30. How many times, if at all, during the past four weeks have you gotten together with friends? We mean like going out together or visiting in each other's homes.

_____ (# Times)

31. How many times, if at all, during the past four weeks have you gotten together socially with relatives?

_____ (# Times)

Thank you for your cooperation and assistance. A report on the results will be sent to you as soon as possible after all interviews have been completed. This report will not identify you personally as our respondent.

To help us evaluate our research, please indicate approximately how long it took you to complete this questionnaire.

_____

Please use this space to tell us anything else you would like us to know, or to make suggestions about the study.

_____

_____

_____

_____

_____

_____

_____

_____

_____

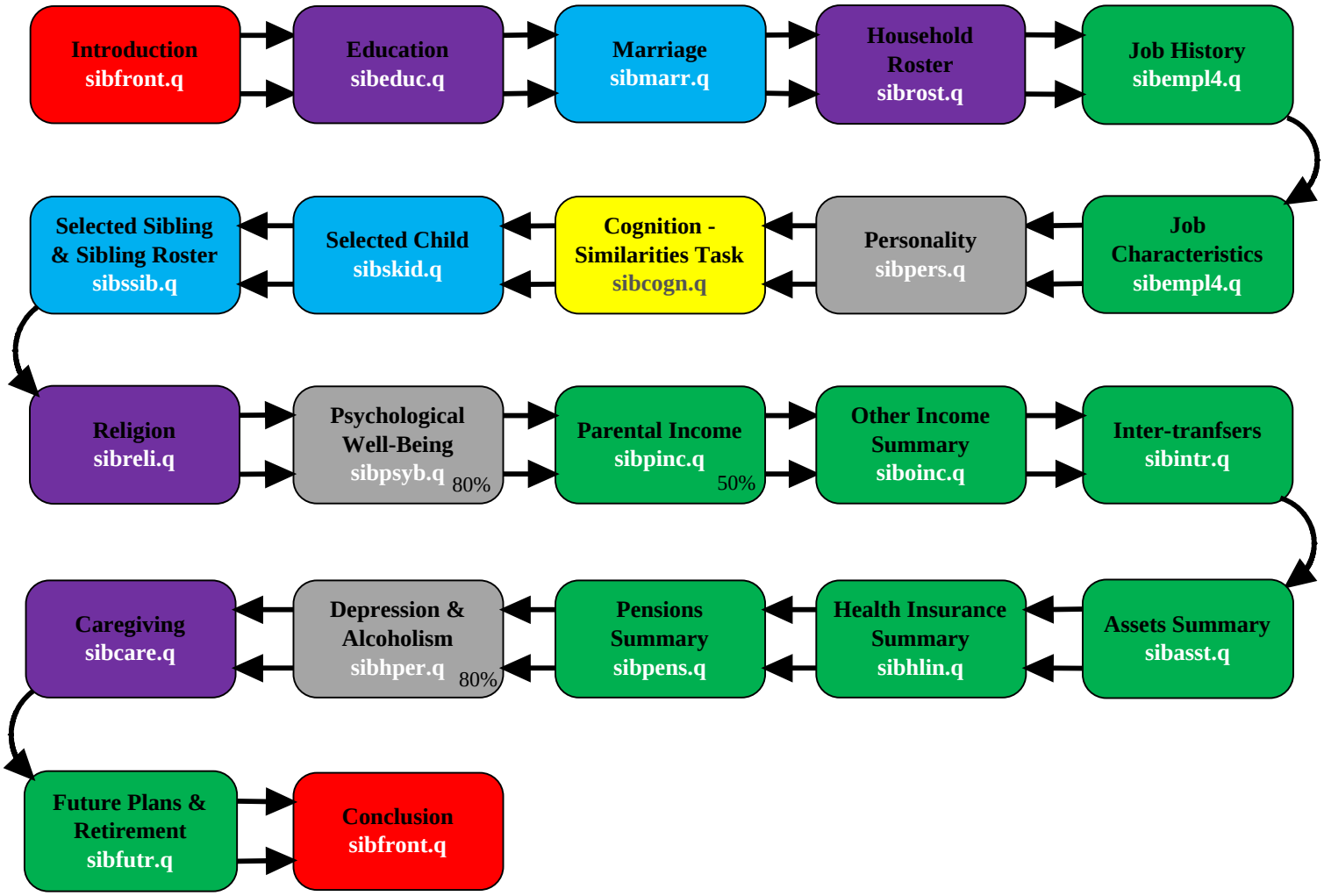
_____

CATI Flowcharts for Survey of Siblings

Return to Tab 6

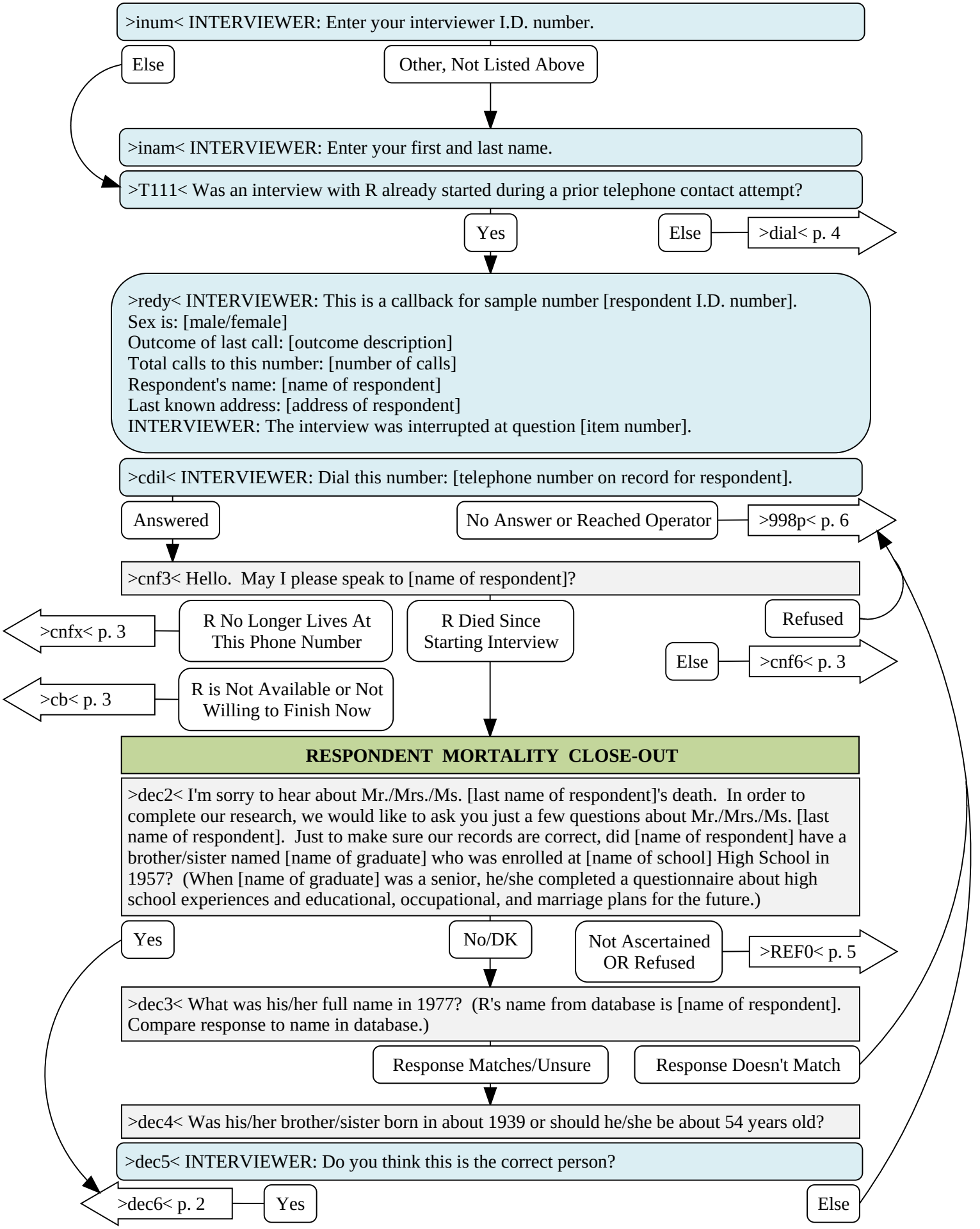
1994 Selected Sibling CATI Flow

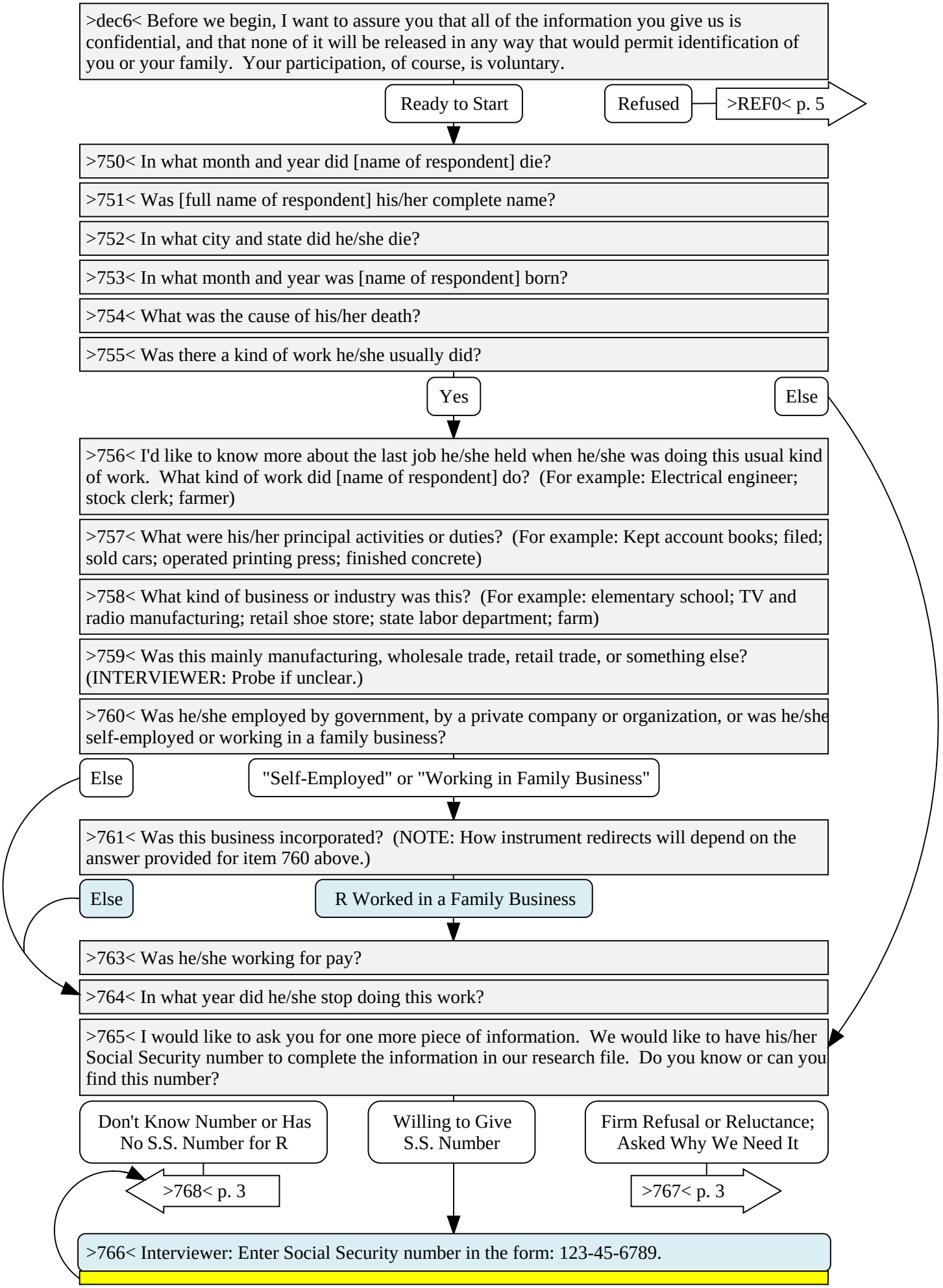
Click Box to Jump to Module



Return to Tab 6

INTRODUCTION




>dec6< Before we begin, I want to assure you that all of the information you give us is confidential, and that none of it will be released in any way that would permit identification of you or your family. Your participation, of course, is voluntary.
Ready to Start
Refused
>REF0< p. 5
>750< In what month and year did [name of respondent] die?
>751< Was [full name of respondent] his/her complete name?
>752< In what city and state did he/she die?
>753< In what month and year was [name of respondent] born?
>754< What was the cause of his/her death?
>755< Was there a kind of work he/she usually did?
Yes
Else
>756< I'd like to know more about the last job he/she held when he/she was doing this usual kind of work. What kind of work did [name of respondent] do? (For example: Electrical engineer; stock clerk; farmer)
>757< What were his/her principal activities or duties? (For example: Kept account books; filed; sold cars; operated printing press; finished concrete)
>758< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>759< Was this mainly manufacturing, wholesale trade, retail trade, or something else? (INTERVIEWER: Probe if unclear.)
>760< Was he/she employed by government, by a private company or organization, or was he/she self-employed or working in a family business?
Else
"Self-Employed" or "Working in Family Business"
>761< Was this business incorporated? (NOTE: How instrument redirects will depend on the answer provided for item 760 above.)
Else
R Worked in a Family Business
>763< Was he/she working for pay?
>764< In what year did he/she stop doing this work?
>765< I would like to ask you for one more piece of information. We would like to have his/her Social Security number to complete the information in our research file. Do you know or can you find this number?
Don't Know Number or Has No S.S. Number for R
Willing to Give S.S. Number
Firm Refusal or Reluctance; Asked Why We Need It
>768< p. 3
>767< p. 3
>766< Interviewer: Enter Social Security number in the form: 123-45-6789.

>767< Having this number will make it easier for us to use information about [name of respondent]'s life in research to understand the causes of early deaths. With it we can obtain a little more information about his/her death from county and state records. We will not release this number or information for other purposes. (INTERVIEWER: If person is concerned about our using the Social Security number to get private information, add: "Without written permission, we cannot use his/her Social Security number to find out private information.")

Else

Willing to Give S.S. Number → >766< p. 2

>768< Thank you very much for your cooperation. These are all the questions we have. We appreciate your assistance. (NOTE: This will not go to the call result code screen. It will instead by automatically coded 18, "unable to participate".)

>998q< Conclusion Module

MOST RECENT PHONE NUMBER INQUIRY

>cnfx/cnf2< Do you know what phone number [name of respondent] can be reached at now?

Yes

Else → >998p< p. 6

>arex/area< What is the number? Please start with the area code.

>verx/verf< Just to be sure I have recorded the number correctly, please let me read it back again. (INTERVIEWER: Read phone number xxx-xxx-xxxx aloud.) Is that correct?

Not Correct

Correct/Refused

RESUMPTION ATTEMPT FOR INCOMPLETE INTERVIEW

>cnf6< I'm [name of interviewer] calling again from the University of Wisconsin. We recently started our telephone interview with you. I would like to complete the interview with you now.

R Would Like to Be Called Back Another Time

R Ready and Willing to Finish Interview Now

R Refuses to Finish the Interview → >REF0< p. 5

Since R was partially interviewed (began the interview) previously, the instrument will now proceed to the module and item number they left off on - where the interview was interrupted or ended.

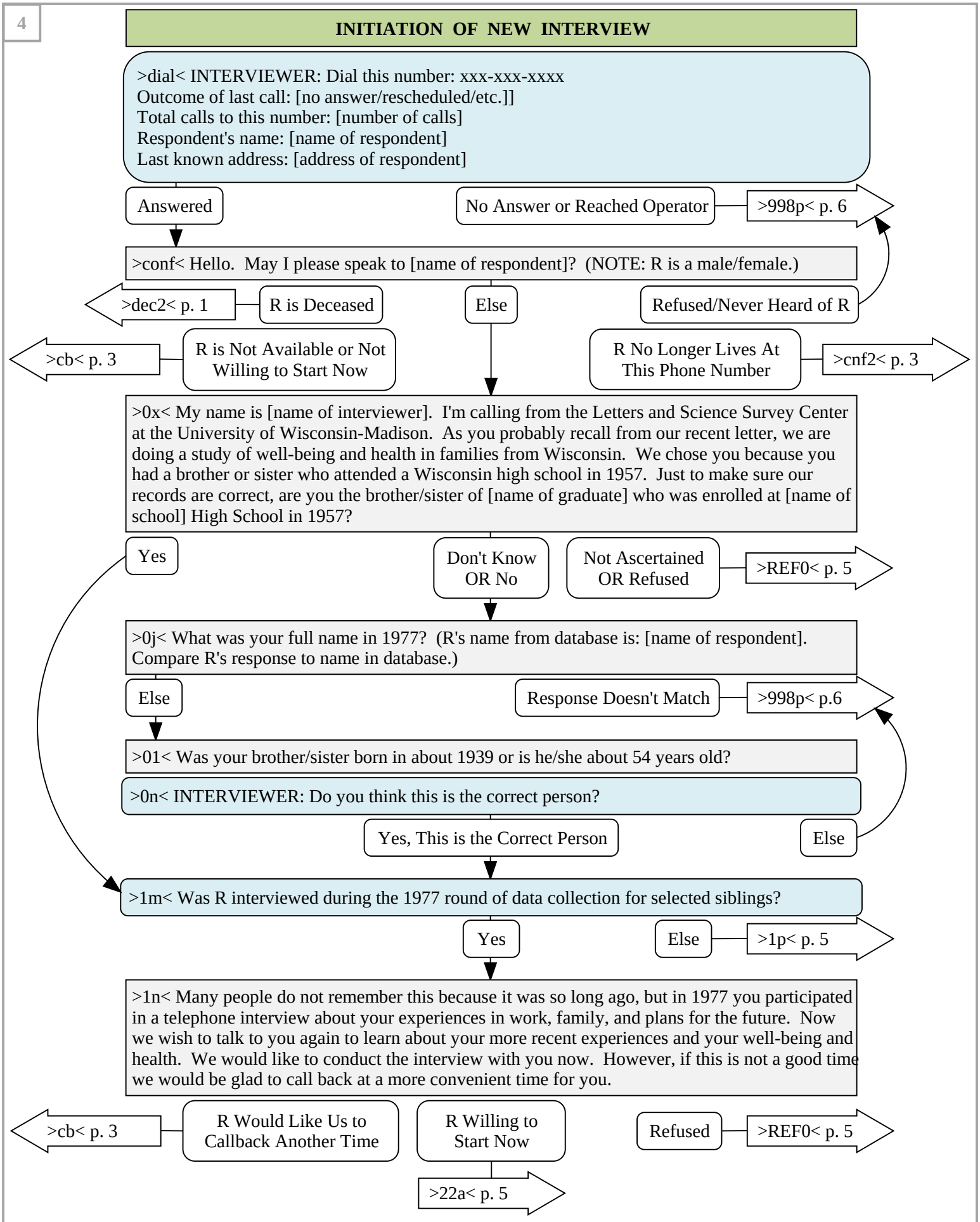
>cb< When would be a good time for us to call back? (INTERVIEWER: Enter the current month if R says "call back anytime".)

Else

Refused → >998p< p. 6

>cb2/3/4< INTERVIEWER: Enter day of month that R wants to be called back on.

>cb5< What time on [month]/[day]?


INITIATION OF NEW INTERVIEW
>dial< INTERVIEWER: Dial this number: xxx-xxx-xxxx
Outcome of last call: [no answer/rescheduled/etc.]]
Total calls to this number: [number of calls]
Respondent's name: [name of respondent]
Last known address: [address of respondent]
Answered
No Answer or Reached Operator
>998p< p. 6
>conf< Hello. May I please speak to [name of respondent]? (NOTE: R is a male/female.)
>dec2< p. 1
R is Deceased
Else
Refused/Never Heard of R
>cb< p. 3
R is Not Available or Not Willing to Start Now
R No Longer Lives At This Phone Number
>cnf2< p. 3
>0x< My name is [name of interviewer]. I'm calling from the Letters and Science Survey Center at the University of Wisconsin-Madison. As you probably recall from our recent letter, we are doing a study of well-being and health in families from Wisconsin. We chose you because you had a brother or sister who attended a Wisconsin high school in 1957. Just to make sure our records are correct, are you the brother/sister of [name of graduate] who was enrolled at [name of school] High School in 1957?
Yes
Don't Know OR No
Not Ascertained OR Refused
>REF0< p. 5
>0j< What was your full name in 1977? (R's name from database is: [name of respondent]. Compare R's response to name in database.)
Else
Response Doesn't Match
>998p< p.6
>01< Was your brother/sister born in about 1939 or is he/she about 54 years old?
>0n< INTERVIEWER: Do you think this is the correct person?
Yes, This is the Correct Person
Else
>1m< Was R interviewed during the 1977 round of data collection for selected siblings?
Yes
Else
>1p< p. 5
>1n< Many people do not remember this because it was so long ago, but in 1977 you participated in a telephone interview about your experiences in work, family, and plans for the future. Now we wish to talk to you again to learn about your more recent experiences and your well-being and health. We would like to conduct the interview with you now. However, if this is not a good time we would be glad to call back at a more convenient time for you.
>cb< p. 3
R Would Like Us to Callback Another Time
R Willing to Start Now
Refused
>REF0< p. 5
>22a< p. 5

>1p< We would like to conduct the interview with you now. However, if this is not a good time we would be glad to call back at a more convenient time for you.

R Would Like Us to Callback Another Time → >cb< p. 3

R Willing to Start Now

Refused

>22a< Before we begin, I want to assure you that all of the information you give us is confidential, and that none of it will be released in any way that would permit identification of you or your family. Your participation, of course, is voluntary.

Ready to Start → Next Module

Refused

RESPONSES TO REFUSALS

>REF0< INTERVIEWER: Press the number that most closely represents the reason for refusing or resisting the interview.
1.) Too busy
2.) Bad health
3.) Feel inadequate: don't know enough to answer
4.) Not interested
5.) No one else's business what I think/confidentiality
6.) Objects to surveys
7.) Objects to phone surveys
8.) Did not attend high school

4 or "None of These" → >REF4< p. 6

1

8 → >REF8< p. 6

7 → >REF7< p. 6

6 → >REF6< p. 6

5 → >REF5< p. 6

3

2

>REF1< Sorry to have caught you at a bad time, I would be happy to call back another time. Or, if you would prefer, we could begin the interview now and complete part of it, then call again another time to finish it. (NOTE: All paths - except #1 - from item REF0 are still available.)

R Absolutely Refuses → >998p< p. 6

R Ready to Start → Next Module

>REF2< I'm sorry to hear that. We're really interested in people's health, so if you can possibly talk to us, your participation would be very helpful. (AS NEEDED: "Have you been sick long? I would be happy to call back another time.) In order for the results to be representative, we need to be sure to interview as many people in the sample as possible. We would really like to include your experiences. (INTERVIEW: If lengthy or serious illness makes doing an interview impossible, say that we will not call again.) (NOTE: All paths - except #2 - from item REF0 are still available.)

R Absolutely Refuses → >998p< p. 6

R Ready to Start → Next Module

>REF3< The questions are not at all difficult. They mostly concern how you feel about things, not how much you know. Some of the people we have already interviewed had the same concern you have, but once we got started they didn't have any difficulty answering the questions. Maybe I could read just a few questions to you and you can see what they are like. (NOTE: All paths - except #3 - from item REF0 are still available.)

R Absolutely Refuses → >998p< p. 6

R Ready to Start → Next Module

>REF4< I'm sorry you feel that way. Most people enjoy doing the interview. This study began with the class of 1957, and now we are including their brothers and sisters.. Ever since that first survey was taken, almost everyone - nearly 90 percent - has talked with us. The study we are doing now will offer valuable information on adults' well-being, health, security and relationships. It is very important that we talk with everyone in the sample, so our findings will accurately describe what has happened to the families of the class of 1957. And, as in the past, everything you tell us is confidential. We're hoping that you will want to be a part of this project. (NOTE: All paths - except #4 - from itemREF0 are still available; "None of these", however, redirects to REF3.)

R Absolutely Refuses

R Ready to Start → Next Module

>REF5< I can certainly understand, that's why all of our interviews are confidential. We can skip any questions you feel are too personal. Protecting people's privacy is one of our major concerns, and to do it no one's name is associated with their answers. In fact, I couldn't tell you what your brother/sister said to us when we called him/her, because that information is not available to me. All the results are reported in a way that no single individual can ever be identified. (NOTE: All paths - except #5 - from itemREF0 are still available.)

R Absolutely Refuses

R Ready to Start → Next Module

>REF6< We feel this survey is very important. People are very interested in health and security these days, and we hope the information we're gathering will help to make things better for you as well as for everyone else. We would really like to have your participation. (NOTE: All paths - except #6 - from item REF0 are still available.)

R Absolutely Refuses

R Ready to Start → Next Module

>REF7< Telephone surveys are much faster and cost less than other ways of obtaining survey information. We do this survey by computer. That is, depending on your answers, the computer will skip some questions that apply to other people. In the case of this project, a telephone survey is the quickest and easiest way for us to contact participants who live all over the United States. (NOTE: All paths - except #7 - from itemREF0 are still available.)

R Absolutely Refuses

R Ready to Start → Next Module

>REF8< Unfortunately our earlier study only included people who were high school seniors. We are really interested in the experiences of everyone (so you are especially important to us). We'd really like your participation. It is very important that we talk with everyone in the sample, so our findings will accurately describe the experiences of families from Wisconsin. (NOTE: All paths - except #8 - from item REF0 are still available.)

R Absolutely Refuses

R Ready to Start → Next Module

>998p< INTERVIEWER: Say thank you, good bye, etc. Enter call result code.

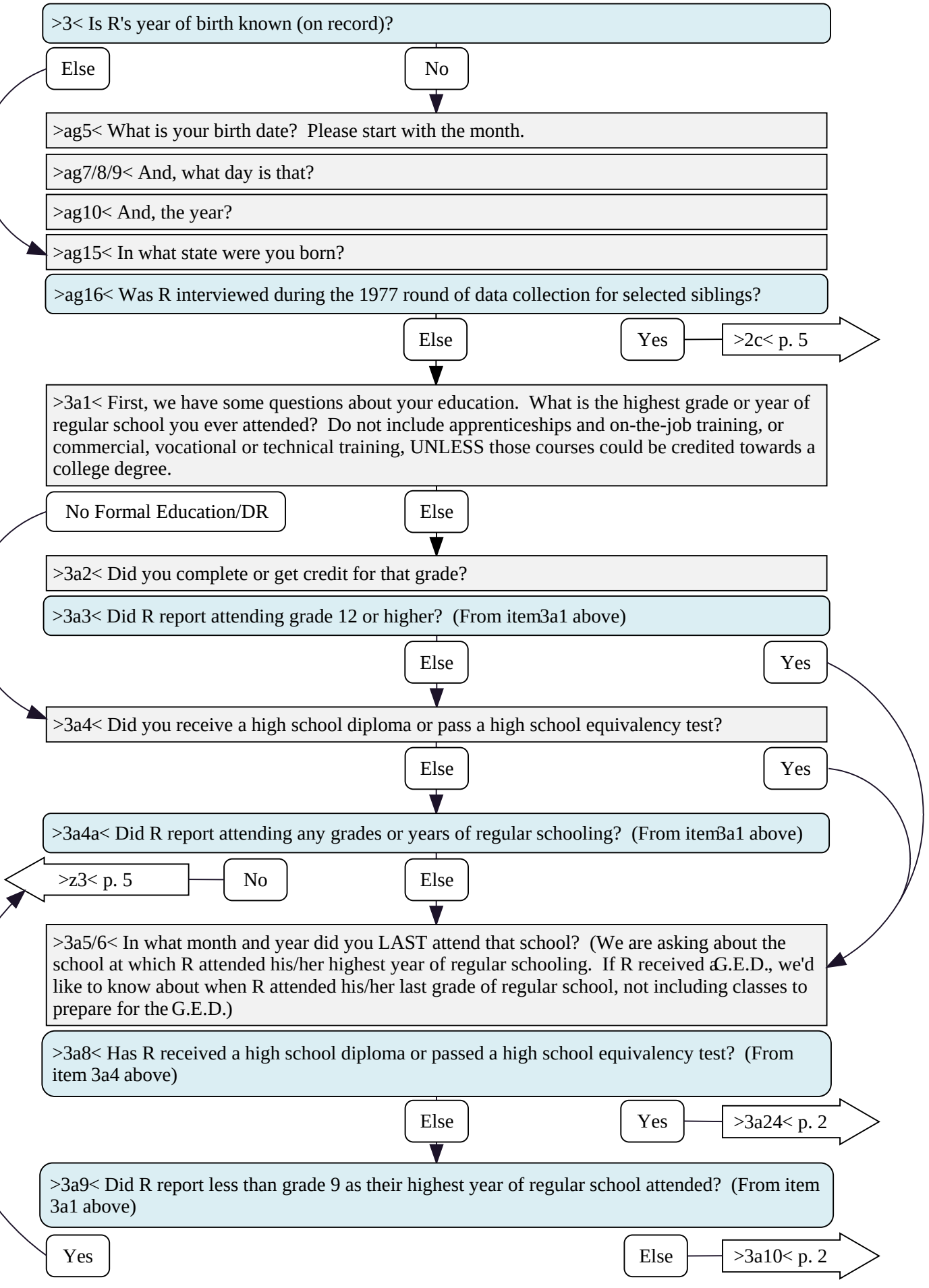
>998q< INTERVIEWER: Are there any questions on the interview which need to be corrected, amended, or changed from the way you entered them? If so, enter 1 and SPECIFY the item number and what the corrected answer or information is.

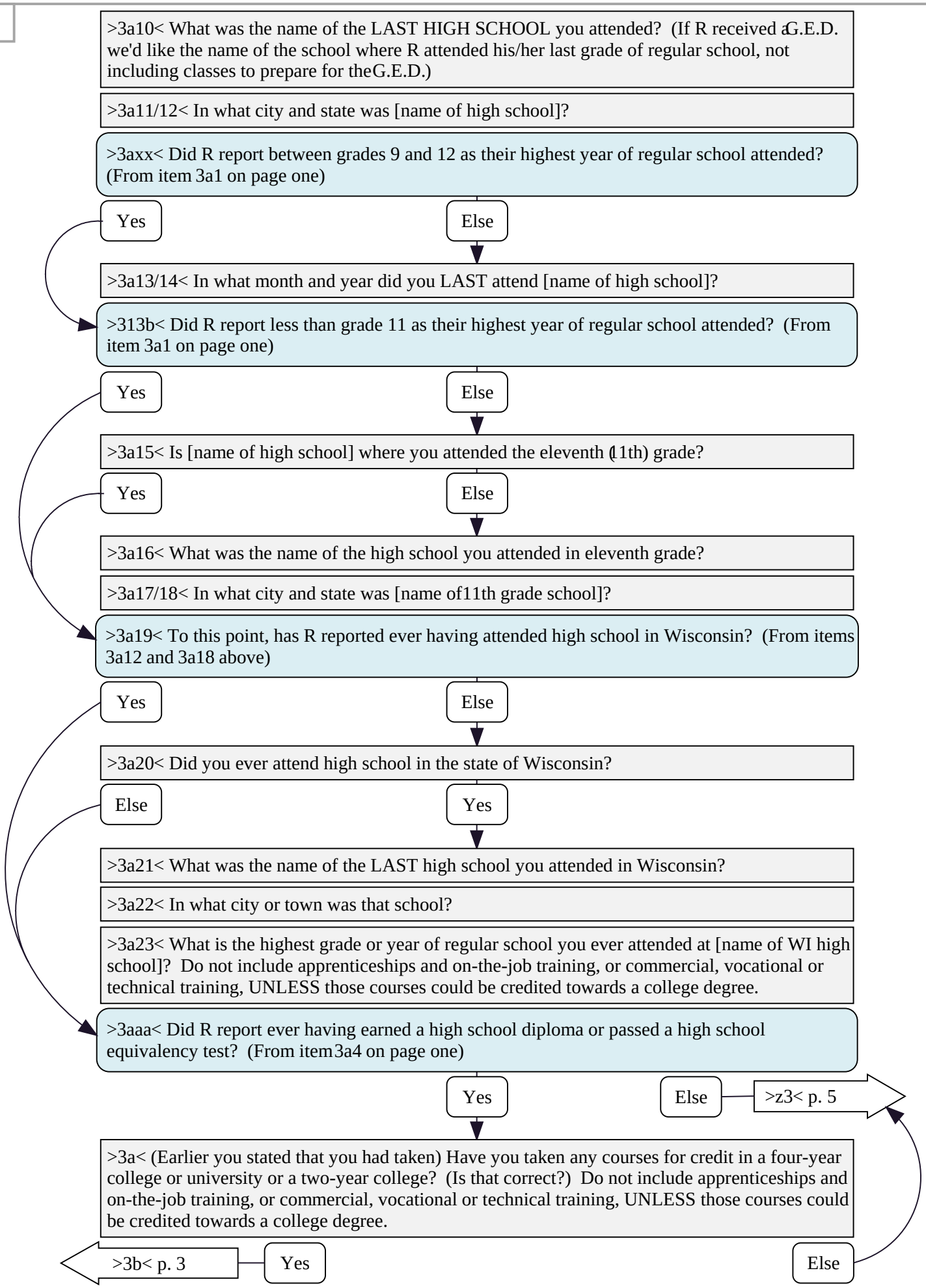
>998r< INTERVIEWER: Enter call result COMMENTS. (Enter comments regardless of the result of the call.)

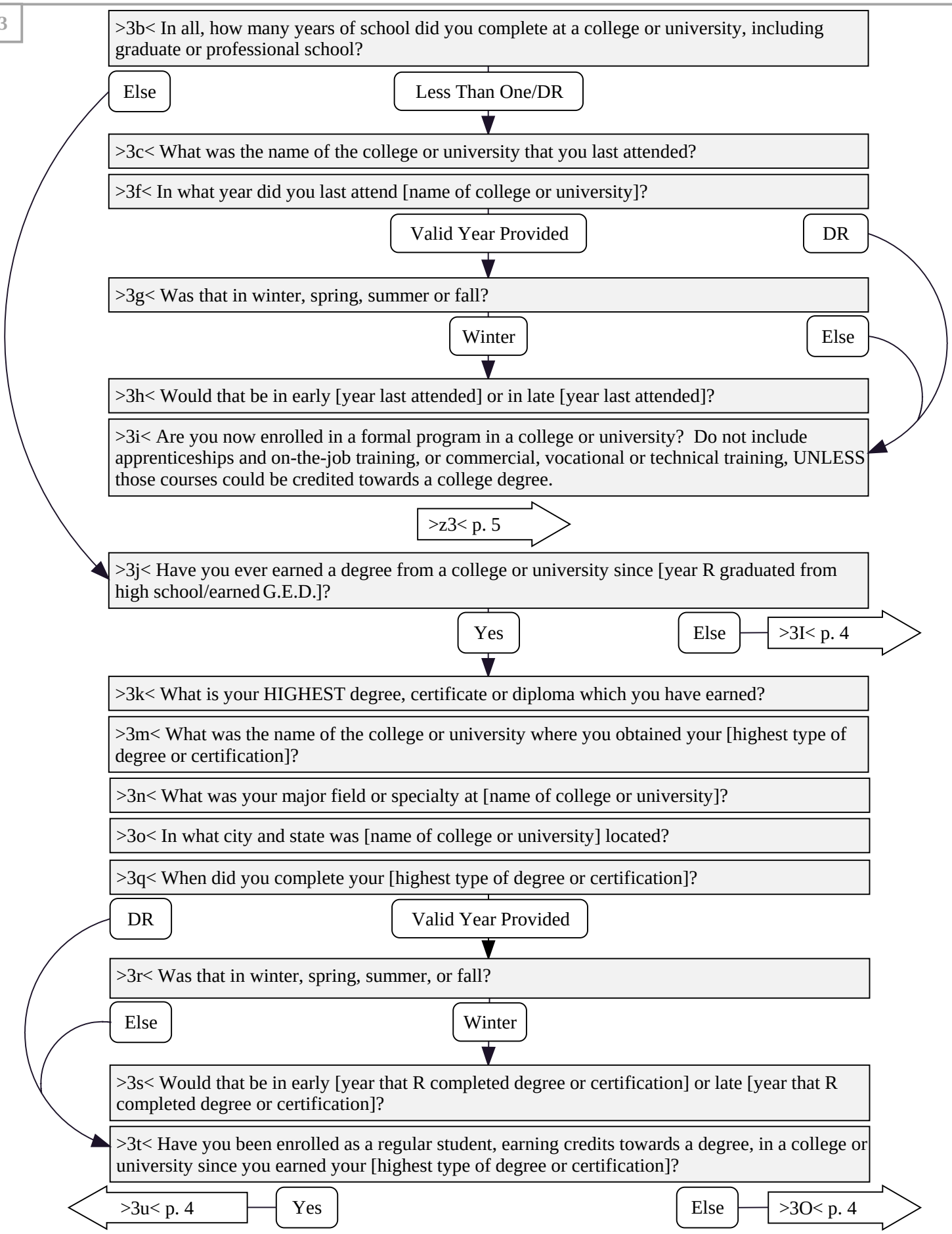
End of Interview

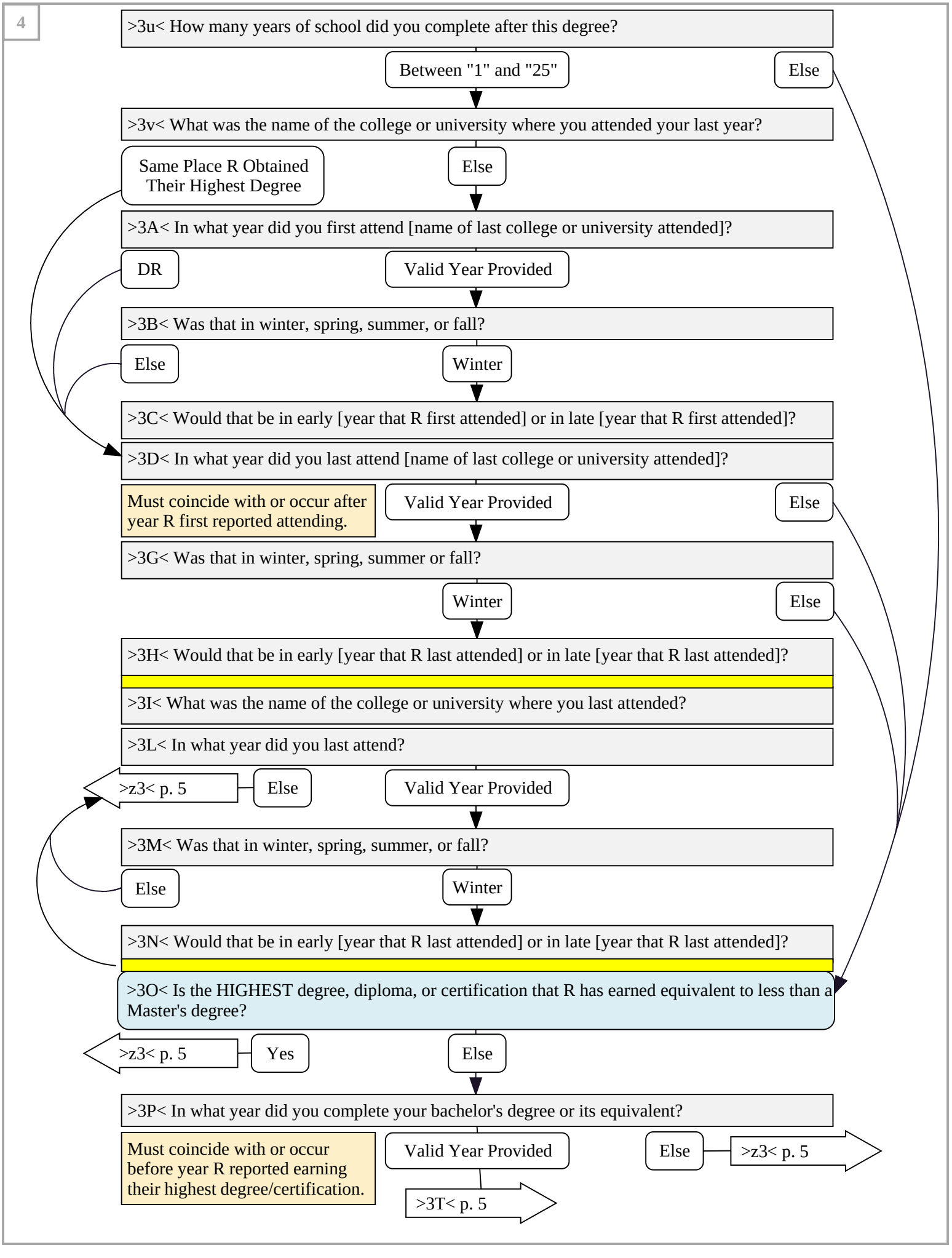
END OF INTRODUCTION MODULE

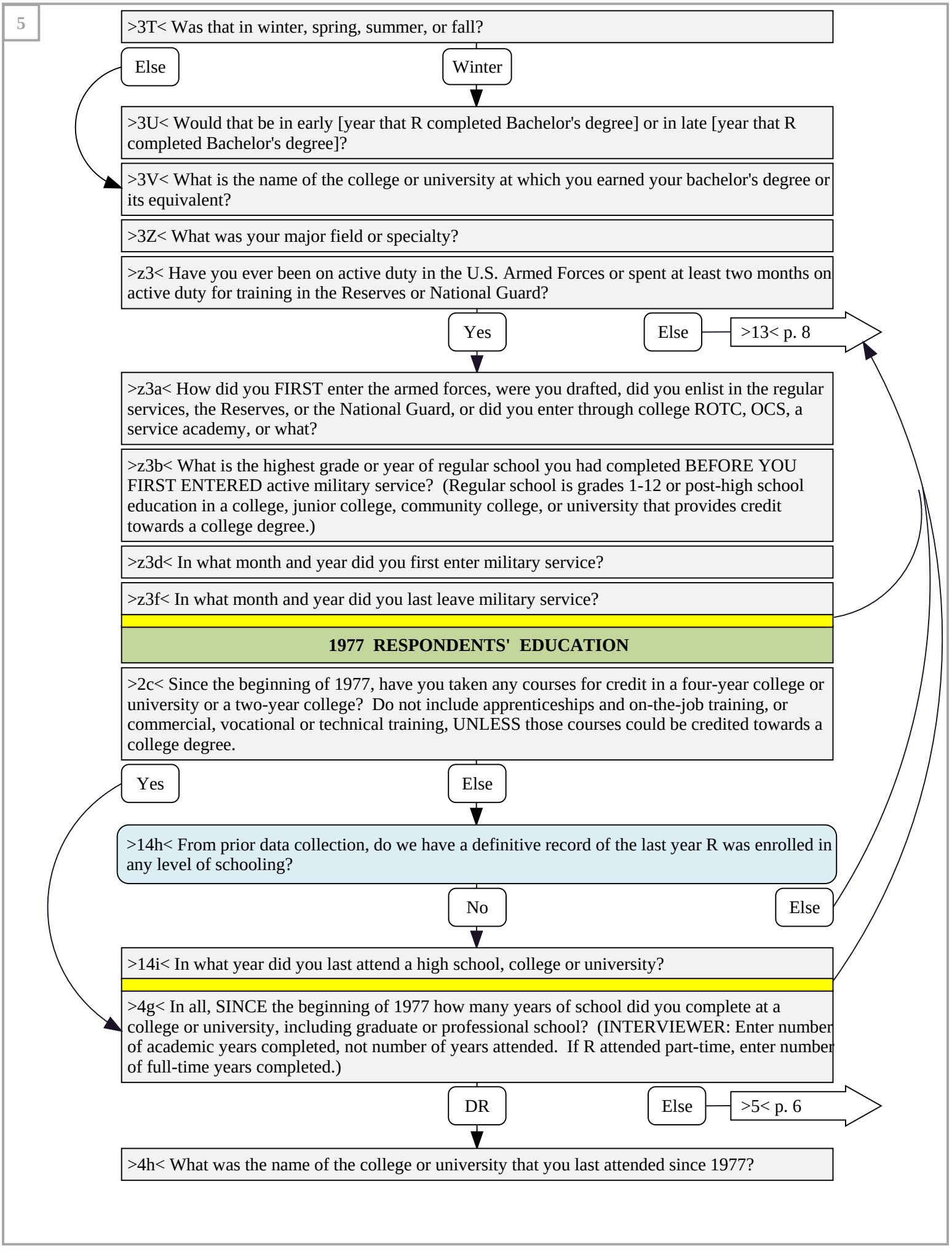
EDUCATION

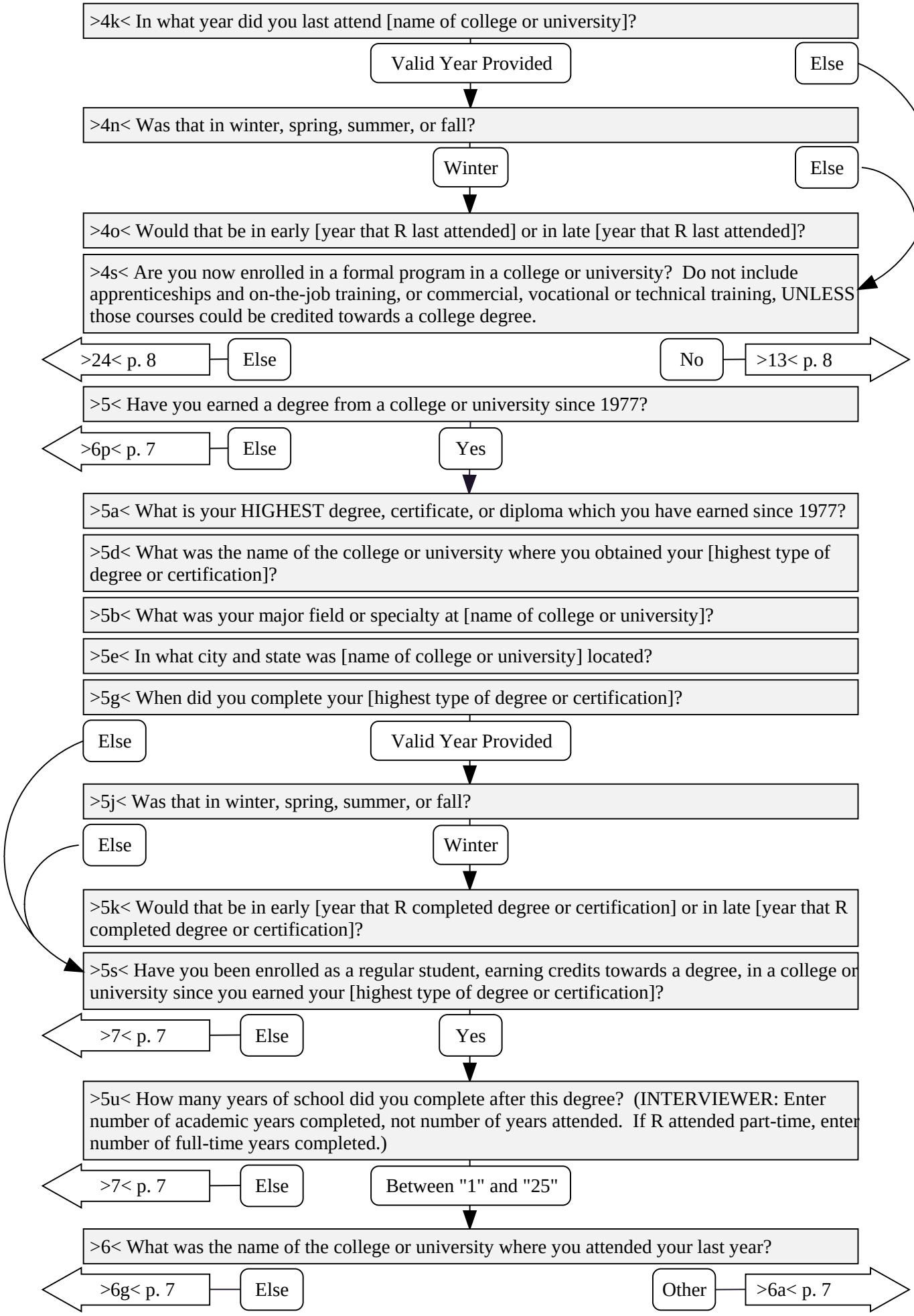

>3< Is R's year of birth known (on record)?
Else
No
>ag5< What is your birth date? Please start with the month.
>ag7/8/9< And, what day is that?
>ag10< And, the year?
>ag15< In what state were you born?
>ag16< Was R interviewed during the 1977 round of data collection for selected siblings?
Else
Yes
>2c< p. 5
>3a1< First, we have some questions about your education. What is the highest grade or year of regular school you ever attended? Do not include apprenticeships and on-the-job training, or commercial, vocational or technical training, UNLESS those courses could be credited towards a college degree.
No Formal Education/DR
Else
>3a2< Did you complete or get credit for that grade?
>3a3< Did R report attending grade 12 or higher? (From item 3a1 above)
Else
Yes
>3a4< Did you receive a high school diploma or pass a high school equivalency test?
Else
Yes
>3a4a< Did R report attending any grades or years of regular schooling? (From item 3a1 above)
>z3< p. 5
No
Else
>3a5/6< In what month and year did you LAST attend that school? (We are asking about the school at which R attended his/her highest year of regular schooling. If R received a G.E.D., we'd like to know about when R attended his/her last grade of regular school, not including classes to prepare for the G.E.D.)
>3a8< Has R received a high school diploma or passed a high school equivalency test? (From item 3a4 above)
Else
Yes
>3a24< p. 2
>3a9< Did R report less than grade 9 as their highest year of regular school attended? (From item 3a1 above)
Yes
Else
>3a10< p. 2

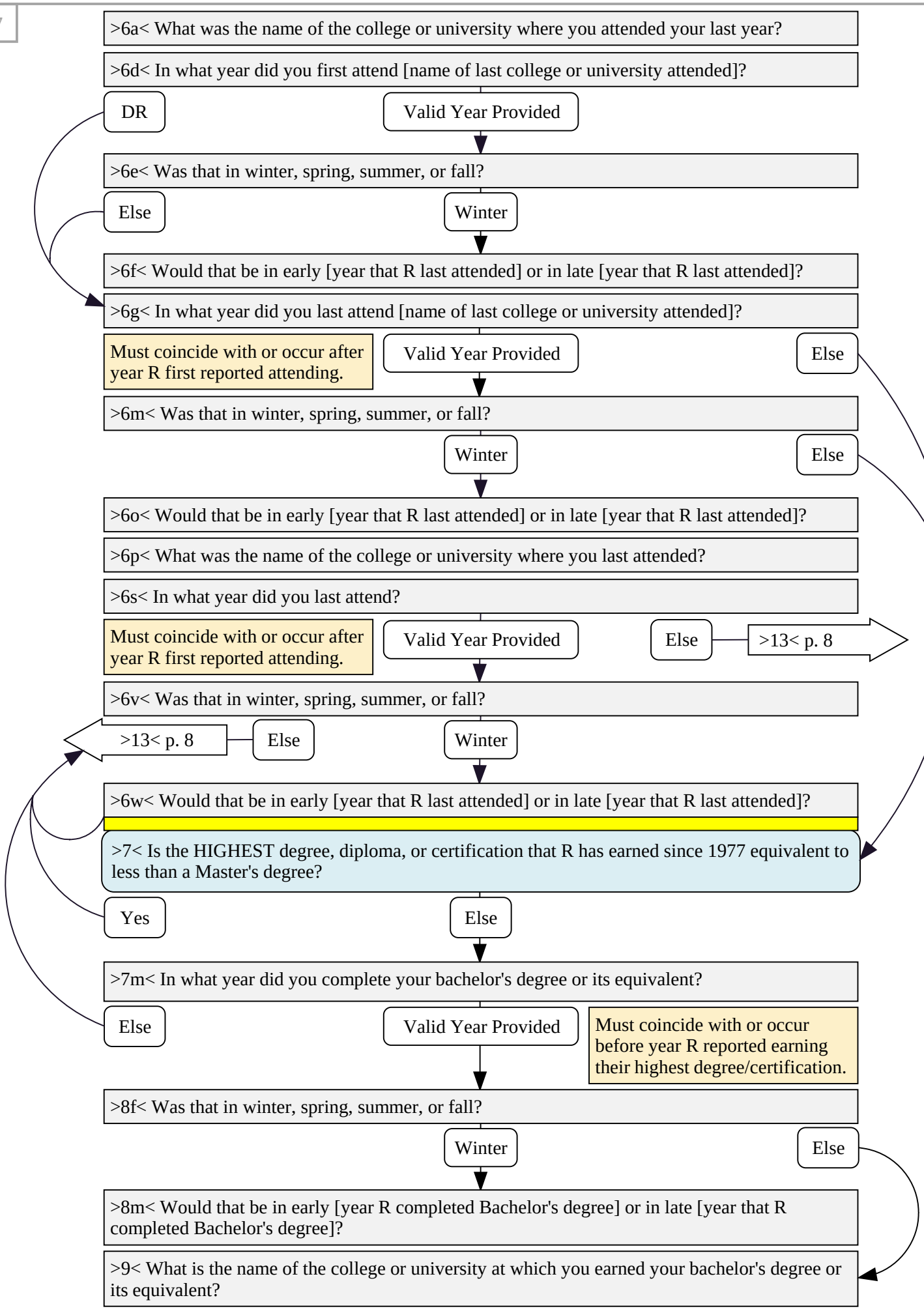

>3a10< What was the name of the LAST HIGH SCHOOL you attended? (If R received a G.E.D. we'd like the name of the school where R attended his/her last grade of regular school, not including classes to prepare for the G.E.D.)
>3a11/12< In what city and state was [name of high school]?
>3axx< Did R report between grades 9 and 12 as their highest year of regular school attended? (From item 3a1 on page one)
Yes
Else
>3a13/14< In what month and year did you LAST attend [name of high school]?
>313b< Did R report less than grade 11 as their highest year of regular school attended? (From item 3a1 on page one)
Yes
Else
>3a15< Is [name of high school] where you attended the eleventh (11th) grade?
Yes
Else
>3a16< What was the name of the high school you attended in eleventh grade?
>3a17/18< In what city and state was [name of 11th grade school]?
>3a19< To this point, has R reported ever having attended high school in Wisconsin? (From items 3a12 and 3a18 above)
Yes
Else
>3a20< Did you ever attend high school in the state of Wisconsin?
Else
Yes
>3a21< What was the name of the LAST high school you attended in Wisconsin?
>3a22< In what city or town was that school?
>3a23< What is the highest grade or year of regular school you ever attended at [name of WI high school]? Do not include apprenticeships and on-the-job training, or commercial, vocational or technical training, UNLESS those courses could be credited towards a college degree.
>3aaa< Did R report ever having earned a high school diploma or passed a high school equivalency test? (From item 3a4 on page one)
Yes
Else
>z3< p. 5
>3a< (Earlier you stated that you had taken) Have you taken any courses for credit in a four-year college or university or a two-year college? (Is that correct?) Do not include apprenticeships and on-the-job training, or commercial, vocational or technical training, UNLESS those courses could be credited towards a college degree.
>3b< p. 3
Yes
Else


>3b< In all, how many years of school did you complete at a college or university, including graduate or professional school?
Else
Less Than One/DR
>3c< What was the name of the college or university that you last attended?
>3f< In what year did you last attend [name of college or university]?
Valid Year Provided
DR
>3g< Was that in winter, spring, summer or fall?
Winter
Else
>3h< Would that be in early [year last attended] or in late [year last attended]?
>3i< Are you now enrolled in a formal program in a college or university? Do not include apprenticeships and on-the-job training, or commercial, vocational or technical training, UNLESS those courses could be credited towards a college degree.
>z3< p. 5
>3j< Have you ever earned a degree from a college or university since [year R graduated from high school/earned G.E.D.]?
Yes
Else
>3I< p. 4
>3k< What is your HIGHEST degree, certificate or diploma which you have earned?
>3m< What was the name of the college or university where you obtained your [highest type of degree or certification]?
>3n< What was your major field or specialty at [name of college or university]?
>3o< In what city and state was [name of college or university] located?
>3q< When did you complete your [highest type of degree or certification]?
DR
Valid Year Provided
>3r< Was that in winter, spring, summer, or fall?
Else
Winter
>3s< Would that be in early [year that R completed degree or certification] or late [year that R completed degree or certification]?
>3t< Have you been enrolled as a regular student, earning credits towards a degree, in a college or university since you earned your [highest type of degree or certification]?
>3u< p. 4
Yes
Else
>3O< p. 4


>3u< How many years of school did you complete after this degree?
Between "1" and "25"
Else
>3v< What was the name of the college or university where you attended your last year?
Same Place R Obtained Their Highest Degree
Else
>3A< In what year did you first attend [name of last college or university attended]?
DR
Valid Year Provided
>3B< Was that in winter, spring, summer, or fall?
Else
Winter
>3C< Would that be in early [year that R first attended] or in late [year that R first attended]?
>3D< In what year did you last attend [name of last college or university attended]?
Must coincide with or occur after year R first reported attending.
Valid Year Provided
Else
>3G< Was that in winter, spring, summer or fall?
Winter
Else
>3H< Would that be in early [year that R last attended] or in late [year that R last attended]?
>3I< What was the name of the college or university where you last attended?
>3L< In what year did you last attend?
>z3< p. 5
Else
Valid Year Provided
>3M< Was that in winter, spring, summer, or fall?
Else
Winter
>3N< Would that be in early [year that R last attended] or in late [year that R last attended]?
>3O< Is the HIGHEST degree, diploma, or certification that R has earned equivalent to less than a Master's degree?
>z3< p. 5
Yes
Else
>3P< In what year did you complete your bachelor's degree or its equivalent?
Must coincide with or occur before year R reported earning their highest degree/certification.
Valid Year Provided
Else
>z3< p. 5
>3T< p. 5


>3T< Was that in winter, spring, summer, or fall?
Else
Winter
>3U< Would that be in early [year that R completed Bachelor's degree] or in late [year that R completed Bachelor's degree]?
>3V< What is the name of the college or university at which you earned your bachelor's degree or its equivalent?
>3Z< What was your major field or specialty?
>z3< Have you ever been on active duty in the U.S. Armed Forces or spent at least two months on active duty for training in the Reserves or National Guard?
Yes
Else
>13< p. 8
>z3a< How did you FIRST enter the armed forces, were you drafted, did you enlist in the regular services, the Reserves, or the National Guard, or did you enter through college ROTC, OCS, a service academy, or what?
>z3b< What is the highest grade or year of regular school you had completed BEFORE YOU FIRST ENTERED active military service? (Regular school is grades 1-12 or post-high school education in a college, junior college, community college, or university that provides credit towards a college degree.)
>z3d< In what month and year did you first enter military service?
>z3f< In what month and year did you last leave military service?
1977 RESPONDENTS' EDUCATION
>2c< Since the beginning of 1977, have you taken any courses for credit in a four-year college or university or a two-year college? Do not include apprenticeships and on-the-job training, or commercial, vocational or technical training, UNLESS those courses could be credited towards a college degree.
Yes
Else
>14h< From prior data collection, do we have a definitive record of the last year R was enrolled in any level of schooling?
No
Else
>14i< In what year did you last attend a high school, college or university?
>4g< In all, SINCE the beginning of 1977 how many years of school did you complete at a college or university, including graduate or professional school? (INTERVIEWER: Enter number of academic years completed, not number of years attended. If R attended part-time, enter number of full-time years completed.)
DR
Else
>5< p. 6
>4h< What was the name of the college or university that you last attended since 1977?


>4k< In what year did you last attend [name of college or university]?
Valid Year Provided
Else
>4n< Was that in winter, spring, summer, or fall?
Winter
Else
>4o< Would that be in early [year that R last attended] or in late [year that R last attended]?
>4s< Are you now enrolled in a formal program in a college or university? Do not include apprenticeships and on-the-job training, or commercial, vocational or technical training, UNLESS those courses could be credited towards a college degree.
>24< p. 8
Else
No
>13< p. 8
>5< Have you earned a degree from a college or university since 1977?
>6p< p. 7
Else
Yes
>5a< What is your HIGHEST degree, certificate, or diploma which you have earned since 1977?
>5d< What was the name of the college or university where you obtained your [highest type of degree or certification]?
>5b< What was your major field or specialty at [name of college or university]?
>5e< In what city and state was [name of college or university] located?
>5g< When did you complete your [highest type of degree or certification]?
Else
Valid Year Provided
>5j< Was that in winter, spring, summer, or fall?
Else
Winter
>5k< Would that be in early [year that R completed degree or certification] or in late [year that R completed degree or certification]?
>5s< Have you been enrolled as a regular student, earning credits towards a degree, in a college or university since you earned your [highest type of degree or certification]?
>7< p. 7
Else
Yes
>5u< How many years of school did you complete after this degree? (INTERVIEWER: Enter number of academic years completed, not number of years attended. If R attended part-time, enter number of full-time years completed.)
>7< p. 7
Else
Between "1" and "25"
>6< What was the name of the college or university where you attended your last year?
>6g< p. 7
Else
Other
>6a< p. 7


>6a< What was the name of the college or university where you attended your last year?
>6d< In what year did you first attend [name of last college or university attended]?
DR
Valid Year Provided
>6e< Was that in winter, spring, summer, or fall?
Else
Winter
>6f< Would that be in early [year that R last attended] or in late [year that R last attended]?
>6g< In what year did you last attend [name of last college or university attended]?
Must coincide with or occur after year R first reported attending.
Valid Year Provided
Else
>6m< Was that in winter, spring, summer, or fall?
Winter
Else
>6o< Would that be in early [year that R last attended] or in late [year that R last attended]?
>6p< What was the name of the college or university where you last attended?
>6s< In what year did you last attend?
Must coincide with or occur after year R first reported attending.
Valid Year Provided
Else
>13< p. 8
>6v< Was that in winter, spring, summer, or fall?
>13< p. 8
Else
Winter
>6w< Would that be in early [year that R last attended] or in late [year that R last attended]?
>7< Is the HIGHEST degree, diploma, or certification that R has earned since 1977 equivalent to less than a Master's degree?
Yes
Else
>7m< In what year did you complete your bachelor's degree or its equivalent?
Else
Valid Year Provided
Must coincide with or occur before year R reported earning their highest degree/certification.
>8f< Was that in winter, spring, summer, or fall?
Winter
Else
>8m< Would that be in early [year R completed Bachelor's degree] or in late [year that R completed Bachelor's degree]?
>9< What is the name of the college or university at which you earned your bachelor's degree or its equivalent?

>12< What was your major field or specialty?

EDUCATION, WORK, AND FINANCIAL SELF-APPRAISALS

>13< Has R been enrolled as a regular student in a college or university since earning their highest degree or certification, if applicable? (NOTE: This means R must, at minimum, be a high school graduate or have attained high school equivalency. Skip pattern drawn from items 3t and 3b on page 3, 3a4 on page 1, and 5s on page 6.)

No

Else

>13a< Are you now enrolled in a formal program in a college or university, earning credits towards a degree? Do not include apprenticeships and on-the-job training, or commercial, vocational or technical training, UNLESS those courses could be credited towards a college degree.

Else

Yes

>24< Do you plan to attend a four-year college or university or a two-year college in the future?

>412s< Different people value different things in life. Please tell me how important the following things are to you. How important is education? Would you say it is very important, somewhat important, not very important, or not at all important?

>414< How important to you is work? (Is it very important, somewhat important, not very important, or not at all important?)

>414f< How important to you is your financial situation? (Is it very important, somewhat important, not very important, or not at all important?)

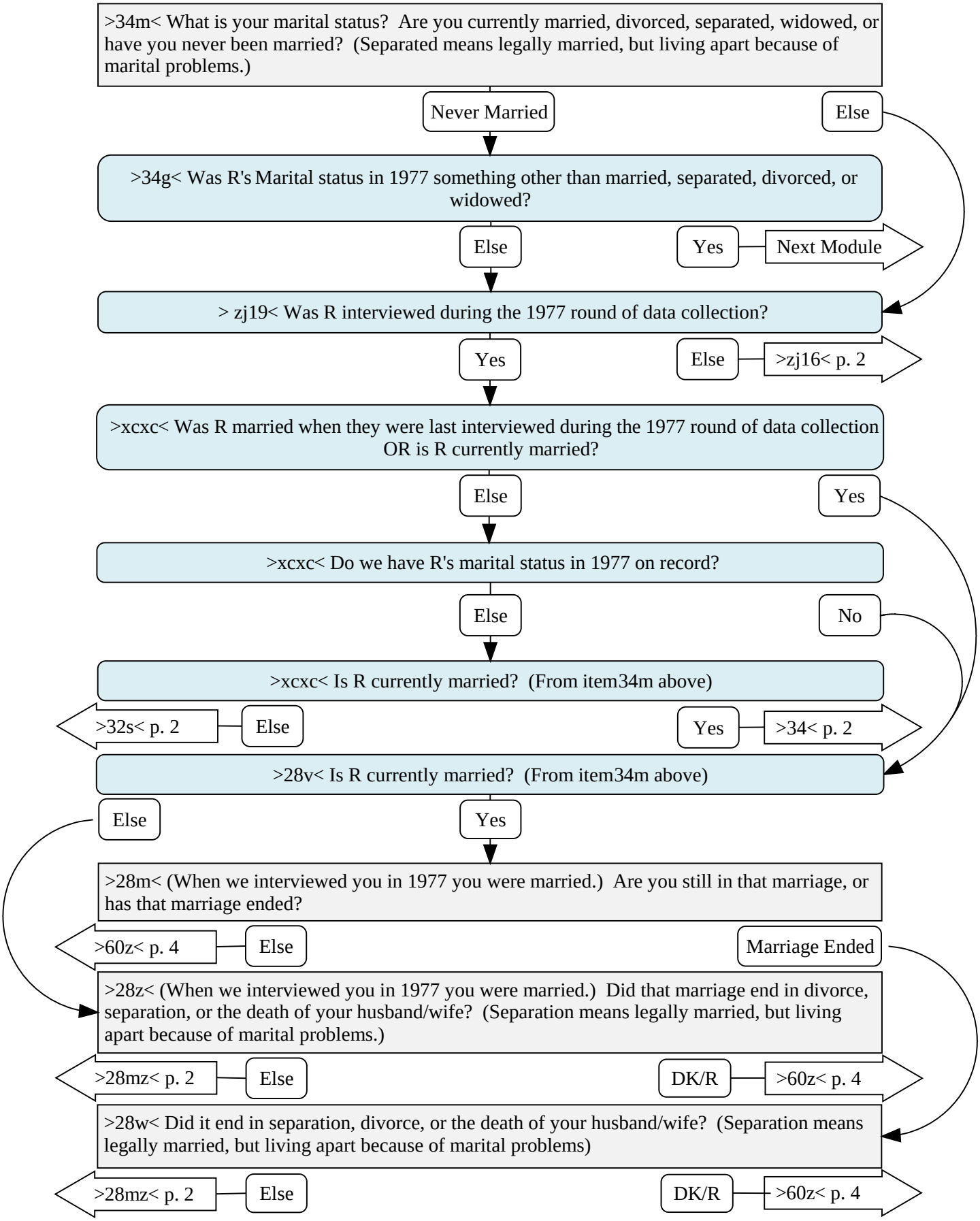
>416s< The next questions are about how successful you think you've been in various areas of your life. How successful have you been in your education? Have you been very successful, somewhat successful, not very successful, or not at all successful?

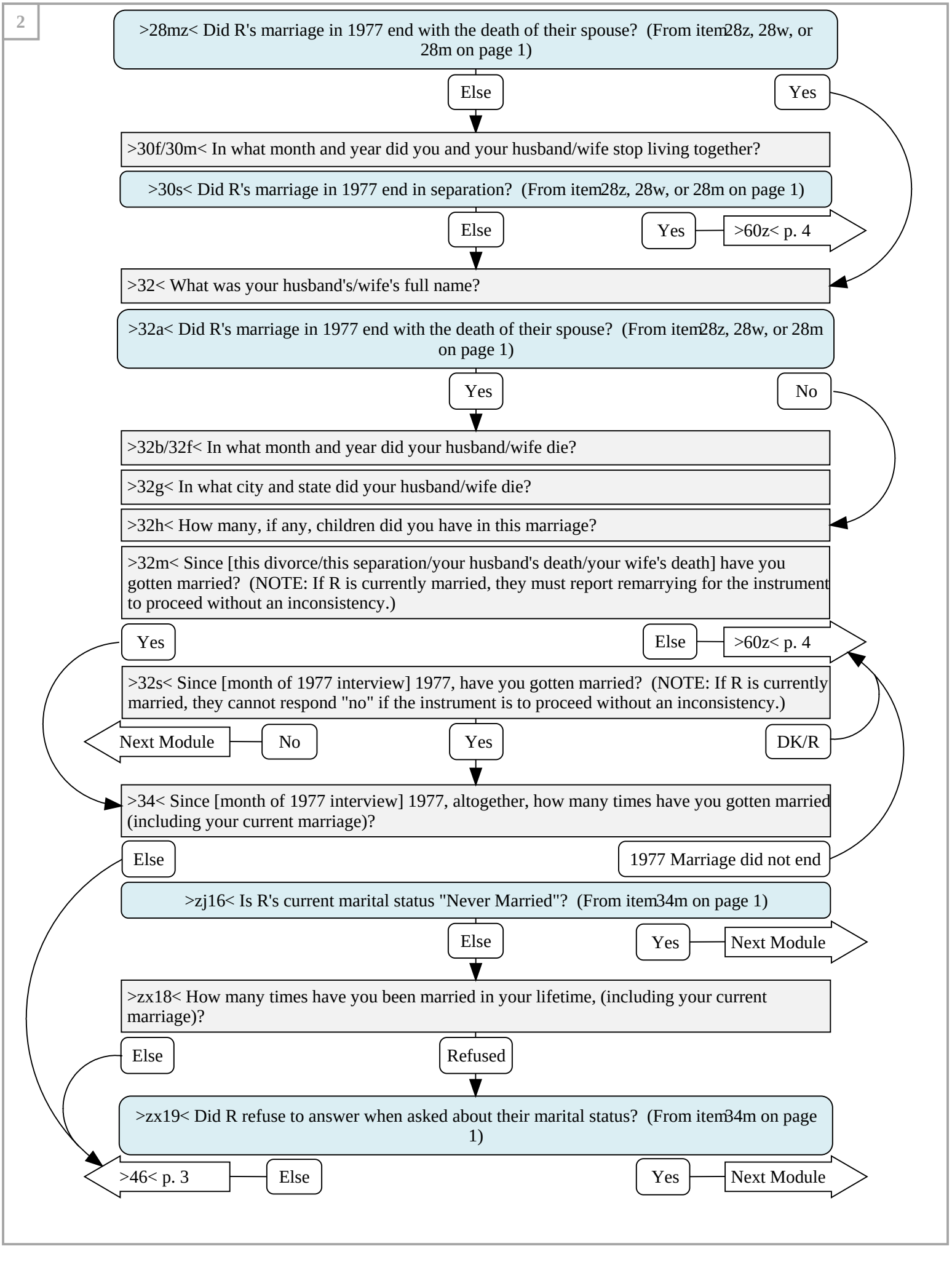
>418< How successful have you been in work? (Have you been very successful, somewhat successful, not very successful, or not at all successful?)

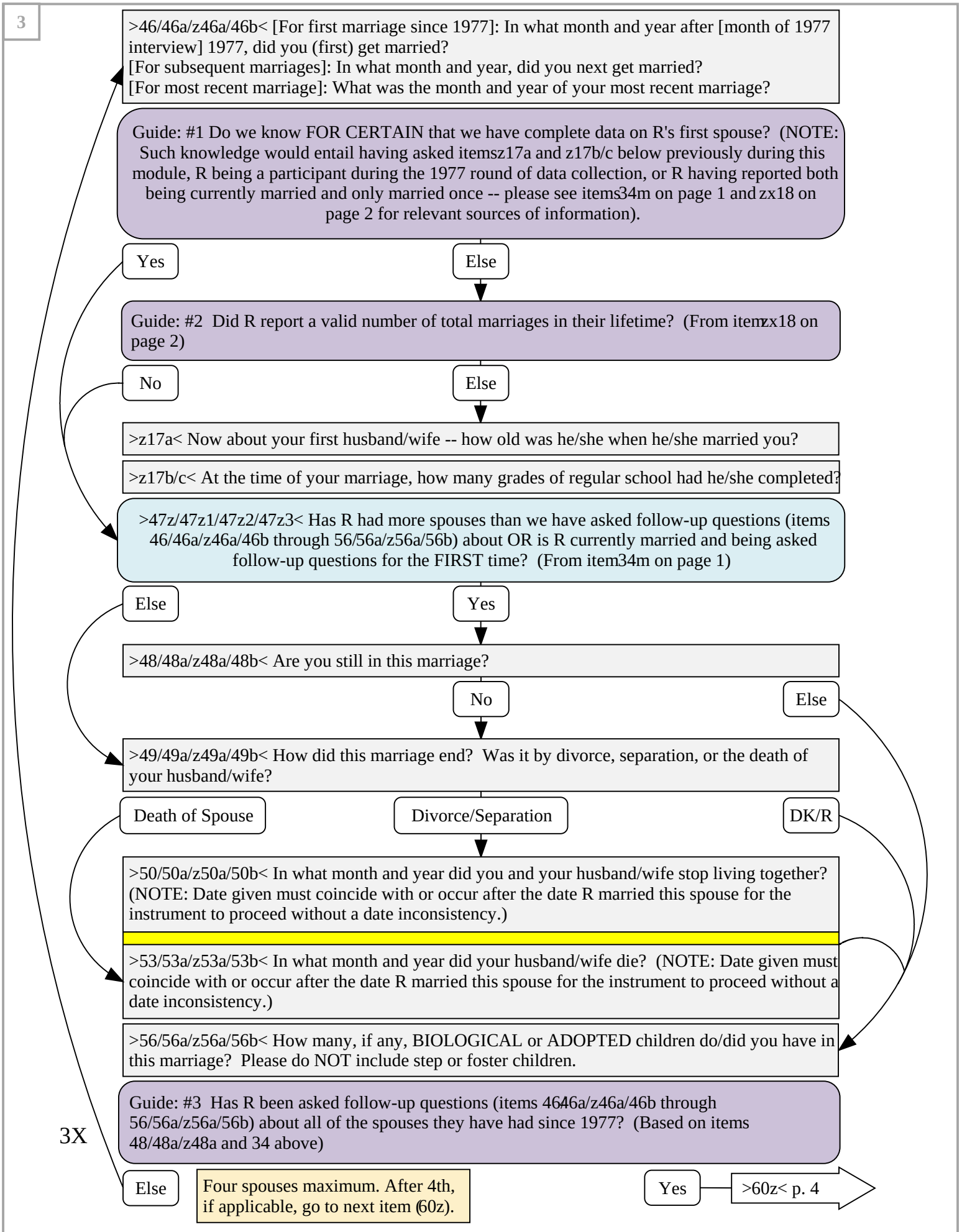
>418f< How successful have you been financially? (Have you been very, somewhat, not very, or not at all successful?)

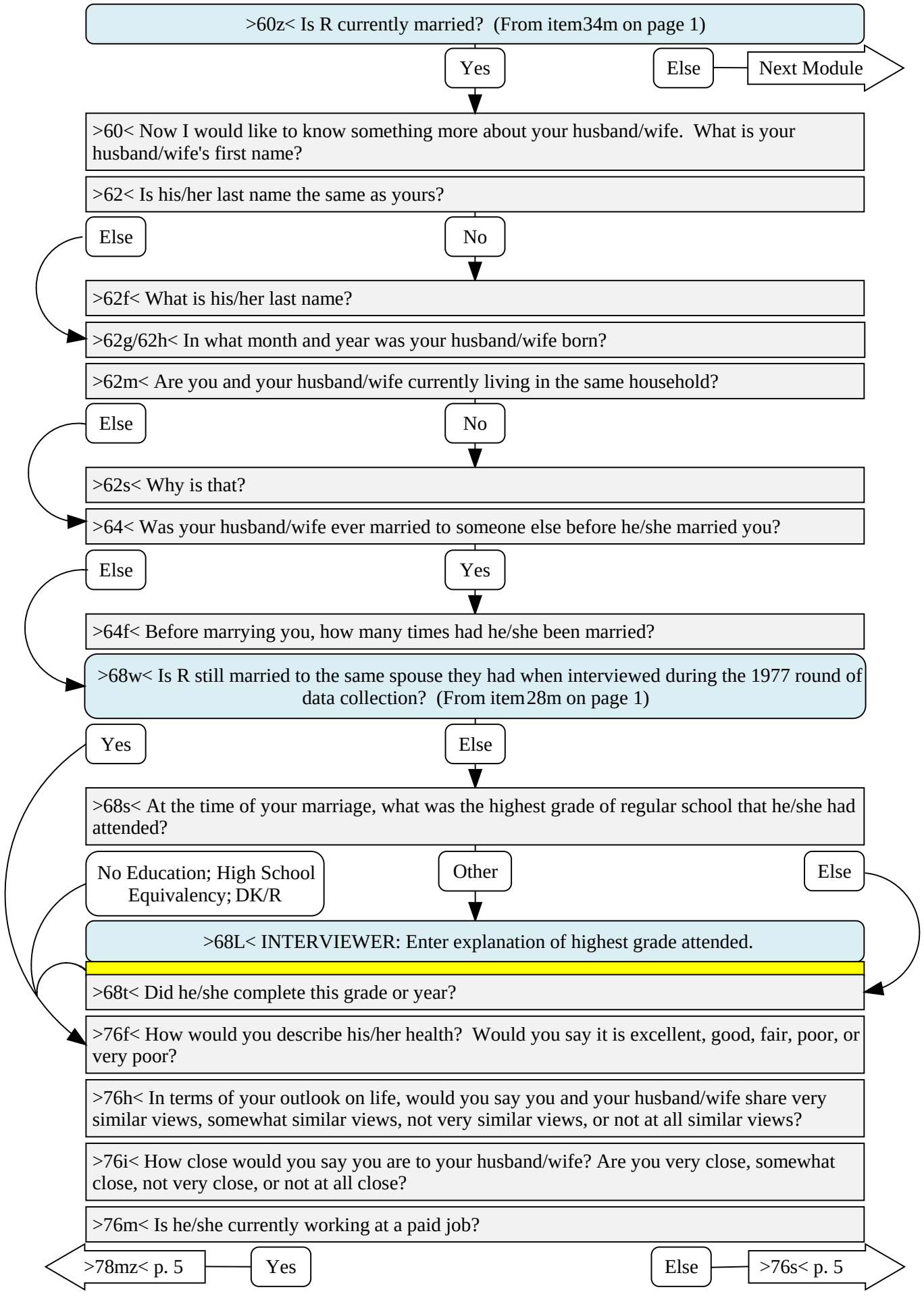
END OF EDUCATION MODULE

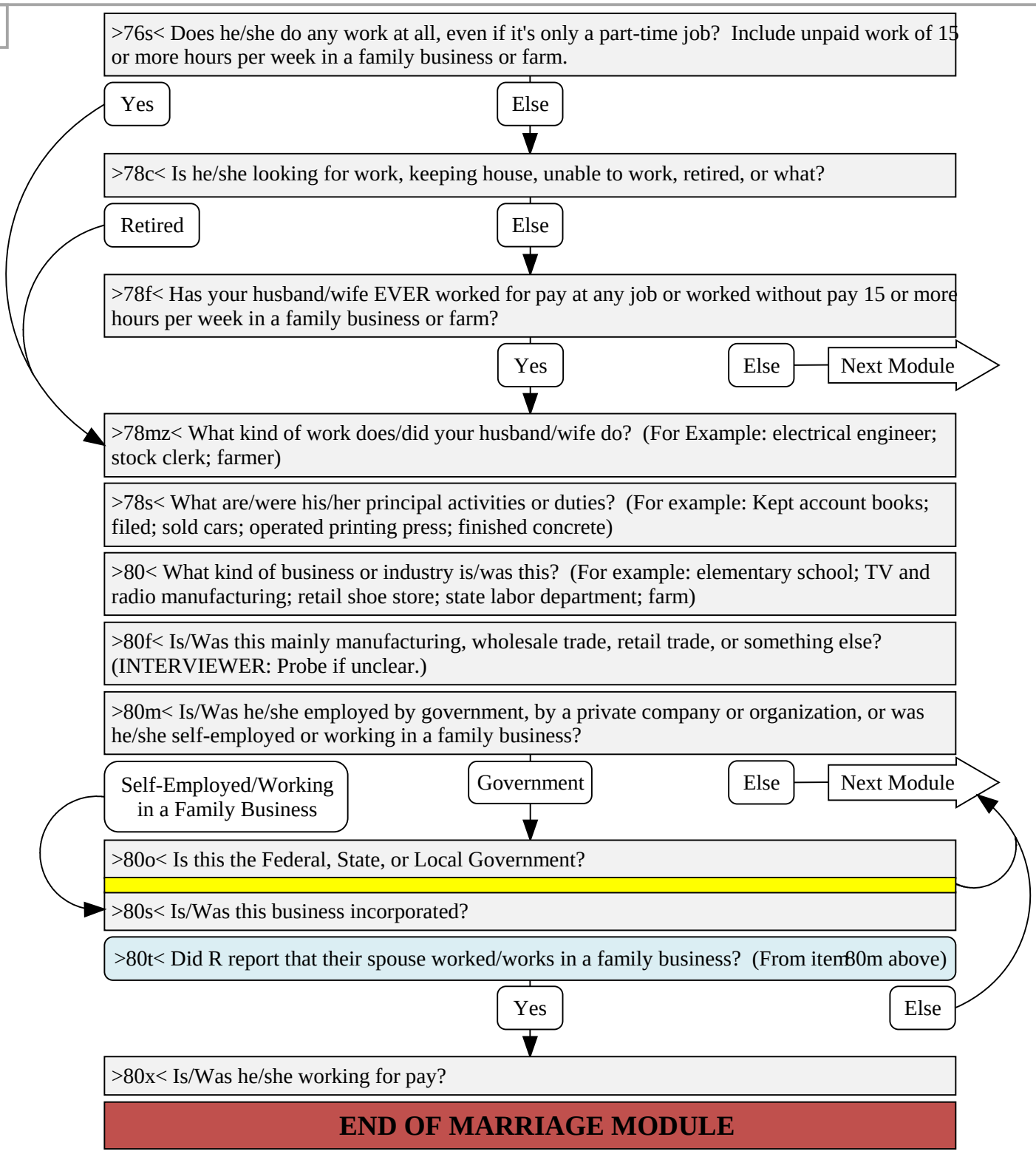
MARRIAGE


>34m< What is your marital status? Are you currently married, divorced, separated, widowed, or have you never been married? (Separated means legally married, but living apart because of marital problems.)
Never Married
Else
>34g< Was R's Marital status in 1977 something other than married, separated, divorced, or widowed?
Else
Yes
Next Module
> zj19< Was R interviewed during the 1977 round of data collection?
Yes
Else
>zj16< p. 2
>xcxc< Was R married when they were last interviewed during the 1977 round of data collection OR is R currently married?
Else
Yes
>xcxc< Do we have R's marital status in 1977 on record?
Else
No
>xcxc< Is R currently married? (From item34m above)
>32s< p. 2
Else
Yes
>34< p. 2
>28v< Is R currently married? (From item34m above)
Else
Yes
>28m< (When we interviewed you in 1977 you were married.) Are you still in that marriage, or has that marriage ended?
>60z< p. 4
Else
Marriage Ended
>28z< (When we interviewed you in 1977 you were married.) Did that marriage end in divorce, separation, or the death of your husband/wife? (Separation means legally married, but living apart because of marital problems.)
>28mz< p. 2
Else
DK/R
>60z< p. 4
>28w< Did it end in separation, divorce, or the death of your husband/wife? (Separation means legally married, but living apart because of marital problems)
>28mz< p. 2
Else
DK/R
>60z< p. 4

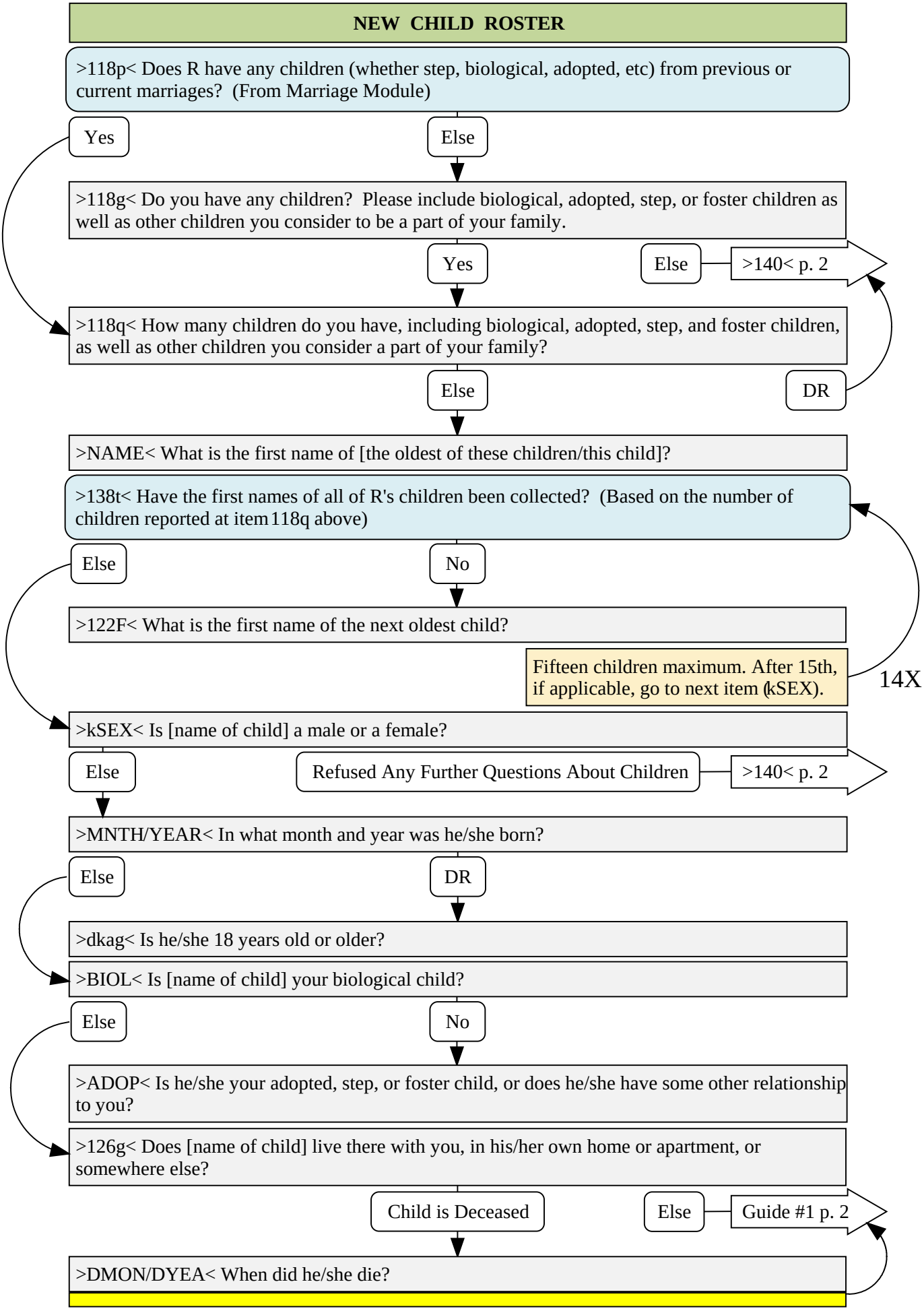

>28mz< Did R's marriage in 1977 end with the death of their spouse? (From item 28z, 28w, or 28m on page 1)
Else
Yes
>30f/30m< In what month and year did you and your husband/wife stop living together?
>30s< Did R's marriage in 1977 end in separation? (From item 28z, 28w, or 28m on page 1)
Else
Yes
>60z< p. 4
>32< What was your husband's/wife's full name?
>32a< Did R's marriage in 1977 end with the death of their spouse? (From item 28z, 28w, or 28m on page 1)
Yes
No
>32b/32f< In what month and year did your husband/wife die?
>32g< In what city and state did your husband/wife die?
>32h< How many, if any, children did you have in this marriage?
>32m< Since [this divorce/this separation/your husband's death/your wife's death] have you gotten married? (NOTE: If R is currently married, they must report remarrying for the instrument to proceed without an inconsistency.)
Yes
Else
>60z< p. 4
>32s< Since [month of 1977 interview] 1977, have you gotten married? (NOTE: If R is currently married, they cannot respond "no" if the instrument is to proceed without an inconsistency.)
Next Module
No
Yes
DK/R
>34< Since [month of 1977 interview] 1977, altogether, how many times have you gotten married (including your current marriage)?
Else
1977 Marriage did not end
>zj16< Is R's current marital status "Never Married"? (From item 34m on page 1)
Else
Yes
Next Module
>zx18< How many times have you been married in your lifetime, (including your current marriage)?
Else
Refused
>zx19< Did R refuse to answer when asked about their marital status? (From item 34m on page 1)
>46< p. 3
Else
Yes
Next Module

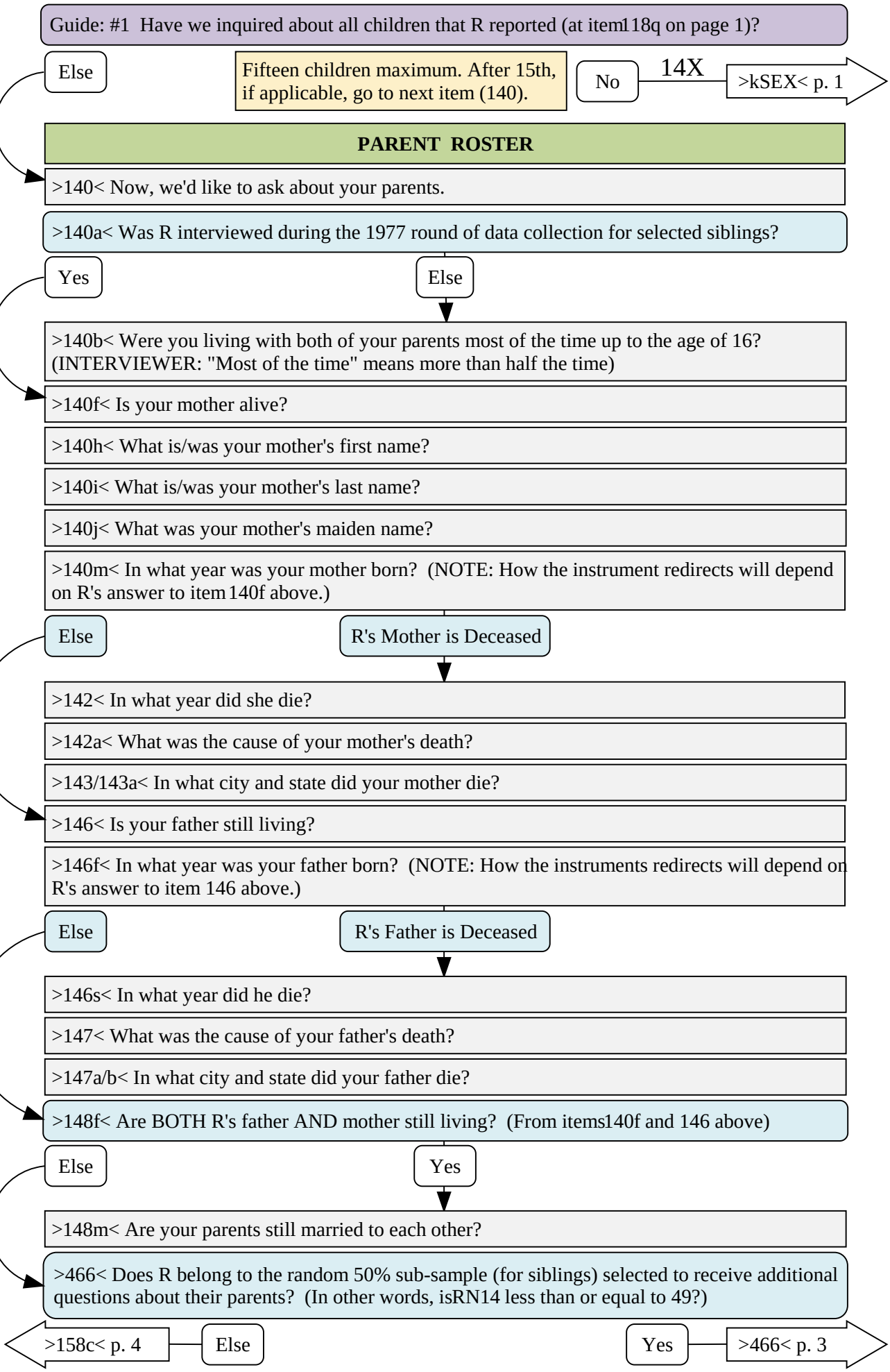

>46/46a/z46a/46b< [For first marriage since 1977]: In what month and year after [month of 1977 interview] 1977, did you (first) get married?
[For subsequent marriages]: In what month and year, did you next get married?
[For most recent marriage]: What was the month and year of your most recent marriage?
Guide: #1 Do we know FOR CERTAIN that we have complete data on R's first spouse? (NOTE: Such knowledge would entail having asked itemsz17a and z17b/c below previously during this module, R being a participant during the 1977 round of data collection, or R having reported both being currently married and only married once -- please see items34m on page 1 and zx18 on page 2 for relevant sources of information).
Yes
Else
Guide: #2 Did R report a valid number of total marriages in their lifetime? (From itemzx18 on page 2)
No
Else
>z17a< Now about your first husband/wife -- how old was he/she when he/she married you?
>z17b/c< At the time of your marriage, how many grades of regular school had he/she completed?
>47z/47z1/47z2/47z3< Has R had more spouses than we have asked follow-up questions (items 46/46a/z46a/46b through 56/56a/z56a/56b) about OR is R currently married and being asked follow-up questions for the FIRST time? (From item34m on page 1)
Else
Yes
>48/48a/z48a/48b< Are you still in this marriage?
No
Else
>49/49a/z49a/49b< How did this marriage end? Was it by divorce, separation, or the death of your husband/wife?
Death of Spouse
Divorce/Separation
DK/R
>50/50a/z50a/50b< In what month and year did you and your husband/wife stop living together? (NOTE: Date given must coincide with or occur after the date R married this spouse for the instrument to proceed without a date inconsistency.)
>53/53a/z53a/53b< In what month and year did your husband/wife die? (NOTE: Date given must coincide with or occur after the date R married this spouse for the instrument to proceed without a date inconsistency.)
>56/56a/z56a/56b< How many, if any, BIOLOGICAL or ADOPTED children do/did you have in this marriage? Please do NOT include step or foster children.
Guide: #3 Has R been asked follow-up questions (items 46/46a/z46a/46b through 56/56a/z56a/56b) about all of the spouses they have had since 1977? (Based on items 48/48a/z48a and 34 above)
3X
Else
Four spouses maximum. After 4th, if applicable, go to next item (60z).
Yes
>60z< p. 4

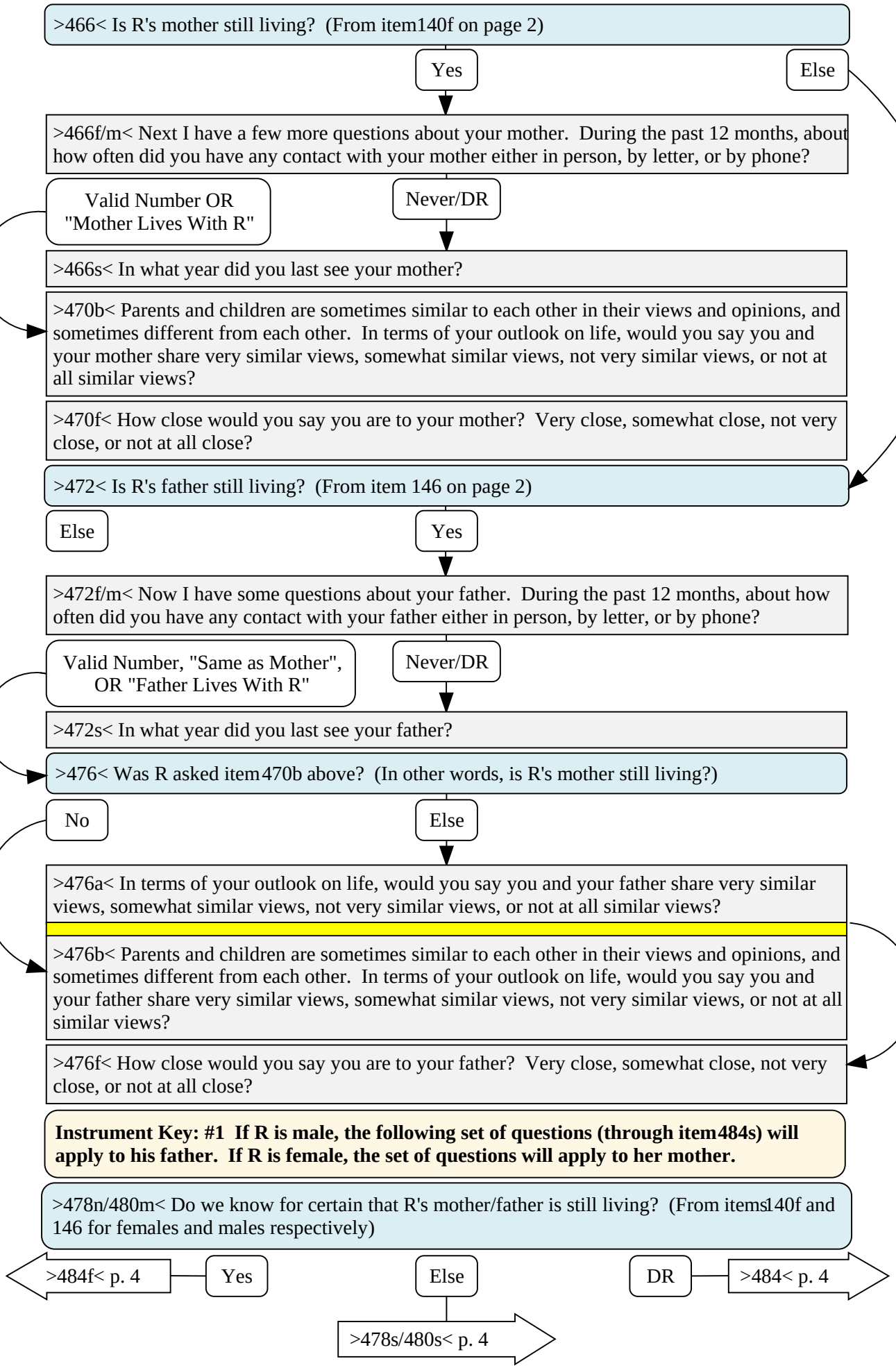

>60z< Is R currently married? (From item34m on page 1)
Yes
Else
Next Module
>60< Now I would like to know something more about your husband/wife. What is your husband/wife's first name?
>62< Is his/her last name the same as yours?
Else
No
>62f< What is his/her last name?
>62g/62h< In what month and year was your husband/wife born?
>62m< Are you and your husband/wife currently living in the same household?
Else
No
>62s< Why is that?
>64< Was your husband/wife ever married to someone else before he/she married you?
Else
Yes
>64f< Before marrying you, how many times had he/she been married?
>68w< Is R still married to the same spouse they had when interviewed during the 1977 round of data collection? (From item28m on page 1)
Yes
Else
>68s< At the time of your marriage, what was the highest grade of regular school that he/she had attended?
No Education; High School Equivalency; DK/R
Other
Else
>68L< INTERVIEWER: Enter explanation of highest grade attended.
>68t< Did he/she complete this grade or year?
>76f< How would you describe his/her health? Would you say it is excellent, good, fair, poor, or very poor?
>76h< In terms of your outlook on life, would you say you and your husband/wife share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>76i< How close would you say you are to your husband/wife? Are you very close, somewhat close, not very close, or not at all close?
>76m< Is he/she currently working at a paid job?
>78mz< p. 5
Yes
Else
>76s< p. 5

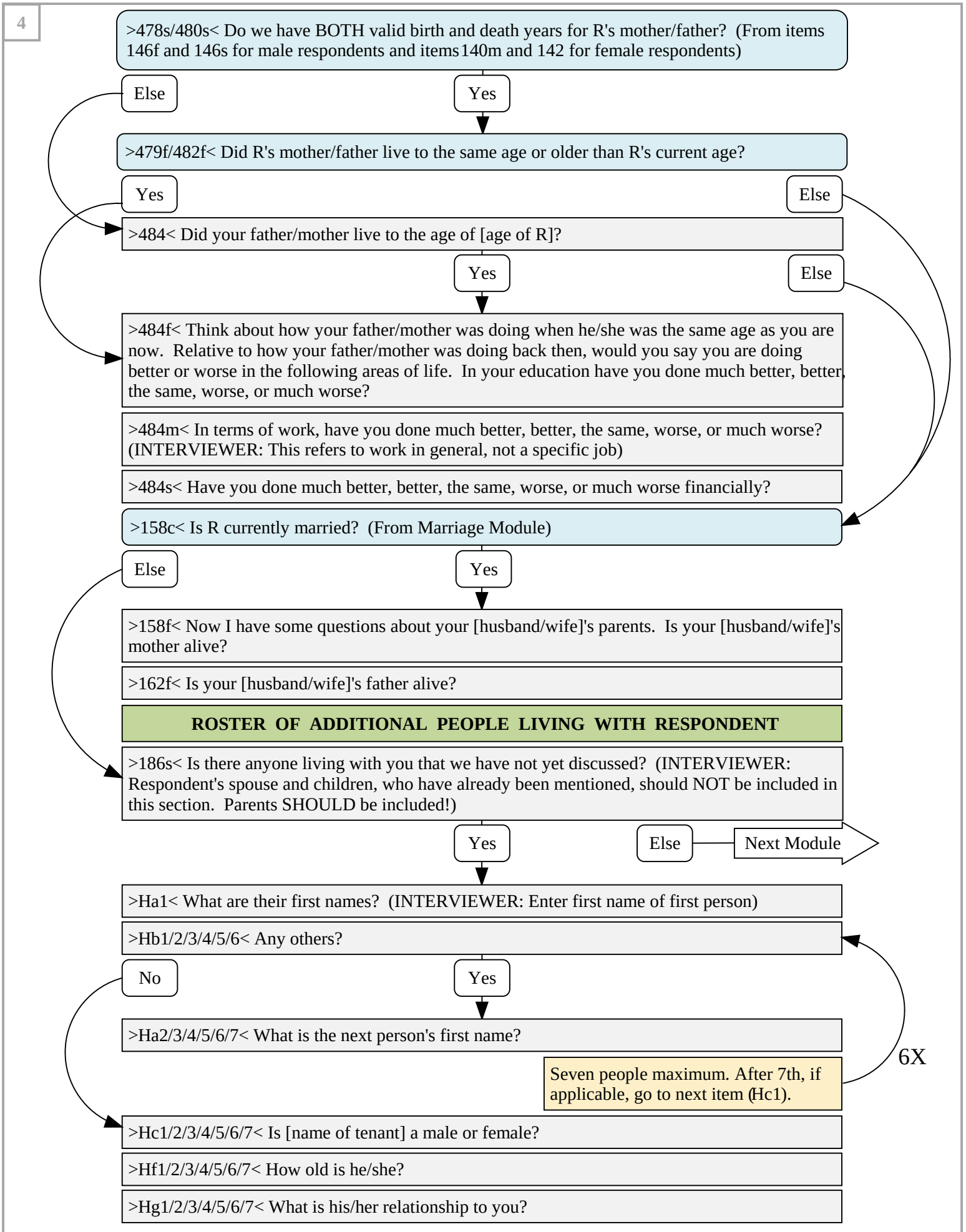

>76s< Does he/she do any work at all, even if it's only a part-time job? Include unpaid work of 15 or more hours per week in a family business or farm.
Yes
Else
>78c< Is he/she looking for work, keeping house, unable to work, retired, or what?
Retired
Else
>78f< Has your husband/wife EVER worked for pay at any job or worked without pay 15 or more hours per week in a family business or farm?
Yes
Else
Next Module
>78mz< What kind of work does/did your husband/wife do? (For Example: electrical engineer; stock clerk; farmer)
>78s< What are/were his/her principal activities or duties? (For example: Kept account books; filed; sold cars; operated printing press; finished concrete)
>80< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>80f< Is/Was this mainly manufacturing, wholesale trade, retail trade, or something else? (INTERVIEWER: Probe if unclear.)
>80m< Is/Was he/she employed by government, by a private company or organization, or was he/she self-employed or working in a family business?
Self-Employed/Working in a Family Business
Government
Else
Next Module
>80o< Is this the Federal, State, or Local Government?
>80s< Is/Was this business incorporated?
>80t< Did R report that their spouse worked/works in a family business? (From item 80m above)
Yes
Else
>80x< Is/Was he/she working for pay?
END OF MARRIAGE MODULE

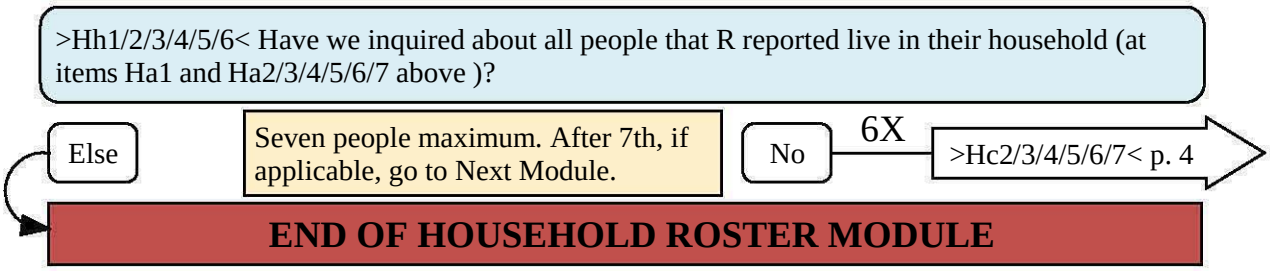
HOUSEHOLD ROSTER




Guide: #1 Have we inquired about all children that R reported (at item118q on page 1)?
Else
Fifteen children maximum. After 15th, if applicable, go to next item (140).
No
14X
>kSEX< p. 1
PARENT ROSTER
>140< Now, we'd like to ask about your parents.
>140a< Was R interviewed during the 1977 round of data collection for selected siblings?
Yes
Else
>140b< Were you living with both of your parents most of the time up to the age of 16? (INTERVIEWER: "Most of the time" means more than half the time)
>140f< Is your mother alive?
>140h< What is/was your mother's first name?
>140i< What is/was your mother's last name?
>140j< What was your mother's maiden name?
>140m< In what year was your mother born? (NOTE: How the instrument redirects will depend on R's answer to item 140f above.)
Else
R's Mother is Deceased
>142< In what year did she die?
>142a< What was the cause of your mother's death?
>143/143a< In what city and state did your mother die?
>146< Is your father still living?
>146f< In what year was your father born? (NOTE: How the instruments redirects will depend on R's answer to item 146 above.)
Else
R's Father is Deceased
>146s< In what year did he die?
>147< What was the cause of your father's death?
>147a/b< In what city and state did your father die?
>148f< Are BOTH R's father AND mother still living? (From items140f and 146 above)
Else
Yes
>148m< Are your parents still married to each other?
>466< Does R belong to the random 50% sub-sample (for siblings) selected to receive additional questions about their parents? (In other words, isRN14 less than or equal to 49?)
>158c< p. 4
Else
Yes
>466< p. 3


>466< Is R's mother still living? (From item140f on page 2)
Yes
Else
>466f/m< Next I have a few more questions about your mother. During the past 12 months, about how often did you have any contact with your mother either in person, by letter, or by phone?
Valid Number OR "Mother Lives With R"
Never/DR
>466s< In what year did you last see your mother?
>470b< Parents and children are sometimes similar to each other in their views and opinions, and sometimes different from each other. In terms of your outlook on life, would you say you and your mother share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>470f< How close would you say you are to your mother? Very close, somewhat close, not very close, or not at all close?
>472< Is R's father still living? (From item 146 on page 2)
Else
Yes
>472f/m< Now I have some questions about your father. During the past 12 months, about how often did you have any contact with your father either in person, by letter, or by phone?
Valid Number, "Same as Mother", OR "Father Lives With R"
Never/DR
>472s< In what year did you last see your father?
>476< Was R asked item470b above? (In other words, is R's mother still living?)
No
Else
>476a< In terms of your outlook on life, would you say you and your father share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>476b< Parents and children are sometimes similar to each other in their views and opinions, and sometimes different from each other. In terms of your outlook on life, would you say you and your father share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>476f< How close would you say you are to your father? Very close, somewhat close, not very close, or not at all close?
Instrument Key: #1 If R is male, the following set of questions (through item484s) will apply to his father. If R is female, the set of questions will apply to her mother.
>478n/480m< Do we know for certain that R's mother/father is still living? (From items140f and 146 for females and males respectively)
>484f< p. 4
Yes
Else
DR
>484< p. 4
>478s/480s< p. 4


>478s/480s< Do we have BOTH valid birth and death years for R's mother/father? (From items 146f and 146s for male respondents and items140m and 142 for female respondents)
Else
Yes
>479f/482f< Did R's mother/father live to the same age or older than R's current age?
Yes
Else
>484< Did your father/mother live to the age of [age of R]?
Yes
Else
>484f< Think about how your father/mother was doing when he/she was the same age as you are now. Relative to how your father/mother was doing back then, would you say you are doing better or worse in the following areas of life. In your education have you done much better, better, the same, worse, or much worse?
>484m< In terms of work, have you done much better, better, the same, worse, or much worse? (INTERVIEWER: This refers to work in general, not a specific job)
>484s< Have you done much better, better, the same, worse, or much worse financially?
>158c< Is R currently married? (From Marriage Module)
Else
Yes
>158f< Now I have some questions about your [husband/wife]'s parents. Is your [husband/wife]'s mother alive?
>162f< Is your [husband/wife]'s father alive?
ROSTER OF ADDITIONAL PEOPLE LIVING WITH RESPONDENT
>186s< Is there anyone living with you that we have not yet discussed? (INTERVIEWER: Respondent's spouse and children, who have already been mentioned, should NOT be included in this section. Parents SHOULD be included!)
Yes
Else
Next Module
>Ha1< What are their first names? (INTERVIEWER: Enter first name of first person)
>Hb1/2/3/4/5/6< Any others?
No
Yes
>Ha2/3/4/5/6/7< What is the next person's first name?
Seven people maximum. After 7th, if applicable, go to next item (Hc1).
6X
>Hc1/2/3/4/5/6/7< Is [name of tenant] a male or female?
>Hf1/2/3/4/5/6/7< How old is he/she?
>Hg1/2/3/4/5/6/7< What is his/her relationship to you?



END OF HOUSEHOLD ROSTER MODULE

JOB HISTORY

>aa01< Have you ever held a full-time or part-time job?

Yes

Else → Go To Personality Module

RESPONDENT'S EMPLOYMENT HISTORY AFTER COMPLETING SCHOOL

>aa02< Is R currently enrolled in a formal program at a college or university? (From Education Module)

Else

Yes → >bend< p. 2

>aa02< Was R interviewed during the 1977 round of data collection for selected siblings AND did R last receive formal schooling (at any level) prior to 1977?

Else

Yes

>bb04/05< You told us that you completed your highest grade or year in school in [year reported in Education Module]. We would like to know about the first full-time civilian job you had AFTER you completed your highest grade in school. What kind of work were you doing? (Do include full-time work in a family business or farm, even if you were working without pay. For example: electrical engineer; stock clerk; farmer)

Else

Have Not Held A Full-Time Job Since [Year]

>bb16< What were your most important activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)

>bb18< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)

>bb19< Was this mainly manufacturing, wholesale trade, retail trade or something else?

>bb20< Were you employed by government, by a private company or organization, or were you self-employed or working in a family business?

Else

"Self-Employed" or "Working in Family Business"

>bb22< Was this business incorporated? (NOTE: How instrument redirects will depend on the answer provided for item bb20 above.)

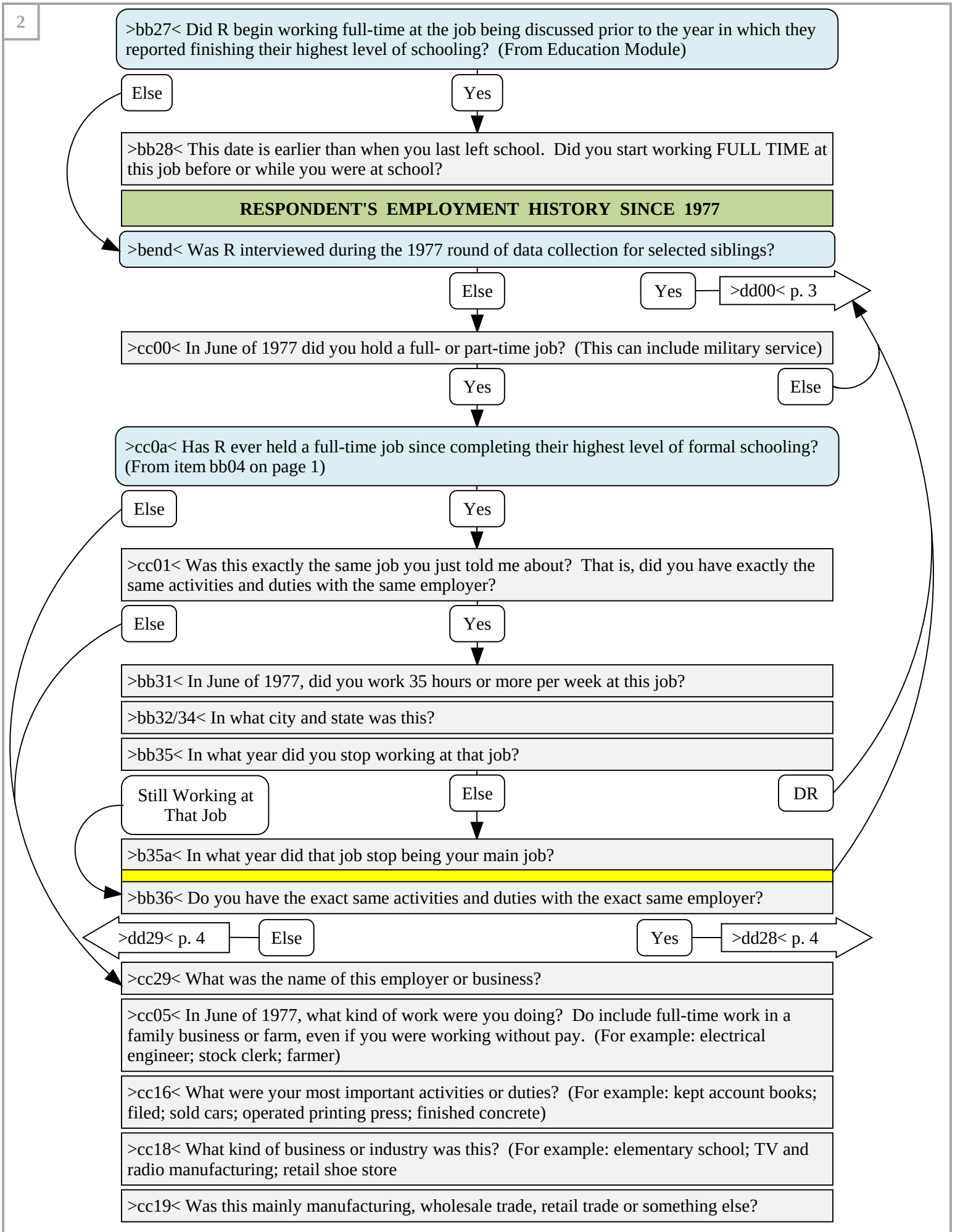
Else

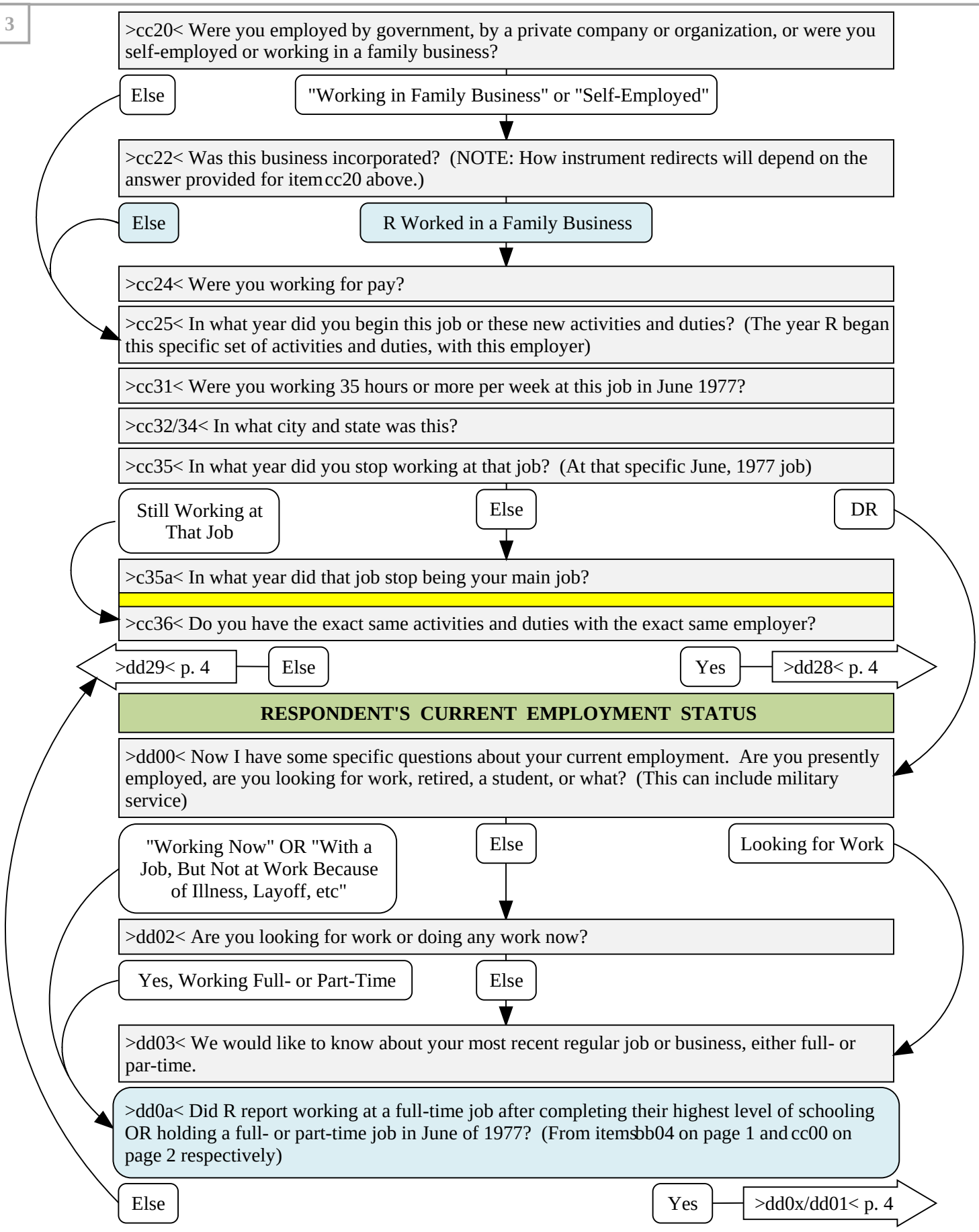
R Worked in a Family Business

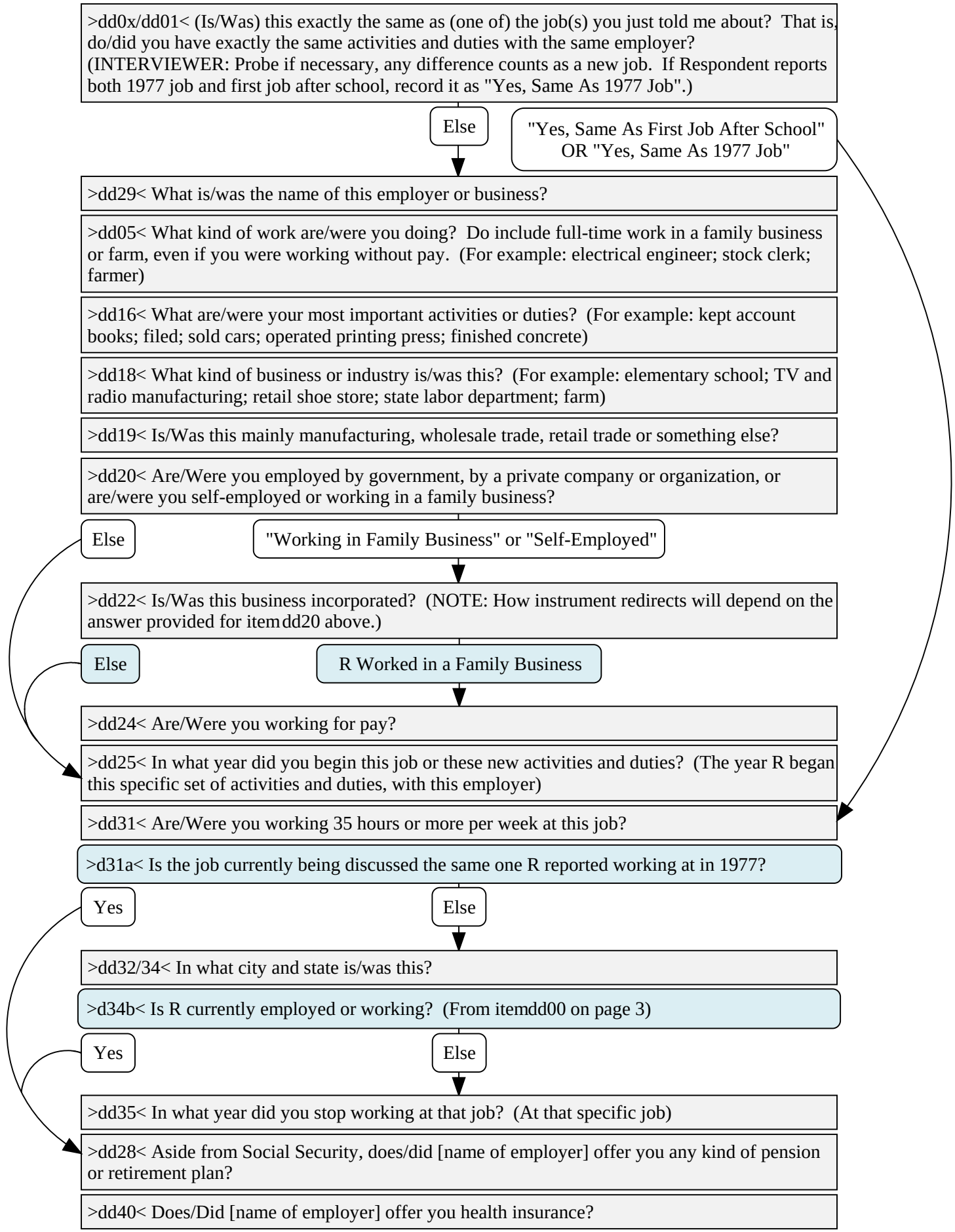
>bb24< Were you working for pay?

>bb29< What was the name of this employer or business?

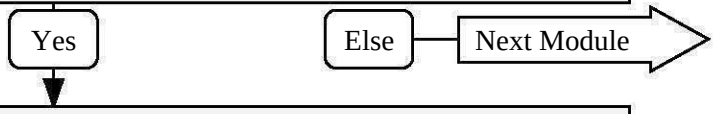
>bb25< In what year did you begin this job? Report the year in which you actually began working FULL TIME at this job, even if you started this job before you completed your highest grade in school.


>bb27< Did R begin working full-time at the job being discussed prior to the year in which they reported finishing their highest level of schooling? (From Education Module)
Else
Yes
>bb28< This date is earlier than when you last left school. Did you start working FULL TIME at this job before or while you were at school?
RESPONDENT'S EMPLOYMENT HISTORY SINCE 1977
>bend< Was R interviewed during the 1977 round of data collection for selected siblings?
Else
Yes
>dd00< p. 3
>cc00< In June of 1977 did you hold a full- or part-time job? (This can include military service)
Yes
Else
>cc0a< Has R ever held a full-time job since completing their highest level of formal schooling? (From item bb04 on page 1)
Else
Yes
>cc01< Was this exactly the same job you just told me about? That is, did you have exactly the same activities and duties with the same employer?
Else
Yes
>bb31< In June of 1977, did you work 35 hours or more per week at this job?
>bb32/34< In what city and state was this?
>bb35< In what year did you stop working at that job?
Still Working at That Job
Else
DR
>b35a< In what year did that job stop being your main job?
>bb36< Do you have the exact same activities and duties with the exact same employer?
>dd29< p. 4
Else
Yes
>dd28< p. 4
>cc29< What was the name of this employer or business?
>cc05< In June of 1977, what kind of work were you doing? Do include full-time work in a family business or farm, even if you were working without pay. (For example: electrical engineer; stock clerk; farmer)
>cc16< What were your most important activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)
>cc18< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store
>cc19< Was this mainly manufacturing, wholesale trade, retail trade or something else?


>cc20< Were you employed by government, by a private company or organization, or were you self-employed or working in a family business?
Else
"Working in Family Business" or "Self-Employed"
>cc22< Was this business incorporated? (NOTE: How instrument redirects will depend on the answer provided for item cc20 above.)
Else
R Worked in a Family Business
>cc24< Were you working for pay?
>cc25< In what year did you begin this job or these new activities and duties? (The year R began this specific set of activities and duties, with this employer)
>cc31< Were you working 35 hours or more per week at this job in June 1977?
>cc32/34< In what city and state was this?
>cc35< In what year did you stop working at that job? (At that specific June, 1977 job)
Still Working at That Job
Else
DR
>c35a< In what year did that job stop being your main job?
>cc36< Do you have the exact same activities and duties with the exact same employer?
>dd29< p. 4
Else
Yes
>dd28< p. 4
RESPONDENT'S CURRENT EMPLOYMENT STATUS
>dd00< Now I have some specific questions about your current employment. Are you presently employed, are you looking for work, retired, a student, or what? (This can include military service)
"Working Now" OR "With a Job, But Not at Work Because of Illness, Layoff, etc"
Else
Looking for Work
>dd02< Are you looking for work or doing any work now?
Yes, Working Full- or Part-Time
Else
>dd03< We would like to know about your most recent regular job or business, either full- or par-time.
>dd0a< Did R report working at a full-time job after completing their highest level of schooling OR holding a full- or part-time job in June of 1977? (From items bb04 on page 1 and cc00 on page 2 respectively)
Else
Yes
>dd0x/dd01< p. 4


>dd0x/dd01< (Is/Was) this exactly the same as (one of) the job(s) you just told me about? That is, do/did you have exactly the same activities and duties with the same employer? (INTERVIEWER: Probe if necessary, any difference counts as a new job. If Respondent reports both 1977 job and first job after school, record it as "Yes, Same As 1977 Job".)
Else
"Yes, Same As First Job After School" OR "Yes, Same As 1977 Job"
>dd29< What is/was the name of this employer or business?
>dd05< What kind of work are/were you doing? Do include full-time work in a family business or farm, even if you were working without pay. (For example: electrical engineer; stock clerk; farmer)
>dd16< What are/were your most important activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)
>dd18< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>dd19< Is/Was this mainly manufacturing, wholesale trade, retail trade or something else?
>dd20< Are/Were you employed by government, by a private company or organization, or are/were you self-employed or working in a family business?
Else
"Working in Family Business" or "Self-Employed"
>dd22< Is/Was this business incorporated? (NOTE: How instrument redirects will depend on the answer provided for item dd20 above.)
Else
R Worked in a Family Business
>dd24< Are/Were you working for pay?
>dd25< In what year did you begin this job or these new activities and duties? (The year R began this specific set of activities and duties, with this employer)
>dd31< Are/Were you working 35 hours or more per week at this job?
>d31a< Is the job currently being discussed the same one R reported working at in 1977?
Yes
Else
>dd32/34< In what city and state is/was this?
>d34b< Is R currently employed or working? (From itemdd00 on page 3)
Yes
Else
>dd35< In what year did you stop working at that job? (At that specific job)
>dd28< Aside from Social Security, does/did [name of employer] offer you any kind of pension or retirement plan?
>dd40< Does/Did [name of employer] offer you health insurance?

>dd41< While you've been working for [name of employer] have you taken any training or classes which you thought could help you get a different job?



>dd42< Please describe the kind of job for which you thought this type of training would be helpful.

END OF JOB HISTORY MODULE

JOB CHARACTERISTICS

>266d< Now we would like to find out a number of more specific things about your (last) job with [name of employer].

>266h< Was R self-employed for their most recent job OR is R currently self-employed? (From Job History Module)

Yes

Else

HIRING INQUIRY

>h266< How did you find out that a job was available at [name employer] when you first went to work there?

Else

"Friend or Acquaintance", "Relative", or "Someone Else"

>266i< Did this person know you were looking for something new?

>266j< Did you contact that person first, or did they contact you?

>266k< Did that person work for the company where you got the job?

No

Else

>266l< Was this the same person who actually hired you?

COMPENSATION INQUIRY

>266m< How many hours a week do/did you usually work at [name of employer]? (INTERVIEWER: If R says work hours are highly variable, probe with "What is/was it most often?" If necessary, probe with "How many hours did you work the last week you worked?")

>266x< How many weeks per year do/did you usually work at [name of employer]?

>n266< Is R currently employed in any capacity (including persons temporarily not working for their main employer due to a layoff, illness, vacation, strike, etc)? (From Job History Module)

Else

Yes

>266n< Aside from your main job at [name of current employer], do you have any other job or business for which you work at the same time?

>266r< p. 2

Else

Yes

>2662< Did you have a second job or business for which you worked at the same time you worked for [name of most recent employer]?

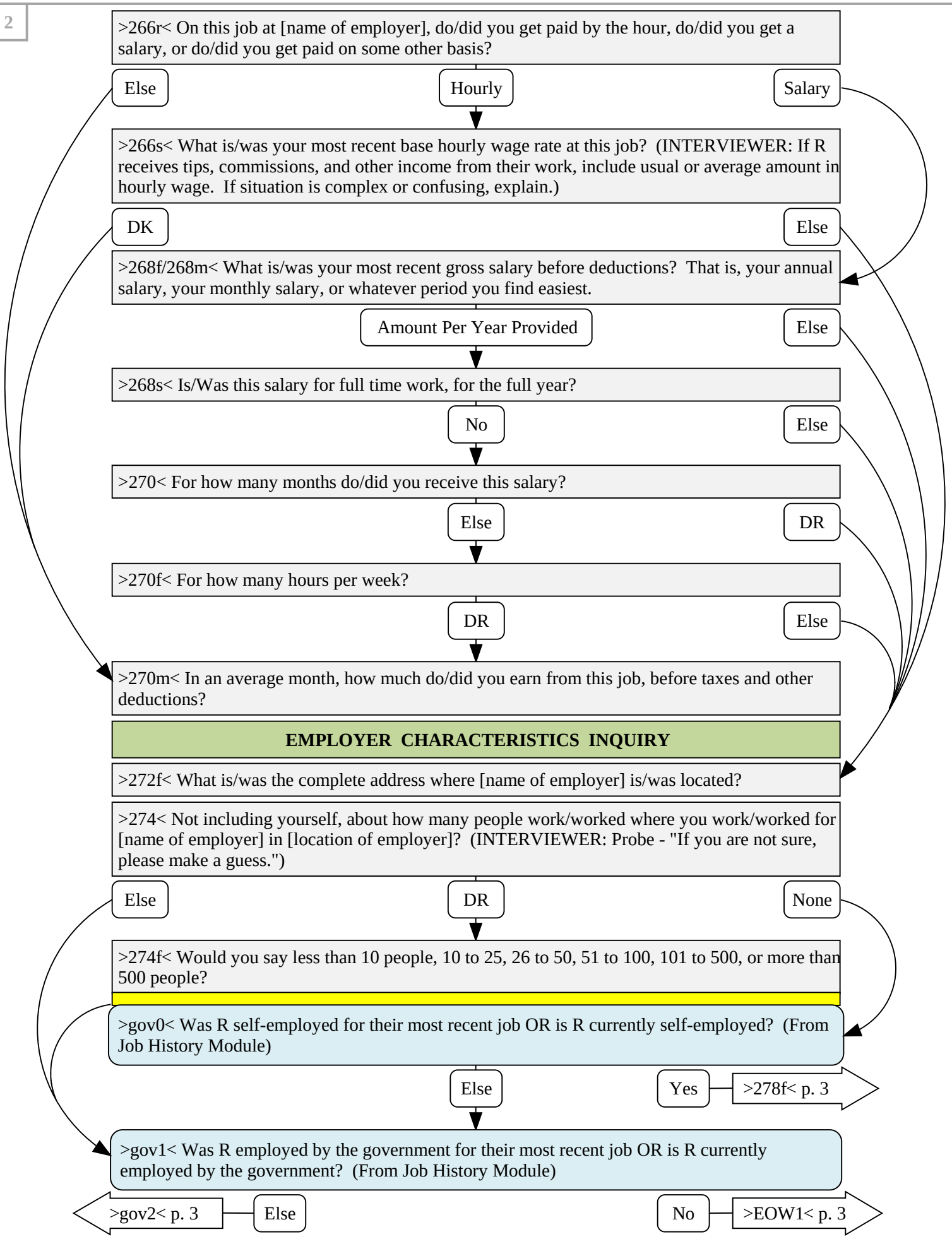
>266r< p. 2

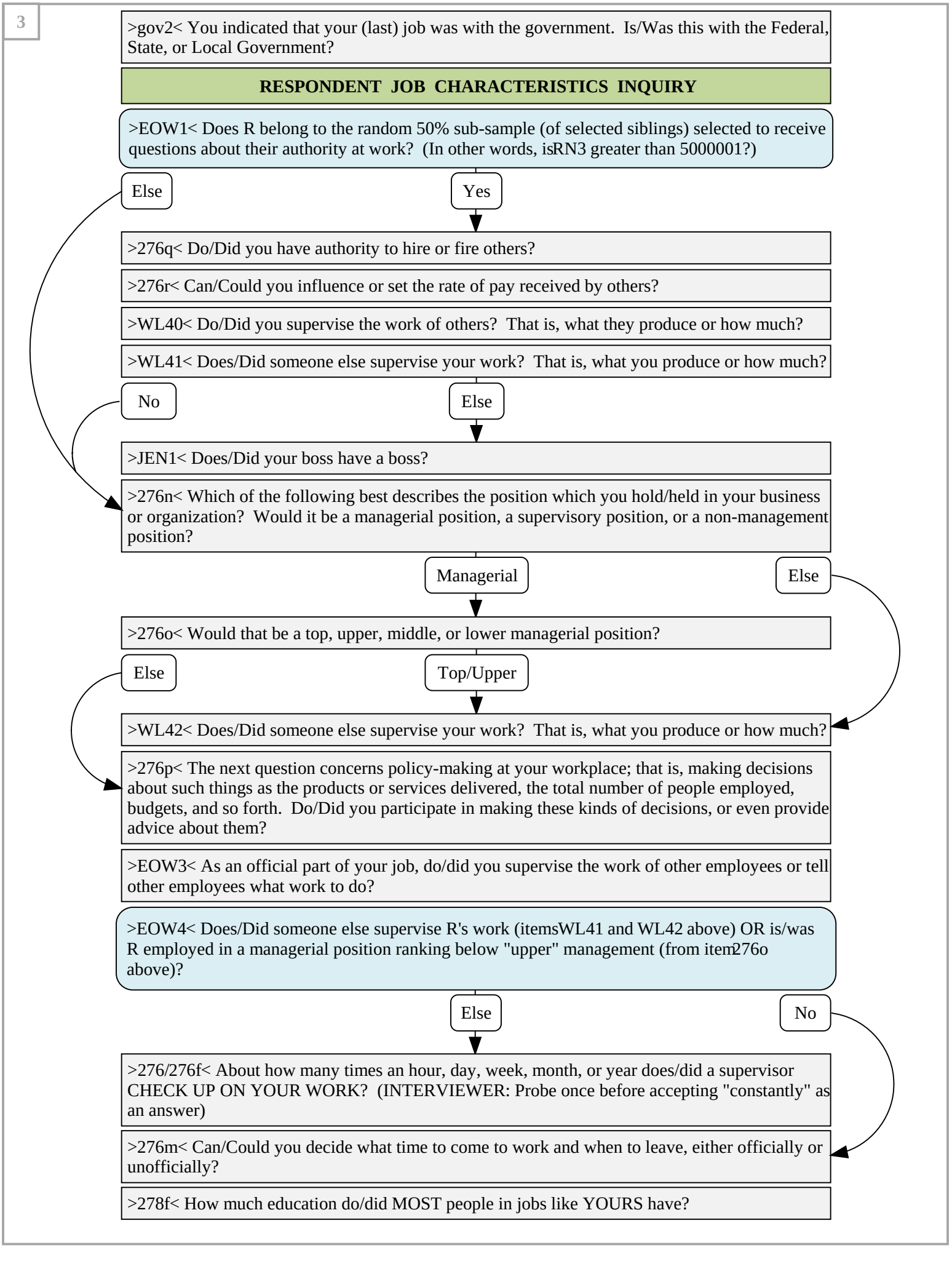
Else

Yes

>266o< How many hours total do/did you work at all jobs, including your main job, per week? (NOTE: Answer given must be greater than or equal to the number of hours R reported working at their main job for the instrument to proceed without an inconsistency.)

>266y< How many weeks per year do/did you usually work at all jobs, including your main job?


>266r< On this job at [name of employer], do/did you get paid by the hour, do/did you get a salary, or do/did you get paid on some other basis?
Else
Hourly
Salary
>266s< What is/was your most recent base hourly wage rate at this job? (INTERVIEWER: If R receives tips, commissions, and other income from their work, include usual or average amount in hourly wage. If situation is complex or confusing, explain.)
DK
Else
>268f/268m< What is/was your most recent gross salary before deductions? That is, your annual salary, your monthly salary, or whatever period you find easiest.
Amount Per Year Provided
Else
>268s< Is/Was this salary for full time work, for the full year?
No
Else
>270< For how many months do/did you receive this salary?
Else
DR
>270f< For how many hours per week?
DR
Else
>270m< In an average month, how much do/did you earn from this job, before taxes and other deductions?
EMPLOYER CHARACTERISTICS INQUIRY
>272f< What is/was the complete address where [name of employer] is/was located?
>274< Not including yourself, about how many people work/worked where you work/worked for [name of employer] in [location of employer]? (INTERVIEWER: Probe - "If you are not sure, please make a guess.")
Else
DR
None
>274f< Would you say less than 10 people, 10 to 25, 26 to 50, 51 to 100, 101 to 500, or more than 500 people?
>gov0< Was R self-employed for their most recent job OR is R currently self-employed? (From Job History Module)
Else
Yes
>278f< p. 3
>gov1< Was R employed by the government for their most recent job OR is R currently employed by the government? (From Job History Module)
>gov2< p. 3
Else
No
>EOW1< p. 3


>gov2< You indicated that your (last) job was with the government. Is/Was this with the Federal, State, or Local Government?
RESPONDENT JOB CHARACTERISTICS INQUIRY
>EOW1< Does R belong to the random 50% sub-sample (of selected siblings) selected to receive questions about their authority at work? (In other words, isRN3 greater than 5000001?)
Else
Yes
>276q< Do/Did you have authority to hire or fire others?
>276r< Can/Could you influence or set the rate of pay received by others?
>WL40< Do/Did you supervise the work of others? That is, what they produce or how much?
>WL41< Does/Did someone else supervise your work? That is, what you produce or how much?
No
Else
>JEN1< Does/Did your boss have a boss?
>276n< Which of the following best describes the position which you hold/held in your business or organization? Would it be a managerial position, a supervisory position, or a non-management position?
Managerial
Else
>276o< Would that be a top, upper, middle, or lower managerial position?
Else
Top/Upper
>WL42< Does/Did someone else supervise your work? That is, what you produce or how much?
>276p< The next question concerns policy-making at your workplace; that is, making decisions about such things as the products or services delivered, the total number of people employed, budgets, and so forth. Do/Did you participate in making these kinds of decisions, or even provide advice about them?
>EOW3< As an official part of your job, do/did you supervise the work of other employees or tell other employees what work to do?
>EOW4< Does/Did someone else supervise R's work (itemsWL41 and WL42 above) OR is/was R employed in a managerial position ranking below "upper" management (from item276o above)?
Else
No
>276/276f< About how many times an hour, day, week, month, or year does/did a supervisor CHECK UP ON YOUR WORK? (INTERVIEWER: Probe once before accepting "constantly" as an answer)
>276m< Can/Could you decide what time to come to work and when to leave, either officially or unofficially?
>278f< How much education do/did MOST people in jobs like YOURS have?

>278s< All things considered, how satisfied are/were you with your job as a whole -- are/were you very satisfied, fairly satisfied, somewhat dissatisfied, or very dissatisfied?

>280< Would you agree or disagree with the following statement about your (last) job? A person on your job learns/learned NEW THINGS that could lead to a better job or to a promotion? Do you agree or disagree?

Else

Agree/Disagree

>280a< Would you agree/disagree strongly, moderately or slightly?

>286m< I am going to list some things about jobs. Please tell me whether your job involves these things always, frequently, sometimes, rarely, or never. How frequently does/did your job require lots of physical effort?

>288< How frequently does/did your job require intense concentration or attention? (Is it always, frequently, sometimes, rarely, or never?)

>288s< How frequently do/did you have to work under the pressure of time? (Is it always, frequently, sometimes, rarely, or never?)

>290f< The things people do at their jobs can involve reading and writing, working with their hands, and dealing with people, or sometimes all three at the same time. In an average week on your job, how many hours do/did you spend reading, writing, and dealing with written materials? (NOTE: Answer given must be less than or equal to the to total number of hours R reports/reported spending working at their main job in an average week for the instrument to proceed without an inconsistency.)

>290m< How many hours per week do/did you spend working with your hands, tools, or equipment? (See note for item290f above)

>290s< How many hours per week do/did you spend dealing with people about work -- not just passing the time of day? (See note for item290f above)

>292< How many hours per week do/did you do the SAME THINGS OVER AND OVER? (See note for item 290f above)

>292m< How dirty do/did you get on the job? Would you say very dirty, fairly dirty, a little dirty, or not at all dirty?

>293< People are sometimes exposed to dangerous conditions on their jobs. For example, they may work with dangerous chemicals, equipment or machinery, or they may be exposed to dangerous fumes, gases or fires. At your job with [name of employer], are/were you exposed to such conditions in your work?

Else

Yes

>294< What are/were those conditions?

>295< How frequently are/were you exposed to those conditions? Is/Was it always, frequently, sometimes, rarely or never?

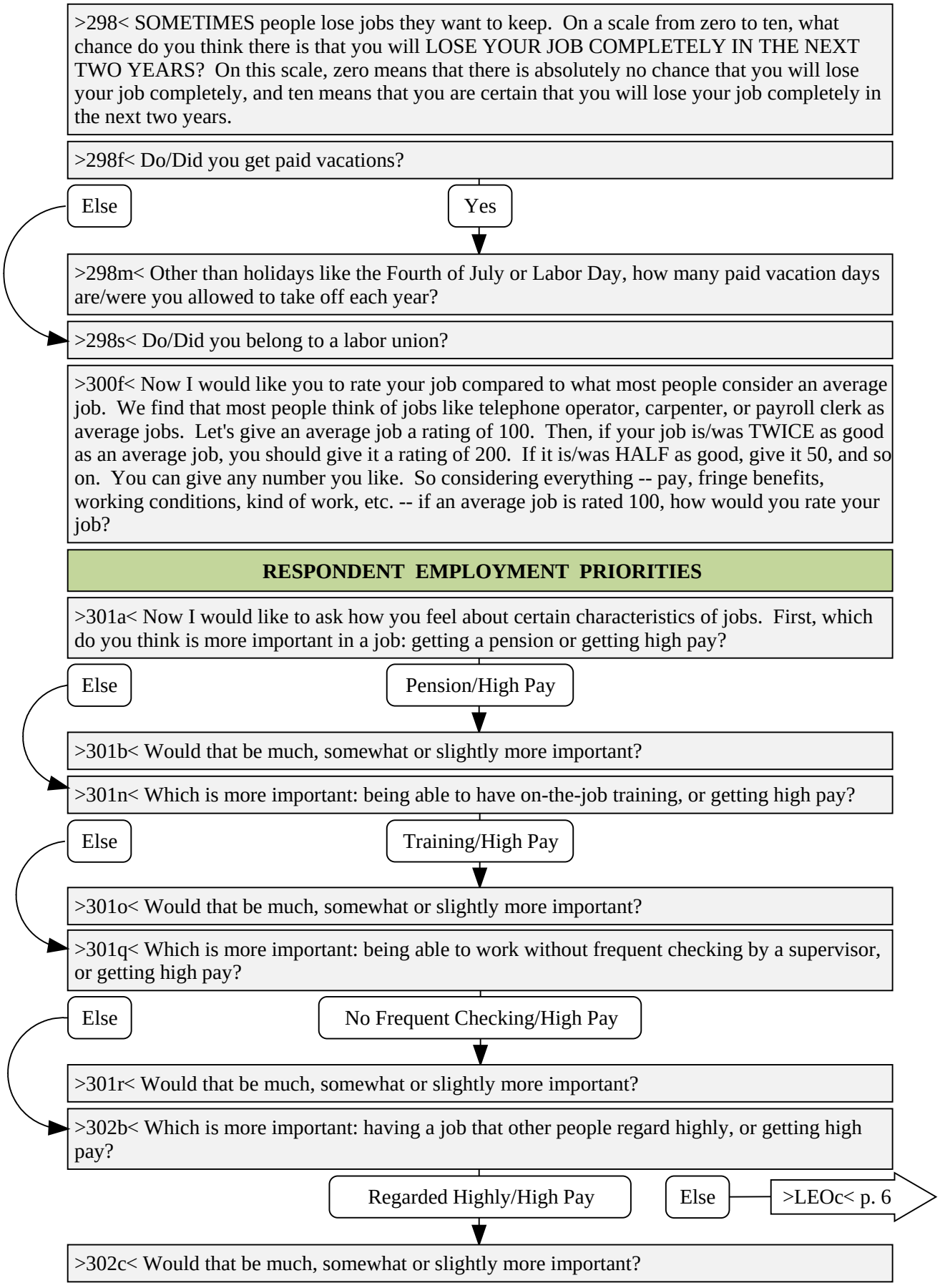
>z298< Is R currently employed in any capacity (including persons temporarily not working for their main employer due to a layoff, illness, vacation, strike, etc)? (From Job History Module)

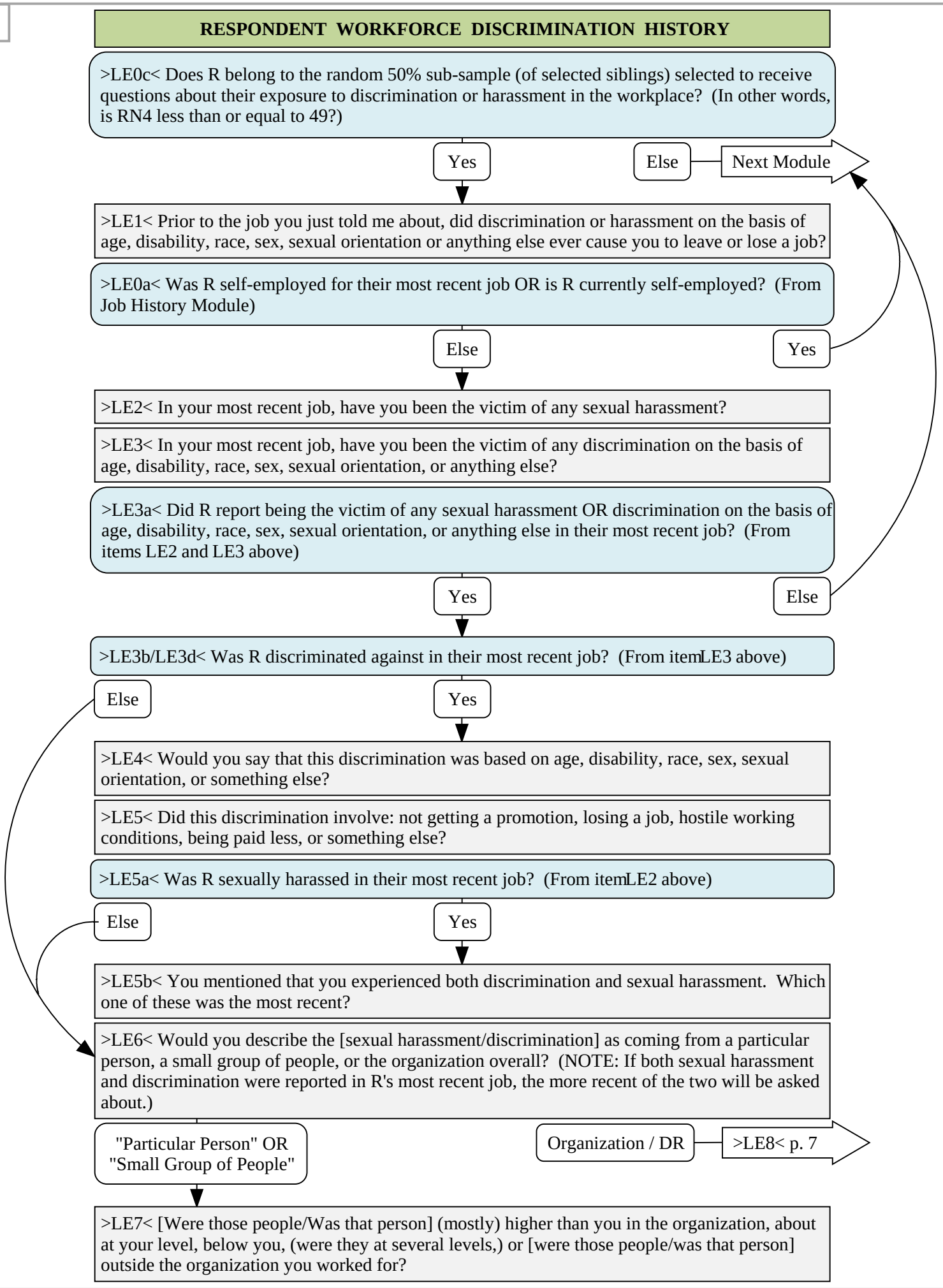
>298< p. 5

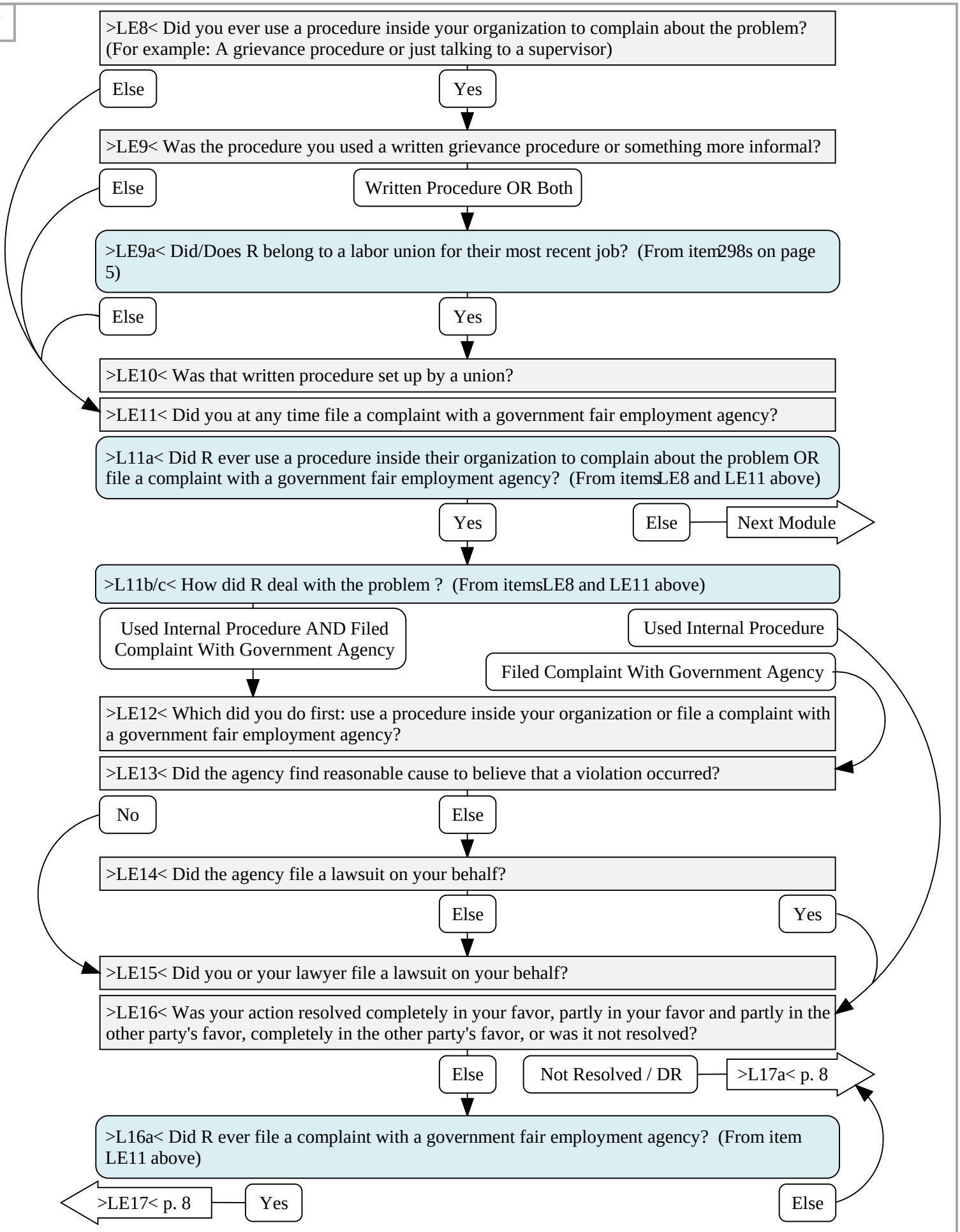
Yes

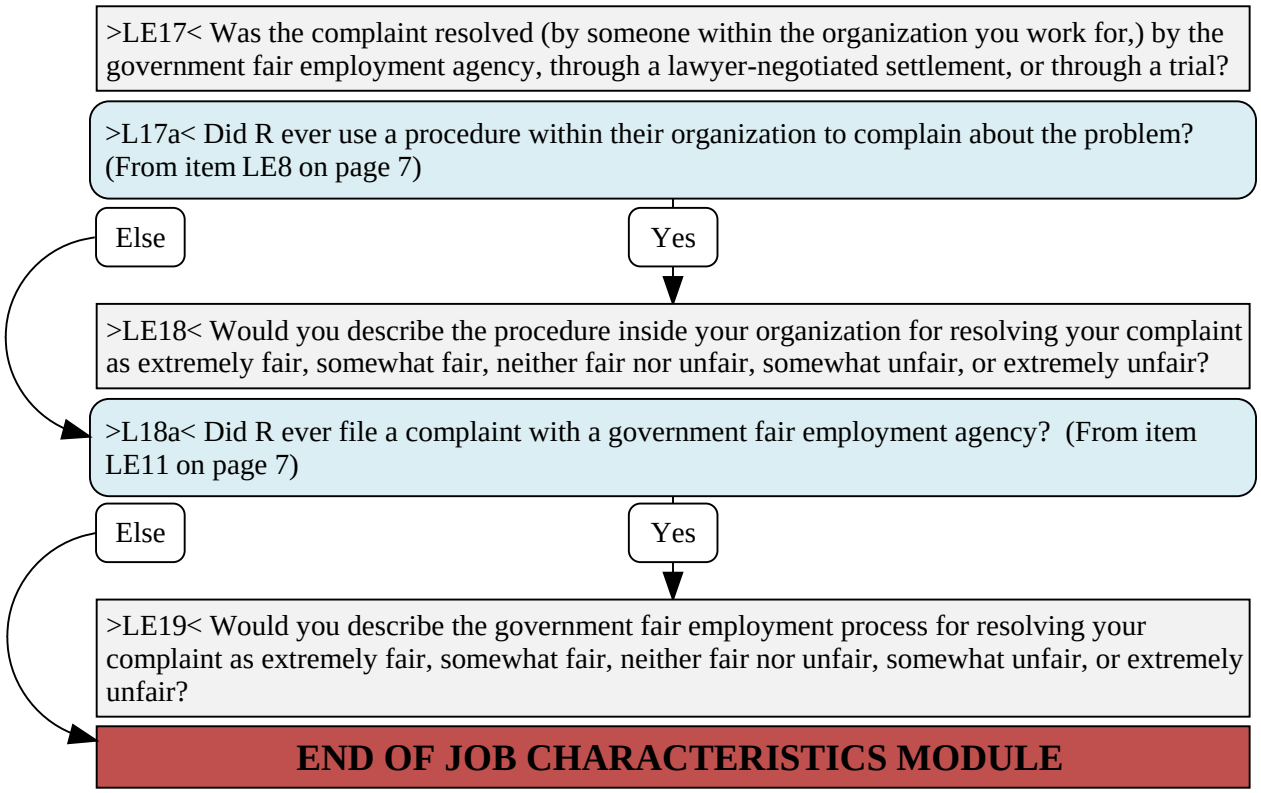
Else

>298f< p. 5

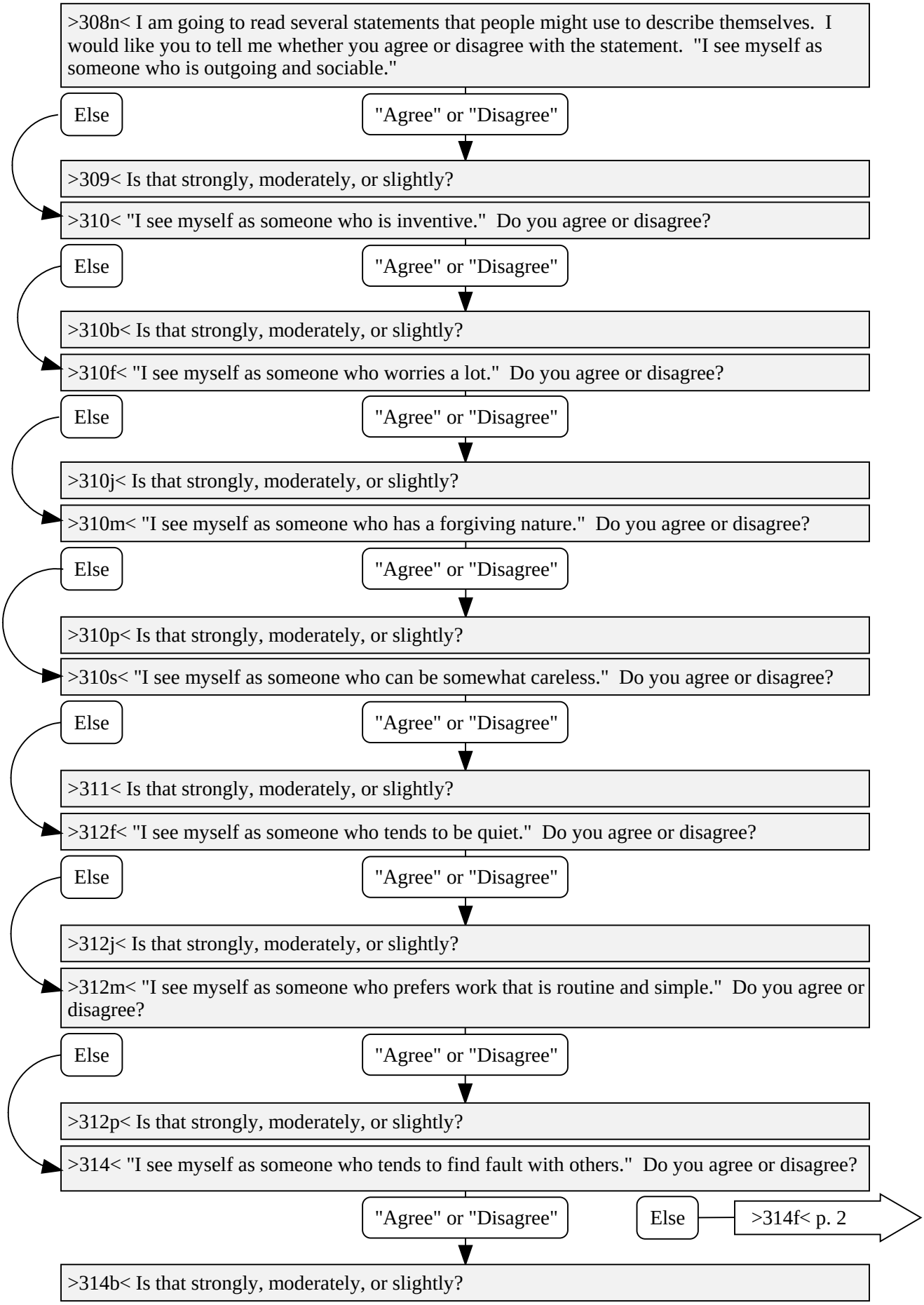

>298< SOMETIMES people lose jobs they want to keep. On a scale from zero to ten, what chance do you think there is that you will LOSE YOUR JOB COMPLETELY IN THE NEXT TWO YEARS? On this scale, zero means that there is absolutely no chance that you will lose your job completely, and ten means that you are certain that you will lose your job completely in the next two years.
>298f< Do/Did you get paid vacations?
Else
Yes
>298m< Other than holidays like the Fourth of July or Labor Day, how many paid vacation days are/were you allowed to take off each year?
>298s< Do/Did you belong to a labor union?
>300f< Now I would like you to rate your job compared to what most people consider an average job. We find that most people think of jobs like telephone operator, carpenter, or payroll clerk as average jobs. Let's give an average job a rating of 100. Then, if your job is/was TWICE as good as an average job, you should give it a rating of 200. If it is/was HALF as good, give it 50, and so on. You can give any number you like. So considering everything -- pay, fringe benefits, working conditions, kind of work, etc. -- if an average job is rated 100, how would you rate your job?
RESPONDENT EMPLOYMENT PRIORITIES
>301a< Now I would like to ask how you feel about certain characteristics of jobs. First, which do you think is more important in a job: getting a pension or getting high pay?
Else
Pension/High Pay
>301b< Would that be much, somewhat or slightly more important?
>301n< Which is more important: being able to have on-the-job training, or getting high pay?
Else
Training/High Pay
>301o< Would that be much, somewhat or slightly more important?
>301q< Which is more important: being able to work without frequent checking by a supervisor, or getting high pay?
Else
No Frequent Checking/High Pay
>301r< Would that be much, somewhat or slightly more important?
>302b< Which is more important: having a job that other people regard highly, or getting high pay?
Regarded Highly/High Pay
Else
>LEOc< p. 6
>302c< Would that be much, somewhat or slightly more important?

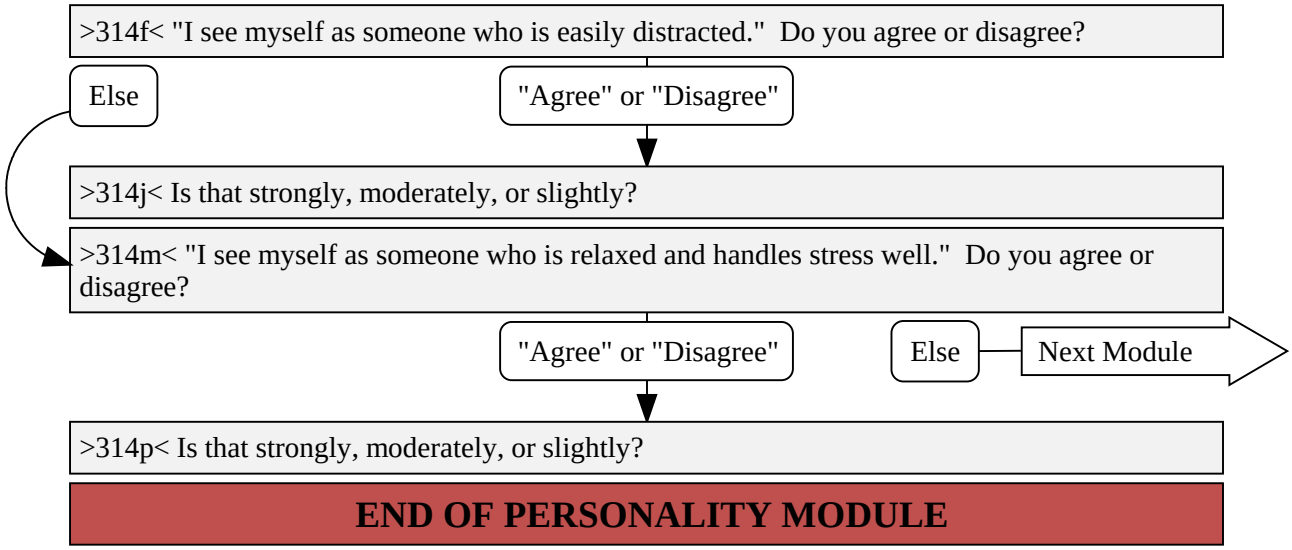

RESPONDENT WORKFORCE DISCRIMINATION HISTORY
>LE0c< Does R belong to the random 50% sub-sample (of selected siblings) selected to receive questions about their exposure to discrimination or harassment in the workplace? (In other words, is RN4 less than or equal to 49?)
Yes
Else
Next Module
>LE1< Prior to the job you just told me about, did discrimination or harassment on the basis of age, disability, race, sex, sexual orientation or anything else ever cause you to leave or lose a job?
>LE0a< Was R self-employed for their most recent job OR is R currently self-employed? (From Job History Module)
Else
Yes
>LE2< In your most recent job, have you been the victim of any sexual harassment?
>LE3< In your most recent job, have you been the victim of any discrimination on the basis of age, disability, race, sex, sexual orientation, or anything else?
>LE3a< Did R report being the victim of any sexual harassment OR discrimination on the basis of age, disability, race, sex, sexual orientation, or anything else in their most recent job? (From items LE2 and LE3 above)
Yes
Else
>LE3b/LE3d< Was R discriminated against in their most recent job? (From itemLE3 above)
Else
Yes
>LE4< Would you say that this discrimination was based on age, disability, race, sex, sexual orientation, or something else?
>LE5< Did this discrimination involve: not getting a promotion, losing a job, hostile working conditions, being paid less, or something else?
>LE5a< Was R sexually harassed in their most recent job? (From itemLE2 above)
Else
Yes
>LE5b< You mentioned that you experienced both discrimination and sexual harassment. Which one of these was the most recent?
>LE6< Would you describe the [sexual harassment/discrimination] as coming from a particular person, a small group of people, or the organization overall? (NOTE: If both sexual harassment and discrimination were reported in R's most recent job, the more recent of the two will be asked about.)
"Particular Person" OR "Small Group of People"
Organization / DR
>LE8< p. 7
>LE7< [Were those people/Was that person] (mostly) higher than you in the organization, about at your level, below you, (were they at several levels,) or [were those people/was that person] outside the organization you worked for?


>LE8< Did you ever use a procedure inside your organization to complain about the problem? (For example: A grievance procedure or just talking to a supervisor)
Else
Yes
>LE9< Was the procedure you used a written grievance procedure or something more informal?
Else
Written Procedure OR Both
>LE9a< Did/Does R belong to a labor union for their most recent job? (From item 298s on page 5)
Else
Yes
>LE10< Was that written procedure set up by a union?
>LE11< Did you at any time file a complaint with a government fair employment agency?
>L11a< Did R ever use a procedure inside their organization to complain about the problem OR file a complaint with a government fair employment agency? (From items LE8 and LE11 above)
Yes
Else
Next Module
>L11b/c< How did R deal with the problem ? (From items LE8 and LE11 above)
Used Internal Procedure AND Filed Complaint With Government Agency
Used Internal Procedure
Filed Complaint With Government Agency
>LE12< Which did you do first: use a procedure inside your organization or file a complaint with a government fair employment agency?
>LE13< Did the agency find reasonable cause to believe that a violation occurred?
No
Else
>LE14< Did the agency file a lawsuit on your behalf?
Else
Yes
>LE15< Did you or your lawyer file a lawsuit on your behalf?
>LE16< Was your action resolved completely in your favor, partly in your favor and partly in the other party's favor, completely in the other party's favor, or was it not resolved?
Else
Not Resolved / DR
>L17a< p. 8
>L16a< Did R ever file a complaint with a government fair employment agency? (From item LE11 above)
>LE17< p. 8
Yes
Else


>LE17< Was the complaint resolved (by someone within the organization you work for,) by the government fair employment agency, through a lawyer-negotiated settlement, or through a trial?
>L17a< Did R ever use a procedure within their organization to complain about the problem? (From item LE8 on page 7)
Else
Yes
>LE18< Would you describe the procedure inside your organization for resolving your complaint as extremely fair, somewhat fair, neither fair nor unfair, somewhat unfair, or extremely unfair?
>L18a< Did R ever file a complaint with a government fair employment agency? (From item LE11 on page 7)
Else
Yes
>LE19< Would you describe the government fair employment process for resolving your complaint as extremely fair, somewhat fair, neither fair nor unfair, somewhat unfair, or extremely unfair?
END OF JOB CHARACTERISTICS MODULE

PERSONALITY




>314f< "I see myself as someone who is easily distracted." Do you agree or disagree?
Else
"Agree" or "Disagree"
>314j< Is that strongly, moderately, or slightly?
>314m< "I see myself as someone who is relaxed and handles stress well." Do you agree or disagree?
"Agree" or "Disagree"
Else
Next Module
>314p< Is that strongly, moderately, or slightly?
END OF PERSONALITY MODULE

COGNITION

>314t< Now I'd like to turn to something a bit different. This section is about reasoning abilities, that is, about how people think. Most people take tests of their reasoning abilities and there is a lot of interest in how these abilities may change over time. What I'd like you to do is tell me how 2 things are alike.
In what way are an orange and a banana alike?

>315< In what way are a dog and a lion alike?

>316f< In what way are an eye and an ear alike?

>315e< In what way are north and west alike?

>316m< In what way are an egg and a seed alike?

>316< In what way are a table and a chair alike?

>315g< In what way are a poem and a statue alike?

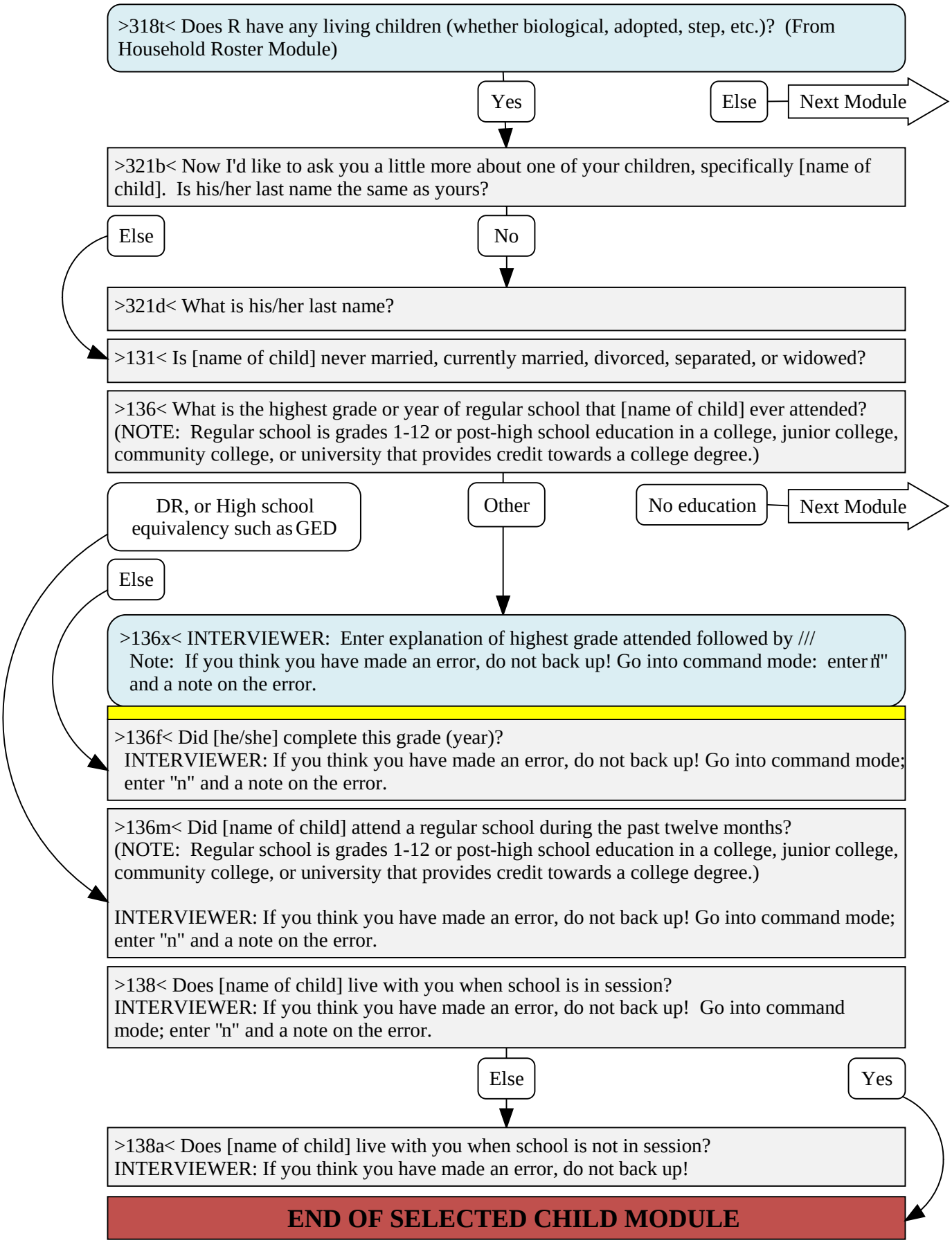
>318< In what way are work and play alike?

>318f< In what way are a fly and a tree alike?

>318m< In what way are praise and punishment alike?

END OF COGNITION MODULE

SELECTED CHILD



SELECTED SIBLING

>400g< Now I would like to ask some questions about your brother/sister [full name of sibling].

>400i< In what state was [name of sibling] born?

>400y< Is [name of sibling] still living?
(INTERVIEWER: If R says name is incorrect, enter command mode and enter note correcting name.)

- DR, RM → Next Module
- No
- Yes → >403B< p. 3

SELECTED SIBLING MORTALITY CLOSEOUT

>401C< When did [name of sibling] die?

- Else
- R claims sibling is not dead → >402< p. 3

>401E< Was [full name of sibling] his/her complete name?

>401G/J/D< What was his/her birth date?

>401I/K< In what city and state did he/she die?

>401O< What was the cause of his/her death?

>401Q< Was there a kind of work he/she usually did?

- Yes
- Else → >403B< p. 3

>401R< I'd like to know more about the last job he/she held when he/she was doing this usual kind of work. What kind of work did your brother/sister do? (For example: electrical engineer; stock clerk; farmer)

>401U< What were his/her principal activities of duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)

>401W< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)

>401Y< Was this mainly manufacturing, wholesale trade, retail trade or something else? (INTERVIEWER: Probe if unclear.)

>401a< Was he/she employed by government, by a private company or organization, or was he/she self-employed or working in a family business?

- "Self-Employed" or "Working in a Family Business"
- Else

>401c< Was this business incorporated? (NOTE: How instrument redirects will depend on the answer provided for item 401a above.)

>401e< Did R report working in a family business?

- Yes → >401g< p.2
- No → >401k< p. 2

>401g< Was he/she working for pay?

>401k< In what year did he/she stop doing this work?

>403B< p. 3

>402< I apologize for the mistake. Our records must be in error. Is [full name of sibling] your brother/sister's full name?

No

Else

>402b/c/d< What is your brother/sister's complete name?

>4022< Is [name of sibling] still living?
(INTERVIEWER: If R says name is incorrect, enter command mode and enter note correcting name.)

>401C< p. 1

No

Else

R

Next Module

>402e< What is [name of sibling]'s street address?

>402f/g< In what city and state does [name of sibling] live?

>402h< What is his/her zip code?

>402i< What is his/her phone number?

>402n< Is [name of sibling] currently employed?

Else

Yes

>402p< Has [name of sibling] been employed in the last 6 months?

Yes

Else

>403B< p. 3

>402q< What kind of work did/does your brother/sister do?
(For example: electrical engineer; stock clerk; farmer)

>402r< What are/were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)

>402s< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)

>402u< Is/was he/she employed by government, by a private company or organization, or is/was he/she self-employed or working in a family business?

"Self-Employed" or "Working in a Family Business"

Else

>402v< Is/Was this business incorporated?

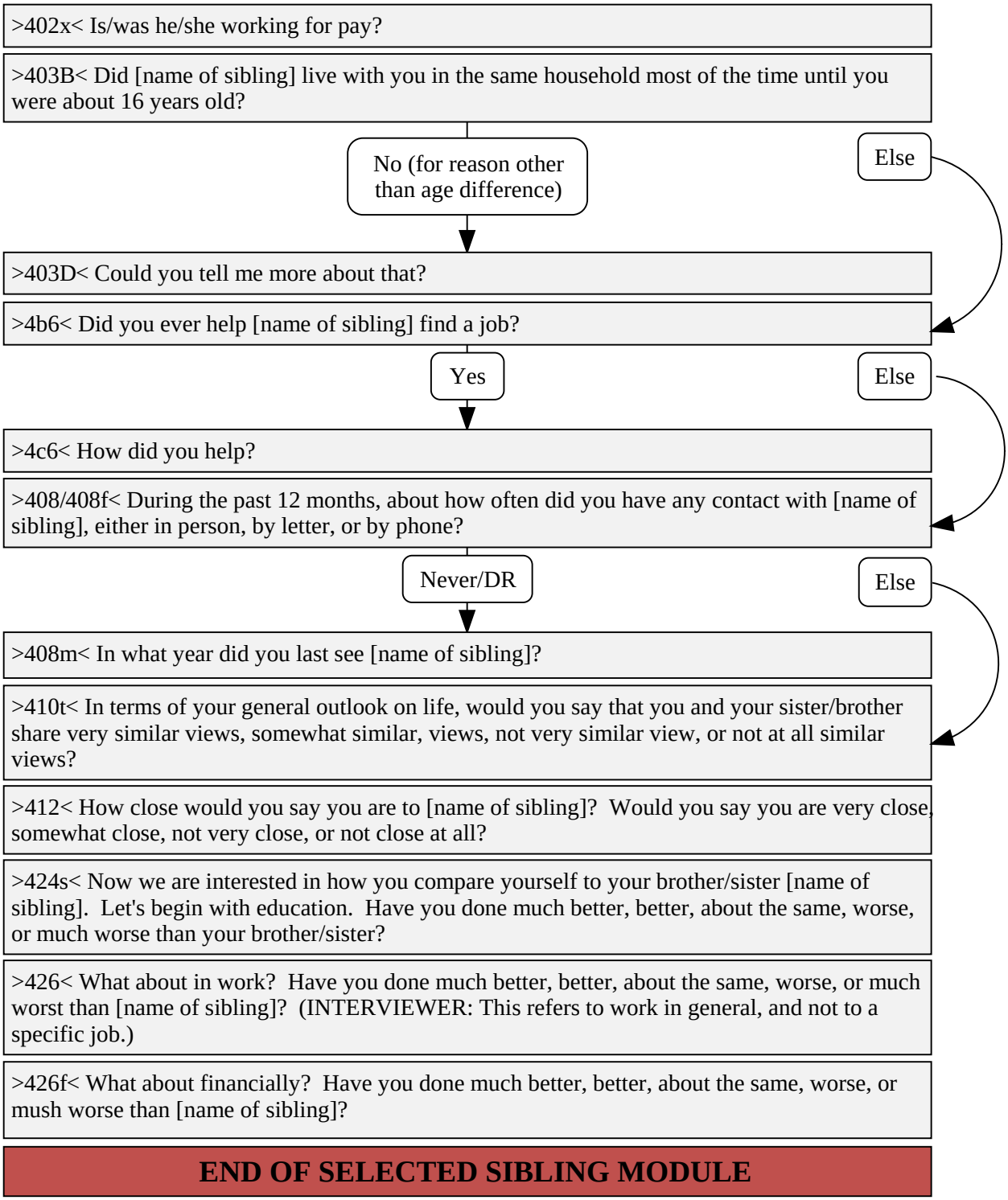
>401w< Did R report being self-employed?

>402x< p. 3

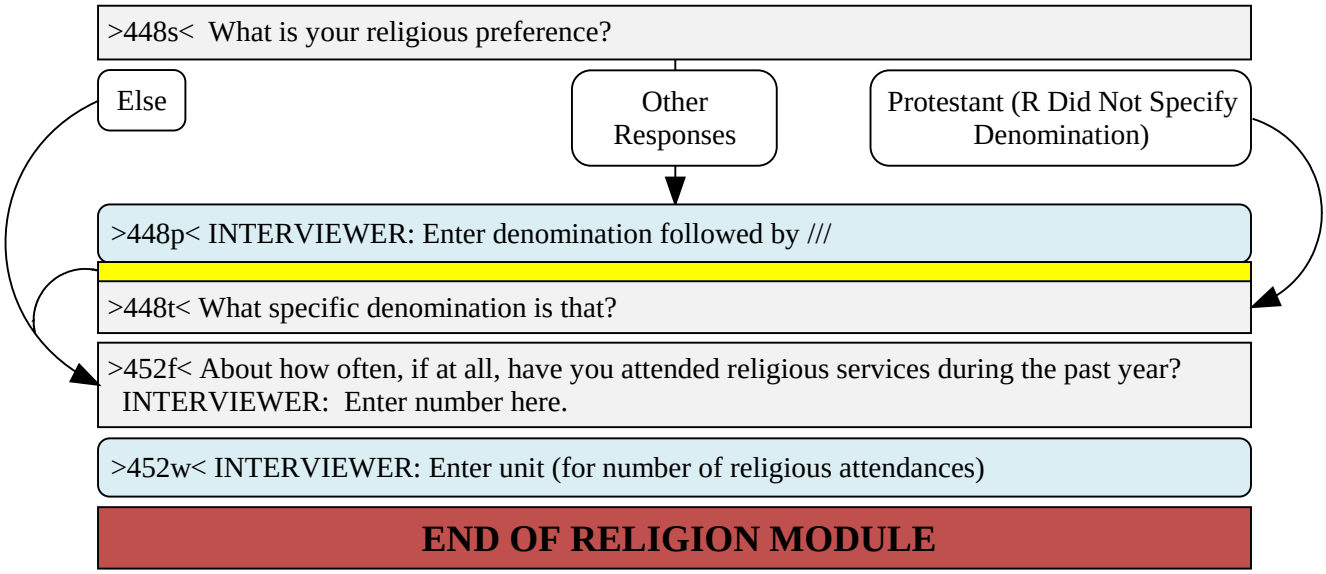
No

Else

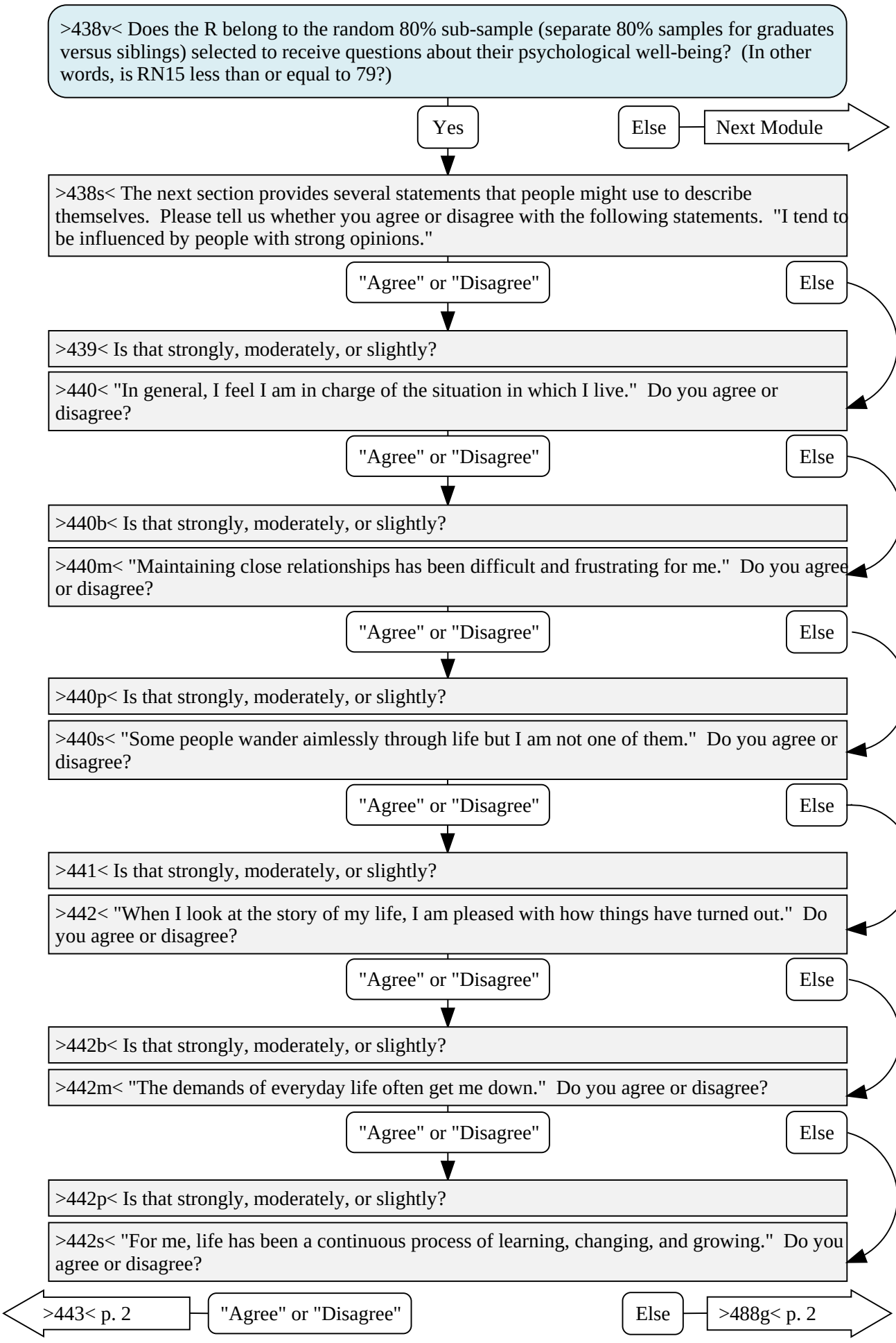
>403B< p. 3

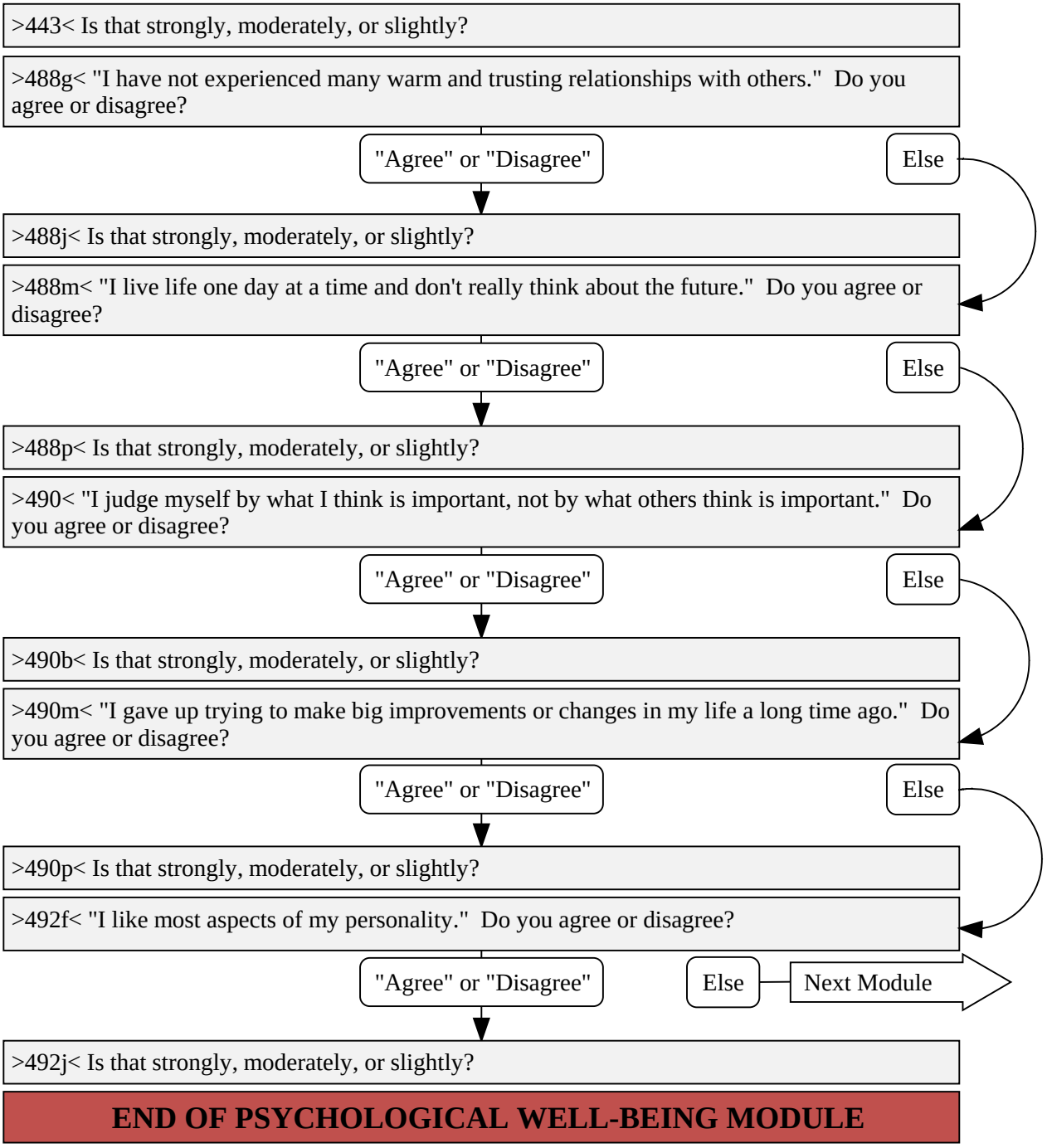

>402x< Is/was he/she working for pay?
>403B< Did [name of sibling] live with you in the same household most of the time until you were about 16 years old?
No (for reason other than age difference)
Else
>403D< Could you tell me more about that?
>4b6< Did you ever help [name of sibling] find a job?
Yes
Else
>4c6< How did you help?
>408/408f< During the past 12 months, about how often did you have any contact with [name of sibling], either in person, by letter, or by phone?
Never/DR
Else
>408m< In what year did you last see [name of sibling]?
>410t< In terms of your general outlook on life, would you say that you and your sister/brother share very similar views, somewhat similar, views, not very similar view, or not at all similar views?
>412< How close would you say you are to [name of sibling]? Would you say you are very close, somewhat close, not very close, or not close at all?
>424s< Now we are interested in how you compare yourself to your brother/sister [name of sibling]. Let's begin with education. Have you done much better, better, about the same, worse, or much worse than your brother/sister?
>426< What about in work? Have you done much better, better, about the same, worse, or much worst than [name of sibling]? (INTERVIEWER: This refers to work in general, and not to a specific job.)
>426f< What about financially? Have you done much better, better, about the same, worse, or mush worse than [name of sibling]?
END OF SELECTED SIBLING MODULE

RELIGION

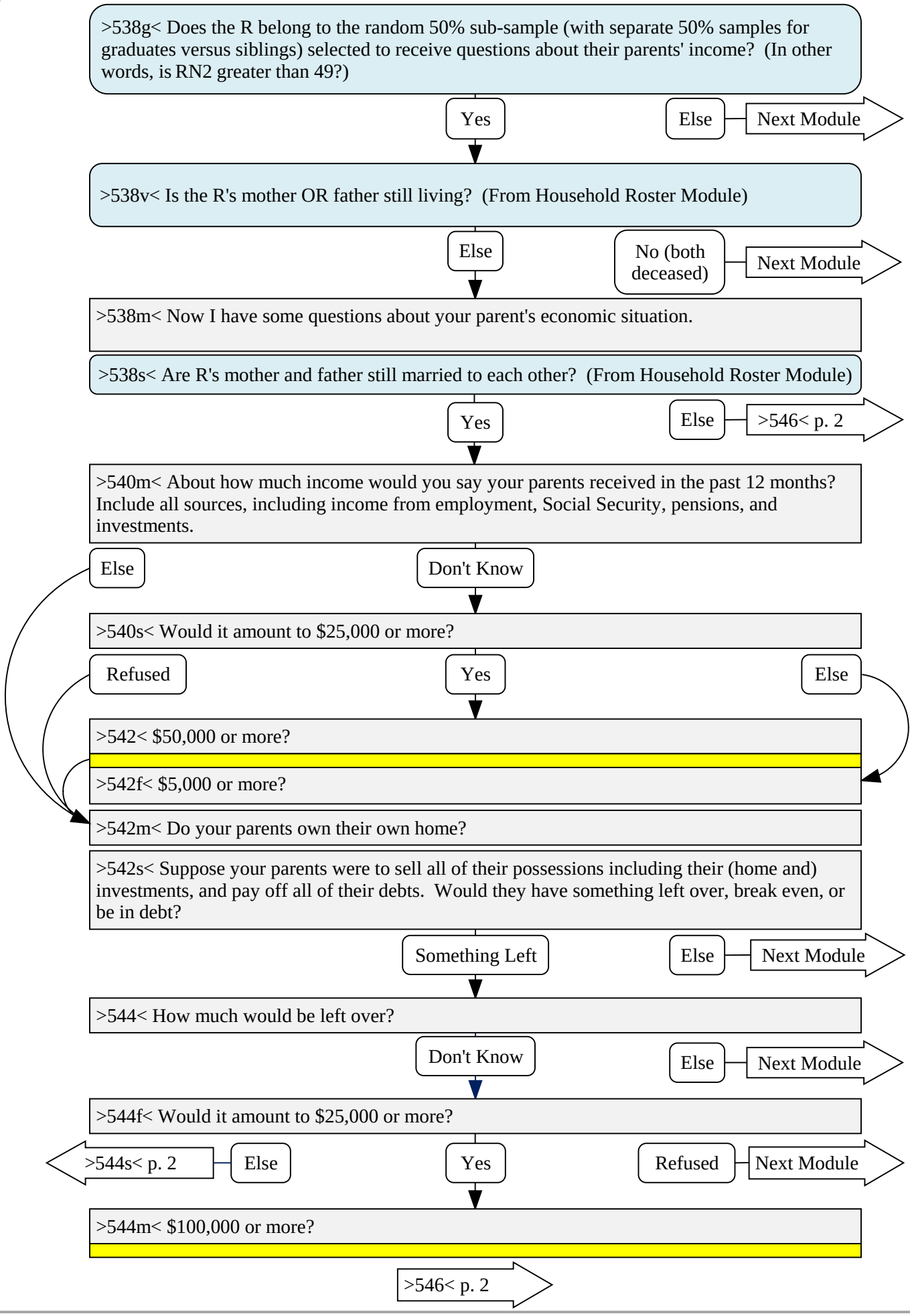

>448s< What is your religious preference?
Else
Other Responses
Protestant (R Did Not Specify Denomination)
>448p< INTERVIEWER: Enter denomination followed by ///
>448t< What specific denomination is that?
>452f< About how often, if at all, have you attended religious services during the past year? INTERVIEWER: Enter number here.
>452w< INTERVIEWER: Enter unit (for number of religious attendances)
END OF RELIGION MODULE

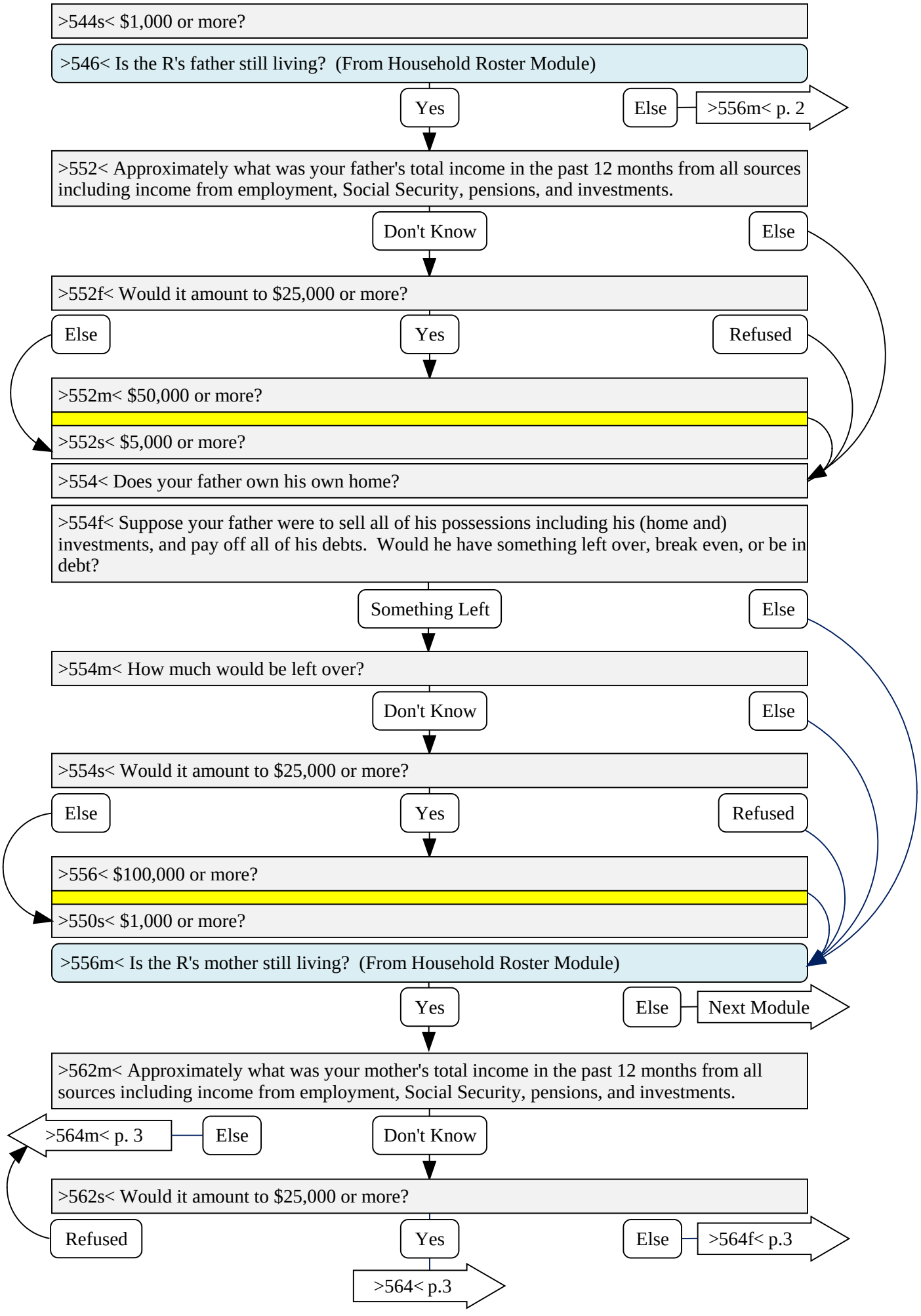
PSYCHOLOGICAL WELL-BEING

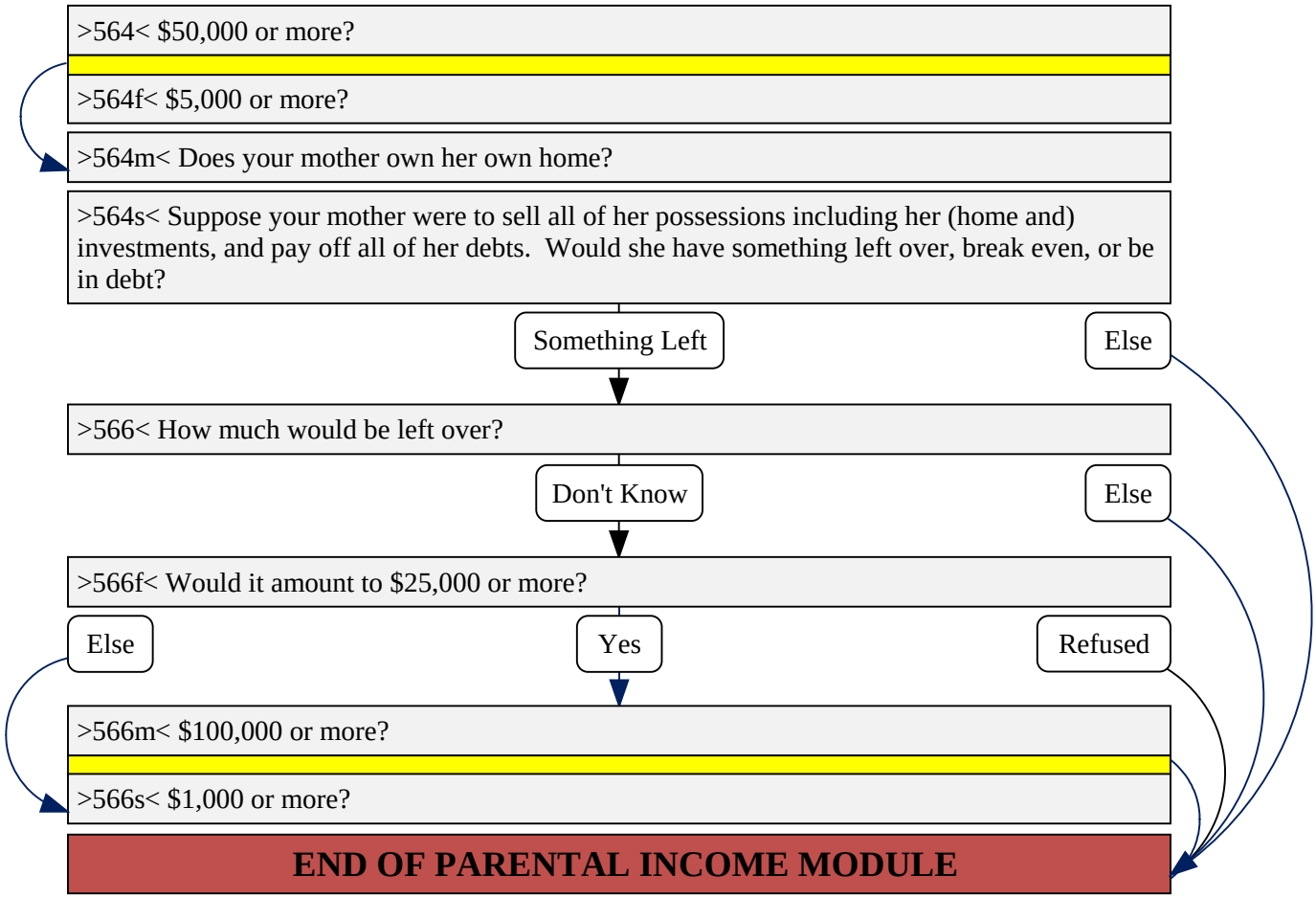



>443< Is that strongly, moderately, or slightly?
>488g< "I have not experienced many warm and trusting relationships with others." Do you agree or disagree?
"Agree" or "Disagree"
Else
>488j< Is that strongly, moderately, or slightly?
>488m< "I live life one day at a time and don't really think about the future." Do you agree or disagree?
"Agree" or "Disagree"
Else
>488p< Is that strongly, moderately, or slightly?
>490< "I judge myself by what I think is important, not by what others think is important." Do you agree or disagree?
"Agree" or "Disagree"
Else
>490b< Is that strongly, moderately, or slightly?
>490m< "I gave up trying to make big improvements or changes in my life a long time ago." Do you agree or disagree?
"Agree" or "Disagree"
Else
>490p< Is that strongly, moderately, or slightly?
>492f< "I like most aspects of my personality." Do you agree or disagree?
"Agree" or "Disagree"
Else
Next Module
>492j< Is that strongly, moderately, or slightly?
END OF PSYCHOLOGICAL WELL-BEING MODULE

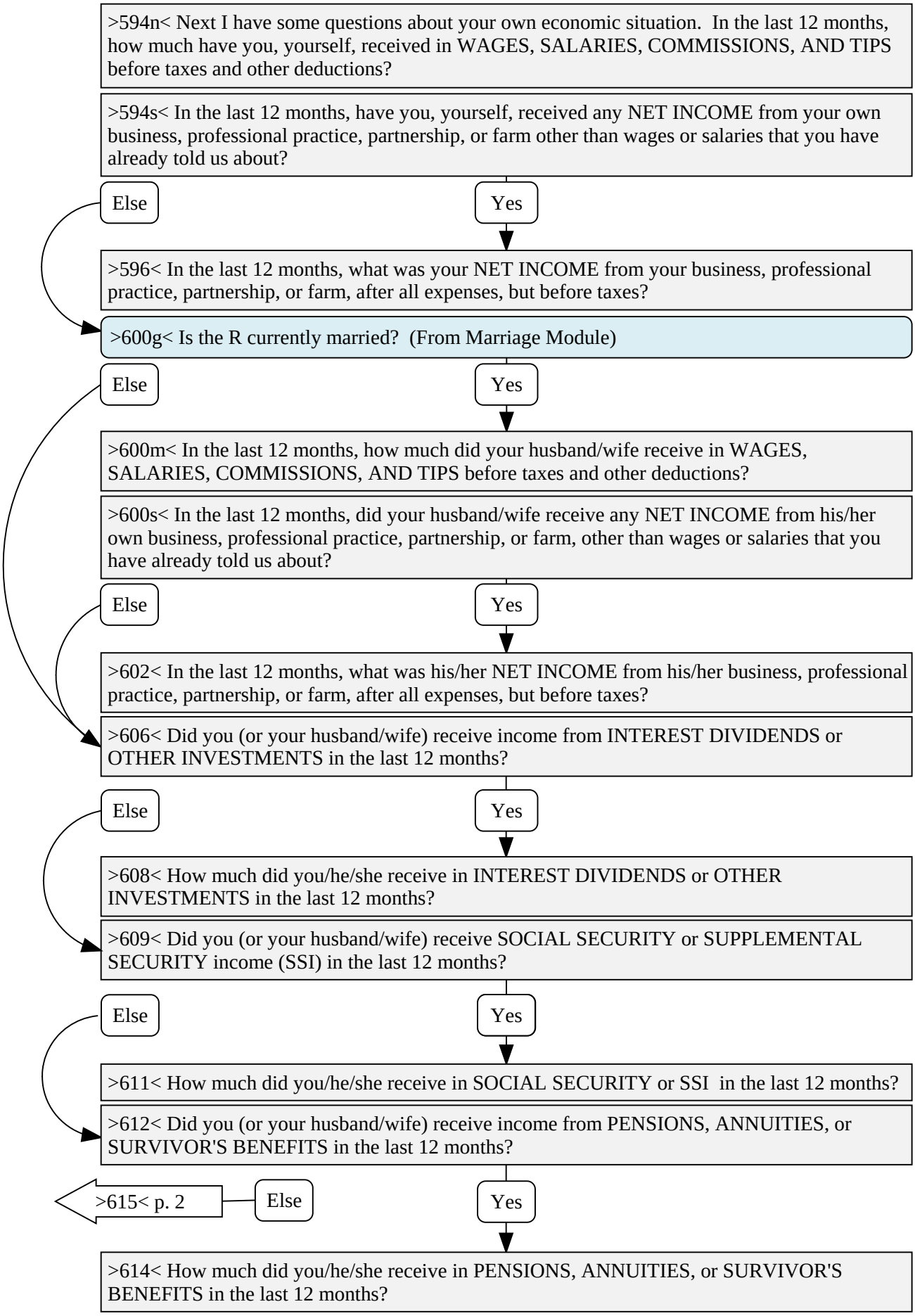
PARENTAL INCOME

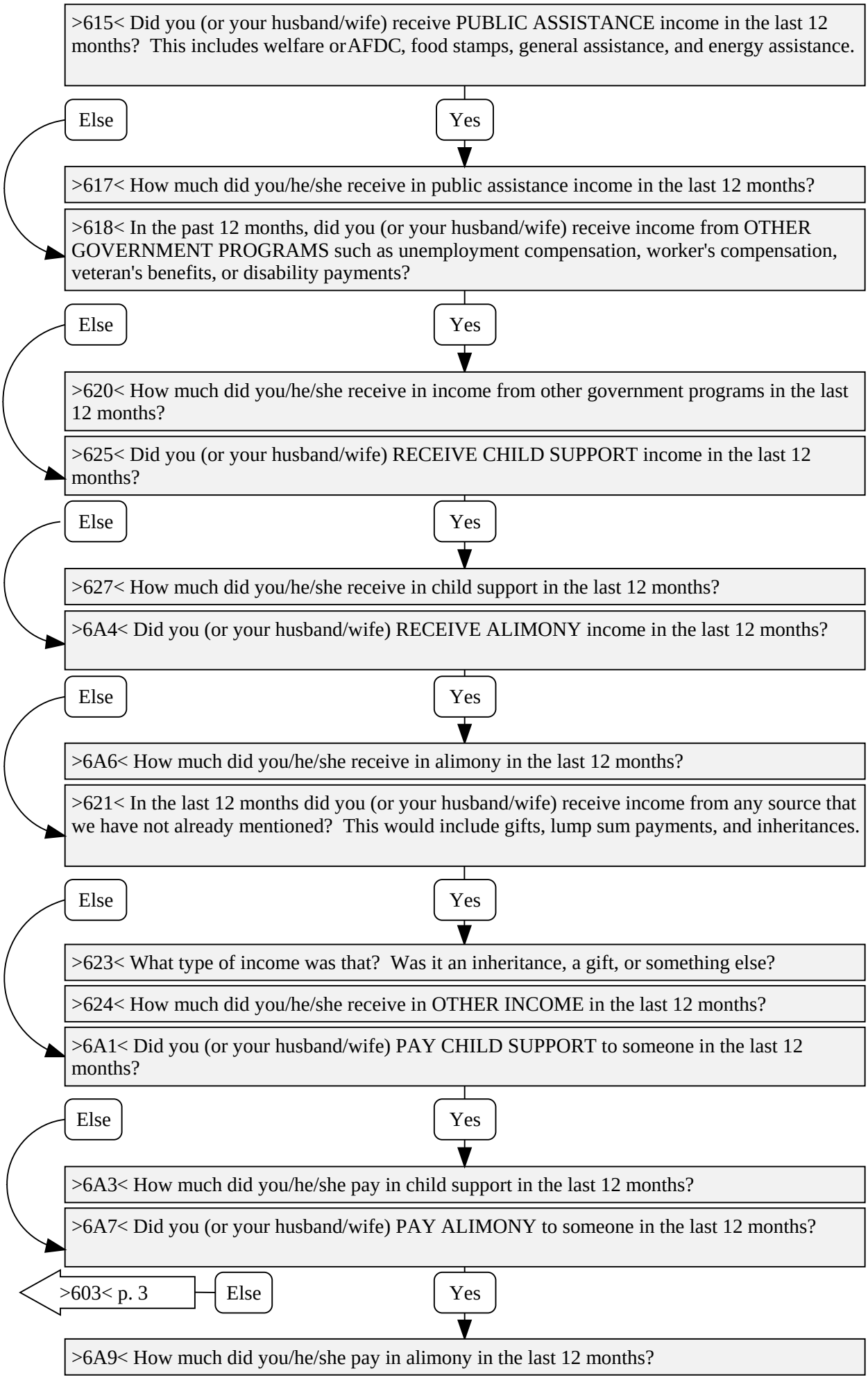


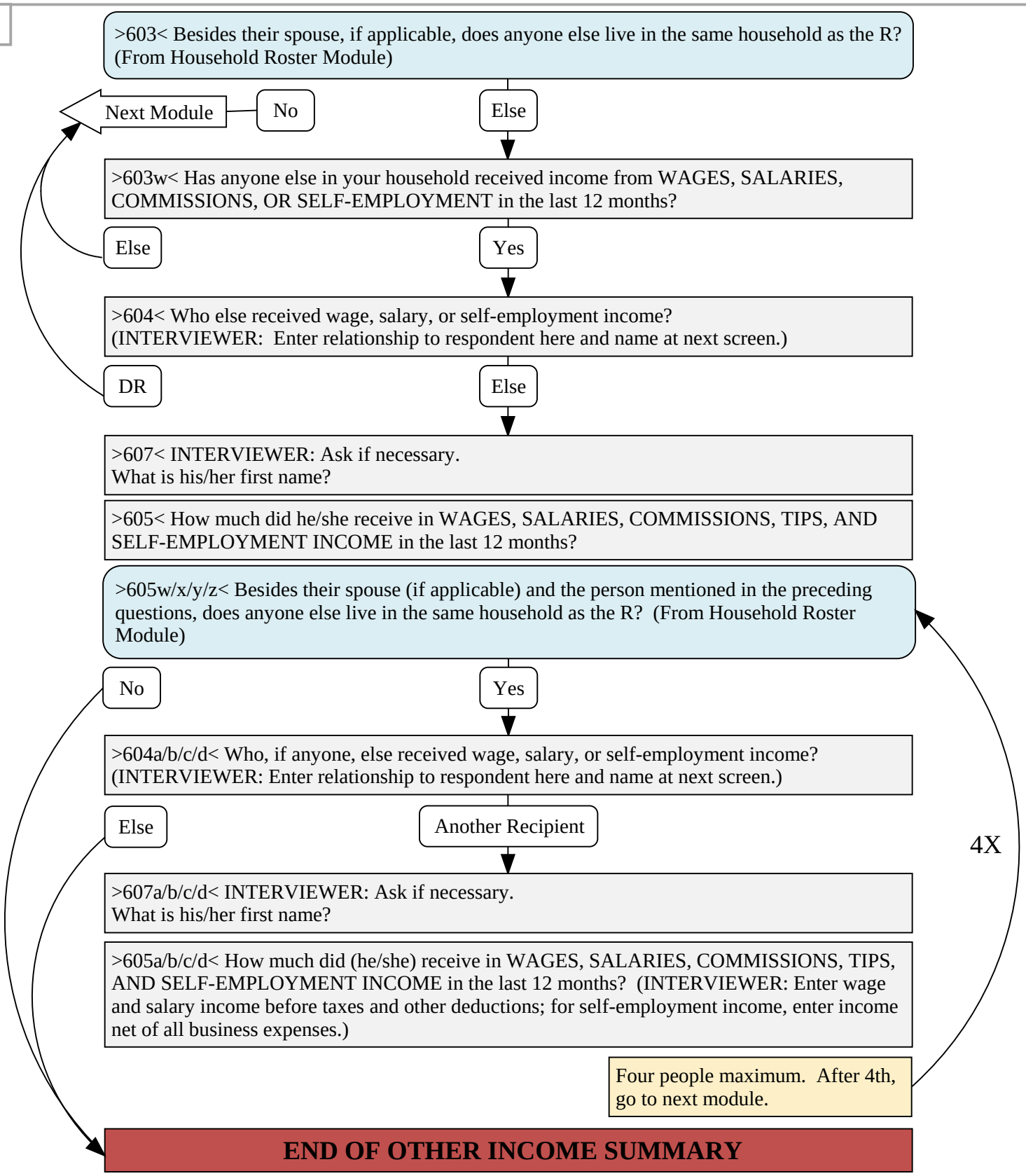

>544s< $1,000 or more?
>546< Is the R's father still living? (From Household Roster Module)
Yes
Else
>556m< p. 2
>552< Approximately what was your father's total income in the past 12 months from all sources including income from employment, Social Security, pensions, and investments.
Don't Know
Else
>552f< Would it amount to $25,000 or more?
Else
Yes
Refused
>552m< $50,000 or more?
>552s< $5,000 or more?
>554< Does your father own his own home?
>554f< Suppose your father were to sell all of his possessions including his (home and) investments, and pay off all of his debts. Would he have something left over, break even, or be in debt?
Something Left
Else
>554m< How much would be left over?
Don't Know
Else
>554s< Would it amount to $25,000 or more?
Else
Yes
Refused
>556< $100,000 or more?
>550s< $1,000 or more?
>556m< Is the R's mother still living? (From Household Roster Module)
Yes
Else
Next Module
>562m< Approximately what was your mother's total income in the past 12 months from all sources including income from employment, Social Security, pensions, and investments.
>564m< p. 3
Else
Don't Know
>562s< Would it amount to $25,000 or more?
Refused
Yes
Else
>564f< p.3
>564< p.3


>564< $50,000 or more?
>564f< $5,000 or more?
>564m< Does your mother own her own home?
>564s< Suppose your mother were to sell all of her possessions including her (home and) investments, and pay off all of her debts. Would she have something left over, break even, or be in debt?
Something Left
Else
>566< How much would be left over?
Don't Know
Else
>566f< Would it amount to $25,000 or more?
Else
Yes
Refused
>566m< $100,000 or more?
>566s< $1,000 or more?
END OF PARENTAL INCOME MODULE

OTHER INCOME SUMMARY




>615< Did you (or your husband/wife) receive PUBLIC ASSISTANCE income in the last 12 months? This includes welfare or AFDC, food stamps, general assistance, and energy assistance.
Yes
Else
>617< How much did you/he/she receive in public assistance income in the last 12 months?
>618< In the past 12 months, did you (or your husband/wife) receive income from OTHER GOVERNMENT PROGRAMS such as unemployment compensation, worker's compensation, veteran's benefits, or disability payments?
Yes
Else
>620< How much did you/he/she receive in income from other government programs in the last 12 months?
>625< Did you (or your husband/wife) RECEIVE CHILD SUPPORT income in the last 12 months?
Yes
Else
>627< How much did you/he/she receive in child support in the last 12 months?
>6A4< Did you (or your husband/wife) RECEIVE ALIMONY income in the last 12 months?
Yes
Else
>6A6< How much did you/he/she receive in alimony in the last 12 months?
>621< In the last 12 months did you (or your husband/wife) receive income from any source that we have not already mentioned? This would include gifts, lump sum payments, and inheritances.
Yes
Else
>623< What type of income was that? Was it an inheritance, a gift, or something else?
>624< How much did you/he/she receive in OTHER INCOME in the last 12 months?
>6A1< Did you (or your husband/wife) PAY CHILD SUPPORT to someone in the last 12 months?
Yes
Else
>6A3< How much did you/he/she pay in child support in the last 12 months?
>6A7< Did you (or your husband/wife) PAY ALIMONY to someone in the last 12 months?
Yes
Else
>603< p. 3
>6A9< How much did you/he/she pay in alimony in the last 12 months?


>603< Besides their spouse, if applicable, does anyone else live in the same household as the R? (From Household Roster Module)
No
Next Module
Else
>603w< Has anyone else in your household received income from WAGES, SALARIES, COMMISSIONS, OR SELF-EMPLOYMENT in the last 12 months?
Else
Yes
>604< Who else received wage, salary, or self-employment income? (INTERVIEWER: Enter relationship to respondent here and name at next screen.)
DR
Else
>607< INTERVIEWER: Ask if necessary. What is his/her first name?
>605< How much did he/she receive in WAGES, SALARIES, COMMISSIONS, TIPS, AND SELF-EMPLOYMENT INCOME in the last 12 months?
>605w/x/y/z< Besides their spouse (if applicable) and the person mentioned in the preceding questions, does anyone else live in the same household as the R? (From Household Roster Module)
No
Yes
>604a/b/c/d< Who, if anyone, else received wage, salary, or self-employment income? (INTERVIEWER: Enter relationship to respondent here and name at next screen.)
Else
Another Recipient
4X
>607a/b/c/d< INTERVIEWER: Ask if necessary. What is his/her first name?
>605a/b/c/d< How much did (he/she) receive in WAGES, SALARIES, COMMISSIONS, TIPS, AND SELF-EMPLOYMENT INCOME in the last 12 months? (INTERVIEWER: Enter wage and salary income before taxes and other deductions; for self-employment income, enter income net of all business expenses.)
Four people maximum. After 4th, go to next module.
END OF OTHER INCOME SUMMARY

INTER-TRANSFERS

>640< Did anyone ever leave you (or your husband/wife) (at the time) anything worth more than $1,000 when they died? Include inheritances, insurance settlements, or shares in a family business or farm.

Else | Yes

>641< What was the total value of all inheritances, insurance settlements, and shares in a business or farm that you (or your spouse) (at the time) ever received when someone died?

>642< In what year did you last receive anything worth more than $1,000 from someone when they died?

>643a< During the last year, did you (or your husband/wife) make charitable contributions of money or property totaling $500 or more?

Else | Yes

>644< Roughly, how much did you (or your husband/wife) contribute?

>647< Other than inheritances, over the years have any of your parents given you (or your husband/wife) money totaling $1,000 or more at one time for a down-payment on a home, living expenses, or to pay for education, medical care, or for other needs while they were alive?

>646< Have any of your parents ever given you (or your husband/wife) property or other assets totaling $1,000 or more?

Yes | Else

>647z< Did R answer "yes" to item 647 above?

Yes | Else

>648< Which parent gave you the most money, property, or assets?

2 X

>649/649a/649b< Altogether, what is the total amount you have RECEIVED from him/her/them? (INTERVIEWER: Probe for estimate if unsure.)

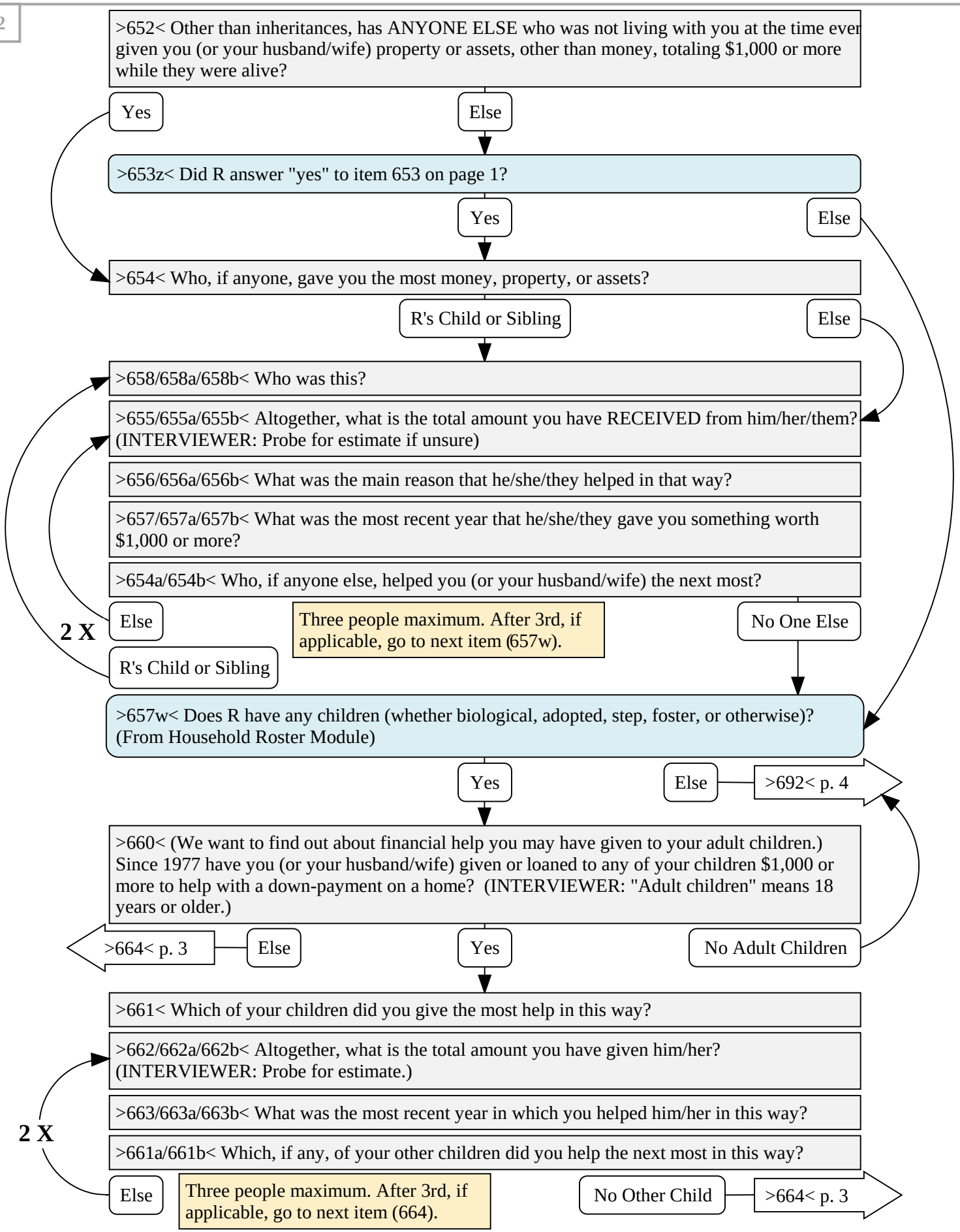
>650/650a/650b< What was the main reason that he/she/they helped in that way? (INTERVIEWER: Ask R for the main reason for the largest amount received at one time.)

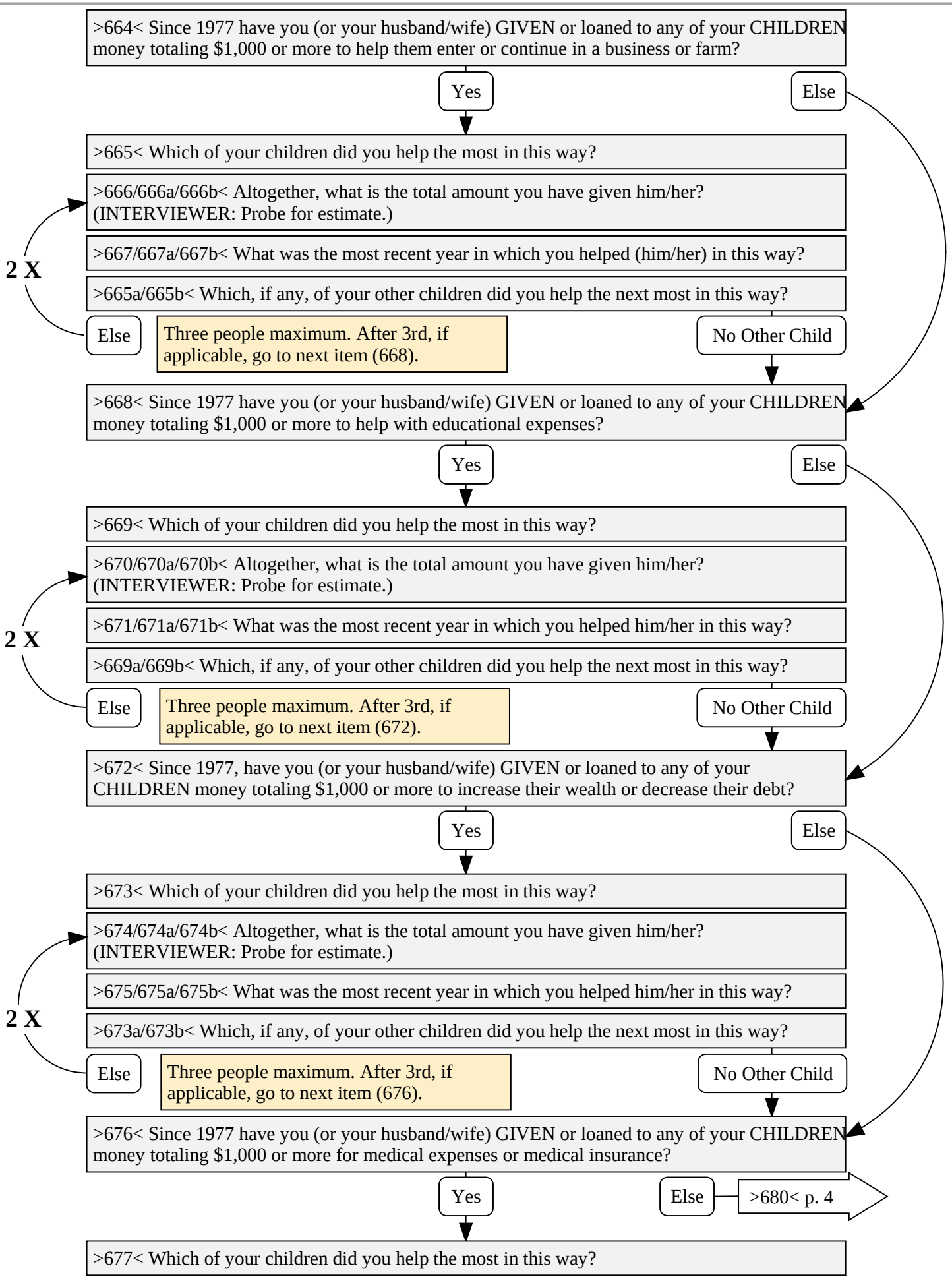
>651/651a/651b< What was the most recent year that he/she/they gave you something worth $1,000 or more?

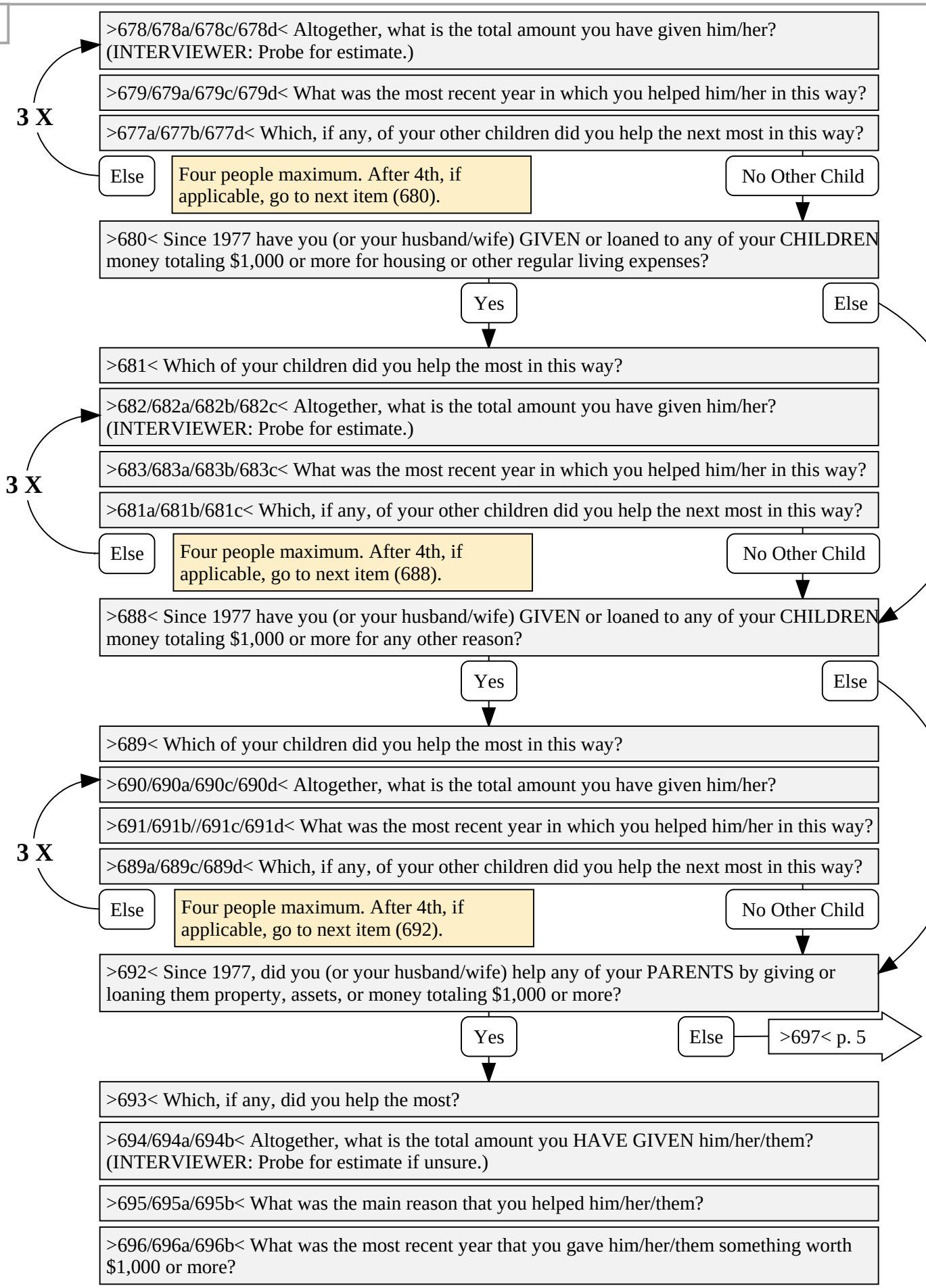
>648a/648b< Which, if any, other parent gave you (or your husband/wife) the next most money, property, or assets?

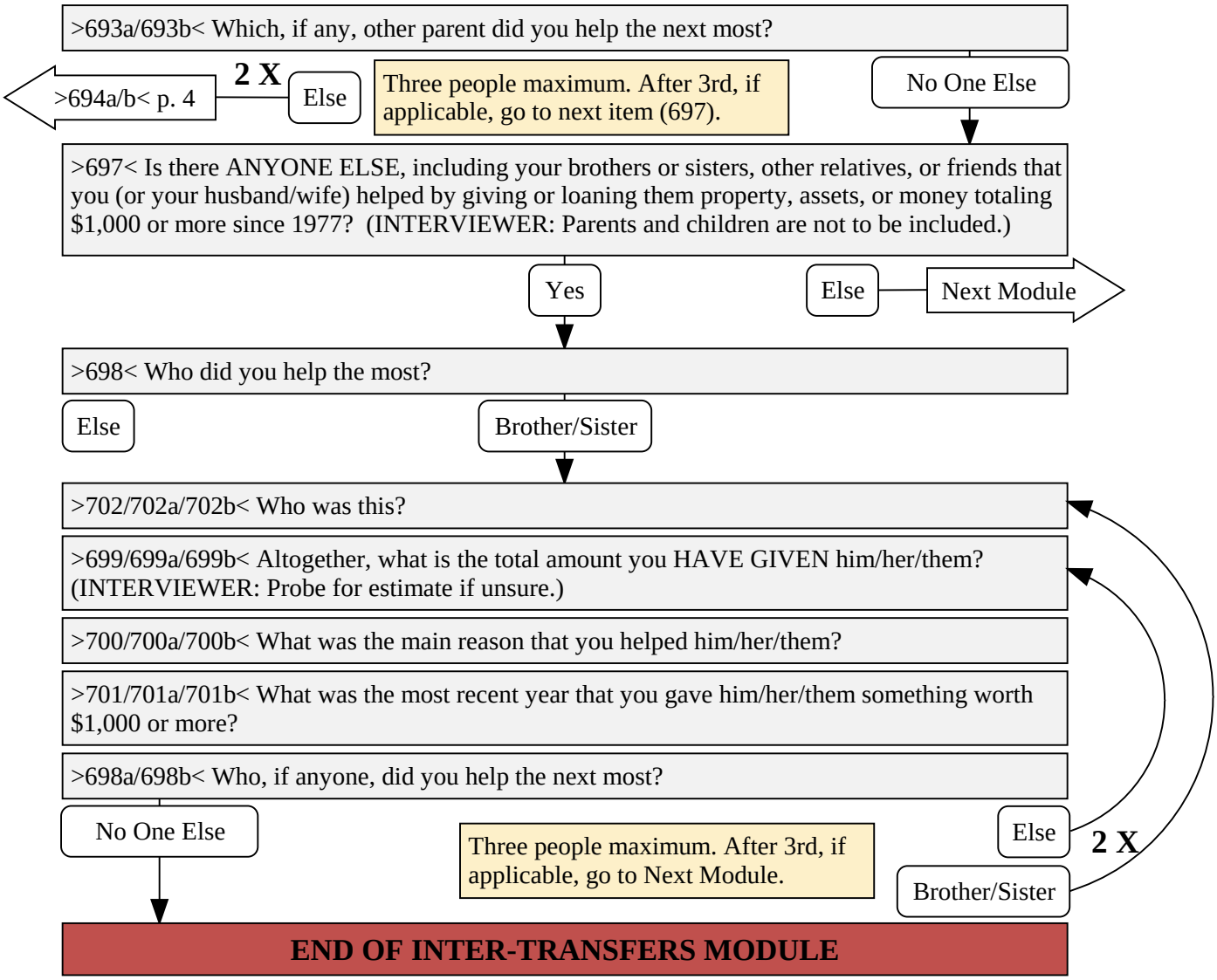
Else | Three people maximum. After 3rd, if applicable, go to next item (653). | No One Else

>653< Not counting inheritances, has ANYONE ELSE who was not living with you ever given you (or your husband/wife) money totaling $1,000 or more for a down-payment on a home, living expenses, or to pay for education, medical care, or other needs while they were alive?


>652< Other than inheritances, has ANYONE ELSE who was not living with you at the time ever given you (or your husband/wife) property or assets, other than money, totaling $1,000 or more while they were alive?
Yes
Else
>653z< Did R answer "yes" to item 653 on page 1?
Yes
Else
>654< Who, if anyone, gave you the most money, property, or assets?
R's Child or Sibling
Else
>658/658a/658b< Who was this?
>655/655a/655b< Altogether, what is the total amount you have RECEIVED from him/her/them? (INTERVIEWER: Probe for estimate if unsure)
>656/656a/656b< What was the main reason that he/she/they helped in that way?
>657/657a/657b< What was the most recent year that he/she/they gave you something worth $1,000 or more?
>654a/654b< Who, if anyone else, helped you (or your husband/wife) the next most?
Else
2 X
R's Child or Sibling
Three people maximum. After 3rd, if applicable, go to next item (657w).
No One Else
>657w< Does R have any children (whether biological, adopted, step, foster, or otherwise)? (From Household Roster Module)
Yes
Else
>692< p. 4
>660< (We want to find out about financial help you may have given to your adult children.) Since 1977 have you (or your husband/wife) given or loaned to any of your children $1,000 or more to help with a down-payment on a home? (INTERVIEWER: "Adult children" means 18 years or older.)
>664< p. 3
Else
Yes
No Adult Children
>661< Which of your children did you give the most help in this way?
>662/662a/662b< Altogether, what is the total amount you have given him/her? (INTERVIEWER: Probe for estimate.)
>663/663a/663b< What was the most recent year in which you helped him/her in this way?
2 X
>661a/661b< Which, if any, of your other children did you help the next most in this way?
Else
Three people maximum. After 3rd, if applicable, go to next item (664).
No Other Child
>664< p. 3


>664< Since 1977 have you (or your husband/wife) GIVEN or loaned to any of your CHILDREN money totaling $1,000 or more to help them enter or continue in a business or farm?
Yes
Else
>665< Which of your children did you help the most in this way?
>666/666a/666b< Altogether, what is the total amount you have given him/her? (INTERVIEWER: Probe for estimate.)
>667/667a/667b< What was the most recent year in which you helped (him/her) in this way?
>665a/665b< Which, if any, of your other children did you help the next most in this way?
2 X
Else
Three people maximum. After 3rd, if applicable, go to next item (668).
No Other Child
>668< Since 1977 have you (or your husband/wife) GIVEN or loaned to any of your CHILDREN money totaling $1,000 or more to help with educational expenses?
Yes
Else
>669< Which of your children did you help the most in this way?
>670/670a/670b< Altogether, what is the total amount you have given him/her? (INTERVIEWER: Probe for estimate.)
>671/671a/671b< What was the most recent year in which you helped him/her in this way?
>669a/669b< Which, if any, of your other children did you help the next most in this way?
2 X
Else
Three people maximum. After 3rd, if applicable, go to next item (672).
No Other Child
>672< Since 1977, have you (or your husband/wife) GIVEN or loaned to any of your CHILDREN money totaling $1,000 or more to increase their wealth or decrease their debt?
Yes
Else
>673< Which of your children did you help the most in this way?
>674/674a/674b< Altogether, what is the total amount you have given him/her? (INTERVIEWER: Probe for estimate.)
>675/675a/675b< What was the most recent year in which you helped him/her in this way?
>673a/673b< Which, if any, of your other children did you help the next most in this way?
2 X
Else
Three people maximum. After 3rd, if applicable, go to next item (676).
No Other Child
>676< Since 1977 have you (or your husband/wife) GIVEN or loaned to any of your CHILDREN money totaling $1,000 or more for medical expenses or medical insurance?
Yes
Else
>680< p. 4
>677< Which of your children did you help the most in this way?


>678/678a/678c/678d< Altogether, what is the total amount you have given him/her? (INTERVIEWER: Probe for estimate.)
>679/679a/679c/679d< What was the most recent year in which you helped him/her in this way?
>677a/677b/677d< Which, if any, of your other children did you help the next most in this way?
3 X
Else
Four people maximum. After 4th, if applicable, go to next item (680).
No Other Child
>680< Since 1977 have you (or your husband/wife) GIVEN or loaned to any of your CHILDREN money totaling $1,000 or more for housing or other regular living expenses?
Yes
Else
>681< Which of your children did you help the most in this way?
>682/682a/682b/682c< Altogether, what is the total amount you have given him/her? (INTERVIEWER: Probe for estimate.)
>683/683a/683b/683c< What was the most recent year in which you helped him/her in this way?
>681a/681b/681c< Which, if any, of your other children did you help the next most in this way?
3 X
Else
Four people maximum. After 4th, if applicable, go to next item (688).
No Other Child
>688< Since 1977 have you (or your husband/wife) GIVEN or loaned to any of your CHILDREN money totaling $1,000 or more for any other reason?
Yes
Else
>689< Which of your children did you help the most in this way?
>690/690a/690c/690d< Altogether, what is the total amount you have given him/her?
>691/691b//691c/691d< What was the most recent year in which you helped him/her in this way?
>689a/689c/689d< Which, if any, of your other children did you help the next most in this way?
3 X
Else
Four people maximum. After 4th, if applicable, go to next item (692).
No Other Child
>692< Since 1977, did you (or your husband/wife) help any of your PARENTS by giving or loaning them property, assets, or money totaling $1,000 or more?
Yes
Else
>697< p. 5
>693< Which, if any, did you help the most?
>694/694a/694b< Altogether, what is the total amount you HAVE GIVEN him/her/them? (INTERVIEWER: Probe for estimate if unsure.)
>695/695a/695b< What was the main reason that you helped him/her/them?
>696/696a/696b< What was the most recent year that you gave him/her/them something worth $1,000 or more?


>693a/693b< Which, if any, other parent did you help the next most?
2 X
Else
>694a/b< p. 4
Three people maximum. After 3rd, if applicable, go to next item (697).
No One Else
>697< Is there ANYONE ELSE, including your brothers or sisters, other relatives, or friends that you (or your husband/wife) helped by giving or loaning them property, assets, or money totaling $1,000 or more since 1977? (INTERVIEWER: Parents and children are not to be included.)
Yes
Else
Next Module
>698< Who did you help the most?
Else
Brother/Sister
>702/702a/702b< Who was this?
>699/699a/699b< Altogether, what is the total amount you HAVE GIVEN him/her/them? (INTERVIEWER: Probe for estimate if unsure.)
>700/700a/700b< What was the main reason that you helped him/her/them?
>701/701a/701b< What was the most recent year that you gave him/her/them something worth $1,000 or more?
>698a/698b< Who, if anyone, did you help the next most?
No One Else
Three people maximum. After 3rd, if applicable, go to Next Module.
Else
2 X
Brother/Sister
END OF INTER-TRANSFERS MODULE

ASSETS SUMMARY

>814m< Do you own your own home, or are you renting?

Own

Else

>814s< How much do you think your home would sell for now? (Probe for approximate value.)

>814z< How much, if anything, do you owe on your home? (INTERVIEWER: If R isn't sure, ask for the best estimate.)

>816f< Do you own any other real estate?

Yes

Else

>816m< How much do you think this other real estate would sell for now? (INTERVIEWER: If R isn't sure, ask for the best estimate.)

>816z< How much, if anything, do you owe on your other real estate? (INTERVIEWER: If R isn't sure, ask for the best estimate.)

>818< Do you own a business or farm?

Yes

Else

>818f< How much do you think this business or farm would sell for now? (INTERVIEWER: If R isn't sure, ask for the best estimate.)

>818z< How much, if anything, do you owe on your business or farm? (INTERVIEWER: If R isn't sure, ask for the best estimate.)

>818s< Do you own any motor vehicles, including cars, trucks, campers, boats, and other RVs?

Yes

Else

>820m< Altogether how much do you think these vehicles would sell for now?

>820z< How much, if anything, do you owe on these vehicles? (INTERVIEWER: If R isn't sure, ask for the best estimate.)

>820n< People often owe money for credit cards, installment loans, overdue bills, and personal loans for schooling or other purposes. Do you owe a total of $5,000 or more for anything other than mortgages, vehicles, or real estate that we have already talked about? (This excludes mortgages, vehicle loans, loans on business, or on other real estate, already covered above.)

Yes

Else

>820s< Altogether how much do you owe on all your debts other than mortgage, car, and business loans?

DK

Else

>821f< Would it amount to $10,000 or more?

Yes

>821m< p. 2

Else

>822< p. 2

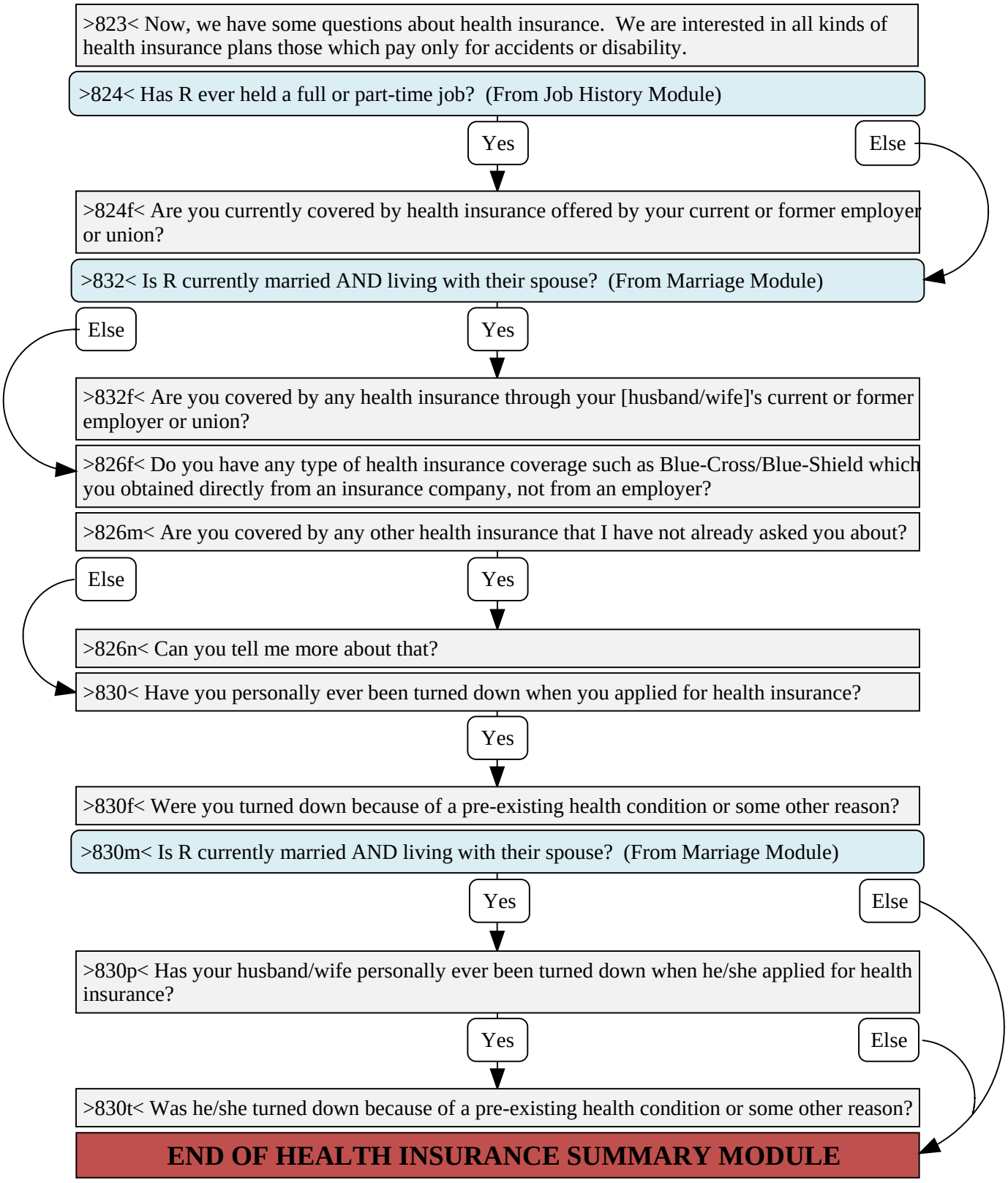
>821m< Would it amount to $25,000 or more?

>822< About how much is the total value of your (and your husband's/wife's) savings, including savings accounts, savings bonds, IRAs, money market shares, and CDs? Just tell me the best estimate you can give.

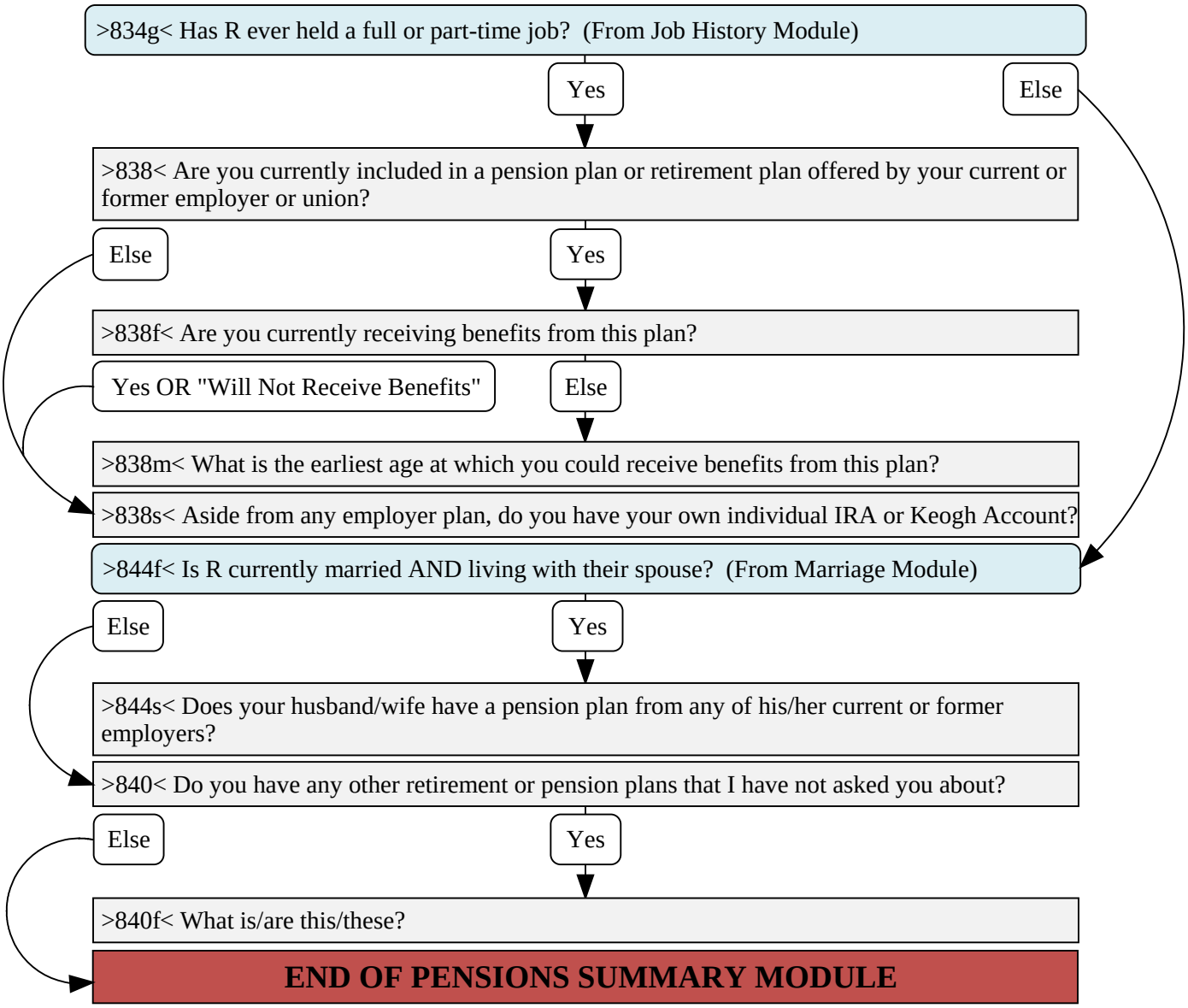
>822f< (In addition to those savings,) About how much is the total value of your (and your husband's/wife's) investments, including stocks, bonds, shares in mutual funds or other investments? Include tax deferred annuities in mutual funds. (Probe for best estimate.) (INTERVIEWER: If R already included investments in previous question, do not count again. Here we want any additional investments not reported above.)

END OF ASSETS SUMMARY MODULE

HEALTH INSURANCE SUMMARY



PENSIONS SUMMARY



DEPRESSION AND ALCOHOLISM

>866< Does the R belong to the random 79% sub-sample (with separate 79% samples for graduates versus siblings) selected to receive questions about depression and alcohol? (In other words, is RN15 less than 79?)

Yes

Else → Next Module

>866f< Next I have some questions about how you have been feeling. Have you ever had a time in your life lasting two weeks or more when nearly every day you felt sad, blue, depressed, or when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?

Yes

Else → >874< p. 2

>866m< This kind of experience is usually called an episode of depression. Sometimes these episodes can be caused by alcohol, drugs, medications, or physical illness. Was your experience with depression always caused by these things?

Else

Yes → >874< p. 2

>868< Think of your worst period of depression. How old were you when that period occurred?

Valid Age Provided

Else

>868f< Can you think of a particularly bad one?

Yes

Else

>868m< How old were you when that period occurred?

>868s< Then think of your most recent period of feeling this way. How old were you when it occurred?

>870a< During that episode, did you lose weight without trying to -- as much as 2 pounds a week for several weeks or as much as 10 pounds altogether?

>870b< Did you have two weeks or more when nearly every night you had trouble falling asleep?

>870c< Did you have two weeks or more when you lacked energy or felt tired all the time, even when you had not been working very hard?

>870d< Did you have two weeks or more when you felt very bad when you got up, but felt better later in the day?

>870e< Did you have two weeks or more when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?

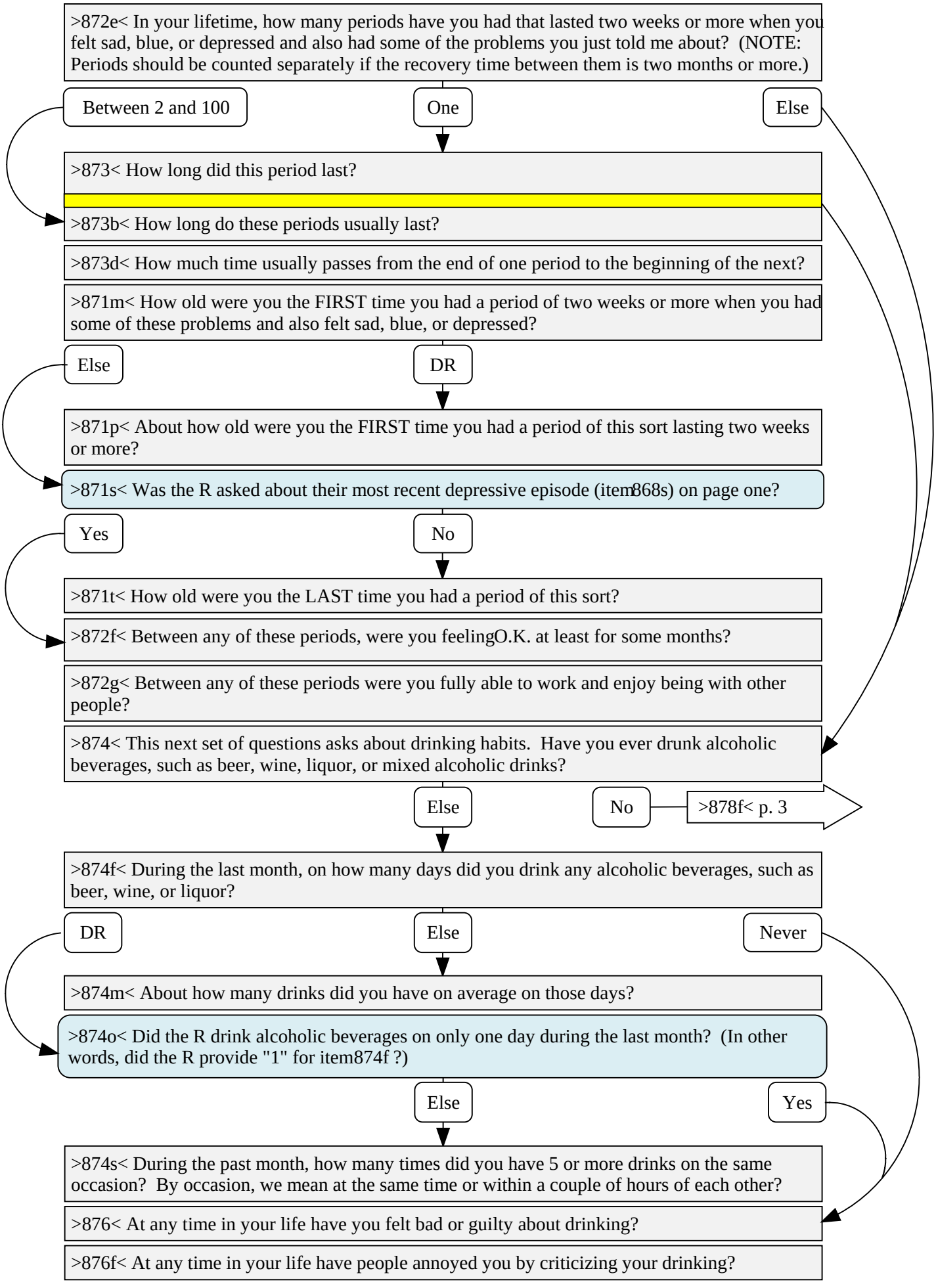
>870f< Did you have two weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?

>870g< Did you have two weeks or more when you thought a lot about death -- either your own, someone else's, or death in general?

>871< Did the R answer "yes" to two or more of the previous seven items (870a through 870g)?

>872e< p. 2 ← Yes

No → >874< p. 2


>872e< In your lifetime, how many periods have you had that lasted two weeks or more when you felt sad, blue, or depressed and also had some of the problems you just told me about? (NOTE: Periods should be counted separately if the recovery time between them is two months or more.)
Between 2 and 100
One
Else
>873< How long did this period last?
>873b< How long do these periods usually last?
>873d< How much time usually passes from the end of one period to the beginning of the next?
>871m< How old were you the FIRST time you had a period of two weeks or more when you had some of these problems and also felt sad, blue, or depressed?
Else
DR
>871p< About how old were you the FIRST time you had a period of this sort lasting two weeks or more?
>871s< Was the R asked about their most recent depressive episode (item868s) on page one?
Yes
No
>871t< How old were you the LAST time you had a period of this sort?
>872f< Between any of these periods, were you feelingO.K. at least for some months?
>872g< Between any of these periods were you fully able to work and enjoy being with other people?
>874< This next set of questions asks about drinking habits. Have you ever drunk alcoholic beverages, such as beer, wine, liquor, or mixed alcoholic drinks?
Else
No
>878f< p. 3
>874f< During the last month, on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor?
DR
Else
Never
>874m< About how many drinks did you have on average on those days?
>874o< Did the R drink alcoholic beverages on only one day during the last month? (In other words, did the R provide "1" for item874f ?)
Else
Yes
>874s< During the past month, how many times did you have 5 or more drinks on the same occasion? By occasion, we mean at the same time or within a couple of hours of each other?
>876< At any time in your life have you felt bad or guilty about drinking?
>876f< At any time in your life have people annoyed you by criticizing your drinking?

>876m< (At any time in your life) has your drinking caused a problem for you at work?

>876s< (At any time in your life) has your drinking created problems between you and your husband/wife, children, parents, or other near relatives?

>878< (At any time in your life) have you gone to anyone for help about drinking, that is, about your drinking or anyone else's?

Else

Yes

>878a< Was that about your drinking or someone else's drinking?

>878f< When you were growing up, that is during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?

>878s< Have you ever been married to, or lived with someone who was a problem drinker or alcoholic other than when you were growing up?

END OF DEPRESSION AND ALCOHOLISM MODULE

CAREGIVING

>883< Do you have any long-term PHYSICAL OR MENTAL CONDITION, ILLNESS OR DISABILITY which limits what you are able to do, or which is likely to limit your activities in the future?

Else

Yes

>883a< What is your most serious condition? [allow 3]

>883b< What is your next most serious condition, in any? [allow 3}

>884g< Is R currently married? (From Marriage Module)

Yes

Else

>884m< Does your husband/wife have any long-term PHYSICAL OR MENTAL CONDITION, ILLNESS OR DISABILITY which limits what he/she is able to do, or which is likely to limit his/her activities in the future?

Yes

Else

>884s< What is the most serious condition that he/she has? [allow 3]

>886< What is the next most serious condition, in any? [allow 3]

>886b< Are there any other people living in the home?

Yes

Else

>886f/890f< Does anyone else in your household have any long-term PHYSICAL OR MENTAL CONDITION, ILLNESS OR DISABILITY,, which limits what they are able to do, or which is likely to limit their activities in the future?

Yes

Else

1 X

>886s/890m< Who has such a condition? (Categories for relationship to respondents)

>886t/891< (INTERVIEWER: Ask if necessary) Is this a male or a female?

>888f/892<What is the most serious condition that he/she has? [allow 3]

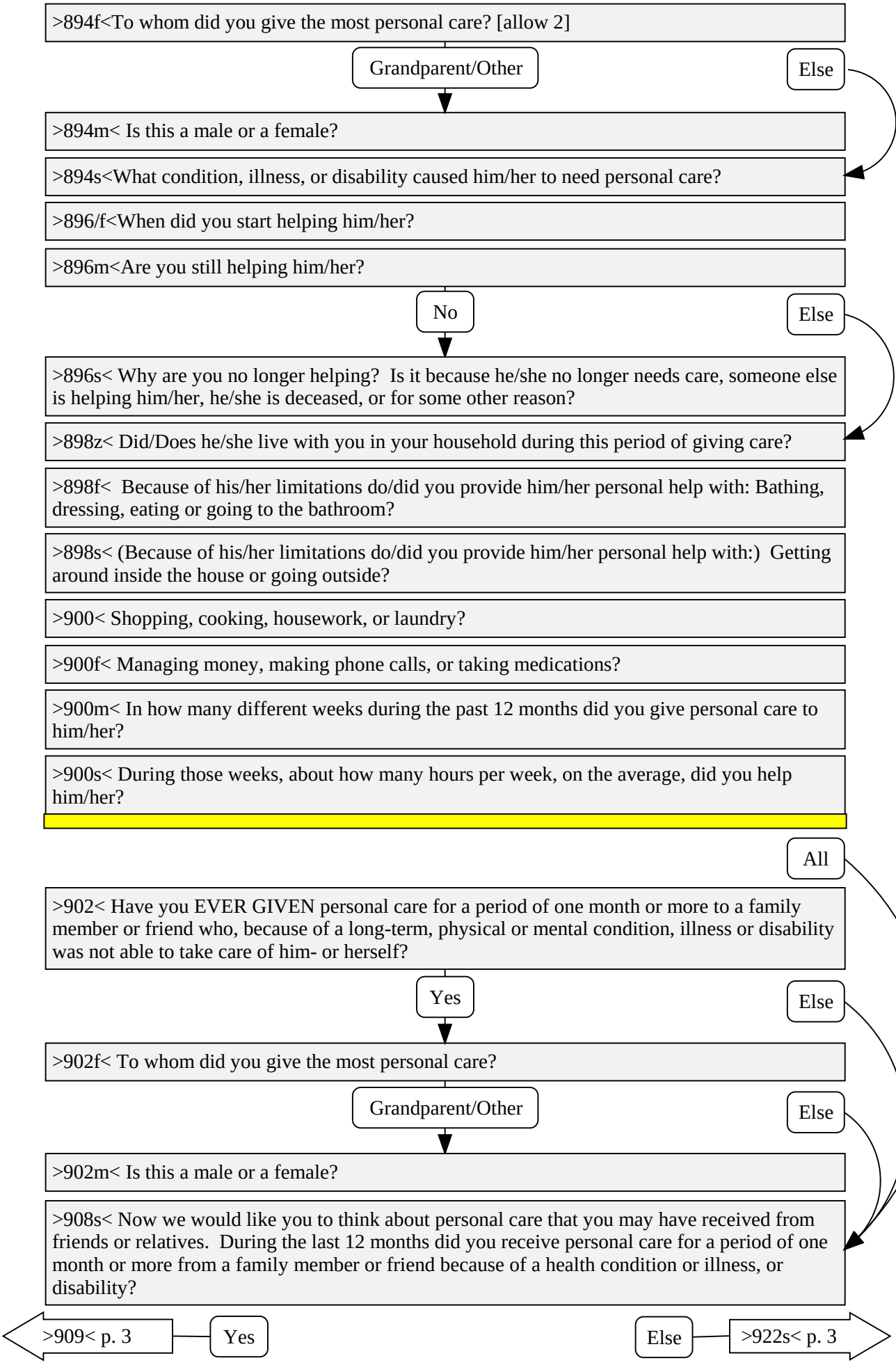
>888s/892m<What is the next most serious condition that he/she has, if any? [allow 3]

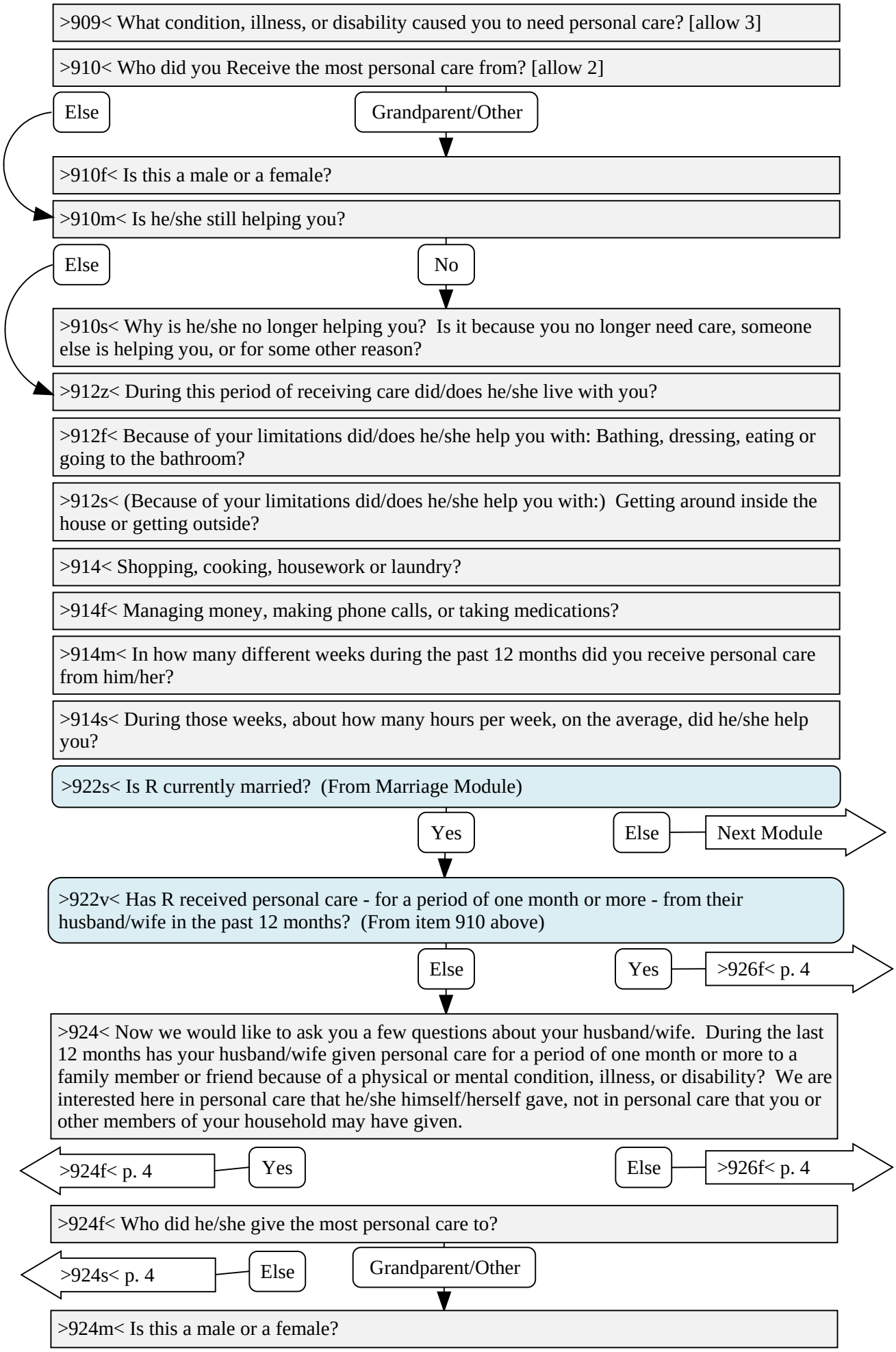
Two people maximum. After 2nd, if applicable, go to next item (>894<p.2).

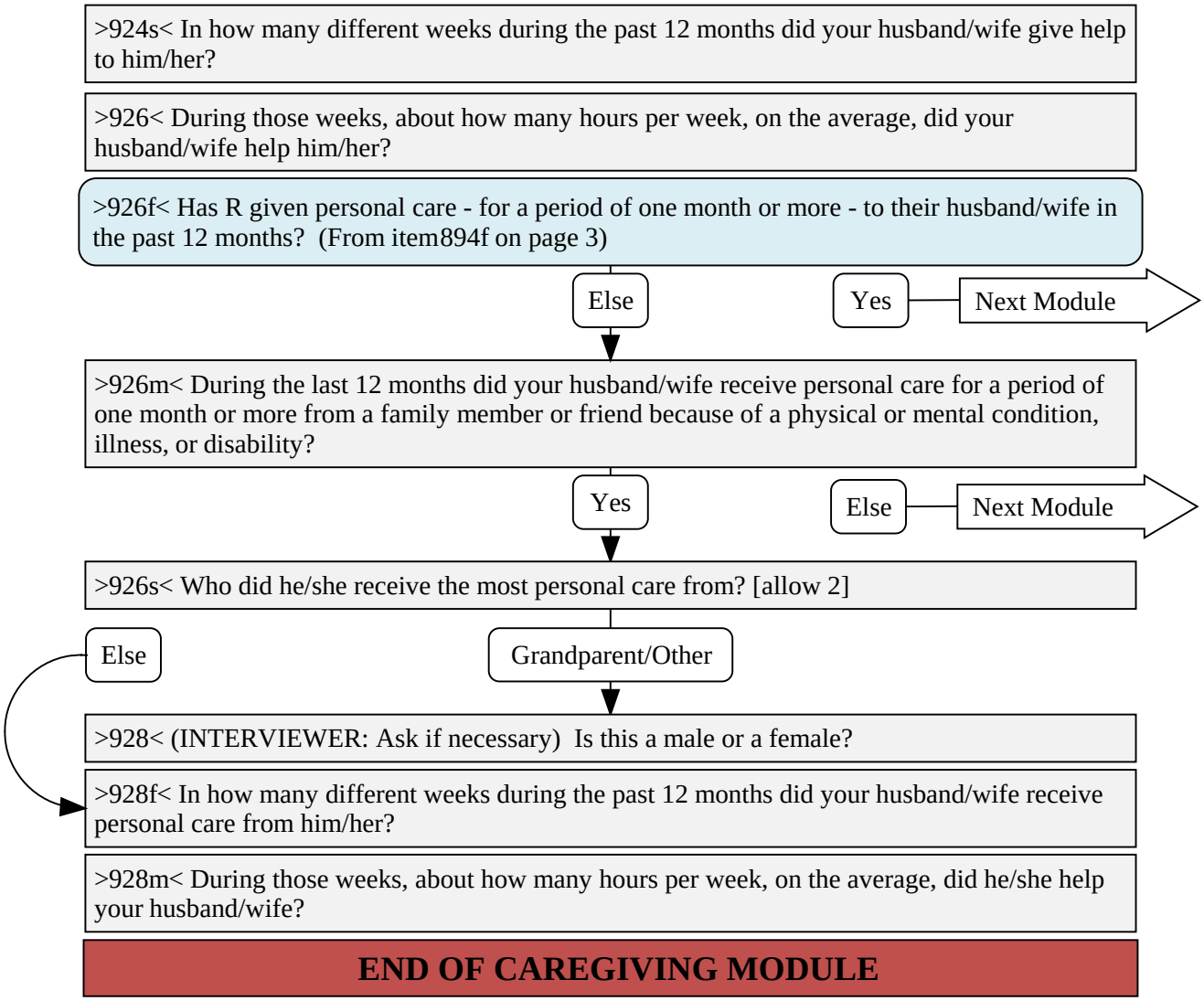
>894< Sometimes because of a physical or mental condition, illness, or disability, people have trouble taking care of themselves and require the assistance of friends or relatives. During the last 12 months have you, yourself, GIVEN personal care for a period of ONE MONTH OR MORE to a family member or friend because of a PHYSICAL OR MENTAL condition, illness, or disability?

Yes — >894f< p. 2

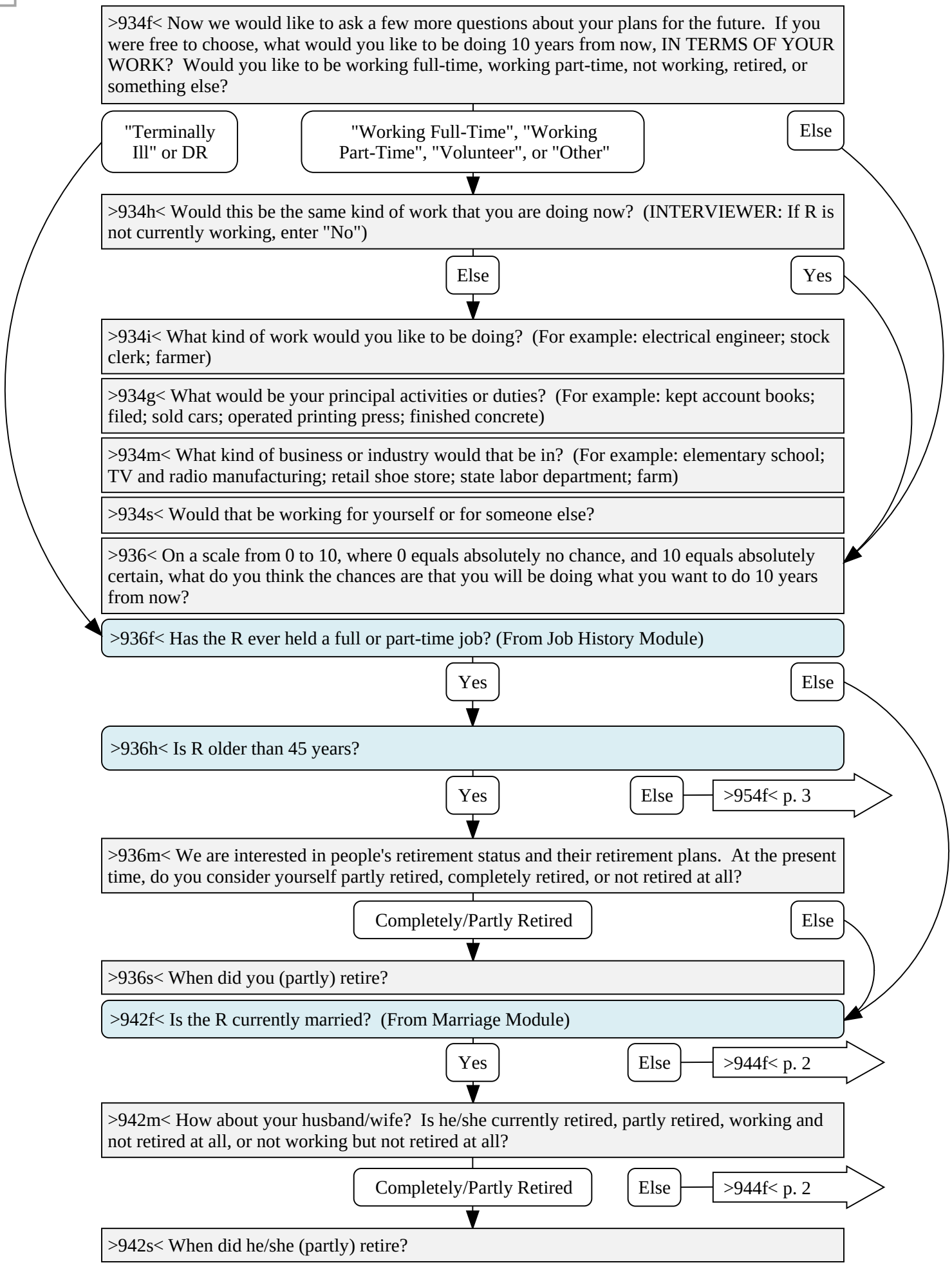
Else — >902< p. 2

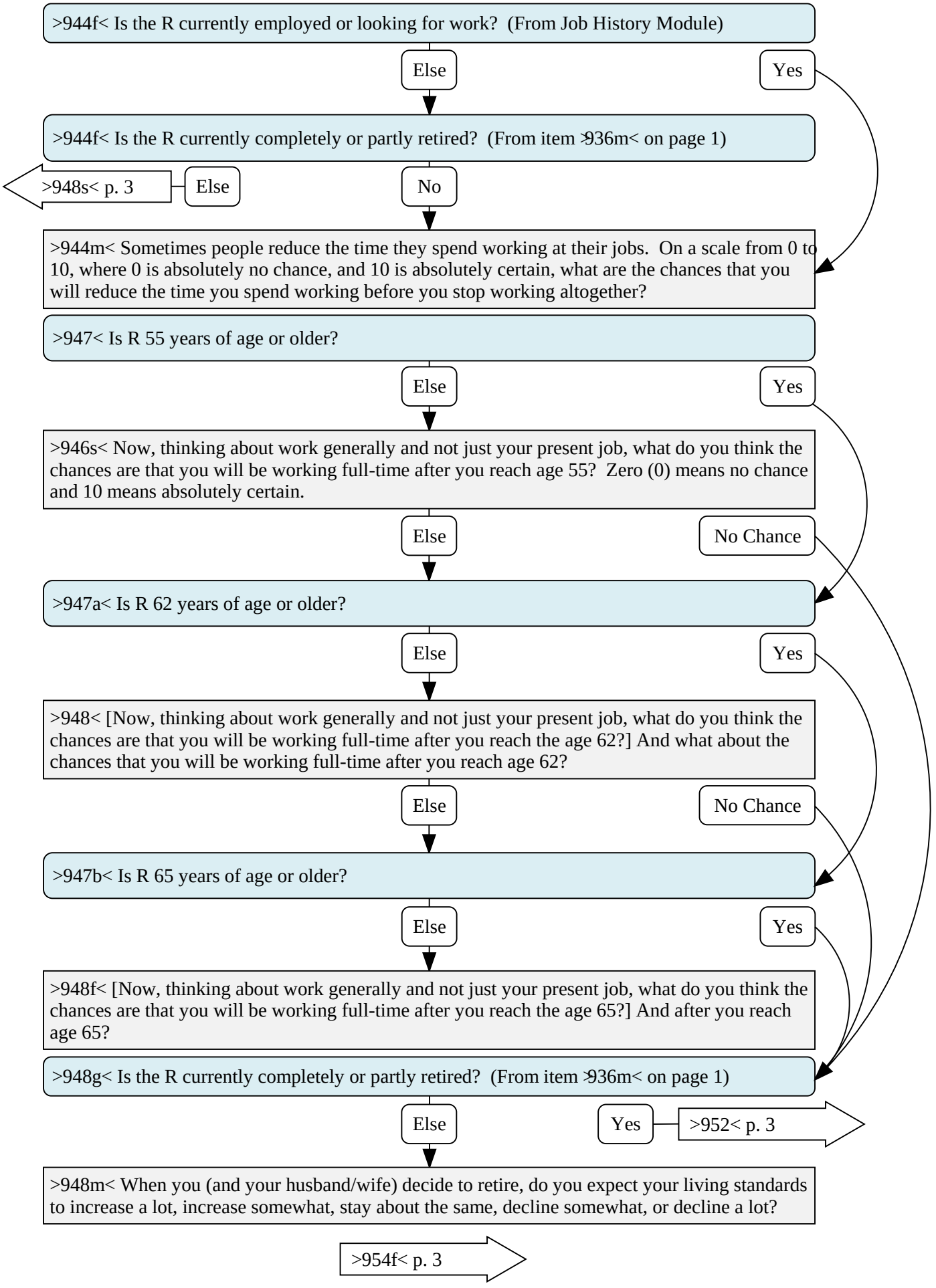

>894f<To whom did you give the most personal care? [allow 2]
Grandparent/Other
Else
>894m< Is this a male or a female?
>894s<What condition, illness, or disability caused him/her to need personal care?
>896/f<When did you start helping him/her?
>896m<Are you still helping him/her?
No
Else
>896s< Why are you no longer helping? Is it because he/she no longer needs care, someone else is helping him/her, he/she is deceased, or for some other reason?
>898z< Did/Does he/she live with you in your household during this period of giving care?
>898f< Because of his/her limitations do/did you provide him/her personal help with: Bathing, dressing, eating or going to the bathroom?
>898s< (Because of his/her limitations do/did you provide him/her personal help with:) Getting around inside the house or going outside?
>900< Shopping, cooking, housework, or laundry?
>900f< Managing money, making phone calls, or taking medications?
>900m< In how many different weeks during the past 12 months did you give personal care to him/her?
>900s< During those weeks, about how many hours per week, on the average, did you help him/her?
All
>902< Have you EVER GIVEN personal care for a period of one month or more to a family member or friend who, because of a long-term, physical or mental condition, illness or disability was not able to take care of him- or herself?
Yes
Else
>902f< To whom did you give the most personal care?
Grandparent/Other
Else
>902m< Is this a male or a female?
>908s< Now we would like you to think about personal care that you may have received from friends or relatives. During the last 12 months did you receive personal care for a period of one month or more from a family member or friend because of a health condition or illness, or disability?
>909< p. 3
Yes
Else
>922s< p. 3


>909< What condition, illness, or disability caused you to need personal care? [allow 3]
>910< Who did you Receive the most personal care from? [allow 2]
Else
Grandparent/Other
>910f< Is this a male or a female?
>910m< Is he/she still helping you?
Else
No
>910s< Why is he/she no longer helping you? Is it because you no longer need care, someone else is helping you, or for some other reason?
>912z< During this period of receiving care did/does he/she live with you?
>912f< Because of your limitations did/does he/she help you with: Bathing, dressing, eating or going to the bathroom?
>912s< (Because of your limitations did/does he/she help you with:) Getting around inside the house or getting outside?
>914< Shopping, cooking, housework or laundry?
>914f< Managing money, making phone calls, or taking medications?
>914m< In how many different weeks during the past 12 months did you receive personal care from him/her?
>914s< During those weeks, about how many hours per week, on the average, did he/she help you?
>922s< Is R currently married? (From Marriage Module)
Yes
Else
Next Module
>922v< Has R received personal care - for a period of one month or more - from their husband/wife in the past 12 months? (From item 910 above)
Else
Yes
>926f< p. 4
>924< Now we would like to ask you a few questions about your husband/wife. During the last 12 months has your husband/wife given personal care for a period of one month or more to a family member or friend because of a physical or mental condition, illness, or disability? We are interested here in personal care that he/she himself/herself gave, not in personal care that you or other members of your household may have given.
>924f< p. 4
Yes
Else
>926f< p. 4
>924f< Who did he/she give the most personal care to?
>924s< p. 4
Else
Grandparent/Other
>924m< Is this a male or a female?


>924s< In how many different weeks during the past 12 months did your husband/wife give help to him/her?
>926< During those weeks, about how many hours per week, on the average, did your husband/wife help him/her?
>926f< Has R given personal care - for a period of one month or more - to their husband/wife in the past 12 months? (From item894f on page 3)
Else
Yes
Next Module
>926m< During the last 12 months did your husband/wife receive personal care for a period of one month or more from a family member or friend because of a physical or mental condition, illness, or disability?
Yes
Else
Next Module
>926s< Who did he/she receive the most personal care from? [allow 2]
Else
Grandparent/Other
>928< (INTERVIEWER: Ask if necessary) Is this a male or a female?
>928f< In how many different weeks during the past 12 months did your husband/wife receive personal care from him/her?
>928m< During those weeks, about how many hours per week, on the average, did he/she help your husband/wife?
END OF CAREGIVING MODULE

FUTURE PLANS AND RETIREMENT




>944f< Is the R currently employed or looking for work? (From Job History Module)
Else
Yes
>944f< Is the R currently completely or partly retired? (From item >936m< on page 1)
>948s< p. 3
Else
No
>944m< Sometimes people reduce the time they spend working at their jobs. On a scale from 0 to 10, where 0 is absolutely no chance, and 10 is absolutely certain, what are the chances that you will reduce the time you spend working before you stop working altogether?
>947< Is R 55 years of age or older?
Else
Yes
>946s< Now, thinking about work generally and not just your present job, what do you think the chances are that you will be working full-time after you reach age 55? Zero (0) means no chance and 10 means absolutely certain.
Else
No Chance
>947a< Is R 62 years of age or older?
Else
Yes
>948< [Now, thinking about work generally and not just your present job, what do you think the chances are that you will be working full-time after you reach the age 62?] And what about the chances that you will be working full-time after you reach age 62?
Else
No Chance
>947b< Is R 65 years of age or older?
Else
Yes
>948f< [Now, thinking about work generally and not just your present job, what do you think the chances are that you will be working full-time after you reach the age 65?] And after you reach age 65?
>948g< Is the R currently completely or partly retired? (From item >936m< on page 1)
Else
Yes
>952< p. 3
>948m< When you (and your husband/wife) decide to retire, do you expect your living standards to increase a lot, increase somewhat, stay about the same, decline somewhat, or decline a lot?
>954f< p. 3

>948s< Sometimes people go back to work after they retire. What are the chances that you will go back to work sometime in the future? Use a scale from 0 to 10, where 0 equals no chance and 10 equals absolutely certain.

>952< Since you (partly) retired in [year of retirement], have your living standards increased a lot, increased somewhat, stayed about the same, decreased somewhat, or decreased a lot?

>954f< How far are you from what you'd eventually like to achieve in life? Would you say you are extremely far, somewhat far, or not far at all?

>960< I would like to ask you for one more piece of information. What is your social security number?

"Reluctance (e.g. asked why we need it)" or "Firm Refusal"

R Gave Social Security Number

Else

>960a< INTERVIEWER: Enter in the form: 123-45-6789

>960b< We hope to talk to you again in a few years. If we have your Social Security number ,it will be easier for us to find you again. (INTERVIEWER: If respondent is concerned about your using the Social Security number to get private information, add: "Without your written permission, we cannot use your Social Security number to find out private information about you.")

Else

R Gave Social Security Number

>960a< p. 2

>961< Thank you very much for your cooperation. In the next week, you'll be receiving a short questionnaire in the mail which asks more about your health and lifestyle. This questionnaire typically takes 30 minutes to complete, although many people finish it much more quickly. We appreciate your assistance and we will send you a summary of the survey results in the future. Let me be sure I have your correct name and address. I have: [name and address we have on record]. (INTERVIEWER: check to be sure R's name is spelled correctly)
Is this correct?

No

Yes

>962< INTERVIEWER: Enter correction followed by ///

END OF FUTURE PLANS AND RETIREMENT MODULE

CONCLUSION

>thnk< This concludes the interview. Again, let me assure you that all the information will be kept confidential and will be used only for routine statistical research purposes. Thank you for your assistance.
Date: [today's date]
Begin Time: [time interview began]
End Time: [time interview ended]
Elapsed Time: [duration of the interview]
(INTERVIEWER: Remember, the program will automatically create the completed result code (11) after you move past this item. You will not go to the screen for result code entry!)

>998q< INTERVIEWER: Are there any questions on the interview which need to be corrected, amended, or changed from the way you entered them? If so, enter 1 and SPECIFY the item number and what the corrected answer or information is.

>998r< INTERVIEWER: Enter call result COMMENTS. (Enter comments regardless of the result of the call.)

END OF INTERVIEW

Mailed SAQ for Male Sibling Respondents

Return to Tab 6



Please return this questionnaire within ten days in the envelope provided to:

Wisconsin Longitudinal Study
Letters & Science Survey Center
University of Wisconsin-Madison
2418 Social Science Building
1180 Observatory Drive
Madison, Wisconsin 53706

Form - M

Please note starting time: _____

I. HEALTH

We would like to begin the questionnaire with some general questions about your health.

1. How would you rate your health...					
Circle one number for each lettered item.	Very Poor	Poor	Fair	Good	Excellent
a. at the present time?	1	2	3	4	5
b. compared with other people your age and sex?	1	2	3	4	5

2. Compared with 10 years ago, how would you rate the following aspects of your physical condition now?					
Circle one number for each lettered item.	Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a. Health	1	2	3	4	5
b. Appearance	1	2	3	4	5
c. Eyesight	1	2	3	4	5
d. Teeth	1	2	3	4	5
e. Energy level	1	2	3	4	5
f. Weight	1	2	3	4	5
g. Hearing	1	2	3	4	5
h. Hair condition	1	2	3	4	5
i. Body shape	1	2	3	4	5
j. Skin condition	1	2	3	4	5
k. Sexual pleasure	1	2	3	4	5
l. Strength of arms	1	2	3	4	5
m. Strength of legs	1	2	3	4	5
n. Digestive functions	1	2	3	4	5

3. How often do you participate in...				
Circle number of the most appropriate response.	Three or more times per week	Once or twice per week	About one to three times per month	Less than once per month
a. light physical activity--such as walking, dancing, gardening, golfing, bowling, etc.?	1	2	3	4
b. vigorous physical exercise or sports--such as aerobics, running, swimming, bicycling, etc.?	1	2	3	4

4. During the last year, how many days, if any, did you stay in bed for more than half of the day because of illness or injury? *Enter number of days or circle none.*

None _____ Day(s)

5a. During the last year, how many times, if any, have you been hospitalized for at least one night? *Enter number of times or circle none.*

None (go to Q6) _____ Time(s) (go to Q5b)

5b. What was the reason for the **longest** of these hospital stays?

_____

_____

5c. How long was that stay? _____ Day(s)

6. How much do you weigh? _____ Pounds

7. How tall are you? _____ Feet _____ Inches

8. In the last 12 months, have you had...			
Circle the number of your answer.		Yes	No
a.	a complete health exam or physical?	1	2
b.	a routine dental check-up?	1	2
c.	a stress test?	1	2
d.	a cholesterol test?	1	2
e.	a blood pressure check?	1	2
f.	a chest x-ray?	1	2
g.	a prostate exam? (Men Only)	1	2
h.	a Pap smear? (Women Only)	1	2
i.	a mammogram? (Women Only)	1	2

9a. Up until you were 16 years old, who (other than yourself) in your household smoked?

Circle all that apply.

0 No one 1 Mother 2 Father 3 Someone in my household other than my parents

9b. Have you ever smoked cigarettes regularly? *Circle number.*

1 Yes (Go to Q9c)

2 No

PLEASE GO TO QUESTION 10, ON PAGE 4 -------->

9c. Do you smoke regularly now? *Circle number.*

1 Yes (Go to Q9g) 2 No (Go to Q9d)

9d. For how many years did you smoke regularly?
Enter number of years.

_____ Years

9e. About how many packs did you usually smoke per day then?
Circle number.

0 Half a pack or less
1 One pack
2 Two packs
3 Three packs
4 Four packs or more

9f. How old were you when you stopped smoking regularly?

Age _____

PLEASE GO TO QUESTION 10, ON PAGE 4 ---------->

9g. For how many years have you smoked regularly?

_____ Years

9h. How many packs of cigarettes do you usually smoke in a day now? *Circle number.*

0 Half a pack or less
1 One pack
2 Two packs
3 Three packs
4 Four packs or more

EVERYONE

10. The following is a list of physical symptoms that people sometimes experience.	10A. How often have you had this symptom in **the past six months**? *Circle one for **each symptom**.*				10B. How much discomfort has **this** symptom caused you in the past **six months**? *Circle one **only** for **each symptom** you experienced.*			
	Have not had	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Lack of energy	0	1	2	3	0	1	2	3
b. Trouble sleeping	0	1	2	3	0	1	2	3
c. Fatigue/exhaustion	0	1	2	3	0	1	2	3
d. Headache	0	1	2	3	0	1	2	3
e. Visual problems	0	1	2	3	0	1	2	3
f. Dizziness/faintness	0	1	2	3	0	1	2	3
g. Numbness	0	1	2	3	0	1	2	3
h. Ringing in ears	0	1	2	3	0	1	2	3
i. Nausea	0	1	2	3	0	1	2	3
j. Vomiting	0	1	2	3	0	1	2	3
k. Upset stomach	0	1	2	3	0	1	2	3
l. Constipation	0	1	2	3	0	1	2	3
m. Diarrhea	0	1	2	3	0	1	2	3
n. Urination problems	0	1	2	3	0	1	2	3
o. Aching muscles	0	1	2	3	0	1	2	3
p. Stiff/swollen joints	0	1	2	3	0	1	2	3
q. Back pain/strain	0	1	2	3	0	1	2	3
r. Chest pain	0	1	2	3	0	1	2	3
s. Shortness of breath	0	1	2	3	0	1	2	3
t. Excessive sweating	0	1	2	3	0	1	2	3
u. Respiratory problems	0	1	2	3	0	1	2	3
v. Skin problems	0	1	2	3	0	1	2	3
w. Coughing/wheezing	0	1	2	3	0	1	2	3
x. Bone pains	0	1	2	3	0	1	2	3
y. Palpitations	0	1	2	3	0	1	2	3
z. Painful sexual intercourse	0	1	2	3	0	1	2	3
aa. Difficulties with sexual intercourse	0	1	2	3	0	1	2	3
bb. Other; specify _____	0	1	2	3	0	1	2	3

These questions are about illnesses or medical conditions.

11A. Has a **medical professional** ever said you have any of the illnesses or conditions listed below? *Circle one for each illness.*			11B. How much does each of **your** illnesses or conditions **currently** interfere with what you like to do? *Circle one **only** for each of **your** illnesses or conditions.*				
	Yes	No	Not at all	Very little	Some	Quite a bit	A great deal
a. Anemia	1	2	1	2	3	4	5
b. Asthma	1	2	1	2	3	4	5
c. Arthritis/rheumatism	1	2	1	2	3	4	5
d. Bronchitis/emphysema	1	2	1	2	3	4	5
e. Cancer	1	2	1	2	3	4	5
f. Chronic liver trouble	1	2	1	2	3	4	5
g. Diabetes	1	2	1	2	3	4	5
h. Serious back trouble	1	2	1	2	3	4	5
i. Heart trouble	1	2	1	2	3	4	5
j. High blood pressure	1	2	1	2	3	4	5
k. Circulation problems	1	2	1	2	3	4	5
l. Kidney/bladder problems	1	2	1	2	3	4	5
m. Ulcer	1	2	1	2	3	4	5
n. Allergies	1	2	1	2	3	4	5
o. Multiple sclerosis	1	2	1	2	3	4	5
p. Colitis	1	2	1	2	3	4	5
q. High cholesterol	1	2	1	2	3	4	5
r. Other; specify _____	1	2	1	2	3	4	5

12a. Do <u>you</u> have a physical or mental condition that limits the amount or kind of work you can do for pay? *Circle number of your answer.*

1 Yes 2 No

12b. Please specify condition: _____

13a. Does your husband or wife have a physical or mental condition that limits the amount or kind of work he or she can do for pay? *Circle number of your answer.*

0 Not married (single, separated, divorced, or widowed) 1 Yes 2 No

13b. Please specify condition: _____

Questions 14 through 38 concern women's health issues and appear only on questionnaires sent to women.

II. VALUES AND ATTITUDES

This section lists a number of characteristics that may or may not apply to you. Please read the statements below and decide the extent to which each statement describes you.

39. *Circle the ONE number that best describes your agreement or disagreement with each statement.*

I see myself as someone who...		Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	is talkative.	1	2	3	4	5	6
b.	tends to find fault with others.	1	2	3	4	5	6
c.	does a thorough job.	1	2	3	4	5	6
d.	is reserved.	1	2	3	4	5	6
e.	prefers the conventional, traditional.	1	2	3	4	5	6
f.	is full of energy.	1	2	3	4	5	6
g.	prefers work that is routine and simple.	1	2	3	4	5	6
h.	is a reliable worker.	1	2	3	4	5	6
i.	can be tense.	1	2	3	4	5	6
j.	tends to be quiet.	1	2	3	4	5	6
k.	values artistic, aesthetic experiences.	1	2	3	4	5	6
l.	tends to be disorganized.	1	2	3	4	5	6
m.	is emotionally stable, not easily upset.	1	2	3	4	5	6
n.	has an active imagination.	1	2	3	4	5	6
o.	is sometimes rude to others.	1	2	3	4	5	6
p.	is generally trusting.	1	2	3	4	5	6
q.	is lazy at times.	1	2	3	4	5	6
r.	worries a lot.	1	2	3	4	5	6
s.	wants things to be simple and clear-cut.	1	2	3	4	5	6
t.	is sometimes shy, inhibited.	1	2	3	4	5	6
u.	does things efficiently.	1	2	3	4	5	6
v.	generates a lot of enthusiasm.	1	2	3	4	5	6
w.	can be cold and aloof.	1	2	3	4	5	6
x.	remains calm in tense situations.	1	2	3	4	5	6
y.	is considerate to almost everyone.	1	2	3	4	5	6
z.	gets nervous easily.	1	2	3	4	5	6
aa.	is sophisticated in art, music, or literature.	1	2	3	4	5	6
bb.	likes to cooperate with others.	1	2	3	4	5	6
cc.	is easily distracted.	1	2	3	4	5	6

40. Next is a list of the ways you might have felt or behaved during the past week.

On how many days in the past week did you...	*Circle the number of **days** in the past week you experienced each feeling.*							
a. feel you could not shake off the blues even with help from your family and friends?	0	1	2	3	4	5	6	7
b. feel bothered by things that usually don't bother you?	0	1	2	3	4	5	6	7
c. think your life had been a failure?	0	1	2	3	4	5	6	7
d. feel happy?	0	1	2	3	4	5	6	7
e. feel that people were unfriendly?	0	1	2	3	4	5	6	7
f. feel lonely?	0	1	2	3	4	5	6	7
g. enjoy life?	0	1	2	3	4	5	6	7
h. have crying spells?	0	1	2	3	4	5	6	7
i. feel that people disliked you?	0	1	2	3	4	5	6	7
j. feel sad?	0	1	2	3	4	5	6	7
k. feel depressed?	0	1	2	3	4	5	6	7
l. have trouble keeping your mind on what you were doing?	0	1	2	3	4	5	6	7
m. not feel like eating, your appetite was poor?	0	1	2	3	4	5	6	7
n. feel you were just as good as other people?	0	1	2	3	4	5	6	7
o. feel everything you did was an effort?	0	1	2	3	4	5	6	7
p. feel hopeful about the future?	0	1	2	3	4	5	6	7
q. feel fearful?	0	1	2	3	4	5	6	7
r. sleep restlessly?	0	1	2	3	4	5	6	7
s. talk less than usual?	0	1	2	3	4	5	6	7
t. feel you could not "get going"?	0	1	2	3	4	5	6	7
u. feel you might collapse?	0	1	2	3	4	5	6	7
v. have difficulty swallowing?	0	1	2	3	4	5	6	7
w. fear you might die?	0	1	2	3	4	5	6	7
x. think you might be going crazy?	0	1	2	3	4	5	6	7
y. fear embarrassing yourself?	0	1	2	3	4	5	6	7
z. feel as though your surroundings were unreal?	0	1	2	3	4	5	6	7
aa. feel that other people thought you were a fool?	0	1	2	3	4	5	6	7
bb. have hot/cold flashes?	0	1	2	3	4	5	6	7

41. Please read the statements below and decide the extent to which each statement describes you.

Circle the ONE number that best describes your agreement or disagreement with each statement.		Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
b.	I am good at juggling my time so that I can fit everything in that needs to get done.	1	2	3	4	5	6
c.	I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
d.	I don't have many people who want to listen when I need to talk.	1	2	3	4	5	6
e.	I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
f.	I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
g.	I have confidence in my opinions even if they are contrary to the general consensus.	1	2	3	4	5	6
h.	I tend to worry about what other people think of me.	1	2	3	4	5	6
i.	I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
j.	I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
k.	I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6
l.	My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
m.	In general, I feel confident and positive about myself.	1	2	3	4	5	6
n.	I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
o.	I often change my mind about decisions if my friends or family disagree.	1	2	3	4	5	6
p.	I do not fit very well with the people and community around me.	1	2	3	4	5	6
q.	When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
r.	I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
s.	I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
t.	When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
u.	I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5	6

CONTINUED ON NEXT PAGE.....

41. Please read the statements below and decide the extent to which each statement describes you.

Circle the ONE number that best describes your agreement or disagreement with each statement.		Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
v.	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
w.	I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
x.	I don't want to try new ways of doing things -- my life is fine the way it is.	1	2	3	4	5	6
y.	It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
z.	I tend to focus on the present, because the future nearly always brings me problems.	1	2	3	4	5	6
aa.	My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
bb.	People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
cc.	Being happy with myself is more important to me than having others approve of me.	1	2	3	4	5	6
dd.	I have been able to create a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
ee.	I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
ff.	Most people see me as loving and affectionate.	1	2	3	4	5	6
gg.	I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
hh.	I made some mistakes in the past, but I feel that all in all everything has worked out for the best.	1	2	3	4	5	6
ii.	I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
jj.	It's difficult for me to voice my opinions on controversial matters.	1	2	3	4	5	6
kk.	I generally do a good job of taking care of my personal finances and affairs.	1	2	3	4	5	6
ll.	There is truth to the saying you can't teach an old dog new tricks.	1	2	3	4	5	6
mm.	I know I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
nn.	I used to set goals for myself, but that now seems like a waste of time.	1	2	3	4	5	6
oo.	The past had its ups and downs, but in general, I wouldn't want to change it.	1	2	3	4	5	6
pp.	In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6

42. Please read the statements below and decide the extent to which each statement describes you.

Circle the ONE number that best describes your agreement or disagreement with each statement.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Even when things seem hopeless, I keep on fighting to reach my goals.	1	2	3	4	5
b. If I don't get something I want, I take it with patience.	1	2	3	4	5
c. It is very difficult for me to accept a setback or defeat.	1	2	3	4	5
d. I stick to my goals and projects even in the face of great difficulties.	1	2	3	4	5
e. The harder a goal is to achieve, the more appeal it has to me.	1	2	3	4	5
f. I can be very stubborn in pursuing my goals.	1	2	3	4	5
g. I find it easy to see something positive even in a serious mishap.	1	2	3	4	5
h. To avoid disappointments, I don't set my goals too high.	1	2	3	4	5
i. When everything seems to be going wrong, I can usually find a bright side to a situation.	1	2	3	4	5
j. In general, I am not upset very long about an opportunity passed up.	1	2	3	4	5

43. Next is a list of ways you might have felt or behaved during the past week.

On how many days in the past week did you...	*Circle the number of **days** in the past week you experienced each feeling.*							
a. feel calm?	0	1	2	3	4	5	6	7
b. feel furious?	0	1	2	3	4	5	6	7
c. feel tense?	0	1	2	3	4	5	6	7
d. feel like banging on the table?	0	1	2	3	4	5	6	7
e. feel at ease?	0	1	2	3	4	5	6	7
f. feel angry?	0	1	2	3	4	5	6	7
g. worry over possible misfortune?	0	1	2	3	4	5	6	7
h. feel like yelling at somebody?	0	1	2	3	4	5	6	7
i. feel nervous?	0	1	2	3	4	5	6	7
j. feel like breaking things?	0	1	2	3	4	5	6	7
k. feel jittery?	0	1	2	3	4	5	6	7
l. feel mad?	0	1	2	3	4	5	6	7
m. feel relaxed?	0	1	2	3	4	5	6	7
n. feel irritated?	0	1	2	3	4	5	6	7
o. feel worried?	0	1	2	3	4	5	6	7
p. feel like hitting someone?	0	1	2	3	4	5	6	7
q. feel steady?	0	1	2	3	4	5	6	7
r. feel burned up?	0	1	2	3	4	5	6	7
s. feel frightened?	0	1	2	3	4	5	6	7
t. feel like swearing?	0	1	2	3	4	5	6	7

III. WORK AND FAMILY

44. Are you currently employed, including self-employment?

Circle one number.

1 Yes (Go to Q45) 2 No --------> **IF NOT CURRENTLY EMPLOYED, GO TO QUESTION 46, ON PAGE 12**

45. The following statements have to do with the way family life and work life can influence each other.

For each statement, please circle the response that best describes your situation.		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a.	Family matters reduce the time I can devote to my job.	1	2	3	4	5
b.	I can do good work on the job because I am so happy at home.	1	2	3	4	5
c.	Family worries or problems distract me from my work.	1	2	3	4	5
d.	Family activities stop me from getting the amount of sleep I need to do my job well.	1	2	3	4	5
e.	Family obligations reduce the time I need to relax or be by myself.	1	2	3	4	5
f.	Family responsibilities make me work harder on the job.	1	2	3	4	5
g.	My job reduces the amount of time I can spend with the family.	1	2	3	4	5
h.	Problems at work make me irritable at home.	1	2	3	4	5
i.	My job involves a lot of travel away from home.	1	2	3	4	5
j.	I can devote a lot of time to my job because of the support I get on the homefront.	1	2	3	4	5
k.	My job takes so much energy I don't feel up to doing things that need attention at home.	1	2	3	4	5
l.	If I didn't have to work to make a living, I would want to work anyway.	1	2	3	4	5

46. Please compare the importance of each of the following job characteristics with the IMPORTANCE OF HIGH PAY.

Circle the number that best describes the IMPORTANCE of each characteristic COMPARED TO HIGH PAY.		Much more important than high pay	Moderately more important than high pay	Slightly more important than high pay	Same importance as high pay	Slightly less important than high pay	Moderately less important than high pay	Much less important than high pay
a.	Having the opportunity to get on-the-job training	1	2	3	4	5	6	7
b.	Having a large number of paid vacation days	1	2	3	4	5	6	7
c.	Being able to do different things rather than the same things over and over	1	2	3	4	5	6	7
d.	Having a low risk of losing your job	1	2	3	4	5	6	7
e.	Being able to decide what time to come to work and when to leave	1	2	3	4	5	6	7
f.	Being able to work without frequent checking by a supervisor	1	2	3	4	5	6	7
g.	Being able to avoid getting dirty on the job	1	2	3	4	5	6	7
h.	Having a job that other people regard highly	1	2	3	4	5	6	7
i.	Having a job that provides health insurance	1	2	3	4	5	6	7
j.	Having a job that provides a pension plan	1	2	3	4	5	6	7

Next, we are interested in the help and support that you receive from or give to people **(other than a spouse or young children)**. We are interested here in help that is not paid for.

47. **During the past month have you GIVEN the following kinds of help?**

Kind of help GIVEN:	*Check the box for EVERYONE that you GAVE each kind of help TO. (other than spouse or young child)*					
	No one	Friends, neighbors, co-workers	Sons or daughters (19 and older)	Parents	Brothers or sisters	Other relatives
a. Help with transportation, errands, or shopping.						
b. Housework, yard work, repairs or other work around the house.						
c. Advice, encouragement, moral or emotional support.						
d. Help with baby sitting or child care.						

48. **During the past month have you RECEIVED the following kinds of help?**

Kind of help RECEIVED:	*Check the box for EVERYONE that you RECEIVED each kind of help FROM. (other than spouse or young child)*					
	No one	Friends, neighbors, co-workers	Sons or daughters (19 and older)	Parents	Brothers or sisters	Other relatives
a. Help with transportation, errands, or shopping.						
b. Housework, yard work, repairs or other work around the house.						
c. Advice, encouragement, moral or emotional support.						
d. Help with baby sitting or child care.						

49. Now think about persons (other than a spouse or young child) who you feel you COULD ask for help, IF YOU NEEDED IT.

Kind of help you could ask for:	*Check the box for EVERYONE that you COULD ASK FOR each kind of help FROM.*					
	No one	Friends, neighbors, co-workers	Sons or daughters (19 and older)	Parents	Brothers or sisters	Other relatives
a. Suppose you had to borrow $250 for a few weeks because of an emergency. Who could you ask for help?						
b. Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice?						
c. Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?						

50. Is there a person in your family (including a spouse) with whom you can really share your very private feelings and concerns? *Circle the number of your answer.*

1 Yes 2 No

51. Is there a friend outside your family with whom you can really share your very private feelings and concerns? *Circle the number of your answer.*

1 Yes 2 No

Now please think about your childhood, before you were 16 years old.

52. When you were growing up, did your parents or the persons who raised you have serious marital problems? *Circle the number of your answer.*

0 Raised by only one adult 1 Yes 2 No

53. Did you have a close and confiding relationship with an adult when you were growing up? *Circle the number of your answer.*

1 Yes 2 No

54. When you were growing up could you count on your friends when things went wrong? *Circle the number of your answer.*

1 Yes 2 No

55. The next questions are about you, your brother or sister who **graduated from high school in 1957**, your mother and your father (or the persons who raised you). We are interested in how your parents treated each of you during the first 16 years of your lives.

Please circle one number for each relationship (that is, four answers for each statement).	**ABOUT ME**								**ABOUT MY BROTHER OR SISTER**							
	55A. My Father...				**55B. My Mother...**				**55C. My Father...**				**55D. My Mother...**			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. wanted (me/him/her) to go to college.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
b. got to know (my/his/her) friends.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
c. enjoyed talking to (me/him/her)	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
d. helped when (I/he/she) needed.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
e. hugged (me/him/her).	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
f. let (me/him/her) make own decisions.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
g. tried to control everything (I/he/she) did.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
h. insulted or swore at (me/him/her).	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
i. slapped, shoved or threw things at (me/him/her).	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

56. The following questions are about how you, your brother or sister who **graduated from high school in 1957**, and your parents (or the persons who raised you) treated each other during the first 16 years of your lives.

Please circle one number for each relationship (that is, three answers for each statement).	**56A. How I treated my brother/sister**				**56B. How my brother/sister treated me**				**56C. How my parents treated each other**			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. enjoyed talking to	0	1	2	3	0	1	2	3	0	1	2	3
b. helped when needed	0	1	2	3	0	1	2	3	0	1	2	3
c. insulted or swore at	0	1	2	3	0	1	2	3	0	1	2	3
d. hugged	0	1	2	3	0	1	2	3	0	1	2	3
e. slapped, shoved or threw things at	0	1	2	3	0	1	2	3	0	1	2	3

57. Here is a list of clubs and organizations to which many people belong.

*Please indicate your level of involvement with each activity **in the past 12 months**. Please circle one number for each.*		Not involved	Very little	Some	Quite a bit	A great deal
a.	A church, temple or other place of worship	0	1	2	3	4
b.	Church connected groups, but not the church itself	0	1	2	3	4
c.	Labor unions	0	1	2	3	4
d.	Veterans' organizations	0	1	2	3	4
e.	Fraternal organizations or lodges	0	1	2	3	4
f.	Business or civic groups	0	1	2	3	4
g.	Parent-teachers' associations	0	1	2	3	4
h.	Community centers	0	1	2	3	4
i.	Organizations of people of the same nationality	0	1	2	3	4
j.	Sport teams	0	1	2	3	4
k.	Country club	0	1	2	3	4
l.	Youth groups (Scout leader, etc.)	0	1	2	3	4
m.	Professional groups	0	1	2	3	4
n.	Political clubs or organizations	0	1	2	3	4
o.	Neighborhood improvement organizations	0	1	2	3	4
p.	Charity or welfare organizations	0	1	2	3	4
q.	Hobby groups	0	1	2	3	4
r.	Other; specify_____	0	1	2	3	4
s.	Other; specify_____	0	1	2	3	4

58. How many times, if at all, during the past four weeks have you gotten together with friends? For example, going out together or visiting in each other's homes.

_____ (Number of times)

59. How many times, if at all, during the past four weeks have you gotten together socially with relatives?

_____ (Number of times)

Thank you for your cooperation and assistance. A report on the results will be sent to you as soon as possible after all interviews have been completed. This report will not identify you personally as our respondent.

To help us evaluate our research, please indicate approximately how long it took you to complete this questionnaire.

_____

Please use this space to tell us anything else you would like us to know, or to make suggestions about the study.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Mailed SAQ for Female Sibling Respondents

Return to Tab 6



Please return this questionnaire within ten days in the envelope provided to:

Wisconsin Longitudinal Study
Letters & Science Survey Center
University of Wisconsin-Madison
2418 Social Science Building
1180 Observatory Drive
Madison, Wisconsin 53706

Please note starting time: _____

I. HEALTH

We would like to begin the questionnaire with some general questions about your health.

1. How would you rate your health...					
Circle one number for each lettered item.	Very Poor	Poor	Fair	Good	Excellent
a. at the present time?	1	2	3	4	5
b. compared with other people your age and sex?	1	2	3	4	5

2. Compared with 10 years ago, how would you rate the following aspects of your physical condition now?					
Circle one number for each lettered item.	Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a. Health	1	2	3	4	5
b. Appearance	1	2	3	4	5
c. Eyesight	1	2	3	4	5
d. Teeth	1	2	3	4	5
e. Energy level	1	2	3	4	5
f. Weight	1	2	3	4	5
g. Hearing	1	2	3	4	5
h. Hair condition	1	2	3	4	5
i. Body shape	1	2	3	4	5
j. Skin condition	1	2	3	4	5
k. Sexual pleasure	1	2	3	4	5
l. Strength of arms	1	2	3	4	5
m. Strength of legs	1	2	3	4	5
n. Digestive functions	1	2	3	4	5

3. How often do you participate in...				
Circle number of the most appropriate response.	Three or more times per week	Once or twice per week	About one to three times per month	Less than once per month
a. light physical activity--such as walking, dancing, gardening, golfing, bowling, etc.?	1	2	3	4
b. vigorous physical exercise or sports--such as aerobics, running, swimming, bicycling, etc.?	1	2	3	4

4. During the last year, how many days, if any, did you stay in bed for more than half of the day because of illness or injury? *Enter number of days or circle none.*

None _____ Day(s)

5a. During the last year, how many times, if any, have you been hospitalized for at least one night? *Enter number of times or circle none.*

None (go to Q6) _____ Time(s) (go to Q5b)

5b. What was the reason for the **longest** of these hospital stays?

_____

_____

5c. How long was that stay? _____ Day(s)

6. How much do you weigh? _____ Pounds

7. How tall are you? _____ Feet _____ Inches

8. In the last 12 months, have you had...			
Circle the number of your answer.		Yes	No
a.	a complete health exam or physical?	1	2
b.	a routine dental check-up?	1	2
c.	a stress test?	1	2
d.	a cholesterol test?	1	2
e.	a blood pressure check?	1	2
f.	a chest x-ray?	1	2
g.	a prostate exam? (Men Only)	1	2
h.	a Pap smear? (Women Only)	1	2
i.	a mammogram? (Women Only)	1	2

9a. Up until you were 16 years old, who (other than yourself) in your household smoked?

Circle all that apply.

0 No one 1 Mother 2 Father 3 Someone in my household other than my parents

9b. Have you ever smoked cigarettes <u>regularly</u>? *Circle number.*

1 Yes(Go to Q9c)

2 No

PLEASE GO TO QUESTION 10, ON PAGE 4 --------->

9c. Do you smoke regularly now? *Circle number.*

1 Yes (Go to 9g) 2 No (Go to 9d)

9d. For how many years did you smoke regularly?
Enter number of years.

_____ Years

9e. About how many packs did you usually smoke per day then?
Circle number.

0 Half a pack or less
1 One pack
2 Two packs
3 Three packs
4 Four packs or more

9f. How old were you when you stopped smoking regularly?

Age _____

PLEASE GO TO QUESTION 10, ON PAGE 4 --------->

9g. For how many years have you smoked regularly?

_____ Years

9h. How many packs of cigarettes do you usually smoke in a day now? *Circle number.*

0 Half a pack or less
1 One pack
2 Two packs
3 Three packs
4 Four packs or more

EVERYONE

10. The following is a list of physical symptoms that people sometimes experience.	10A. How often have you had this symptom in **the past six months**? *Circle one for **each symptom**.*				10B. How much discomfort has **this** symptom caused you in the past **six months**? *Circle one **only** for **each symptom** you experienced.*			
	Have not had	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Lack of energy	0	1	2	3	0	1	2	3
b. Trouble sleeping	0	1	2	3	0	1	2	3
c. Fatigue/exhaustion	0	1	2	3	0	1	2	3
d. Headache	0	1	2	3	0	1	2	3
e. Visual problems	0	1	2	3	0	1	2	3
f. Dizziness/faintness	0	1	2	3	0	1	2	3
g. Numbness	0	1	2	3	0	1	2	3
h. Ringing in ears	0	1	2	3	0	1	2	3
i. Nausea	0	1	2	3	0	1	2	3
j. Vomiting	0	1	2	3	0	1	2	3
k. Upset stomach	0	1	2	3	0	1	2	3
l. Constipation	0	1	2	3	0	1	2	3
m. Diarrhea	0	1	2	3	0	1	2	3
n. Urination problems	0	1	2	3	0	1	2	3
o. Aching muscles	0	1	2	3	0	1	2	3
p. Stiff/swollen joints	0	1	2	3	0	1	2	3
q. Back pain/strain	0	1	2	3	0	1	2	3
r. Chest pain	0	1	2	3	0	1	2	3
s. Shortness of breath	0	1	2	3	0	1	2	3
t. Excessive sweating	0	1	2	3	0	1	2	3
u. Respiratory problems	0	1	2	3	0	1	2	3
v. Skin problems	0	1	2	3	0	1	2	3
w. Coughing/wheezing	0	1	2	3	0	1	2	3
x. Bone pains	0	1	2	3	0	1	2	3
y. Palpitations	0	1	2	3	0	1	2	3
z. Painful sexual intercourse	0	1	2	3	0	1	2	3
aa. Difficulties with sexual intercourse	0	1	2	3	0	1	2	3
bb. Other; specify _____	0	1	2	3	0	1	2	3

These questions are about illnesses or medical conditions.

11A. Has a **medical professional** ever said you have any of the illnesses or conditions listed below? *Circle one for each illness.*			11B. How much does each of **your** illnesses or conditions **currently** interfere with what you like to do? *Circle one **only** for each of **your** illnesses or conditions.*				
	Yes	No	Not at all	Very little	Some	Quite a bit	A great deal
a. Anemia	1	2	1	2	3	4	5
b. Asthma	1	2	1	2	3	4	5
c. Arthritis/rheumatism	1	2	1	2	3	4	5
d. Bronchitis/emphysema	1	2	1	2	3	4	5
e. Cancer	1	2	1	2	3	4	5
f. Chronic liver trouble	1	2	1	2	3	4	5
g. Diabetes	1	2	1	2	3	4	5
h. Serious back trouble	1	2	1	2	3	4	5
i. Heart trouble	1	2	1	2	3	4	5
j. High blood pressure	1	2	1	2	3	4	5
k. Circulation problems	1	2	1	2	3	4	5
l. Kidney/bladder problems	1	2	1	2	3	4	5
m. Ulcer	1	2	1	2	3	4	5
n. Allergies	1	2	1	2	3	4	5
o. Multiple sclerosis	1	2	1	2	3	4	5
p. Colitis	1	2	1	2	3	4	5
q. High cholesterol	1	2	1	2	3	4	5
r. Other; specify _____	1	2	1	2	3	4	5

12a. Do <u>you</u> have a physical or mental condition that limits the amount or kind of work you can do for pay? *Circle number of your answer.*

1 Yes 2 No

12b. Please specify condition: _____

13a. Does your husband or wife have a physical or mental condition that limits the amount or kind of work he or she can do for pay? *Circle number of your answer.*

0 Not married (single, separated, divorced, or widowed) 1 Yes 2 No

13b. Please specify condition: _____

WOMEN'S HEALTH

The questions on pages 6 through 10 are being asked of women only. Men, please go to page 11.

14. How old were you when you FIRST started menstruating? Age _____

15. **When menstruating (having periods) regularly, to what extent did/do you experience discomfort...**

Circle one number for each question.	Not at all	A little	Somewhat	A lot
a. during the five or so days before your period?	0	1	2	3
b. during the first few days of your menstrual period?	0	1	2	3

16a. Have you ever taken oral contraceptive pills?

Circle your answer.

1 Yes (Go to 16b)

2 No (Go to 17a)

16b. How many years in all have you taken them? _____Years

16c. Are you currently taking them? *Circle answer.* 1 Yes 2 No

16d. If you are no longer taking them, how old were you when you LAST took them? Age_____ (Go to Q17a)

17a. Have you had a menstrual period in the last 12 months?

Circle your answer.

1 Yes (Go to 17b) 2 No (Go to 17c)

17b. Have you had a menstrual period in the last 3 months?

Circle your answer.

1 Yes (Go to 18a) 2 No (Go to 17c)

17c. What age were you when you had your last period?

Age _____

17d. Why did your periods stop?

Circle all that apply.

1 Surgery
2 Chemotherapy or Radiation
3 Pregnancy or Breastfeeding
4 Menopause
5 Other; specify _____

(Go to 18a)

18a. Have you ever had surgery to remove your uterus and/or ovaries?

Circle all that apply.

1 No, I did NOT have surgery ------> **GO TO QUESTION 21, ON THE NEXT PAGE**
2 Yes, One Ovary
3 Yes, Both Ovaries
4 Yes, Uterus

18b. How old were you when you had this surgery? Age_____

ANSWER QUESTIONS 19 & 20 IF YOU HAVE EVER HAD SURGERY TO REMOVE YOUR UTERUS AND/OR THE MIDDLE OF THIS PAGE.

19. How important were each of the following reasons for this surgery?

Circle one number for each reason.	Not at all important	Slightly important	Moderately important	Very important
a. Heavy hemorrhaging or bleeding	0	1	2	3
b. Fibroids/benign tumors	0	1	2	3
c. Endometriosis	0	1	2	3
d. Cancer/malignant tumors	0	1	2	3
e. To prevent future cancer	0	1	2	3
f. To avoid future pregnancy	0	1	2	3
g. Other; specify _____	0	1	2	3

20. What opinion did the following people have about your surgery?

Circle one for each person.	Strongly opposed	Somewhat opposed	Neutral	Somewhat in favor	Strongly in favor
a. Doctor	1	2	3	4	5
b. Husband or partner	1	2	3	4	5
c. You	1	2	3	4	5
d. Other; specify _____	1	2	3	4	5

ALL WOMEN:

21. ***If you are still menstruating, tell us about your periods in the last 12 months. If you have stopped menstruating, tell us about your periods during the 12 months before your last menstrual period.***

21a. Did your periods become... *Circle your answer.*

1 More frequent 2 Less frequent 3 Remain about the same

21b. During your period, did you bleed for... *Circle your answer.*

1 More days 2 Fewer days 3 Remain about the same

21c. During your period, did the flow become... *Circle your answer.*

1 Heavier 2 Lighter 3 Remain about the same

21d. What was the **shortest** amount of time between periods, that is from the **start** of one period to the **start** of your next period? _____ Days

21e. What was the **longest** amount of time between periods, that is from the **start** of one period to the **start** of your next period? _____ Days

22. In the last 6 months have you experienced any of the following symptoms and how much has each bothered you?				
Circle one number for each symptom.	Have not had	Have had but it hasn't bothered me	Bothered me a little	Bothered me a lot
a. Hot flushes/ flashes	0	1	2	3
b. Depression	0	1	2	3
c. Sleep disturbance	0	1	2	3
d. Bone pains	0	1	2	3
e. Night sweats	0	1	2	3
f. Breast tenderness	0	1	2	3
g. Heavy periods	0	1	2	3
h. Painful periods	0	1	2	3
i. Vaginal dryness	0	1	2	3
j. Irregular bleeding	0	1	2	3

23. Have you ever taken hormones for menopausal or aging symptoms? *Circle your answer.*

1 Yes Go to Q24 2 No ----------> **PLEASE GO TO QUESTION 30, ON THE NEXT PAGE**

The following questions are about the hormones you have taken for menopausal or aging symptoms.

24. What medications have you taken? Are you still taking them? When did you take them?				
Medications	Ever taken? *Circle Yes or No*	Age started?	Currently taking? *Circle Yes or No*	Age stopped?
a. Estrogen	Yes No		Yes No	
b. Estrogen and Progesterone	Yes No		Yes No	
c. Not sure, but drug name(s) are: specify; _____	Yes No		Yes No	
d. specify; _____	Yes No		Yes No	

25. Before you started taking hormones, had you already stopped having menstrual periods? *Circle your answer.*

1 Yes 2 No

26. How old were you when you had your last period, BEFORE you started taking hormones?

Age_____

27. How important to you were each of the following reasons for taking hormones?				
Circle one number for each reason.	Not at all important	Slightly important	Moderately important	Very important
a. To relieve menopausal symptoms (hot flushes, night sweats)	0	1	2	3
b. To prevent osteoporosis (brittle bones)	0	1	2	3
c. To prevent heart disease	0	1	2	3
d. Because I had an early menopause	0	1	2	3
e. Because I had my ovaries removed	0	1	2	3
f. To regulate monthly periods	0	1	2	3
g. Because I was having difficulties with sexual intercourse	0	1	2	3
h. To keep me youthful	0	1	2	3
i. My doctor recommended it	0	1	2	3
j. Other reason; specify_____	0	1	2	3

28. Have you ever stopped taking hormones? *Circle answer.*

1 Yes (Go to Q29) 2 No---------> **GO TO QUESTION 30, AT THE BOTTOM OF THIS PAGE**

29. How important to you were each of the following reasons for stopping hormones?				
Circle one number for each reason.	Not at all important	Slightly important	Moderately important	Very important
a. I was feeling better	0	1	2	3
b. Hormones didn't help me feel any better	0	1	2	3
c. I didn't like having periods again	0	1	2	3
d. I didn't feel like taking it anymore	0	1	2	3
e. I had difficulty remembering to take it	0	1	2	3
f. I was concerned about possible side effects	0	1	2	3
g. I was concerned about possible long term effects	0	1	2	3
h. My doctor advised me to stop	0	1	2	3
i. I was having side effects; specify _____	0	1	2	3
j. Other reason; specify _____	0	1	2	3

ALL WOMEN

30. If you have experienced menopausal symptoms, please indicate any other treatment(s) or method(s) you are using or have used to control them (such as herbal remedies, vitamin supplements, change of diet, more exercise, or other lifestyle change). _____
_____

31. Did you ever speak with your mother about her menopause? *Circle your answer.*

1 Yes 2 No

32. How old was your mother when she went through menopause? Age_____

33. How important to you were/are each of the following sources of information about menopause?				
Circle one number for each source.	Not at all important	Slightly important	Moderately important	Very important
a. Doctor	0	1	2	3
b. Other health professional	0	1	2	3
c. Mother	0	1	2	3
d. Sisters	0	1	2	3
e. Other relatives	0	1	2	3
f. Friends	0	1	2	3
g. Reading materials (books, articles, pamphlets)	0	1	2	3
h. Other; specify _____	0	1	2	3
i. Other; specify _____	0	1	2	3

34. Please respond to the following set of questions which relate to feelings you may have had (or continue to have) about menopause. *Circle one number for each row.*

Going through menopause has affected or is likely to affect my...	In a positive way	Both positive and negative	In a negative way	No effect
a. Family life	1	2	3	4
b. Work life	1	2	3	4
c. Feelings about myself as a woman	1	2	3	4

35. Women have very different feelings about the time when their menstrual periods stop altogether. Which of the following statements best describes your feelings **now**? *Circle one number.*

1 Feelings of regret 2 Feelings of relief 3 Mixed feelings 4 No particular feelings at all

36. Have you gone or are you currently going through menopause? *Circle one number.*

1 Yes, I **have gone** through menopause 3 No ----------> **GO TO NEXT PAGE**

2 Yes, I am **currently** going through menopause

37. During menopause, did you have enough information about the changes you were experiencing?

Circle your answer.

1 Yes 2 No

38a. To what extent do or did you experience the following menopausal symptoms?				
Circle one number for each symptom.	Not at all	A little	Somewhat	A lot
a. hot flushes/flashes	0	1	2	3
b. depression	0	1	2	3
c. sleep disturbance	0	1	2	3
d. bone pains	0	1	2	3
e. night sweats	0	1	2	3
38b. To what extent are you <u>currently</u> experiencing any menopausal symptoms?	0	1	2	3

EVERYONE: II. VALUES AND ATTITUDES

This section lists a number of characteristics that may or may not apply to you. Please read the statements below and decide the extent to which each statement describes you.

39. *Circle the ONE number that best describes your agreement or disagreement with each statement.*

I see myself as someone who...		Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	is talkative.	1	2	3	4	5	6
b.	tends to find fault with others.	1	2	3	4	5	6
c.	does a thorough job.	1	2	3	4	5	6
d.	is reserved.	1	2	3	4	5	6
e.	prefers the conventional, traditional.	1	2	3	4	5	6
f.	is full of energy.	1	2	3	4	5	6
g.	prefers work that is routine and simple.	1	2	3	4	5	6
h.	is a reliable worker.	1	2	3	4	5	6
i.	can be tense.	1	2	3	4	5	6
j.	tends to be quiet.	1	2	3	4	5	6
k.	values artistic, aesthetic experiences.	1	2	3	4	5	6
l.	tends to be disorganized.	1	2	3	4	5	6
m.	is emotionally stable, not easily upset.	1	2	3	4	5	6
n.	has an active imagination.	1	2	3	4	5	6
o.	is sometimes rude to others.	1	2	3	4	5	6
p.	is generally trusting.	1	2	3	4	5	6
q.	is lazy at times.	1	2	3	4	5	6
r.	worries a lot.	1	2	3	4	5	6
s.	wants things to be simple and clear-cut.	1	2	3	4	5	6
t.	is sometimes shy, inhibited.	1	2	3	4	5	6
u.	does things efficiently.	1	2	3	4	5	6
v.	generates a lot of enthusiasm.	1	2	3	4	5	6
w.	can be cold and aloof.	1	2	3	4	5	6
x.	remains calm in tense situations.	1	2	3	4	5	6
y.	is considerate to almost everyone.	1	2	3	4	5	6
z.	gets nervous easily.	1	2	3	4	5	6
aa.	is sophisticated in art, music, or literature.	1	2	3	4	5	6
bb.	likes to cooperate with others.	1	2	3	4	5	6
cc.	is easily distracted.	1	2	3	4	5	6

40. Next is a list of the ways you might have felt or behaved during the past week.

On how many days in the past week did you...		*Circle the number of **days** in the past week you experienced each feeling.*							
a.	feel you could not shake off the blues even with help from your family and friends?	0	1	2	3	4	5	6	7
b.	feel bothered by things that usually don't bother you?	0	1	2	3	4	5	6	7
c.	think your life had been a failure?	0	1	2	3	4	5	6	7
d.	feel happy?	0	1	2	3	4	5	6	7
e.	feel that people were unfriendly?	0	1	2	3	4	5	6	7
f.	feel lonely?	0	1	2	3	4	5	6	7
g.	enjoy life?	0	1	2	3	4	5	6	7
h.	have crying spells?	0	1	2	3	4	5	6	7
i.	feel that people disliked you?	0	1	2	3	4	5	6	7
j.	feel sad?	0	1	2	3	4	5	6	7
k.	feel depressed?	0	1	2	3	4	5	6	7
l.	have trouble keeping your mind on what you were doing?	0	1	2	3	4	5	6	7
m.	not feel like eating, your appetite was poor?	0	1	2	3	4	5	6	7
n.	feel you were just as good as other people?	0	1	2	3	4	5	6	7
o.	feel everything you did was an effort?	0	1	2	3	4	5	6	7
p.	feel hopeful about the future?	0	1	2	3	4	5	6	7
q.	feel fearful?	0	1	2	3	4	5	6	7
r.	sleep restlessly?	0	1	2	3	4	5	6	7
s.	talk less than usual?	0	1	2	3	4	5	6	7
t.	feel you could not "get going"?	0	1	2	3	4	5	6	7
u.	feel you might collapse?	0	1	2	3	4	5	6	7
v.	have difficulty swallowing?	0	1	2	3	4	5	6	7
w.	fear you might die?	0	1	2	3	4	5	6	7
x.	think you might be going crazy?	0	1	2	3	4	5	6	7
y.	fear embarrassing yourself?	0	1	2	3	4	5	6	7
z.	feel as though your surroundings were unreal?	0	1	2	3	4	5	6	7
aa.	feel that other people thought you were a fool?	0	1	2	3	4	5	6	7
bb.	have hot/cold flashes?	0	1	2	3	4	5	6	7

41. Please read the statements below and decide the extent to which each statement describes you.

Circle the ONE number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
b. I am good at juggling my time so that I can fit everything in that needs to get done.	1	2	3	4	5	6
c. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
d. I don't have many people who want to listen when I need to talk.	1	2	3	4	5	6
e. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
f. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
g. I have confidence in my opinions even if they are contrary to the general consensus.	1	2	3	4	5	6
h. I tend to worry about what other people think of me.	1	2	3	4	5	6
i. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
j. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
k. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6
l. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
m. In general, I feel confident and positive about myself.	1	2	3	4	5	6
n. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
o. I often change my mind about decisions if my friends or family disagree.	1	2	3	4	5	6
p. I do not fit very well with the people and community around me.	1	2	3	4	5	6
q. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
r. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
s. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
t. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
u. I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5	6

CONTINUED ON NEXT PAGE.....

41. Please read the statements below and decide the extent to which each statement describes you.

Circle the ONE number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
v. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
w. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
x. I don't want to try new ways of doing things -- my life is fine the way it is.	1	2	3	4	5	6
y. It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
z. I tend to focus on the present, because the future nearly always brings me problems.	1	2	3	4	5	6
aa. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
bb. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
cc. Being happy with myself is more important to me than having others approve of me.	1	2	3	4	5	6
dd. I have been able to create a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
ee. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
ff. Most people see me as loving and affectionate.	1	2	3	4	5	6
gg. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
hh. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.	1	2	3	4	5	6
ii. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
jj. It's difficult for me to voice my opinions on controversial matters.	1	2	3	4	5	6
kk. I generally do a good job of taking care of my personal finances and affairs.	1	2	3	4	5	6
ll. There is truth to the saying you can't teach an old dog new tricks.	1	2	3	4	5	6
mm. I know I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
nn. I used to set goals for myself, but that now seems like a waste of time.	1	2	3	4	5	6
oo. The past had its ups and downs, but in general, I wouldn't want to change it.	1	2	3	4	5	6
pp. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6

42. Please read the statements below and decide the extent to which each statement describes you.

Circle the ONE number that best describes your agreement or disagreement with each statement.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Even when things seem hopeless, I keep on fighting to reach my goals.	1	2	3	4	5
b. If I don't get something I want, I take it with patience.	1	2	3	4	5
c. It is very difficult for me to accept a setback or defeat.	1	2	3	4	5
d. I stick to my goals and projects even in the face of great difficulties.	1	2	3	4	5
e. The harder a goal is to achieve, the more appeal it has to me.	1	2	3	4	5
f. I can be very stubborn in pursuing my goals.	1	2	3	4	5
g. I find it easy to see something positive even in a serious mishap.	1	2	3	4	5
h. To avoid disappointments, I don't set my goals too high.	1	2	3	4	5
i. When everything seems to be going wrong, I can usually find a bright side to a situation.	1	2	3	4	5
j. In general, I am not upset very long about an opportunity passed up.	1	2	3	4	5

43. Next is a list of ways you might have felt or behaved during the past week.

On how many days in the past week did you...	*Circle the number of **days** in the past week you experienced each feeling.*							
a. feel calm?	0	1	2	3	4	5	6	7
b. feel furious?	0	1	2	3	4	5	6	7
c. feel tense?	0	1	2	3	4	5	6	7
d. feel like banging on the table?	0	1	2	3	4	5	6	7
e. feel at ease?	0	1	2	3	4	5	6	7
f. feel angry?	0	1	2	3	4	5	6	7
g. worry over possible misfortune?	0	1	2	3	4	5	6	7
h. feel like yelling at somebody?	0	1	2	3	4	5	6	7
i. feel nervous?	0	1	2	3	4	5	6	7
j. feel like breaking things?	0	1	2	3	4	5	6	7
k. feel jittery?	0	1	2	3	4	5	6	7
l. feel mad?	0	1	2	3	4	5	6	7
m. feel relaxed?	0	1	2	3	4	5	6	7
n. feel irritated?	0	1	2	3	4	5	6	7
o. feel worried?	0	1	2	3	4	5	6	7
p. feel like hitting someone?	0	1	2	3	4	5	6	7
q. feel steady?	0	1	2	3	4	5	6	7
r. feel burned up?	0	1	2	3	4	5	6	7
s. feel frightened?	0	1	2	3	4	5	6	7
t. feel like swearing?	0	1	2	3	4	5	6	7

III. WORK AND FAMILY

44. Are you currently employed, including self-employment?

Circle one number.

1 Yes (Go to Q45) 2 No --------> **IF NOT CURRENTLY EMPLOYED, GO TO QUESTION 46, ON PAGE 17**

45. The following statements have to do with the way family life and work life can influence each other.

For each statement, please circle the response that best describes your situation.		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a.	Family matters reduce the time I can devote to my job.	1	2	3	4	5
b.	I can do good work on the job because I am so happy at home.	1	2	3	4	5
c.	Family worries or problems distract me from my work.	1	2	3	4	5
d.	Family activities stop me from getting the amount of sleep I need to do my job well.	1	2	3	4	5
e.	Family obligations reduce the time I need to relax or be by myself.	1	2	3	4	5
f.	Family responsibilities make me work harder on the job.	1	2	3	4	5
g.	My job reduces the amount of time I can spend with the family.	1	2	3	4	5
h.	Problems at work make me irritable at home.	1	2	3	4	5
i.	My job involves a lot of travel away from home.	1	2	3	4	5
j.	I can devote a lot of time to my job because of the support I get on the homefront.	1	2	3	4	5
k.	My job takes so much energy I don't feel up to doing things that need attention at home.	1	2	3	4	5
l.	If I didn't have to work to make a living, I would want to work anyway.	1	2	3	4	5

46. Please compare the importance of each of the following job characteristics with the IMPORTANCE OF HIGH PAY.

Circle the number that best describes the IMPORTANCE of each characteristic COMPARED TO HIGH PAY.		Much more important than high pay	Moderately more important than high pay	Slightly more important than high pay	Same importance as high pay	Slightly less important than high pay	Moderately less important than high pay	Much less important than high pay
a.	Having the opportunity to get on-the-job training	1	2	3	4	5	6	7
b.	Having a large number of paid vacation days	1	2	3	4	5	6	7
c.	Being able to do different things rather than the same things over and over	1	2	3	4	5	6	7
d.	Having a low risk of losing your job	1	2	3	4	5	6	7
e.	Being able to decide what time to come to work and when to leave	1	2	3	4	5	6	7
f.	Being able to work without frequent checking by a supervisor	1	2	3	4	5	6	7
g.	Being able to avoid getting dirty on the job	1	2	3	4	5	6	7
h.	Having a job that other people regard highly	1	2	3	4	5	6	7
i.	Having a job that provides health insurance	1	2	3	4	5	6	7
j.	Having a job that provides a pension plan	1	2	3	4	5	6	7

Next, we are interested in the help and support that you receive from or give to people **(other than a spouse or young children)**. We are interested here in help that is not paid for.

47. **During the past month have you GIVEN the following kinds of help?**

Kind of help GIVEN:	*Check the box for EVERYONE that you GAVE each kind of help TO. (other than spouse or young child)*					
	No one	Friends, neighbors, co-workers	Sons or daughters (19 and older)	Parents	Brothers or sisters	Other relatives
a. Help with transportation, errands, or shopping.						
b. Housework, yard work, repairs or other work around the house.						
c. Advice, encouragement, moral or emotional support.						
d. Help with baby sitting or child care.						

48. **During the past month have you RECEIVED the following kinds of help?**

Kind of help RECEIVED:	*Check the box for EVERYONE that you RECEIVED each kind of help FROM. (other than spouse or young child)*					
	No one	Friends, neighbors, co-workers	Sons or daughters (19 and older)	Parents	Brothers or sisters	Other relatives
a. Help with transportation, errands, or shopping.						
b. Housework, yard work, repairs or other work around the house.						
c. Advice, encouragement, moral or emotional support.						
d. Help with baby sitting or child care.						

49. Now think about persons (other than a spouse or young child) who you feel you COULD ask for help, IF YOU NEEDED IT.

Kind of help you could ask for:	*Check the box for EVERYONE that you COULD ASK FOR each kind of help FROM.*					
	No one	Friends, neighbors, co-workers	Sons or daughters (19 and older)	Parents	Brothers or sisters	Other relatives
a. Suppose you had to borrow $250 for a few weeks because of an emergency. Who could you ask for help?						
b. Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice?						
c. Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?						

50. Is there a person in your family (including a spouse) with whom you can really share your very private feelings and concerns? *Circle the number of your answer.*

1 Yes 2 No

51. Is there a friend outside your family with whom you can really share your very private feelings and concerns? *Circle the number of your answer.*

1 Yes 2 No

Now please think about your childhood, before you were 16 years old.

52. When you were growing up, did your parents or the persons who raised you have serious marital problems? *Circle the number of your answer.*

0 Raised by only one adult 1 Yes 2 No

53. Did you have a close and confiding relationship with an adult when you were growing up? *Circle the number of your answer.*

1 Yes 2 No

54. When you were growing up could you count on your friends when things went wrong? *Circle the number of your answer.*

1 Yes 2 No

55. The next questions are about you, your brother or sister who **graduated from high school in 1957**, your mother and your father (or the persons who raised you). We are interested in how your parents treated each of you during the first 16 years of your lives.

Please circle one number for each relationship (that is, four answers for each statement).	**ABOUT ME**								**ABOUT MY BROTHER OR SISTER**							
	55A. My Father...				**55B. My Mother...**				**55C. My Father...**				**55D. My Mother...**			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. wanted (me/him/her) to go to college.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
b. got to know (my/his/her) friends.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
c. enjoyed talking to (me/him/her)	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
d. helped when (I/he/she) needed.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
e. hugged (me/him/her).	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
f. let (me/him/her) make own decisions.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
g. tried to control everything (I/he/she) did.	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
h. insulted or swore at (me/him/her).	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
i. slapped, shoved or threw things at (me/him/her).	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

56. The following questions are about how you, your brother or sister who **graduated from high school in 1957**, and your parents (or the persons who raised you) treated each other during the first 16 years of your lives.

Please circle one number for each relationship (that is, three answers for each statement).	**56A. How I treated my brother/sister**				**56B. How my brother/sister treated me**				**56C. How my parents treated each other**			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. enjoyed talking to	0	1	2	3	0	1	2	3	0	1	2	3
b. helped when needed	0	1	2	3	0	1	2	3	0	1	2	3
c. insulted or swore at	0	1	2	3	0	1	2	3	0	1	2	3
d. hugged	0	1	2	3	0	1	2	3	0	1	2	3
e. slapped, shoved or threw things at	0	1	2	3	0	1	2	3	0	1	2	3

57. Here is a list of clubs and organizations to which many people belong.

*Please indicate your level of involvement with each activity **in the past 12 months**. Please circle one number for each.*		Not involved	Very little	Some	Quite a bit	A great deal
a.	A church, temple or other place of worship	0	1	2	3	4
b.	Church connected groups, but not the church itself	0	1	2	3	4
c.	Labor unions	0	1	2	3	4
d.	Veterans' organizations	0	1	2	3	4
e.	Fraternal organizations or lodges	0	1	2	3	4
f.	Business or civic groups	0	1	2	3	4
g.	Parent-teachers' associations	0	1	2	3	4
h.	Community centers	0	1	2	3	4
i.	Organizations of people of the same nationality	0	1	2	3	4
j.	Sport teams	0	1	2	3	4
k.	Country club	0	1	2	3	4
l.	Youth groups (Scout leader, etc.)	0	1	2	3	4
m.	Professional groups	0	1	2	3	4
n.	Political clubs or organizations	0	1	2	3	4
o.	Neighborhood improvement organizations	0	1	2	3	4
p.	Charity or welfare organizations	0	1	2	3	4
q.	Hobby groups	0	1	2	3	4
r.	Other; specify_____	0	1	2	3	4
s.	Other; specify_____	0	1	2	3	4

58. How many times, if at all, during the past four weeks have you gotten together with friends? For example, going out together or visiting in each other's homes.

_____ (Number of times)

59. How many times, if at all, during the past four weeks have you gotten together socially with relatives?

_____ (Number of times)

Thank you for your cooperation and assistance. A report on the results will be sent to you as soon as possible after all interviews have been completed. This report will not identify you personally as our respondent.

To help us evaluate our research, please indicate approximately how long it took you to complete this questionnaire.

_____

Please use this space to tell us anything else you would like us to know, or to make suggestions about the study.

_____

_____

_____

_____

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_____

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WISCONSIN LONGITUDINAL STUDY

Tab 7

2003–2007 Round of Data Collection

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CATI Flowcharts for Survey of Graduates & Siblings

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2003 Graduate & Sibling CATI Flow

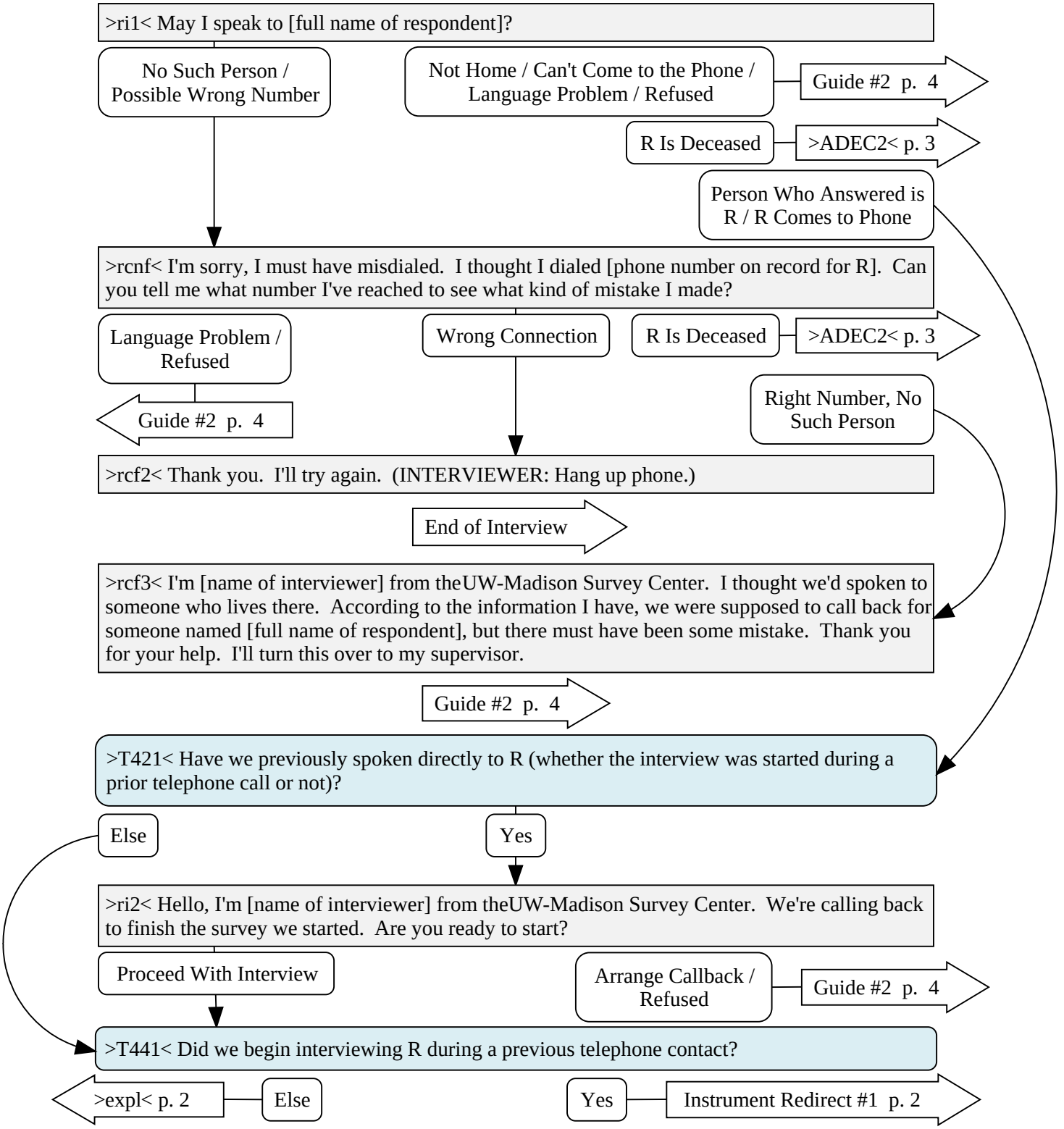
Click Box to Jump to Module



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INTRODUCTION

Our documentation of the 2003 round of data collection begins with screened telephone interview attempts that resulted in the interviewer actually speaking with a real person; there are additional protocols - not shown here - for interview attempts wherein no one answered, the line was busy, the line was not in service or disconnected, a mechanical answering device was reached, the number had not been previously screened, and so forth.



Instrument Redirect: #1 Since R was partially interviewed (began the interview) previously, the instrument will now proceed to the module and item number they left off on -- to the point in the survey where the interview was interrupted or ended.

Resume Interview

>expl< (Hello. My name is [name of interviewer]. I'm calling from the University of Wisconsin Survey Center.)
[If R is a graduate respondent]: Is this the [full name of respondent] who was enrolled at [name of school] (High School) in 1957? As you probably recall from our recent letter, we are doing a follow-up study of our sample of people who were Wisconsin high school seniors in 1957. We'd like to interview you now for this important study.
[If R is a sibling respondent]: As you probably recall from our recent letter, we are doing a follow-up study of our sample of people who were Wisconsin high school seniors in 1957 and their brothers and sisters. Just to make sure our records are correct are you the brother/sister of [full name of matched graduate respondent] who was enrolled at [name of school] (High School) in 1957?

R Willing To Start

R Is Deceased → >ADEC2< p. 3

Not Able To Start Now / Call Back Another Time / Refuses To Do Interview → Guide #2 p. 4

INITIATION OF NEW INTERVIEW

>cnfd< (In order to complete our research, we would like to ask you just a few questions about Mr./Ms. [last name of respondent].) During this interview, please keep in mind that your participation is completely voluntary. If you prefer not to answer any question, just tell me so, and I will go on to the next question. All of your answers will be kept completely confidential. They are saved in computer code, and at no time will your name or other identifying information be attached to the survey results. Also, we have obtained a certificate of confidentiality from the Federal Government. This certificate will protect your privacy: No one can require us to disclose any information about you without your written consent.

Ready To Start

Refused / Callback

>hearing< First I would like to be sure that you can hear what I am saying clearly: please repeat these numbers after me. (INTERVIEWER: Please read the following list of digits ONE-BY-ONE, to be sure that they can hear you: 2, 8, 3.) Good. Could you hear me clearly? (INTERVIEWER: If there appears to be a problem, ask if it would be helpful to call back at another time using different equipment.)

Ready To Start

Difficulty Hearing / Refuses To Do Interview / Callback

>rsexcnf< Do we have R's full name AND sex on record from prior data collection?

Yes

Else

>rsexcnf< INTERVIEWER: Enter the sex of the person you are interviewing. (If unclear, ask: "What is your sex?") (NOTE: The sex entered by the interviewer must match any sex data already on record for the instrument to proceed without an inconsistency.)

>recprm< For research purposes, we would like to record this interview. Again, this will only be used for research and never released to the public. May I have your permission to record this interview?

>rtrain< Now, let me explain more about how this will work. I will be reading questions exactly as they are worded so that everyone we talk with answers the same questions. Sometimes, you will be asked to answer questions in your own words, and I'll record what you say word for word. Other times, I will say a list of answers and ask you to choose the one that fits best. If you are ever not clear about what is wanted, be sure to ask me.

Guide: #1 Is R deceased?

Yes → >ADEC5A< p. 4

No → Next Module

RESPONDENT MORTALITY STATUS VERIFICATION

>ADEC2< I'm sorry to hear about Mr./Ms. [last name of respondent]'s death.
[If a graduate respondent is the interview subject]: Just to make sure our records are correct, was [full name of respondent] enrolled at [name of school] (High School) in 1957?
[If a sibling respondent is the interview subject]: Just to make sure our records are correct, was [full name of respondent] the sibling of [full name of matched graduate respondent] who was enrolled at [name of school] (High School) in 1957?
(INTERVIEWER: Explain if needed: "When [name of graduate respondent] was a senior, he/she completed a questionnaire about his/her high school experiences and educational, occupational, and marriage plans for the future". IF APPLICABLE: "In 1975 and 1992, he/she participated in a telephone interview about his/her experiences after graduating from high school".)

Else

Yes → >cnfd< p. 2

>ADEC3< What was his/her full name in 1957? (INTERVIEWER: Graduate R's name from database is [full name of graduate respondent in 1957]. Compare R's response to name in database. Do these names match?)

No Match

Match / Unsure / Potential Match

>ADEC4< [If a graduate respondent is the interview subject]: Was he/she born in about 1939 or would he/she be about 63 years old?
[If a sibling respondent is the interview subject]: Was his/her brother/sister born in about 1939 or would he/she be about 63 years old?

>ADEC5< INTERVIEWER: Do you think this is the correct person?

Else

Yes

>T390< Do we have R's full name on record from prior data collection?

Yes

Else

>rnm4< May I have just his/her first name in case my supervisor needs to verify?

>prob< Those are all the questions I have. Thank you for your time. (INTERVIEWER: Hang up the telephone.)

Since we have apparently failed to contact the correct R, the interviewer will now go through a protocol designed to record the nature of the problematic contact attempt ("R reported deceased but we don't believe this is correct R") and then refer it to a supervisor.

End of Interview

ARRANGING CALLBACKS AND RESPONSES TO REFUSALS

Guide: #2 Has R or the informant refused to be interviewed?

Else

Yes

Instrument Key: #1 The interviewer will now enter a protocol designed to convince R or the informant to agree to be interviewed; if R or the informant provides reasons for not participating in the interview, the content of the responses will be directed towards them. These attempts to persuade R or the informant to participate will continue until they agree to be interviewed or it becomes clear that no further encouragement is possible.

Guide: #3 Has R or the informant agreed to be interviewed?

Else

Yes → >expl< p. 2

>ref< INTERVIEWER: This case is being referred to a supervisor as a refusal. Say "thank you" and "goodbye" as appropriate and hang up the telephone.

End of Interview

Guide: #4 Is R or the informant speaking a foreign language OR has the informant claimed that R does not live at the telephone number we have on record for them?

Else

Yes

>prob< Those are all the questions I have. Thank you for your time. (INTERVIEWER: Hang up the telephone.)

Since we apparently have an incorrect telephone number for R on record or are unable to communicate with R or the informant due to a language barrier, the interviewer will now go through a protocol designed to record the nature of the problematic contact attempt ("language problem/too ill/incapable/away for duration/inaccessible") and then refer it to a supervisor.

End of Interview

The interviewer will now go through a protocol designed to schedule an appointment to conduct or complete the interview at a time that is more convenient for either R or the informant. If R or the informant prefers to call the interviewer back instead, that also will be noted.

>thnx< Thank you for your trouble. (INTERVIEWER: Hang up the telephone.)

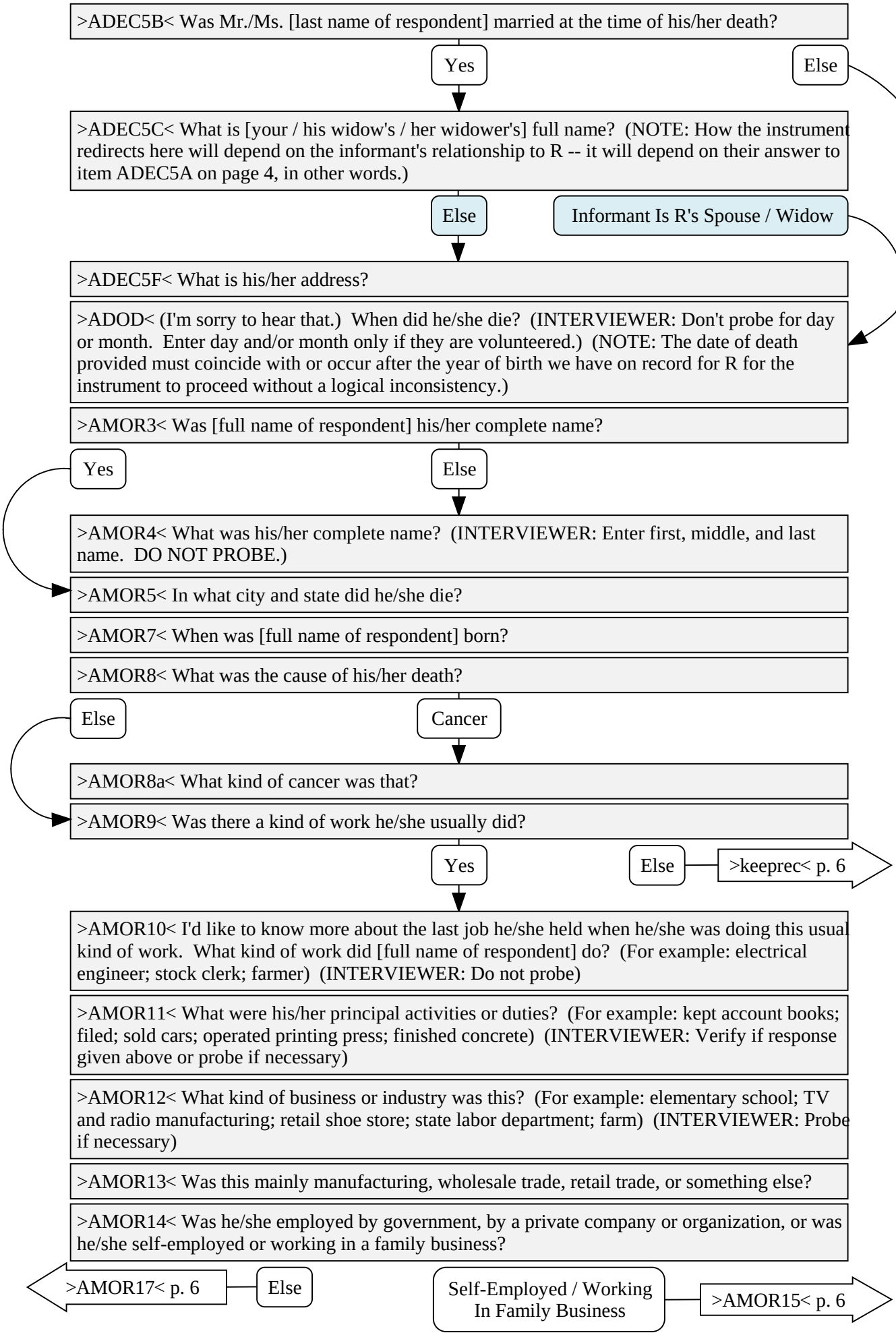
End of Interview

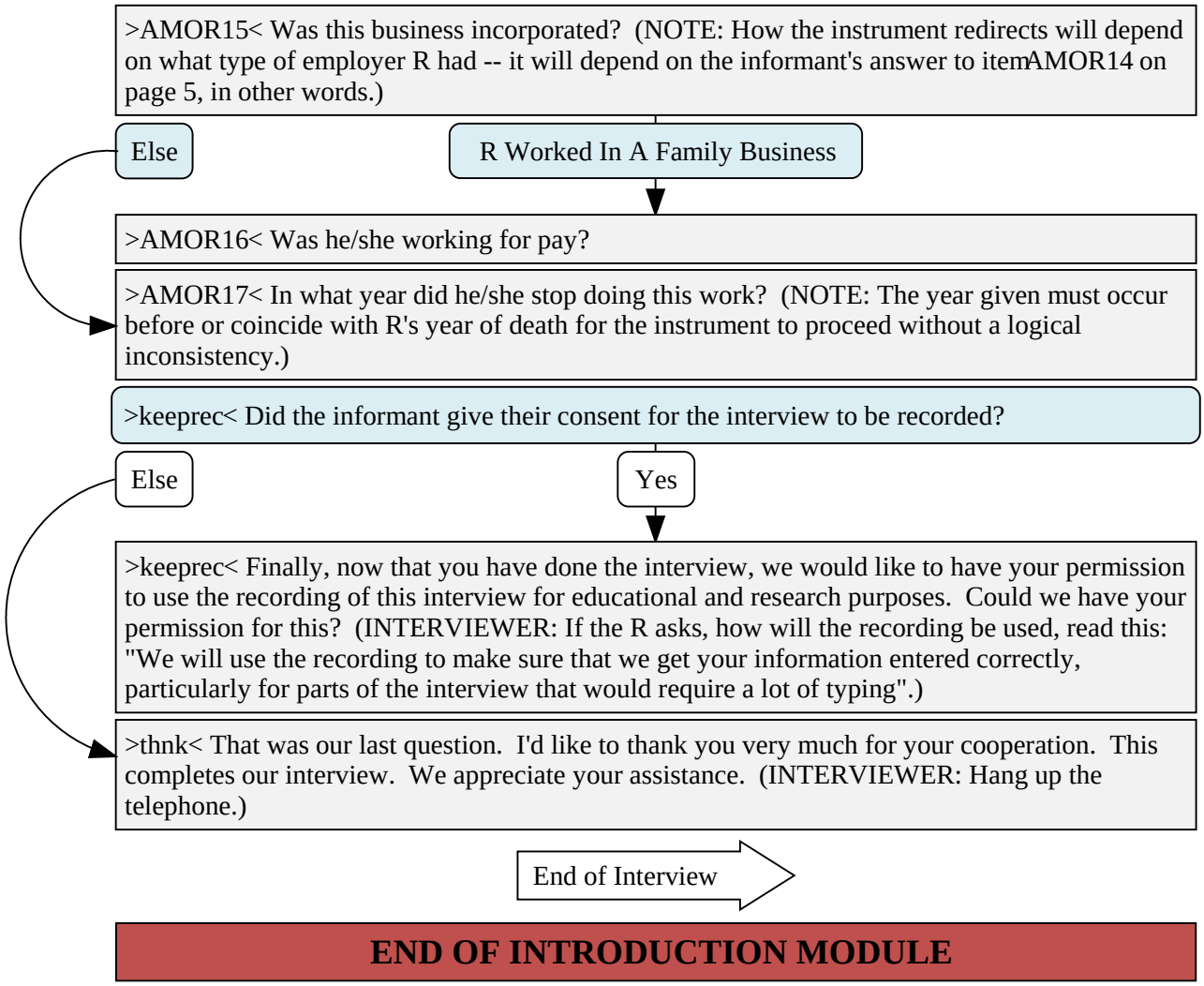
RESPONDENT MORTALITY CLOSEOUT

>ADEC5A< What is your relationship to Mr./Ms. [last name of respondent]?

>ADEC5B< p. 5 ← Else

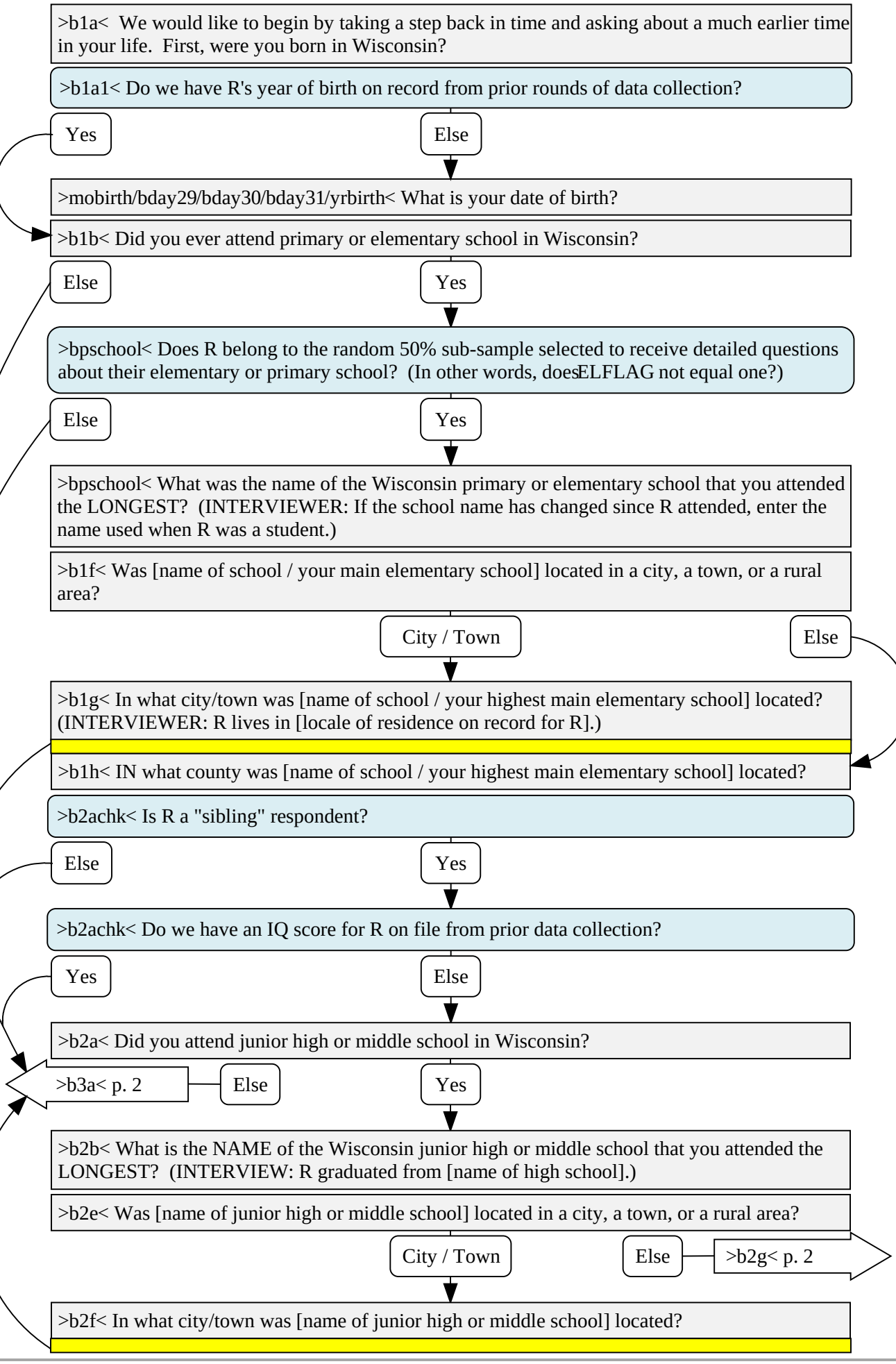
Spouse / Widow(er) → >ADEC5C< p. 5

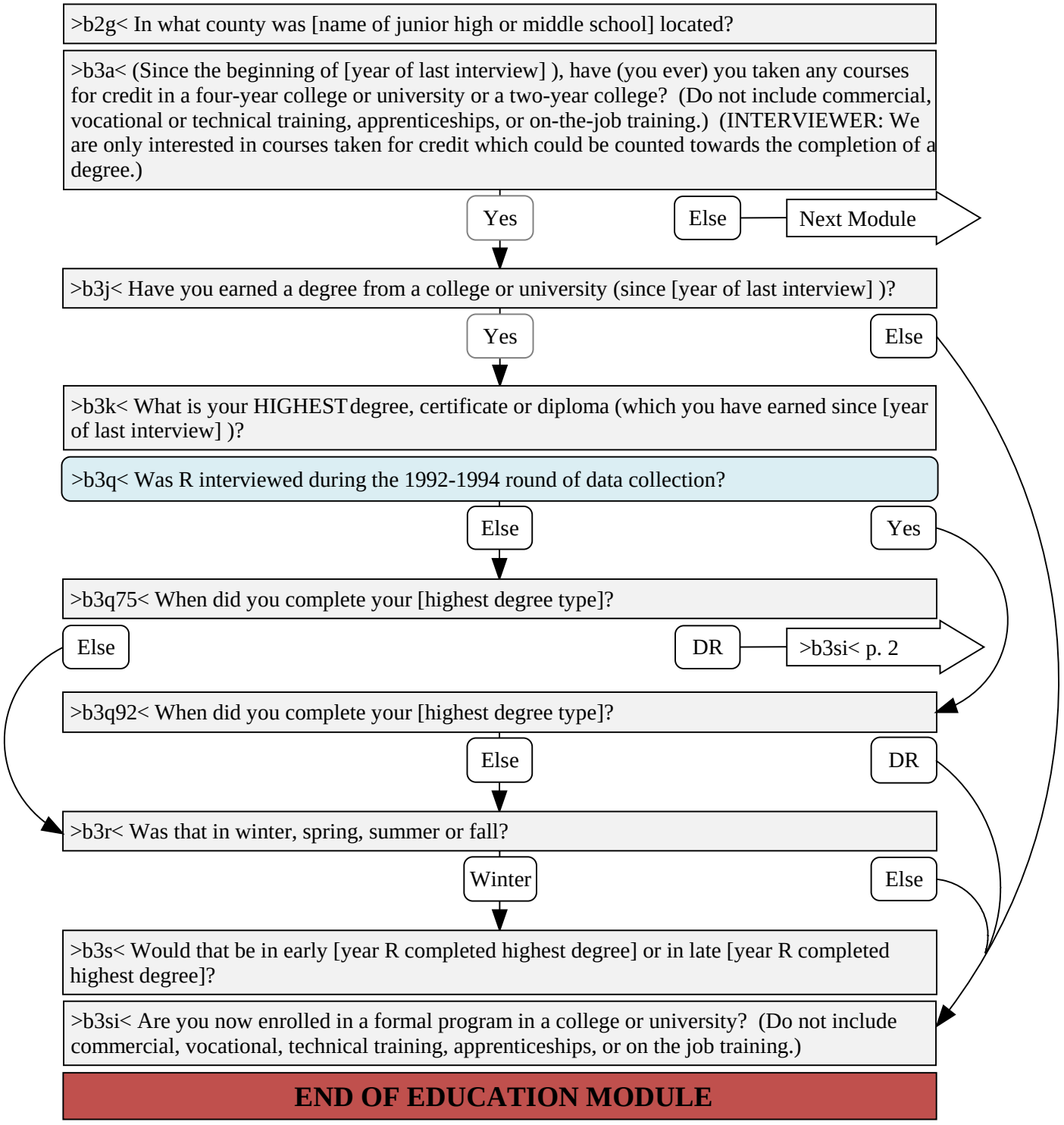

>ADEC5B< Was Mr./Ms. [last name of respondent] married at the time of his/her death?
Yes
Else
>ADEC5C< What is [your / his widow's / her widower's] full name? (NOTE: How the instrument redirects here will depend on the informant's relationship to R -- it will depend on their answer to item ADEC5A on page 4, in other words.)
Else
Informant Is R's Spouse / Widow
>ADEC5F< What is his/her address?
>ADOD< (I'm sorry to hear that.) When did he/she die? (INTERVIEWER: Don't probe for day or month. Enter day and/or month only if they are volunteered.) (NOTE: The date of death provided must coincide with or occur after the year of birth we have on record for R for the instrument to proceed without a logical inconsistency.)
>AMOR3< Was [full name of respondent] his/her complete name?
Yes
Else
>AMOR4< What was his/her complete name? (INTERVIEWER: Enter first, middle, and last name. DO NOT PROBE.)
>AMOR5< In what city and state did he/she die?
>AMOR7< When was [full name of respondent] born?
>AMOR8< What was the cause of his/her death?
Else
Cancer
>AMOR8a< What kind of cancer was that?
>AMOR9< Was there a kind of work he/she usually did?
Yes
Else
>keeprec< p. 6
>AMOR10< I'd like to know more about the last job he/she held when he/she was doing this usual kind of work. What kind of work did [full name of respondent] do? (For example: electrical engineer; stock clerk; farmer) (INTERVIEWER: Do not probe)
>AMOR11< What were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete) (INTERVIEWER: Verify if response given above or probe if necessary)
>AMOR12< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm) (INTERVIEWER: Probe if necessary)
>AMOR13< Was this mainly manufacturing, wholesale trade, retail trade, or something else?
>AMOR14< Was he/she employed by government, by a private company or organization, or was he/she self-employed or working in a family business?
>AMOR17< p. 6
Else
Self-Employed / Working In Family Business
>AMOR15< p. 6



END OF INTRODUCTION MODULE

EDUCATION


>b1a< We would like to begin by taking a step back in time and asking about a much earlier time in your life. First, were you born in Wisconsin?
>b1a1< Do we have R's year of birth on record from prior rounds of data collection?
Yes
Else
>mobirth/bday29/bday30/bday31/yrbirth< What is your date of birth?
>b1b< Did you ever attend primary or elementary school in Wisconsin?
Else
Yes
>bpschool< Does R belong to the random 50% sub-sample selected to receive detailed questions about their elementary or primary school? (In other words, doesELFLAG not equal one?)
Else
Yes
>bpschool< What was the name of the Wisconsin primary or elementary school that you attended the LONGEST? (INTERVIEWER: If the school name has changed since R attended, enter the name used when R was a student.)
>b1f< Was [name of school / your main elementary school] located in a city, a town, or a rural area?
City / Town
Else
>b1g< In what city/town was [name of school / your highest main elementary school] located? (INTERVIEWER: R lives in [locale of residence on record for R].)
>b1h< IN what county was [name of school / your highest main elementary school] located?
>b2achk< Is R a "sibling" respondent?
Else
Yes
>b2achk< Do we have an IQ score for R on file from prior data collection?
Yes
Else
>b2a< Did you attend junior high or middle school in Wisconsin?
>b3a< p. 2
Else
Yes
>b2b< What is the NAME of the Wisconsin junior high or middle school that you attended the LONGEST? (INTERVIEW: R graduated from [name of high school].)
>b2e< Was [name of junior high or middle school] located in a city, a town, or a rural area?
City / Town
Else
>b2g< p. 2
>b2f< In what city/town was [name of junior high or middle school] located?


>b2g< In what county was [name of junior high or middle school] located?
>b3a< (Since the beginning of [year of last interview]), have (you ever) you taken any courses for credit in a four-year college or university or a two-year college? (Do not include commercial, vocational or technical training, apprenticeships, or on-the-job training.) (INTERVIEWER: We are only interested in courses taken for credit which could be counted towards the completion of a degree.)
Yes
Else
Next Module
>b3j< Have you earned a degree from a college or university (since [year of last interview])?
Yes
Else
>b3k< What is your HIGHEST degree, certificate or diploma (which you have earned since [year of last interview])?
>b3q< Was R interviewed during the 1992-1994 round of data collection?
Else
Yes
>b3q75< When did you complete your [highest degree type]?
Else
DR
>b3si< p. 2
>b3q92< When did you complete your [highest degree type]?
Else
DR
>b3r< Was that in winter, spring, summer or fall?
Winter
Else
>b3s< Would that be in early [year R completed highest degree] or in late [year R completed highest degree]?
>b3si< Are you now enrolled in a formal program in a college or university? (Do not include commercial, vocational, technical training, apprenticeships, or on the job training.)
END OF EDUCATION MODULE

MARRIAGE ROSTER

>mstat< What marital status do we have on record for R from the last round of data collection (1975/77 or 1992/94) in which they were interviewed? (NOTE: If R was not interviewed during the 1975/77 or 1992/94 rounds of data collection, the "Marital Status Not Ascertained" route will be followed.)

Marital Status Not Ascertained | Married / Separated | Not Married

>c28v< In [year of last interview], you told us that you were married, is that correct?

Yes → >c28m< p. 1

Else

>c32s1< Have you ever been married? (INTERVIEWER: "Married" means legally married, not common-law marriages.)

Yes

Else → Next Module

>c32s< Have you been married since we talked to you in [year of last interview]? (INTERVIEWER: "Married" means legally married, not common-law marriages.)

Yes

Else → Next Module

>c46@m/y< In what month and year...
[If R reports being married now, but marital status unknown for year of last interview]: "did your marriage begin?"
[If asking about new marriage occurring after last interview]: "after [year of last interview] were you FIRST married?"
[If R reported being widowed or divorced at last interview]: "after [you were widowed / this divorce] were you married?"
[If R reported in previous interview that marriage had ended, but did not specify how]: "after this marriage ended were you married?"

(NOTE: The marriage currently being discussed must be reported as beginning in or after the year R was last interviewed AND/OR in or after the years any previous marriages already on record ended for the instrument to proceed without a logical inconsistency.)

>c28m< Are you still in this marriage?

Else

Yes → >cu28nchk< p. 2

>c28w< How did this marriage end?

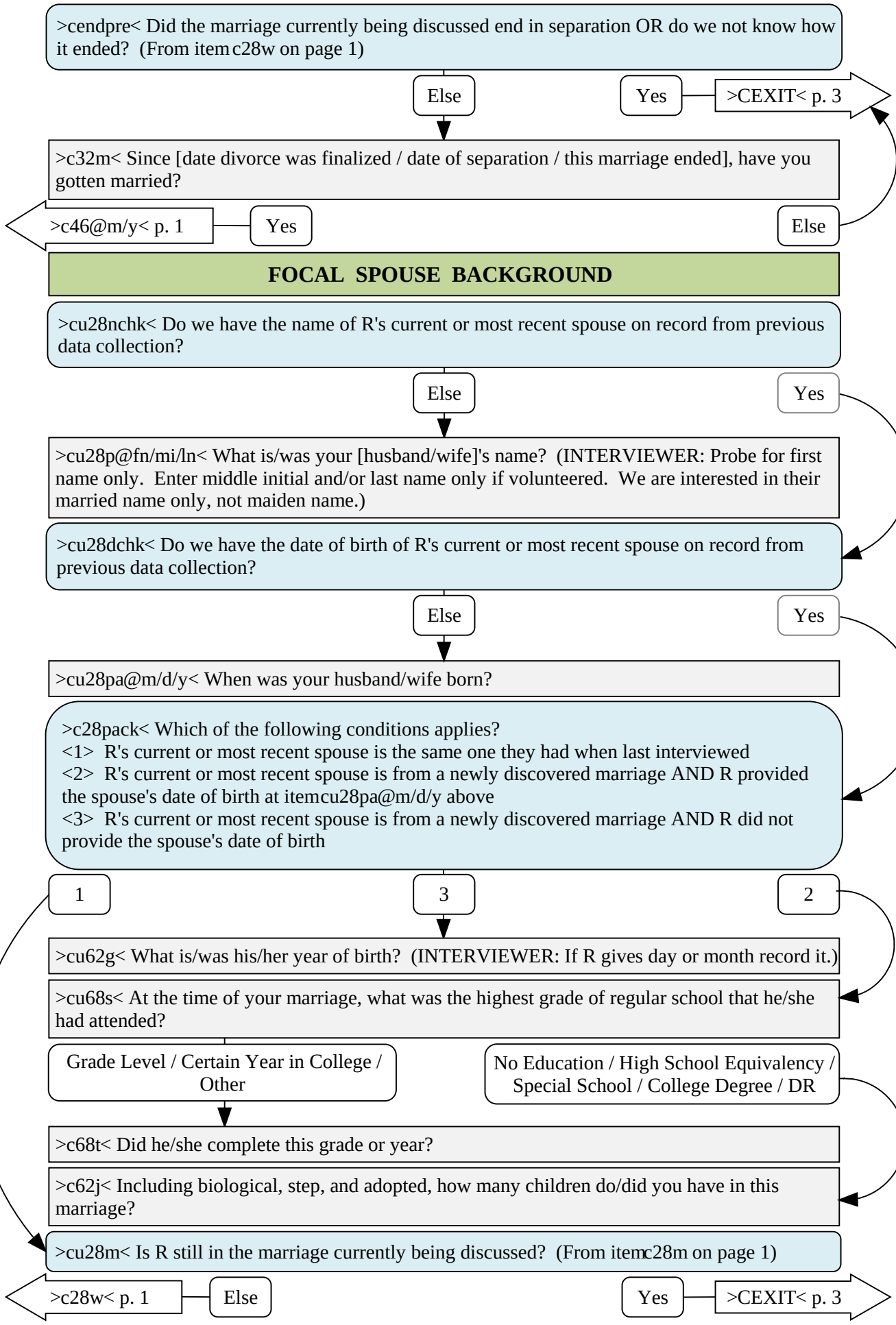
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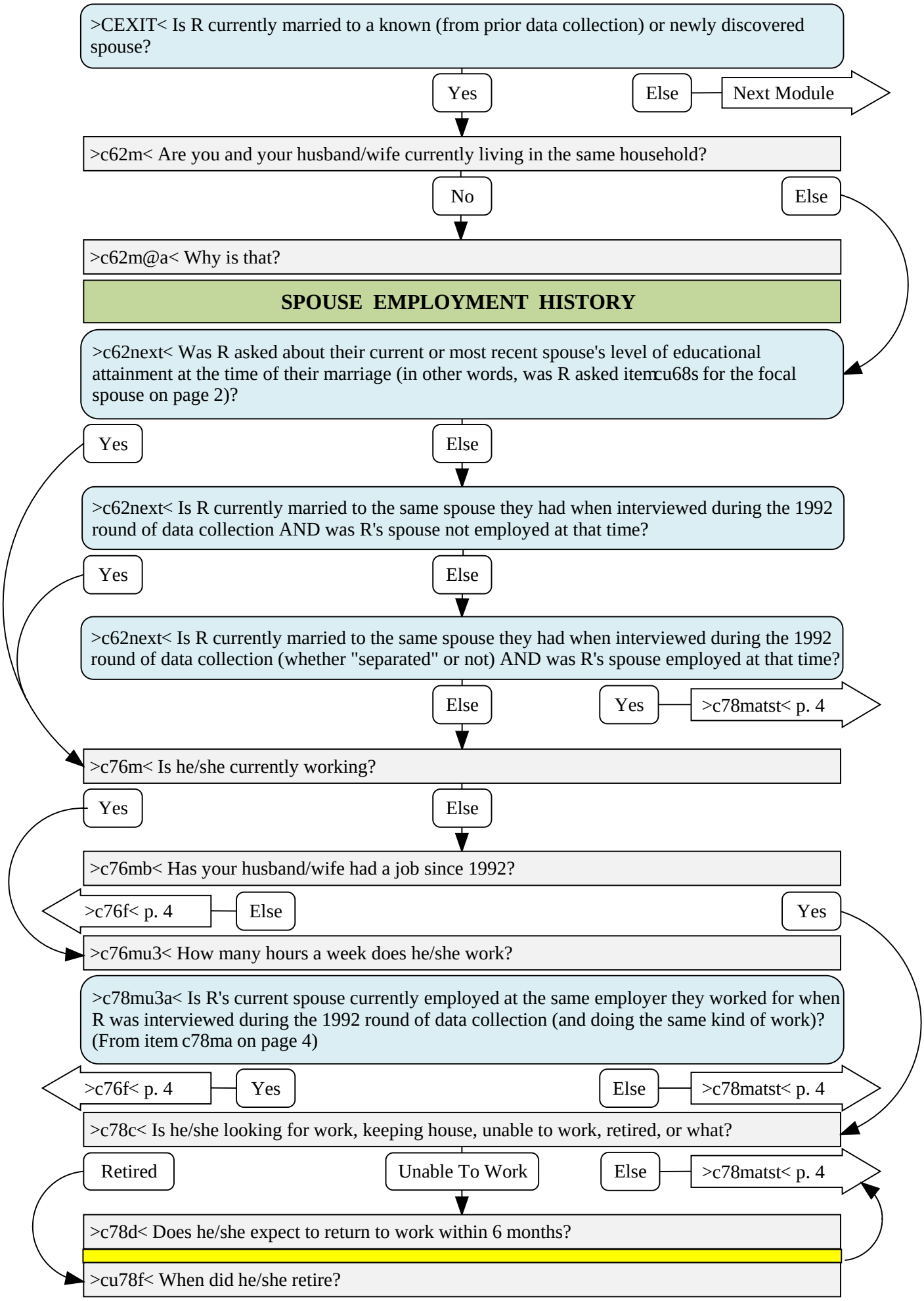
Divorce

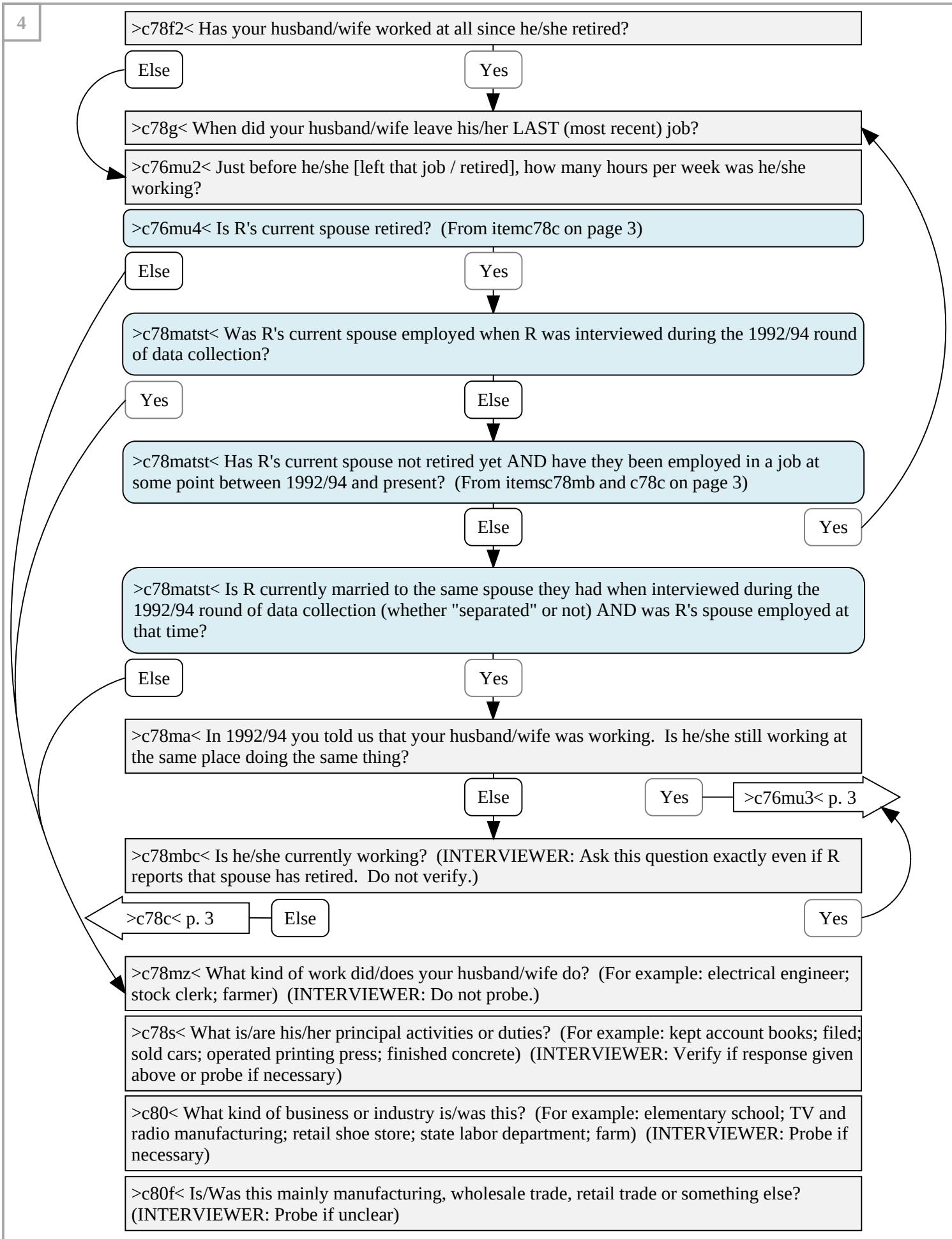
Death → >cDOD@d/m/y< p. 6

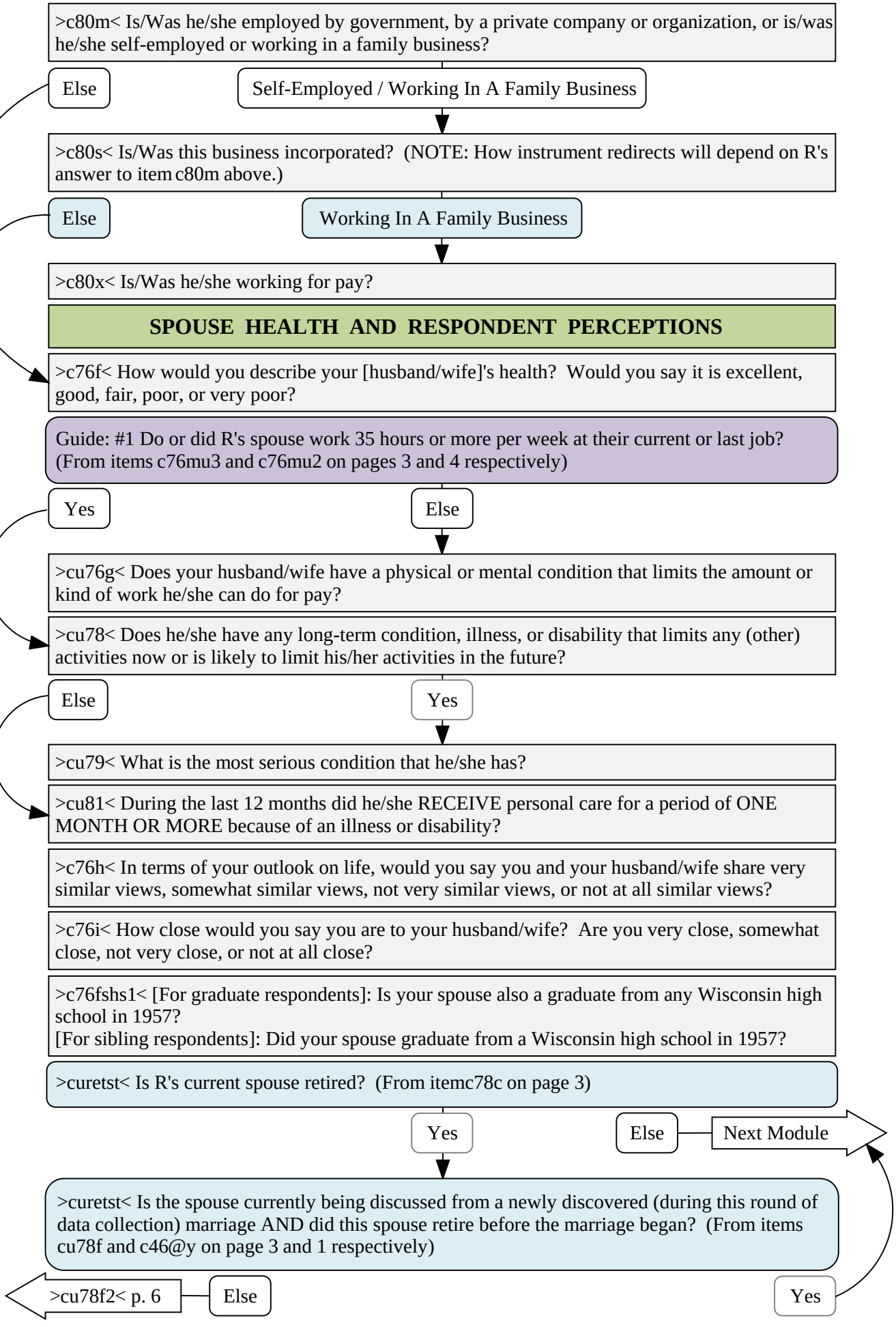
>cu30f@m/y< When was the divorce finalized? (INTERVIEWER: Do not probe) (NOTE: The date given for the divorce must coincide with or occur after the date R was last interviewed AND/OR coincide with or occur after the date the marriage began for the instrument to proceed without a logical inconsistency.)

>c30f@m/y< When did you stop living together? (INTERVIEWER: Do not probe) (NOTE: The date given must coincide with or occur after the date R was last interviewed AND/OR coincide with or occur after the date the marriage began for the instrument to proceed without a logical inconsistency.)


>cendpre< Did the marriage currently being discussed end in separation OR do we not know how it ended? (From item c28w on page 1)
Else
Yes
>CEXIT< p. 3
>c32m< Since [date divorce was finalized / date of separation / this marriage ended], have you gotten married?
>c46@m/y< p. 1
Yes
Else
FOCAL SPOUSE BACKGROUND
>cu28nchk< Do we have the name of R's current or most recent spouse on record from previous data collection?
Else
Yes
>cu28p@fn/mi/ln< What is/was your [husband/wife]'s name? (INTERVIEWER: Probe for first name only. Enter middle initial and/or last name only if volunteered. We are interested in their married name only, not maiden name.)
>cu28dchk< Do we have the date of birth of R's current or most recent spouse on record from previous data collection?
Else
Yes
>cu28pa@m/d/y< When was your husband/wife born?
>c28pack< Which of the following conditions applies?
<1> R's current or most recent spouse is the same one they had when last interviewed
<2> R's current or most recent spouse is from a newly discovered marriage AND R provided the spouse's date of birth at item cu28pa@m/d/y above
<3> R's current or most recent spouse is from a newly discovered marriage AND R did not provide the spouse's date of birth
1
3
2
>cu62g< What is/was his/her year of birth? (INTERVIEWER: If R gives day or month record it.)
>cu68s< At the time of your marriage, what was the highest grade of regular school that he/she had attended?
Grade Level / Certain Year in College / Other
No Education / High School Equivalency / Special School / College Degree / DR
>c68t< Did he/she complete this grade or year?
>c62j< Including biological, step, and adopted, how many children do/did you have in this marriage?
>cu28m< Is R still in the marriage currently being discussed? (From item c28m on page 1)
>c28w< p. 1
Else
Yes
>CEXIT< p. 3


>CEXIT< Is R currently married to a known (from prior data collection) or newly discovered spouse?
Yes
Else
Next Module
>c62m< Are you and your husband/wife currently living in the same household?
No
Else
>c62m@a< Why is that?
SPOUSE EMPLOYMENT HISTORY
>c62next< Was R asked about their current or most recent spouse's level of educational attainment at the time of their marriage (in other words, was R asked itemcu68s for the focal spouse on page 2)?
Yes
Else
>c62next< Is R currently married to the same spouse they had when interviewed during the 1992 round of data collection AND was R's spouse not employed at that time?
Yes
Else
>c62next< Is R currently married to the same spouse they had when interviewed during the 1992 round of data collection (whether "separated" or not) AND was R's spouse employed at that time?
Else
Yes
>c78matst< p. 4
>c76m< Is he/she currently working?
Yes
Else
>c76mb< Has your husband/wife had a job since 1992?
>c76f< p. 4
Else
Yes
>c76mu3< How many hours a week does he/she work?
>c78mu3a< Is R's current spouse currently employed at the same employer they worked for when R was interviewed during the 1992 round of data collection (and doing the same kind of work)? (From item c78ma on page 4)
>c76f< p. 4
Yes
Else
>c78matst< p. 4
>c78c< Is he/she looking for work, keeping house, unable to work, retired, or what?
Retired
Unable To Work
Else
>c78matst< p. 4
>c78d< Does he/she expect to return to work within 6 months?
>cu78f< When did he/she retire?


>c78f2< Has your husband/wife worked at all since he/she retired?
Else
Yes
>c78g< When did your husband/wife leave his/her LAST (most recent) job?
>c76mu2< Just before he/she [left that job / retired], how many hours per week was he/she working?
>c76mu4< Is R's current spouse retired? (From itemc78c on page 3)
Else
Yes
>c78matst< Was R's current spouse employed when R was interviewed during the 1992/94 round of data collection?
Yes
Else
>c78matst< Has R's current spouse not retired yet AND have they been employed in a job at some point between 1992/94 and present? (From itemsc78mb and c78c on page 3)
Else
Yes
>c78matst< Is R currently married to the same spouse they had when interviewed during the 1992/94 round of data collection (whether "separated" or not) AND was R's spouse employed at that time?
Else
Yes
>c78ma< In 1992/94 you told us that your husband/wife was working. Is he/she still working at the same place doing the same thing?
Else
Yes
>c76mu3< p. 3
>c78mbc< Is he/she currently working? (INTERVIEWER: Ask this question exactly even if R reports that spouse has retired. Do not verify.)
>c78c< p. 3
Else
Yes
>c78mz< What kind of work did/does your husband/wife do? (For example: electrical engineer; stock clerk; farmer) (INTERVIEWER: Do not probe.)
>c78s< What is/are his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete) (INTERVIEWER: Verify if response given above or probe if necessary)
>c80< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm) (INTERVIEWER: Probe if necessary)
>c80f< Is/Was this mainly manufacturing, wholesale trade, retail trade or something else? (INTERVIEWER: Probe if unclear)


>c80m< Is/Was he/she employed by government, by a private company or organization, or is/was he/she self-employed or working in a family business?
Else
Self-Employed / Working In A Family Business
>c80s< Is/Was this business incorporated? (NOTE: How instrument redirects will depend on R's answer to item c80m above.)
Else
Working In A Family Business
>c80x< Is/Was he/she working for pay?
SPOUSE HEALTH AND RESPONDENT PERCEPTIONS
>c76f< How would you describe your [husband/wife]'s health? Would you say it is excellent, good, fair, poor, or very poor?
Guide: #1 Do or did R's spouse work 35 hours or more per week at their current or last job? (From items c76mu3 and c76mu2 on pages 3 and 4 respectively)
Yes
Else
>cu76g< Does your husband/wife have a physical or mental condition that limits the amount or kind of work he/she can do for pay?
>cu78< Does he/she have any long-term condition, illness, or disability that limits any (other) activities now or is likely to limit his/her activities in the future?
Else
Yes
>cu79< What is the most serious condition that he/she has?
>cu81< During the last 12 months did he/she RECEIVE personal care for a period of ONE MONTH OR MORE because of an illness or disability?
>c76h< In terms of your outlook on life, would you say you and your husband/wife share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>c76i< How close would you say you are to your husband/wife? Are you very close, somewhat close, not very close, or not at all close?
>c76fshs1< [For graduate respondents]: Is your spouse also a graduate from any Wisconsin high school in 1957?
[For sibling respondents]: Did your spouse graduate from a Wisconsin high school in 1957?
>curetst< Is R's current spouse retired? (From itemc78c on page 3)
Yes
Else
Next Module
>curetst< Is the spouse currently being discussed from a newly discovered (during this round of data collection) marriage AND did this spouse retire before the marriage began? (From items cu78f and c46@y on page 3 and 1 respectively)
>cu78f2< p. 6
Else
Yes

>cu78f2< Thinking about the time since your spouse retired compared to the years before he/she retired, would you say that your relationship with your spouse has been better, about the same, or not as good?

Next Module

SPOUSE MORTALITY CLOSEOUT

>cDOD@d/m/y< (I'm sorry to hear that.) When did [he/she] die? (INTERVIEWER: Don't probe for day or month. Enter day and/or month only if they are volunteered.) (NOTE: Date of death provided must coincide with or occur after the date of birth on record, if applicable, for the instrument to proceed without a logical inconsistency.)

>cMOR8< What was the cause of his/her death?

Else

Cancer

>cMOR8a< What kind of cancer was that?

>c28mortb< Would it be OK if we asked you a couple more questions about your deceased husband/wife?

Yes

Else >cendpre< p. 2

>c28mortc< Do we have this spouse's full name on record from previous data collection?

Else

No

>cMOR4@f/m/l< What was his/her complete name? (INTERVIEWER: Enter first, middle, and last name; do not probe.)

>c28mortd< Do we have this spouse's year of birth on record from previous data collection?

Else

No

>cMOR7@d/m/y< When was [name of spouse] born?

>cMOR9< Was there a kind of work he/she usually did?

Yes

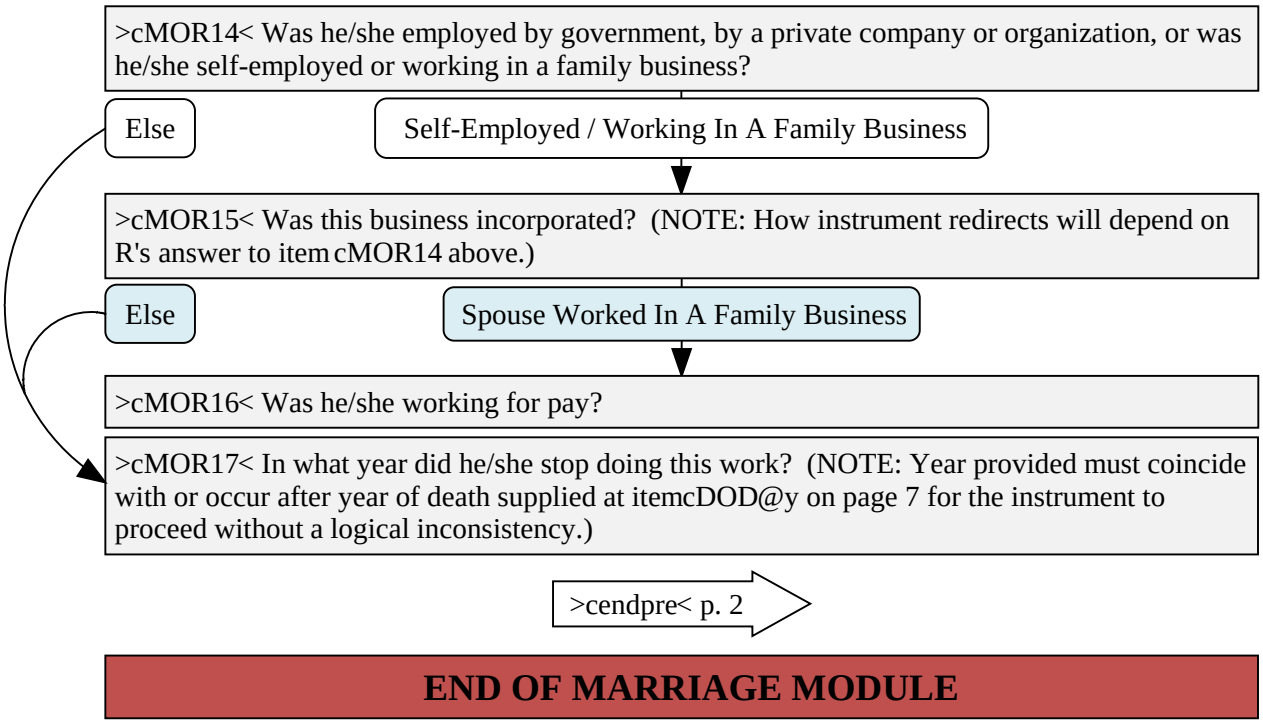
Else

>cMOR10< I'd like to know more about the last job he/she held when he/she was doing this usual kind of work. What kind of work did [name of spouse] do? (For example: electrical engineer; stock clerk; farmer) (INTERVIEWER: Do not probe)

>cMOR11< What were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete) (INTERVIEWER: Verify if response given above or probe if necessary)

>cMOR12< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm) (INTERVIEWER: Probe if necessary)

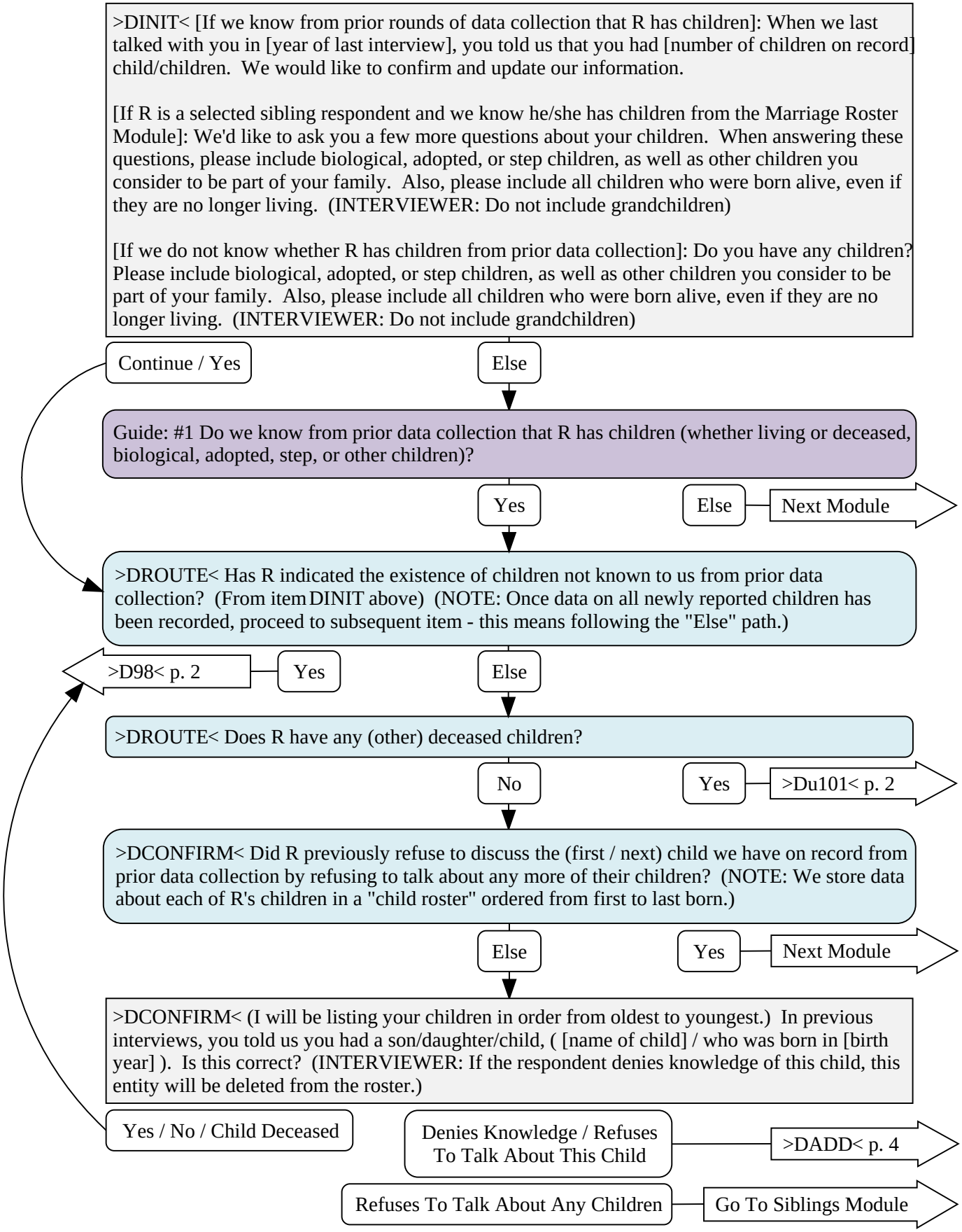
>cMOR13< Was this mainly manufacturing, wholesale trade, retail trade, or something else?

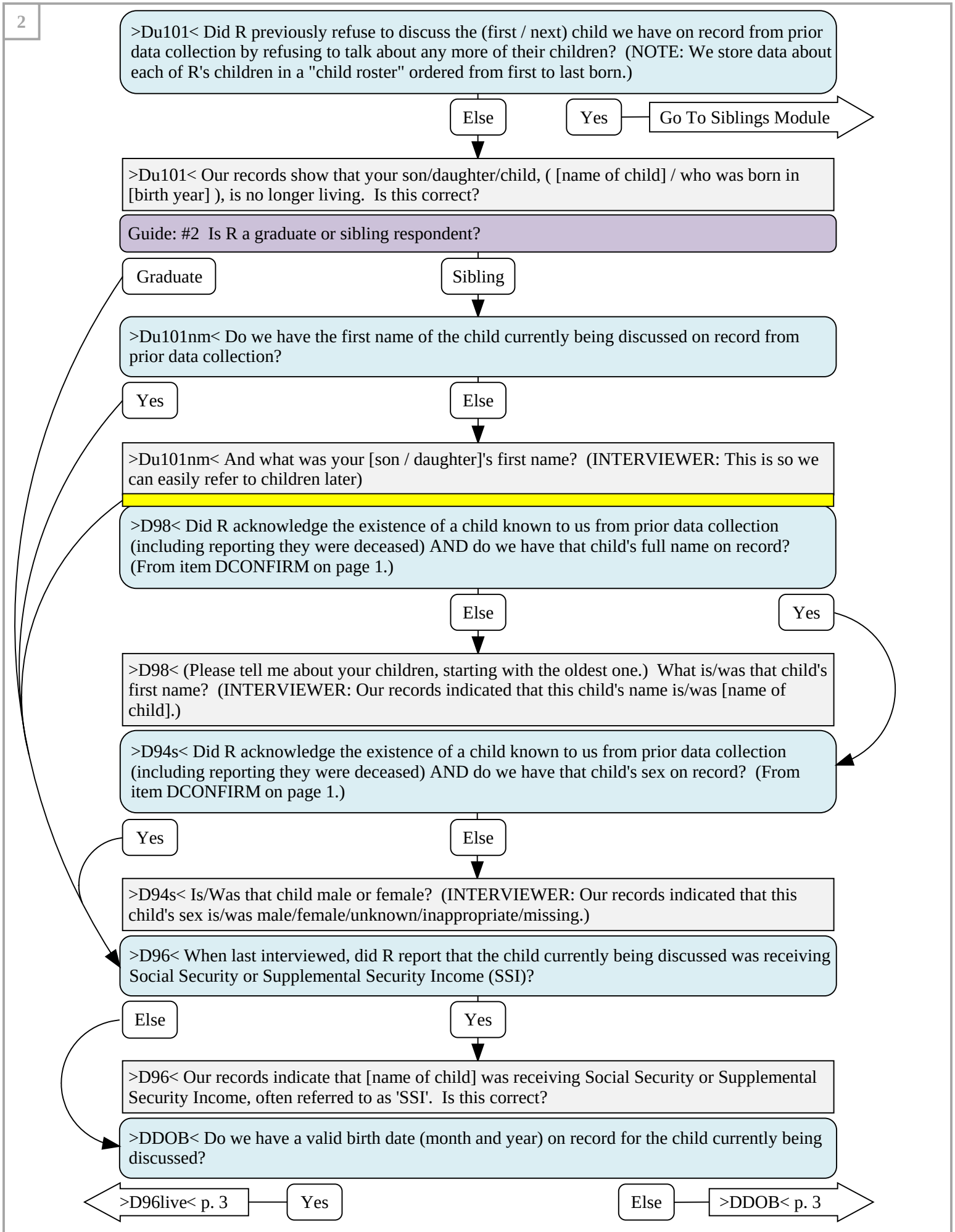


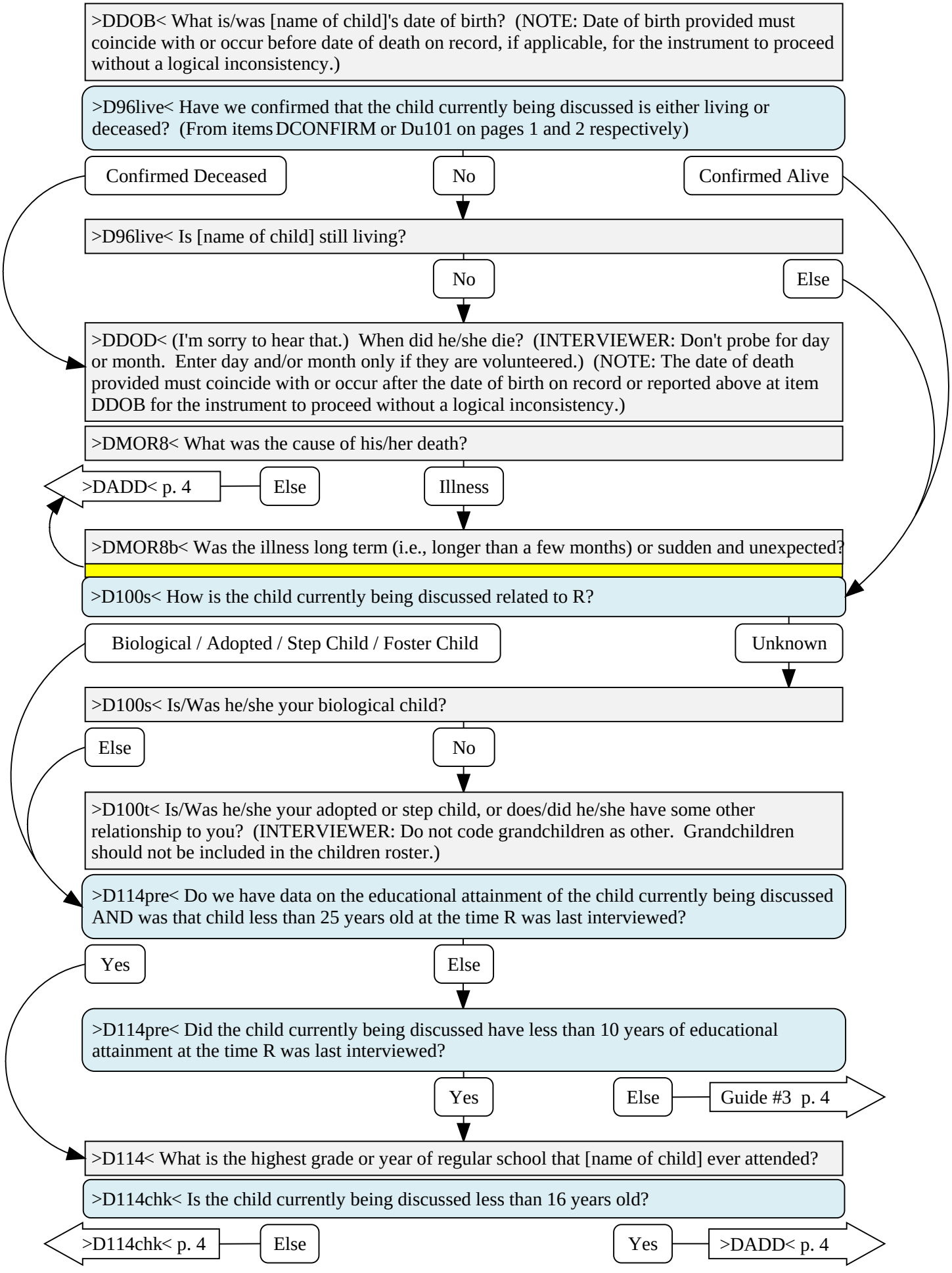
>cendpre< p. 2

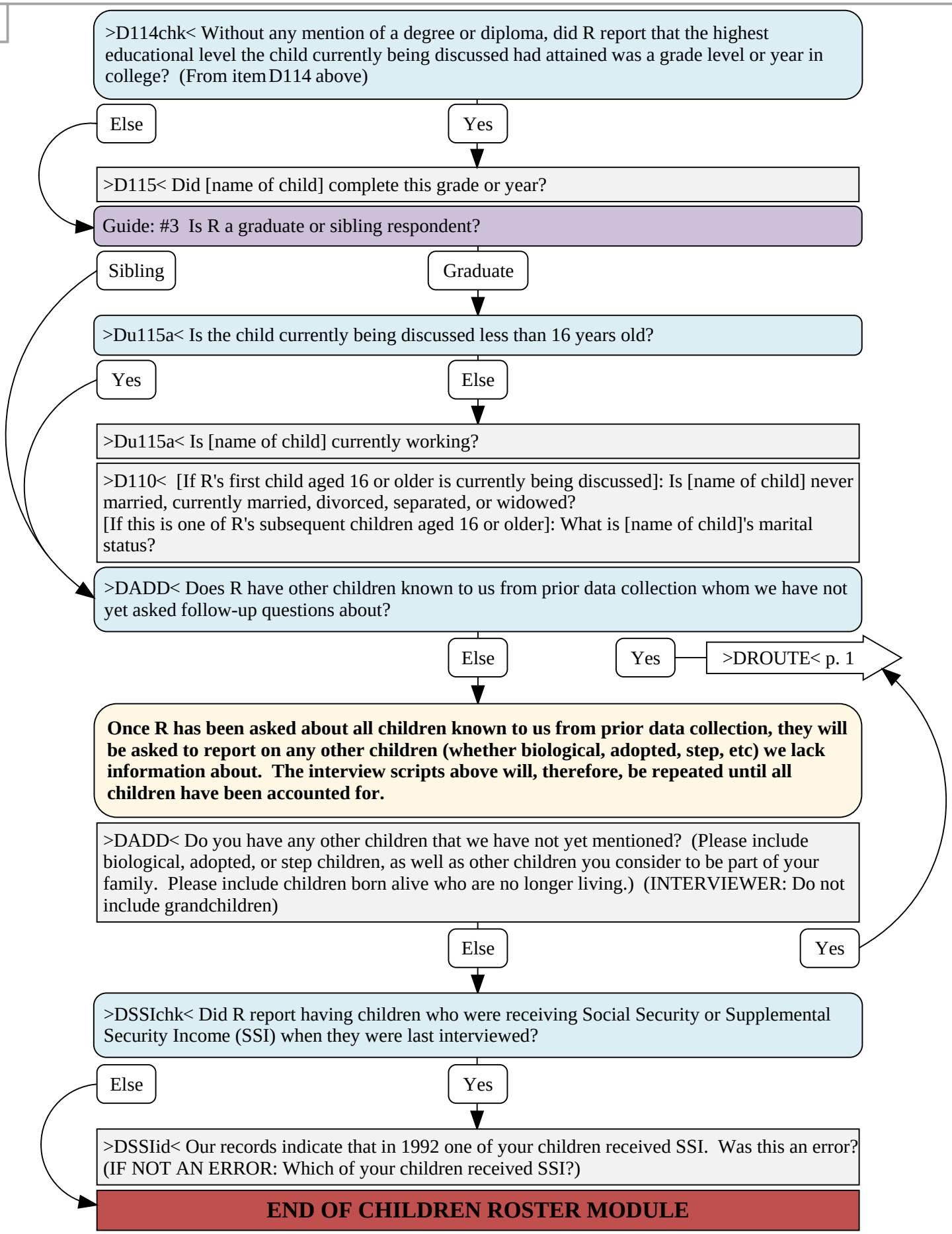
END OF MARRIAGE MODULE

CHILDREN ROSTER




>Du101< Did R previously refuse to discuss the (first / next) child we have on record from prior data collection by refusing to talk about any more of their children? (NOTE: We store data about each of R's children in a "child roster" ordered from first to last born.)
Else
Yes
Go To Siblings Module
>Du101< Our records show that your son/daughter/child, ([name of child] / who was born in [birth year]), is no longer living. Is this correct?
Guide: #2 Is R a graduate or sibling respondent?
Graduate
Sibling
>Du101nm< Do we have the first name of the child currently being discussed on record from prior data collection?
Yes
Else
>Du101nm< And what was your [son / daughter]'s first name? (INTERVIEWER: This is so we can easily refer to children later)
>D98< Did R acknowledge the existence of a child known to us from prior data collection (including reporting they were deceased) AND do we have that child's full name on record? (From item DCONFIRM on page 1.)
Else
Yes
>D98< (Please tell me about your children, starting with the oldest one.) What is/was that child's first name? (INTERVIEWER: Our records indicated that this child's name is/was [name of child].)
>D94s< Did R acknowledge the existence of a child known to us from prior data collection (including reporting they were deceased) AND do we have that child's sex on record? (From item DCONFIRM on page 1.)
Yes
Else
>D94s< Is/Was that child male or female? (INTERVIEWER: Our records indicated that this child's sex is/was male/female/unknown/inappropriate/missing.)
>D96< When last interviewed, did R report that the child currently being discussed was receiving Social Security or Supplemental Security Income (SSI)?
Else
Yes
>D96< Our records indicate that [name of child] was receiving Social Security or Supplemental Security Income, often referred to as 'SSI'. Is this correct?
>DDOB< Do we have a valid birth date (month and year) on record for the child currently being discussed?
>D96live< p. 3
Yes
Else
>DDOB< p. 3


>DDOB< What is/was [name of child]'s date of birth? (NOTE: Date of birth provided must coincide with or occur before date of death on record, if applicable, for the instrument to proceed without a logical inconsistency.)
>D96live< Have we confirmed that the child currently being discussed is either living or deceased? (From items DCONFIRM or Du101 on pages 1 and 2 respectively)
Confirmed Deceased
No
Confirmed Alive
>D96live< Is [name of child] still living?
No
Else
>DDOD< (I'm sorry to hear that.) When did he/she die? (INTERVIEWER: Don't probe for day or month. Enter day and/or month only if they are volunteered.) (NOTE: The date of death provided must coincide with or occur after the date of birth on record or reported above at item DDOB for the instrument to proceed without a logical inconsistency.)
>DMOR8< What was the cause of his/her death?
>DADD< p. 4
Else
Illness
>DMOR8b< Was the illness long term (i.e., longer than a few months) or sudden and unexpected?
>D100s< How is the child currently being discussed related to R?
Biological / Adopted / Step Child / Foster Child
Unknown
>D100s< Is/Was he/she your biological child?
Else
No
>D100t< Is/Was he/she your adopted or step child, or does/did he/she have some other relationship to you? (INTERVIEWER: Do not code grandchildren as other. Grandchildren should not be included in the children roster.)
>D114pre< Do we have data on the educational attainment of the child currently being discussed AND was that child less than 25 years old at the time R was last interviewed?
Yes
Else
>D114pre< Did the child currently being discussed have less than 10 years of educational attainment at the time R was last interviewed?
Yes
Else
Guide #3 p. 4
>D114< What is the highest grade or year of regular school that [name of child] ever attended?
>D114chk< Is the child currently being discussed less than 16 years old?
>D114chk< p. 4
Else
Yes
>DADD< p. 4


>D114chk< Without any mention of a degree or diploma, did R report that the highest educational level the child currently being discussed had attained was a grade level or year in college? (From item D114 above)
Else
Yes
>D115< Did [name of child] complete this grade or year?
Guide: #3 Is R a graduate or sibling respondent?
Sibling
Graduate
>Du115a< Is the child currently being discussed less than 16 years old?
Yes
Else
>Du115a< Is [name of child] currently working?
>D110< [If R's first child aged 16 or older is currently being discussed]: Is [name of child] never married, currently married, divorced, separated, or widowed?
[If this is one of R's subsequent children aged 16 or older]: What is [name of child]'s marital status?
>DADD< Does R have other children known to us from prior data collection whom we have not yet asked follow-up questions about?
Else
Yes
>DROUTE< p. 1
Once R has been asked about all children known to us from prior data collection, they will be asked to report on any other children (whether biological, adopted, step, etc) we lack information about. The interview scripts above will, therefore, be repeated until all children have been accounted for.
>DADD< Do you have any other children that we have not yet mentioned? (Please include biological, adopted, or step children, as well as other children you consider to be part of your family. Please include children born alive who are no longer living.) (INTERVIEWER: Do not include grandchildren)
Else
Yes
>DSSIchk< Did R report having children who were receiving Social Security or Supplemental Security Income (SSI) when they were last interviewed?
Else
Yes
>DSSIid< Our records indicate that in 1992 one of your children received SSI. Was this an error? (IF NOT AN ERROR: Which of your children received SSI?)
END OF CHILDREN ROSTER MODULE

NON-NORMATIVE CHILD SCREENER

>DR6pre< Has R ever reported having any children (whether biological, step, adopted, or otherwise)? (In other words, is there a valid entry - whether living or deceased - in the child roster?)

Yes

No → Next Module

>DR6pre< Parents face many challenges today raising their children. One goal of the study is to learn about the unique challenges faced by parents who have a son or daughter with a developmental disability or serious mental health problem.

The instrument will now cycle through all valid entries in the child roster (in chronological order, from first to last born) such that checks and/or questions are asked about each.

>Du115c< Not including foster children or children whose relationship with R is classified as "other", do we know from prior data collection that at least one (more) of R's children has been diagnosed with a non-normative condition (a serious mental health problem or developmental disability)?

Else

Yes

>Du115c< Was the non-normative condition reported during the 1992 round of data collection?

Else

Yes

>Du116c< In the 1992 interview, you indicated that [name of child] had [condition].....is this correct?

No; Wrong Condition

No; Child Has No Conditions

Yes

>Du116c2< Based on data already on record, is the child currently being discussed deceased?

Yes

Else

>Du116c2< Is this child limited in any way?

Yes

Else

>Du116d< Based on data already collected, did the child currently being discussed die before they were at least 13 years old?

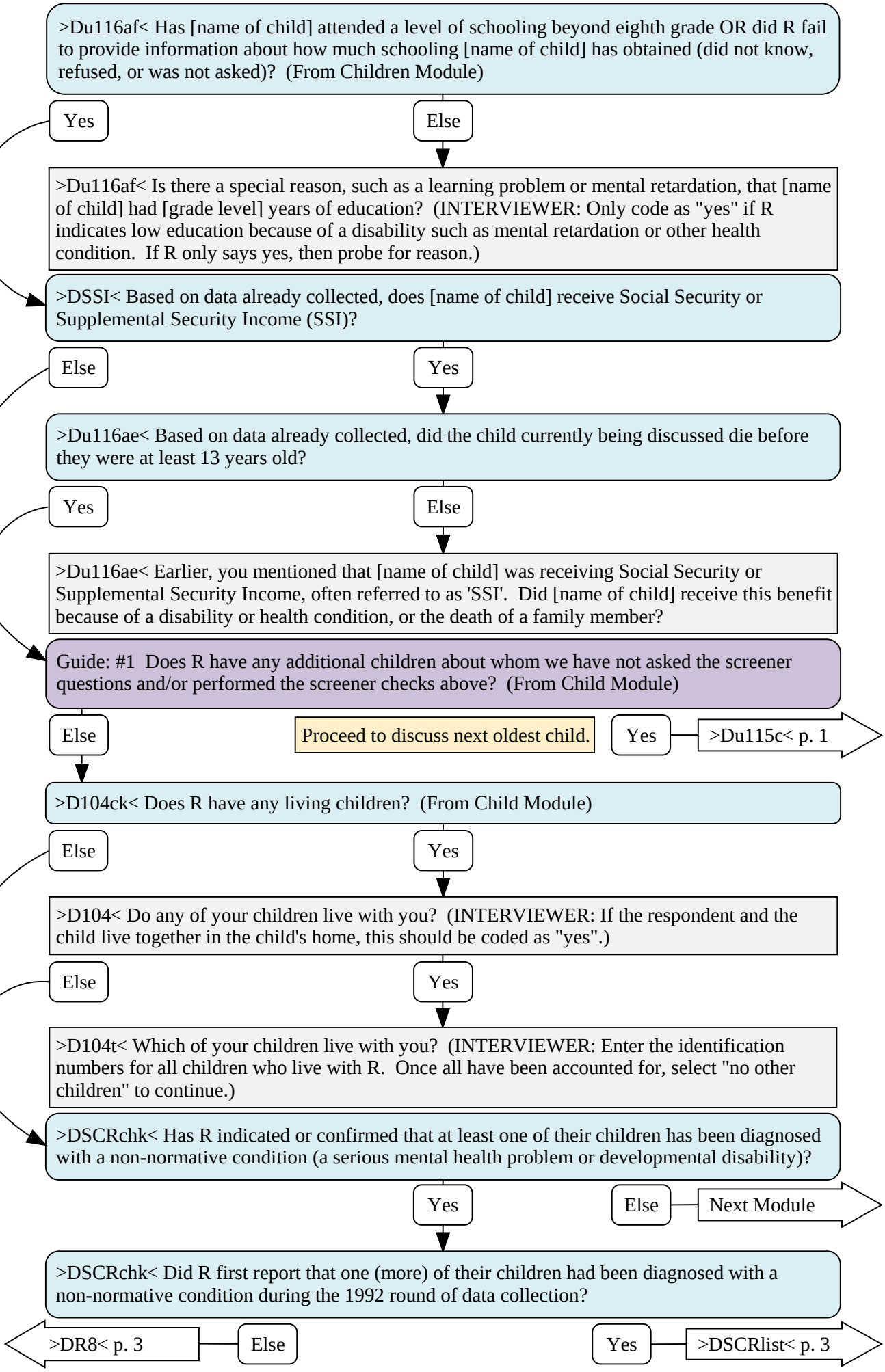
Yes

Else

>Du116d< (What about [name of child]?) Does/Did [name of child] have a developmental disability, such as autism, cerebral palsy, epilepsy, or mental retardation or has/did he/she ever had/have a LONG TERM SERIOUS mental health problem?
(INTERVIEWER: If response is depression, only code long term problems as yes, do not include mild or low-grade depression. If necessary: "Was this a long term problem or a single episode of depression?")

>Du116af< p. 2 ← Else

Yes → Guide #1 p. 2


>Du116af< Has [name of child] attended a level of schooling beyond eighth grade OR did R fail to provide information about how much schooling [name of child] has obtained (did not know, refused, or was not asked)? (From Children Module)
Yes
Else
>Du116af< Is there a special reason, such as a learning problem or mental retardation, that [name of child] had [grade level] years of education? (INTERVIEWER: Only code as "yes" if R indicates low education because of a disability such as mental retardation or other health condition. If R only says yes, then probe for reason.)
>DSSI< Based on data already collected, does [name of child] receive Social Security or Supplemental Security Income (SSI)?
Else
Yes
>Du116ae< Based on data already collected, did the child currently being discussed die before they were at least 13 years old?
Yes
Else
>Du116ae< Earlier, you mentioned that [name of child] was receiving Social Security or Supplemental Security Income, often referred to as 'SSI'. Did [name of child] receive this benefit because of a disability or health condition, or the death of a family member?
Guide: #1 Does R have any additional children about whom we have not asked the screener questions and/or performed the screener checks above? (From Child Module)
Else
Proceed to discuss next oldest child.
Yes
>Du115c< p. 1
>D104ck< Does R have any living children? (From Child Module)
Else
Yes
>D104< Do any of your children live with you? (INTERVIEWER: If the respondent and the child live together in the child's home, this should be coded as "yes".)
Else
Yes
>D104t< Which of your children live with you? (INTERVIEWER: Enter the identification numbers for all children who live with R. Once all have been accounted for, select "no other children" to continue.)
>DSCRchk< Has R indicated or confirmed that at least one of their children has been diagnosed with a non-normative condition (a serious mental health problem or developmental disability)?
Yes
Else
Next Module
>DSCRchk< Did R first report that one (more) of their children had been diagnosed with a non-normative condition during the 1992 round of data collection?
>DR8< p. 3
Else
Yes
>DSCRlist< p. 3

>DSCRlist< Our records indicate that in 1992 one of your children had [condition]. Was this an error? (INTERVIEWER: If not an error, ask "Which of your children suffered from a condition?")

>DR8< Was R interviewed about the non-normative condition of one (more) of their children during the 1992 round of data collection AND was R unable to provide complete information in response to that set of questions? (NOTE: An answer of "yes" here presupposes that R belongs to the "218 sample" of respondents who were identified as having non-normative children during the 1992 round of data collection.)

Else → >DR8< Was R interviewed about the non-normative condition of one (more) of their children during the 1992 round of data collection AND did R provide complete information?

Yes → >DR8< Was R interviewed about the non-normative condition of one (more) of their children during the 1992 round of data collection AND did R provide complete information?

>DR8< Was R interviewed about the non-normative condition of one (more) of their children during the 1992 round of data collection AND did R provide complete information?

Else / (Newly Identified Case) → >Du116cc< (NOTE: Here, the interviewer will be presented with the non-normative classification that best fits the data we have on record for the child currently being discussed; based on their training, the interviewer will select the appropriate path.)
INTERVIEWER: Please enter the code that corresponds to the text listed below. DO NOT READ. [Suspected non-normative condition]
<1> Group Home <2> Epilepsy <3> Brain Injury <4> Depression
<5> Ambiguous Mental Illness (MI) <6> Slow Learner <7> Handicapped
<8> Special Education

Yes → >DCONTACT< p. 7

>Du116cc< (NOTE: Here, the interviewer will be presented with the non-normative classification that best fits the data we have on record for the child currently being discussed; based on their training, the interviewer will select the appropriate path.)
INTERVIEWER: Please enter the code that corresponds to the text listed below. DO NOT READ. [Suspected non-normative condition]
<1> Group Home <2> Epilepsy <3> Brain Injury <4> Depression
<5> Ambiguous Mental Illness (MI) <6> Slow Learner <7> Handicapped
<8> Special Education

1 / 8 → >Du116f1< [If R indicated the child currently being discussed only attended school up to eighth grade because of a learning problem or mental retardation]: Earlier, you mentioned that [name of child] [had / had or has] a disability or health condition. What was/is the condition?

5 → >Du116q< p. 5

6 → >Du116n< p. 5

7 → >Du116ap< p. 4

2 → >Du116ag< p. 4

3 → >Du116ah1< p. 4

4 → >Du116x< p. 6

>Du116f1< [If R indicated the child currently being discussed only attended school up to eighth grade because of a learning problem or mental retardation]: Earlier, you mentioned that [name of child] [had / had or has] a disability or health condition. What was/is the condition?

[If R confirmed the past or current presence of a non-normative condition we first recorded during the 1992 round of data collection]: Earlier, you mentioned that [name of child] had [condition].
[If R indicated the presence of a non-normative condition not previously known to us]: Earlier, you mentioned that [name of child] [had / had or has] a developmental disability or a serious mental health problem.

[If interviewer indicated the child currently being discussed lives in a group home]: What is/was the specific condition that required [name of child] to live in this facility?
[If interviewer indicated the child currently being discussed received special education]: What was the specific condition that required [name of child] to attend special education?
[Else]: What was/is the condition?

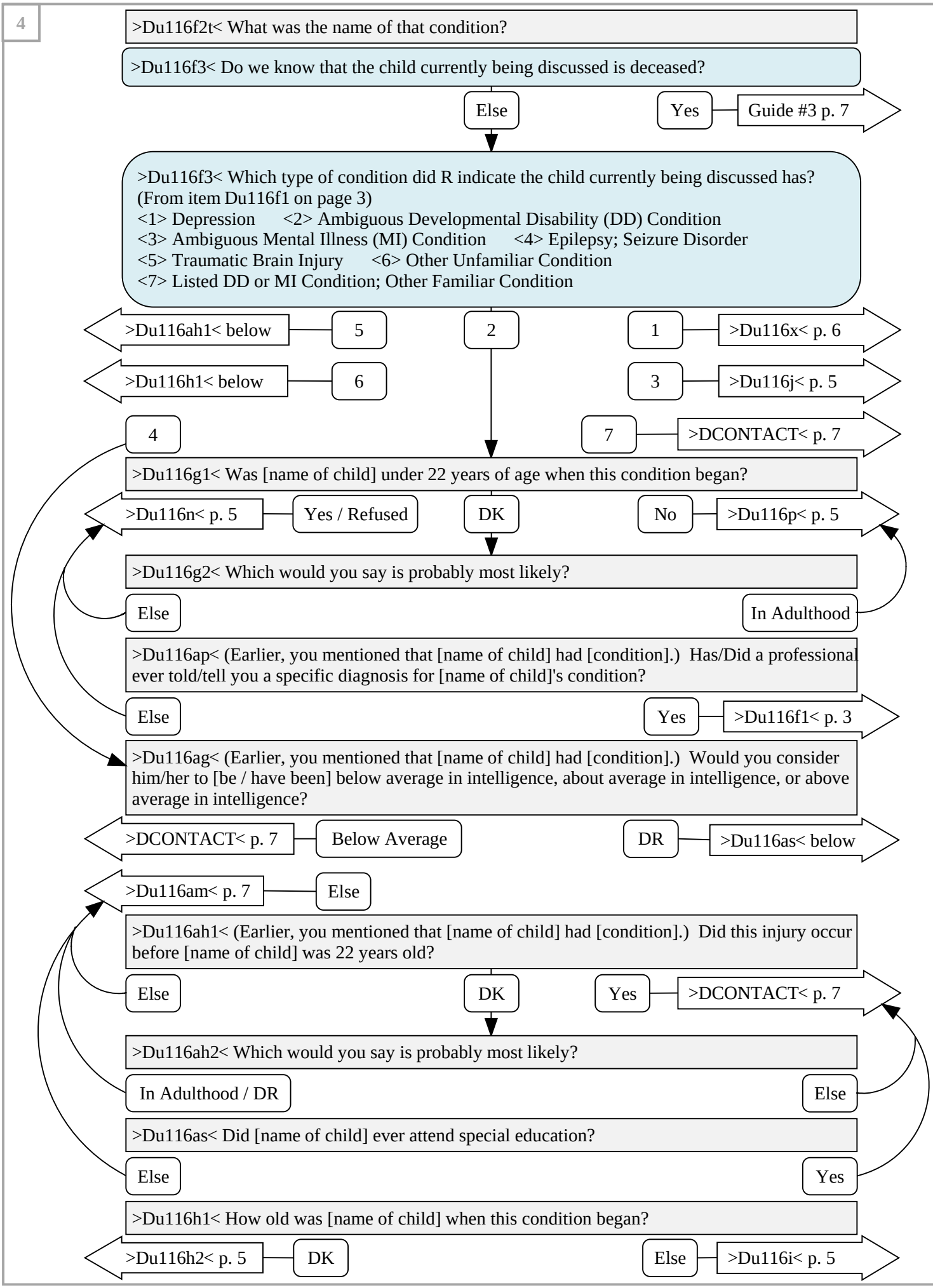
[If R indicated that the child currently being discussed received Social Security or Supplemental Security Income]: Previously, you mentioned that [name of child] received a benefit because of a disability or health condition. What was the specific condition?

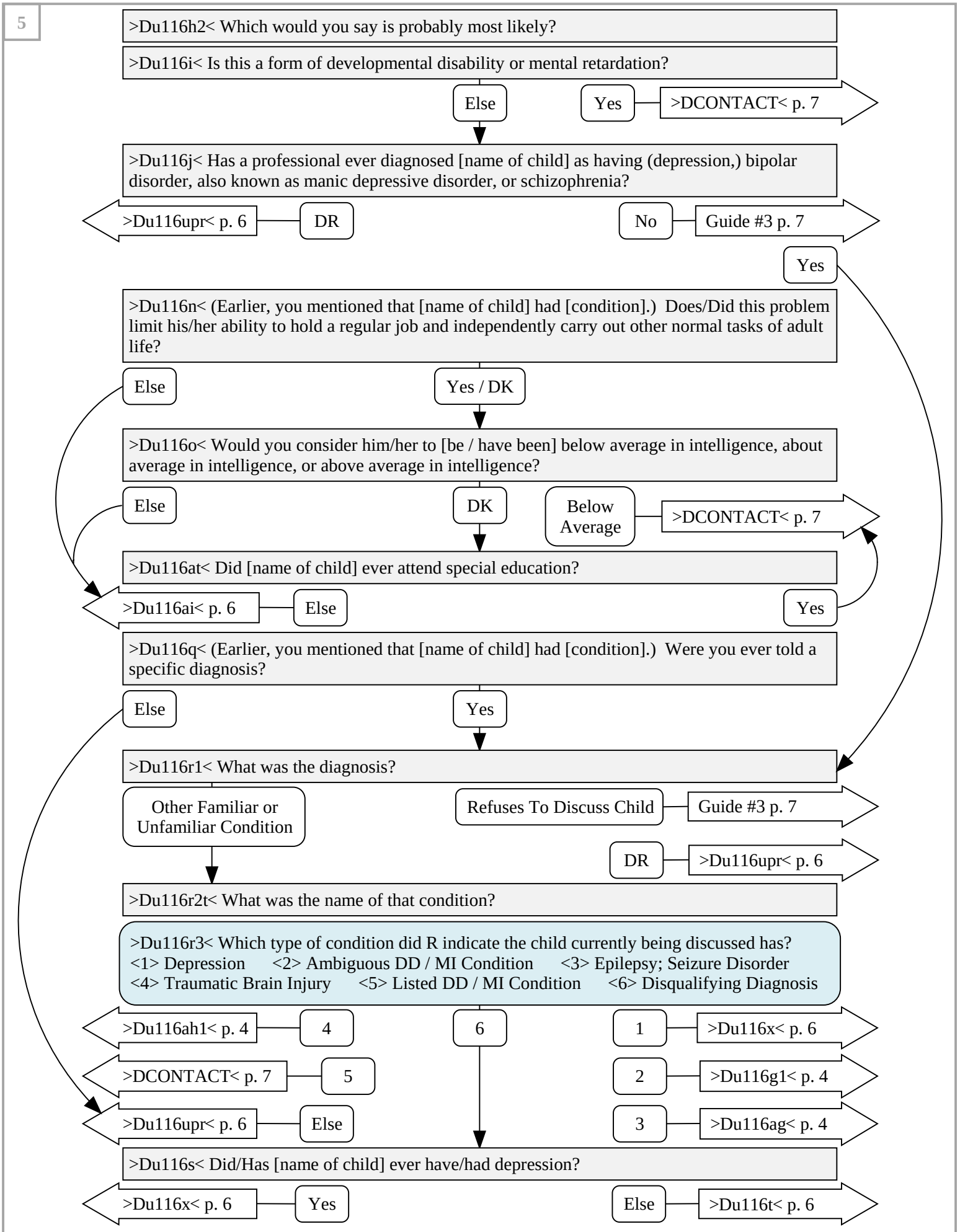
DR → >Du116al1< p. 6

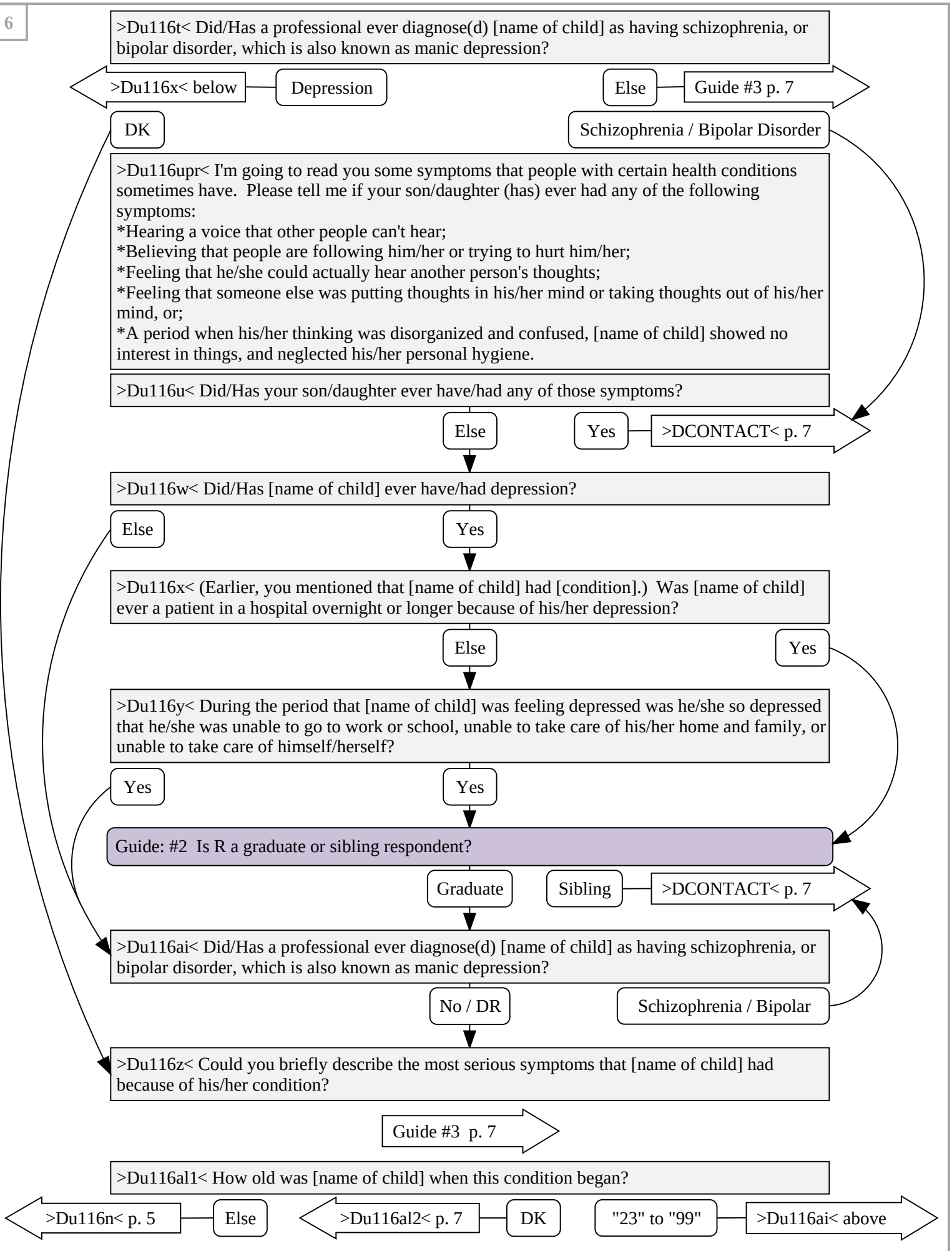
Else → >Du116f3< p. 4

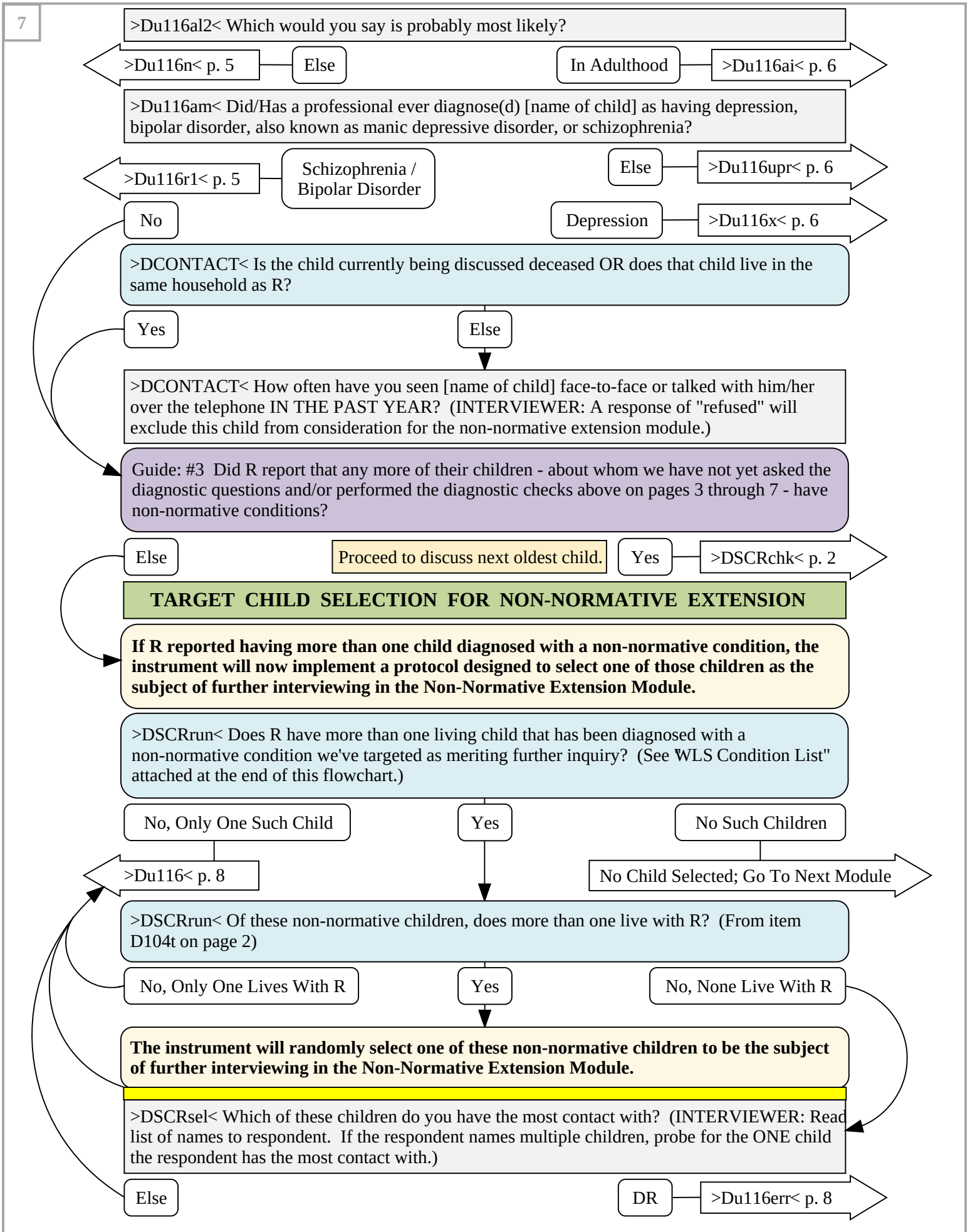
Refuses To Discuss Child → Guide #3 p. 7

Other Familiar or Unfamiliar Condition → >Du116f2t< p. 4


>Du116f2t< What was the name of that condition?
>Du116f3< Do we know that the child currently being discussed is deceased?
Else
Yes
Guide #3 p. 7
>Du116f3< Which type of condition did R indicate the child currently being discussed has? (From item Du116f1 on page 3)
<1> Depression <2> Ambiguous Developmental Disability (DD) Condition
<3> Ambiguous Mental Illness (MI) Condition <4> Epilepsy; Seizure Disorder
<5> Traumatic Brain Injury <6> Other Unfamiliar Condition
<7> Listed DD or MI Condition; Other Familiar Condition
>Du116ah1< below
5
2
1
>Du116x< p. 6
>Du116h1< below
6
3
>Du116j< p. 5
4
7
>DCONTACT< p. 7
>Du116g1< Was [name of child] under 22 years of age when this condition began?
>Du116n< p. 5
Yes / Refused
DK
No
>Du116p< p. 5
>Du116g2< Which would you say is probably most likely?
Else
In Adulthood
>Du116ap< (Earlier, you mentioned that [name of child] had [condition].) Has/Did a professional ever told/tell you a specific diagnosis for [name of child]'s condition?
Else
Yes
>Du116f1< p. 3
>Du116ag< (Earlier, you mentioned that [name of child] had [condition].) Would you consider him/her to [be / have been] below average in intelligence, about average in intelligence, or above average in intelligence?
>DCONTACT< p. 7
Below Average
DR
>Du116as< below
>Du116am< p. 7
Else
>Du116ah1< (Earlier, you mentioned that [name of child] had [condition].) Did this injury occur before [name of child] was 22 years old?
Else
DK
Yes
>DCONTACT< p. 7
>Du116ah2< Which would you say is probably most likely?
In Adulthood / DR
Else
>Du116as< Did [name of child] ever attend special education?
Else
Yes
>Du116h1< How old was [name of child] when this condition began?
>Du116h2< p. 5
DK
Else
>Du116i< p. 5


>Du116h2< Which would you say is probably most likely?
>Du116i< Is this a form of developmental disability or mental retardation?
Else
Yes
>DCONTACT< p. 7
>Du116j< Has a professional ever diagnosed [name of child] as having (depression,) bipolar disorder, also known as manic depressive disorder, or schizophrenia?
>Du116upr< p. 6
DR
No
Guide #3 p. 7
Yes
>Du116n< (Earlier, you mentioned that [name of child] had [condition].) Does/Did this problem limit his/her ability to hold a regular job and independently carry out other normal tasks of adult life?
Else
Yes / DK
>Du116o< Would you consider him/her to [be / have been] below average in intelligence, about average in intelligence, or above average in intelligence?
Else
DK
Below Average
>DCONTACT< p. 7
>Du116at< Did [name of child] ever attend special education?
>Du116ai< p. 6
Else
Yes
>Du116q< (Earlier, you mentioned that [name of child] had [condition].) Were you ever told a specific diagnosis?
Else
Yes
>Du116r1< What was the diagnosis?
Other Familiar or Unfamiliar Condition
Refuses To Discuss Child
Guide #3 p. 7
DR
>Du116upr< p. 6
>Du116r2t< What was the name of that condition?
>Du116r3< Which type of condition did R indicate the child currently being discussed has?
<1> Depression <2> Ambiguous DD / MI Condition <3> Epilepsy; Seizure Disorder
<4> Traumatic Brain Injury <5> Listed DD / MI Condition <6> Disqualifying Diagnosis
>Du116ah1< p. 4
4
6
1
>Du116x< p. 6
>DCONTACT< p. 7
5
2
>Du116g1< p. 4
>Du116upr< p. 6
Else
3
>Du116ag< p. 4
>Du116s< Did/Has [name of child] ever have/had depression?
>Du116x< p. 6
Yes
Else
>Du116t< p. 6


>Du116t< Did/Has a professional ever diagnose(d) [name of child] as having schizophrenia, or bipolar disorder, which is also known as manic depression?
>Du116x< below
Depression
Else
Guide #3 p. 7
DK
Schizophrenia / Bipolar Disorder
>Du116upr< I'm going to read you some symptoms that people with certain health conditions sometimes have. Please tell me if your son/daughter (has) ever had any of the following symptoms:
*Hearing a voice that other people can't hear;
*Believing that people are following him/her or trying to hurt him/her;
*Feeling that he/she could actually hear another person's thoughts;
*Feeling that someone else was putting thoughts in his/her mind or taking thoughts out of his/her mind, or;
*A period when his/her thinking was disorganized and confused, [name of child] showed no interest in things, and neglected his/her personal hygiene.
>Du116u< Did/Has your son/daughter ever have/had any of those symptoms?
Else
Yes
>DCONTACT< p. 7
>Du116w< Did/Has [name of child] ever have/had depression?
Else
Yes
>Du116x< (Earlier, you mentioned that [name of child] had [condition].) Was [name of child] ever a patient in a hospital overnight or longer because of his/her depression?
Else
Yes
>Du116y< During the period that [name of child] was feeling depressed was he/she so depressed that he/she was unable to go to work or school, unable to take care of his/her home and family, or unable to take care of himself/herself?
Yes
Yes
Guide: #2 Is R a graduate or sibling respondent?
Graduate
Sibling
>DCONTACT< p. 7
>Du116ai< Did/Has a professional ever diagnose(d) [name of child] as having schizophrenia, or bipolar disorder, which is also known as manic depression?
No / DR
Schizophrenia / Bipolar
>Du116z< Could you briefly describe the most serious symptoms that [name of child] had because of his/her condition?
Guide #3 p. 7
>Du116al1< How old was [name of child] when this condition began?
>Du116n< p. 5
Else
>Du116al2< p. 7
DK
"23" to "99"
>Du116ai< above


>Du116al2< Which would you say is probably most likely?
>Du116n< p. 5
Else
In Adulthood
>Du116ai< p. 6
>Du116am< Did/Has a professional ever diagnose(d) [name of child] as having depression, bipolar disorder, also known as manic depressive disorder, or schizophrenia?
>Du116r1< p. 5
Schizophrenia / Bipolar Disorder
Else
>Du116upr< p. 6
No
Depression
>Du116x< p. 6
>DCONTACT< Is the child currently being discussed deceased OR does that child live in the same household as R?
Yes
Else
>DCONTACT< How often have you seen [name of child] face-to-face or talked with him/her over the telephone IN THE PAST YEAR? (INTERVIEWER: A response of "refused" will exclude this child from consideration for the non-normative extension module.)
Guide: #3 Did R report that any more of their children - about whom we have not yet asked the diagnostic questions and/or performed the diagnostic checks above on pages 3 through 7 - have non-normative conditions?
Else
Proceed to discuss next oldest child.
Yes
>DSCRchk< p. 2
TARGET CHILD SELECTION FOR NON-NORMATIVE EXTENSION
If R reported having more than one child diagnosed with a non-normative condition, the instrument will now implement a protocol designed to select one of those children as the subject of further interviewing in the Non-Normative Extension Module.
>DSCRrun< Does R have more than one living child that has been diagnosed with a non-normative condition we've targeted as meriting further inquiry? (See "WLS Condition List" attached at the end of this flowchart.)
No, Only One Such Child
Yes
No Such Children
>Du116< p. 8
No Child Selected; Go To Next Module
>DSCRrun< Of these non-normative children, does more than one live with R? (From item D104t on page 2)
No, Only One Lives With R
Yes
No, None Live With R
The instrument will randomly select one of these non-normative children to be the subject of further interviewing in the Non-Normative Extension Module.
>DSCRsel< Which of these children do you have the most contact with? (INTERVIEWER: Read list of names to respondent. If the respondent names multiple children, probe for the ONE child the respondent has the most contact with.)
Else
DR
>Du116err< p. 8

>Du116< Later in the interview, we will be asking you some more questions about...[name of selected non-normative child]...as part of our ongoing interest in challenges faced by parents who have a child with a disability or mental health problem.

Next Module

>Du116err< INTERVIEWER: We have been unable to select a child with a condition.

END OF NON-NORMATIVE CHILD SCREENER MODULE

WLS CONDITION LIST

***The codes for all non-normative conditions screened by the Wisconsin Longitudinal Study during the 2003 round of data collection are as follows (conditions targeted for additional inquiry in the Non-Normative Extension Module in green, italicized font)*:**

101 *= ASPERGER'S SYNDROME*
102 *= AUTISM*
103 *= CEREBRAL PALSY*
104 *= COGNITIVE DISABILITY*
105 *= DEVELOPMENTAL DISABILITY*
106 *= DOWN SYNDROME*
107 *= FETAL ALCOHOL SYNDROME*
108 *= FRAGILE X SYNDROME*
109 *= HYDROCEPHALUS*
110 *= INTELLECTUAL DISABILITY*
111 *= INTELLECTUAL IMPAIRMENT*
112 *= MENTAL HANDICAP*
113 *= MENTAL RETARDATION*
114 *= MENTAL DISABILITY*
115 *= MENTAL IMPAIRMENT*
116 *= MICROCEPHALY*
117 *= MUSCULAR DYSTROPHY*
118 *= PERVASIVE DEVELOPMENTAL DISORDER*
119 *= PRADER-WILLI SYNDROME*
120 *= RETARDATION*
121 *= SPINA BIFIDA*
178 *= RETT'S DISORDER*

222 = ATTENTION DEFICIT DISORDER (ADD)
223 = ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)
224 = HANDICAPPED
225 = HYPERACTIVITY
226 = LEARNING DISABILITY/PROBLEMS (LD)
227 = MENTAL PROBLEMS
228 = SLOW IN SCHOOL / SLOW LEARNER / SLOW
229 *= SPECIAL EDUCATION / SPECIAL*
230 = SPEECH PROBLEMS

331 *= EPILEPSY*
332 *= SEIZURE DISORDER*

433 *= BRAIN DAMAGE*
434 *= BRAIN INJURY / BRAIN INJURED*
435 *= CLOSED HEAD INJURY*
436 *= HEAD INJURY*
437 *= TRAUMATIC BRAIN INJURY / BRAIN INJURY*

538 *= BIPOLAR DISORDER (MANIC DEPRESSIVE DISORDER)*
539 *= CYCLOTHYMIA*
540 *= DELUSIONAL DISORDER*
542 *= SCHIZOPHRENIA / SCHIZOAFFECTIVE / SCHIZOPHRENIFORM DISORDER*
543 *= PSYCHOTIC DISORDER / PSYCHOSIS*

644 = AGORAPHOBIA
645 = ALCOHOLISM
646 = ALZHEIMER'S
647 = ANOREXIA OR ANOREXIA NERVOSA
648 = BULIMIA
649 = EATING DISORDER
650 = ANXIETY OR ANXIETY DISORDER
651 = BORDERLINE PERSONALITY DISORDER
652 = DEMENTIA
653 = DRUG ABUSE
654 = GAMBLING PROBLEM OR PATHOLOGICAL GAMBLING
655 = OBSESSIVE COMPULSIVE DISORDER (OCD)
656 = PANIC ATTACKS/DISORDER
657 = PERSONALITY DISORDER
658 = PHOBIA
659 = POSTTRAUMATIC STRESS DISORDER (PTSD)
660 = SLEEP DISORDER (INSOMNIA)
661 = SOMATIZATION
662 = DEPRESSION (VOLUNTEERED THAT THIS IS MILD DEPRESSION)
663 = DYSTHYMIA

762 = BIOCHEMICAL PROBLEM

763 = BRAIN DISORDER
764 = BREAKDOWN
765 = CHEMICAL IMBALANCE
766 = EMOTIONAL PROBLEM / DISORDER
767 = MANIC
768 = MENTAL BREAKDOWN
769 = MOOD PROBLEM/DISORDER
770 = MENTALLY ILL
771 = MENTAL HEALTH PROBLEMS
772 = NERVES / NERVOUS CONDITION
773 = PARANOID / PARANOIA
774 = PSYCHOLOGICAL PROBLEMS
779 = ATTEMPTED SUICIDE

875 *= DEPRESSION*

976 = OTHER UNFAMILIAR CONDITION
977 = OTHER FAMILIAR CONDITION, e.g.
PHYSICALLY DISABLED, DIABETES,
OBESITY, HEART DISEASE, ULCERS

SELECTED CHILD

CHECK FOR ELIGIBLE SELECTED CHILD / QUESTIONS ABOUT ALL CHILDREN

For R's who reported having children during previous rounds of data collection, a 'selected child' has been pre-designated for more detailed inquiry. So long as the 'selected child', whether being reported as dead or alive during the Children Roster Module, remains a valid entry in the child roster, the Selected Child Module will be entered. If, however, the R claims our record of their having that child is incorrect or denies knowledge of him/her, the Selected Child Module will be skipped.

Guide: #1 Has R ever reported having any children (whether biological, step, adopted, or otherwise)? (In other words, is there a valid entry in the child roster?)

Yes

Else → Next Module

Guide: #2 Is R a graduate or sibling respondent?

Sibling

Graduate

>D16RND< Does R belong to the randomly drawn, 50% sub-sample of cases selected to receive questions about how all of their children (or child) interact(s) with them? (In other words, is RN10FLAG not equal to zero?)

Else

Yes

>DLIVE16< Does R have any living children who are at least 16 years old? (From Child Module)

Else

Yes

>DLIVE16< Is there only ONE valid entry in the child roster for R?

Else

Yes

>Du118fa< In the next few questions, we want you to think about [your child / all of your children] who is/are 16 years old or older.

>Du118f< How much does/do your child(ren) make you feel loved and cared for? A great deal, quite a bit, some, a little, or not at all?

>Du118g< How much do you feel he/she/they make(s) too many demands on you? (A great deal, quite a bit, some, a little, or not at all?)

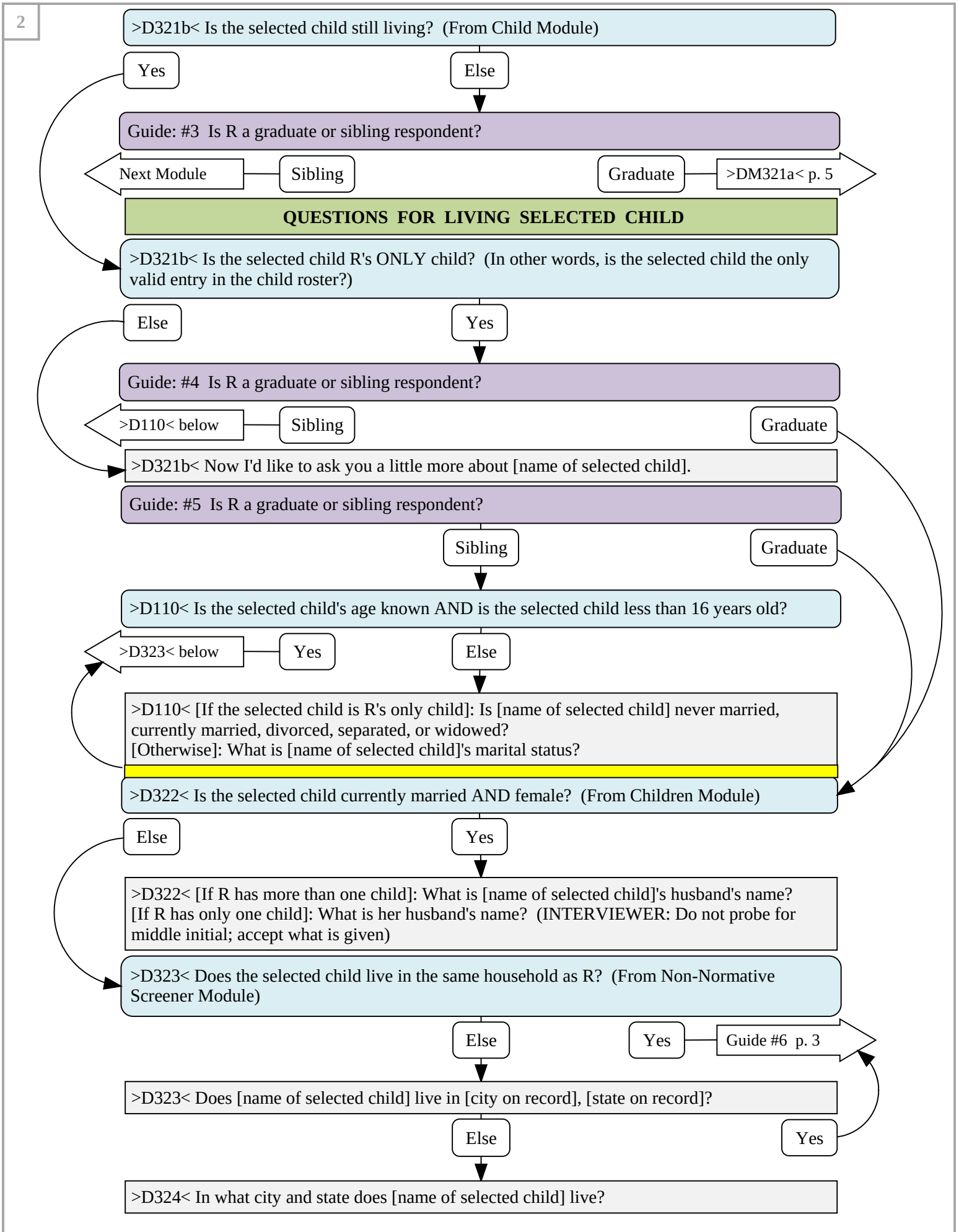
>Du118h< How much is/are he/she/they willing to listen when you need to talk about worries or problems? (A great deal, quite a bit, some, a little, or not at all?)

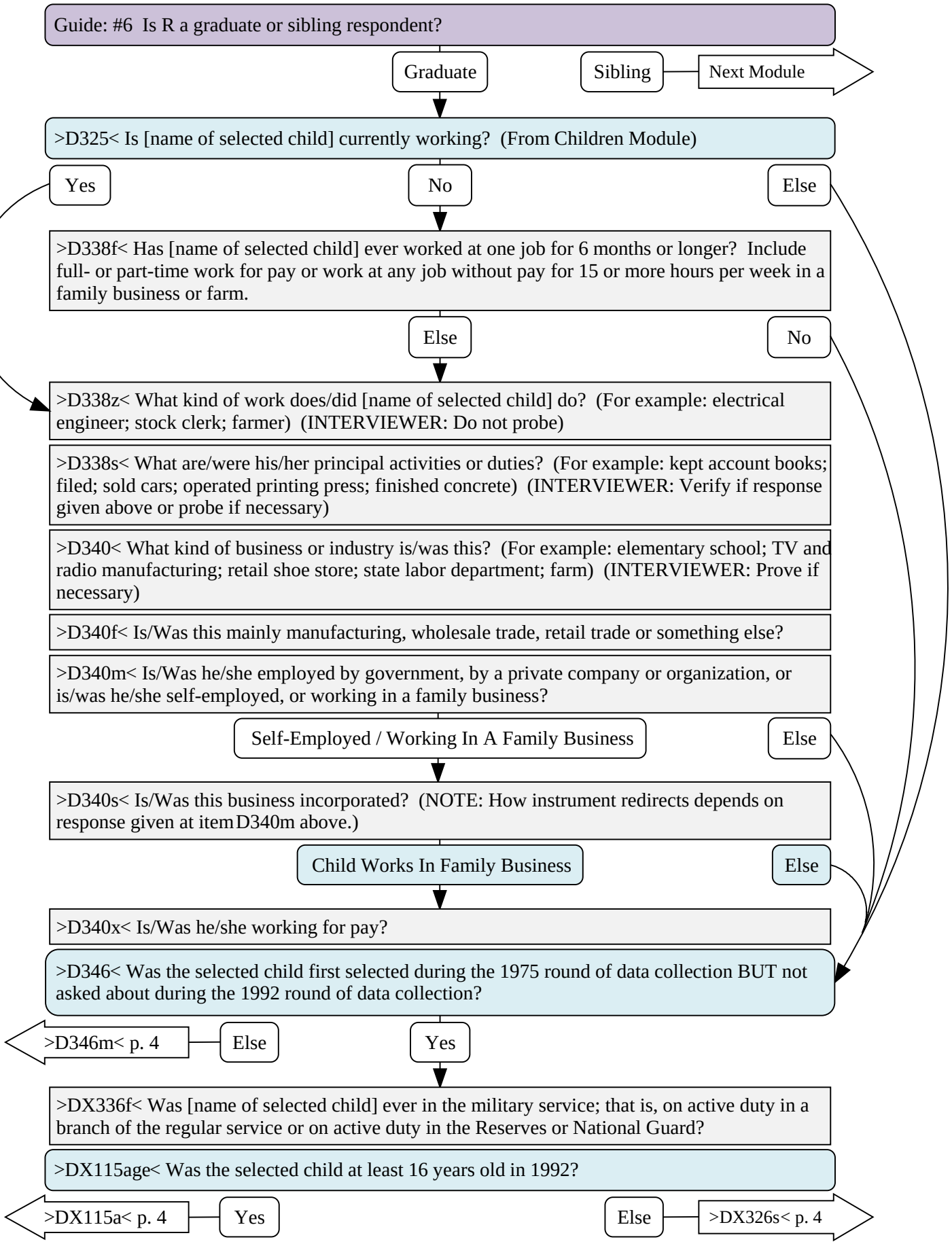
>Du118i< How much is/are he/she/they critical of what you do? (A great deal, quite a bit, some, a little, or not at all?)

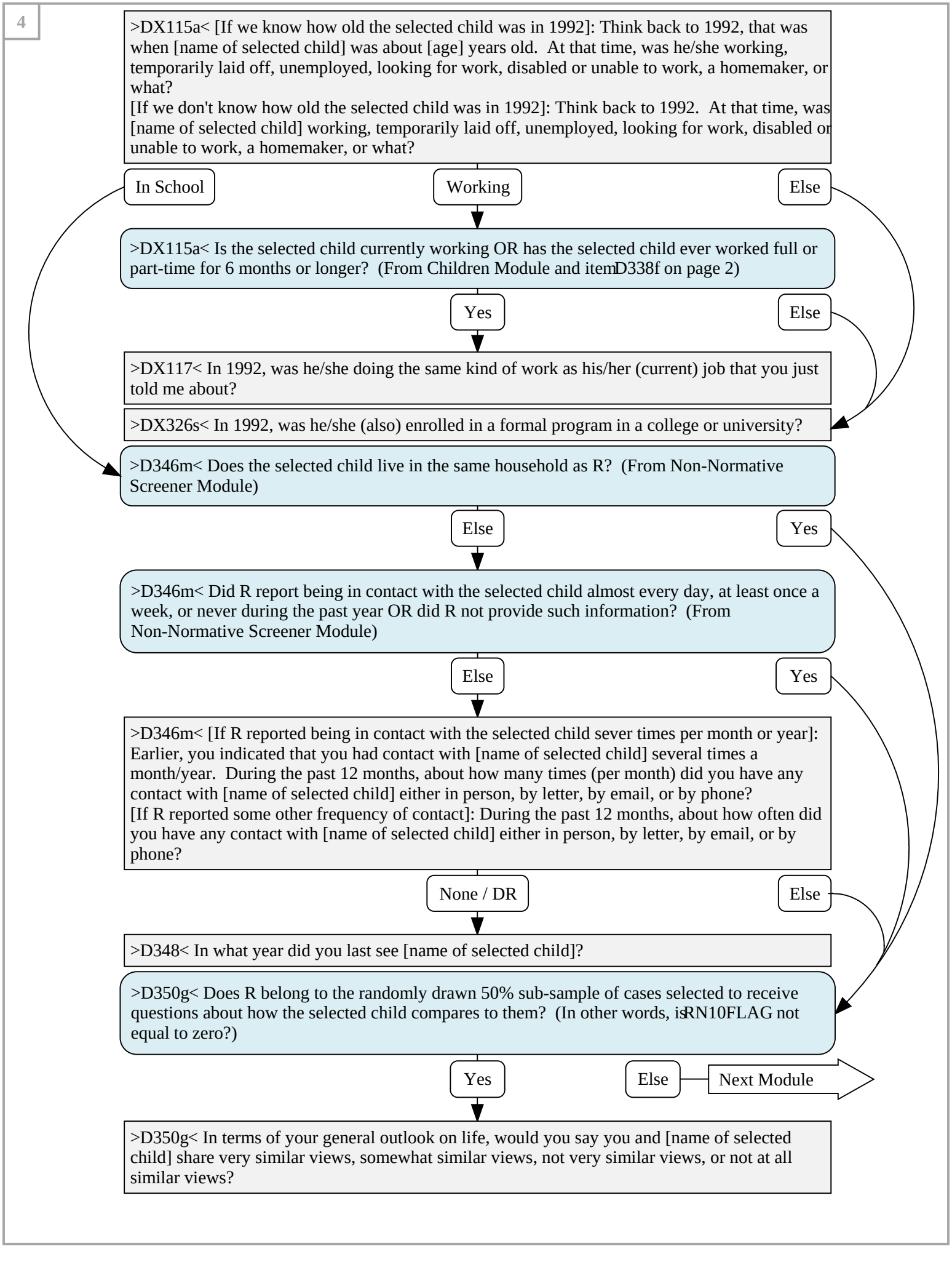
>DS1< Was one of R's children deemed the "selected child" during a previous round of data collection AND was R willing to talk about that child during the Child Module (did not refuse to do so)?

>D321b< p. 2 ← Yes

Else → Next Module


>D321b< Is the selected child still living? (From Child Module)
Yes
Else
Guide: #3 Is R a graduate or sibling respondent?
Next Module
Sibling
Graduate
>DM321a< p. 5
QUESTIONS FOR LIVING SELECTED CHILD
>D321b< Is the selected child R's ONLY child? (In other words, is the selected child the only valid entry in the child roster?)
Else
Yes
Guide: #4 Is R a graduate or sibling respondent?
>D110< below
Sibling
Graduate
>D321b< Now I'd like to ask you a little more about [name of selected child].
Guide: #5 Is R a graduate or sibling respondent?
Sibling
Graduate
>D110< Is the selected child's age known AND is the selected child less than 16 years old?
>D323< below
Yes
Else
>D110< [If the selected child is R's only child]: Is [name of selected child] never married, currently married, divorced, separated, or widowed?
[Otherwise]: What is [name of selected child]'s marital status?
>D322< Is the selected child currently married AND female? (From Children Module)
Else
Yes
>D322< [If R has more than one child]: What is [name of selected child]'s husband's name?
[If R has only one child]: What is her husband's name? (INTERVIEWER: Do not probe for middle initial; accept what is given)
>D323< Does the selected child live in the same household as R? (From Non-Normative Screener Module)
Else
Yes
Guide #6 p. 3
>D323< Does [name of selected child] live in [city on record], [state on record]?
Else
Yes
>D324< In what city and state does [name of selected child] live?


Guide: #6 Is R a graduate or sibling respondent?
Graduate
Sibling
Next Module
>D325< Is [name of selected child] currently working? (From Children Module)
Yes
No
Else
>D338f< Has [name of selected child] ever worked at one job for 6 months or longer? Include full- or part-time work for pay or work at any job without pay for 15 or more hours per week in a family business or farm.
Else
No
>D338z< What kind of work does/did [name of selected child] do? (For example: electrical engineer; stock clerk; farmer) (INTERVIEWER: Do not probe)
>D338s< What are/were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete) (INTERVIEWER: Verify if response given above or probe if necessary)
>D340< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm) (INTERVIEWER: Prove if necessary)
>D340f< Is/Was this mainly manufacturing, wholesale trade, retail trade or something else?
>D340m< Is/Was he/she employed by government, by a private company or organization, or is/was he/she self-employed, or working in a family business?
Self-Employed / Working In A Family Business
Else
>D340s< Is/Was this business incorporated? (NOTE: How instrument redirects depends on response given at item D340m above.)
Child Works In Family Business
Else
>D340x< Is/Was he/she working for pay?
>D346< Was the selected child first selected during the 1975 round of data collection BUT not asked about during the 1992 round of data collection?
>D346m< p. 4
Else
Yes
>DX336f< Was [name of selected child] ever in the military service; that is, on active duty in a branch of the regular service or on active duty in the Reserves or National Guard?
>DX115age< Was the selected child at least 16 years old in 1992?
>DX115a< p. 4
Yes
Else
>DX326s< p. 4


>DX115a< [If we know how old the selected child was in 1992]: Think back to 1992, that was when [name of selected child] was about [age] years old. At that time, was he/she working, temporarily laid off, unemployed, looking for work, disabled or unable to work, a homemaker, or what?
[If we don't know how old the selected child was in 1992]: Think back to 1992. At that time, was [name of selected child] working, temporarily laid off, unemployed, looking for work, disabled or unable to work, a homemaker, or what?
In School
Working
Else
>DX115a< Is the selected child currently working OR has the selected child ever worked full or part-time for 6 months or longer? (From Children Module and itemD338f on page 2)
Yes
Else
>DX117< In 1992, was he/she doing the same kind of work as his/her (current) job that you just told me about?
>DX326s< In 1992, was he/she (also) enrolled in a formal program in a college or university?
>D346m< Does the selected child live in the same household as R? (From Non-Normative Screener Module)
Else
Yes
>D346m< Did R report being in contact with the selected child almost every day, at least once a week, or never during the past year OR did R not provide such information? (From Non-Normative Screener Module)
Else
Yes
>D346m< [If R reported being in contact with the selected child sever times per month or year]: Earlier, you indicated that you had contact with [name of selected child] several times a month/year. During the past 12 months, about how many times (per month) did you have any contact with [name of selected child] either in person, by letter, by email, or by phone?
[If R reported some other frequency of contact]: During the past 12 months, about how often did you have any contact with [name of selected child] either in person, by letter, by email, or by phone?
None / DR
Else
>D348< In what year did you last see [name of selected child]?
>D350g< Does R belong to the randomly drawn 50% sub-sample of cases selected to receive questions about how the selected child compares to them? (In other words, isRN10FLAG not equal to zero?)
Yes
Else
Next Module
>D350g< In terms of your general outlook on life, would you say you and [name of selected child] share very similar views, somewhat similar views, not very similar views, or not at all similar views?

>D350m< How close would you say you are to [name of selected child]? Would you say very close, somewhat close, not very close, or not at all close?

>D358mint< In this section, we want you to compare yourself with your son/daughter ([name of selected child]) when you were about his/her age. Think back to ([year],) when you were [number] years old. Try to recall where you were living and what you were doing.

>D358m< Does R belong to the randomly drawn 20% sub-sample of cases selected to receive additional questions related to educational attainment? (In other words, does EDFLAG equal something other than zero?)

Else

Yes

>D358m< First think about education...in education, is your son/daughter doing much better, better, the same, worse, or much worse than you were at that age?

>D360< [If R was not asked item D358m above]: First think about work...in work, is your son/daughter doing much better, better, the same, worse, or much worse than you were at that age?
[If R was asked item D358m above]: What about work? (Is [name of selected child] doing much better, better, the same, worse, or much worse?)

>D361< What about financially? (Is [name of selected child] doing much better, better, the same, worse, or much worse?)

Next Module

SELECTED CHILD MORTALITY CLOSEOUT

>DM321a< Would it be all right if I asked you a few more questions about [name of selected child]?

Yes

Else — Next Module

>DMOR5< In what city and state did he/she die?

>DMOR9< Was there a kind of work he/she usually did?

Yes

Else

>DMOR10< I'd like to know more about the last job he/she held when he/she was doing this usual kind of work. What kind of work did [name of selected child] do? (For example: electrical engineer; stock clerk; farmer) (INTERVIEWER: Do not probe)

>DMOR11< What were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete) (INTERVIEWER: Verify if response given above or probe if necessary)

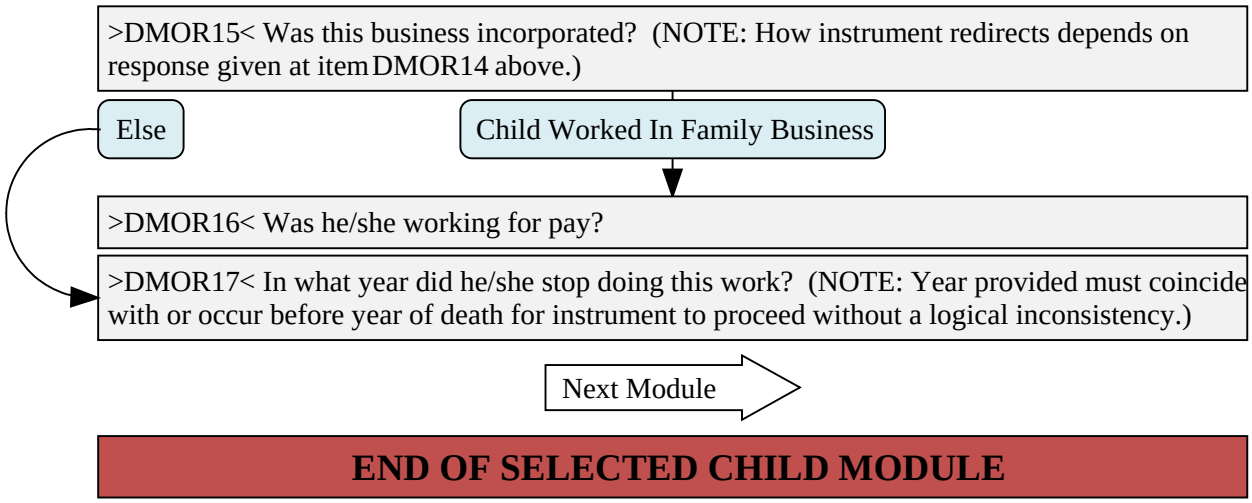
>DMOR12< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm) (INTERVIEWER: Probe if necessary)

>DMOR13< Was this mainly manufacturing, wholesale trade, retail trade, or something else?

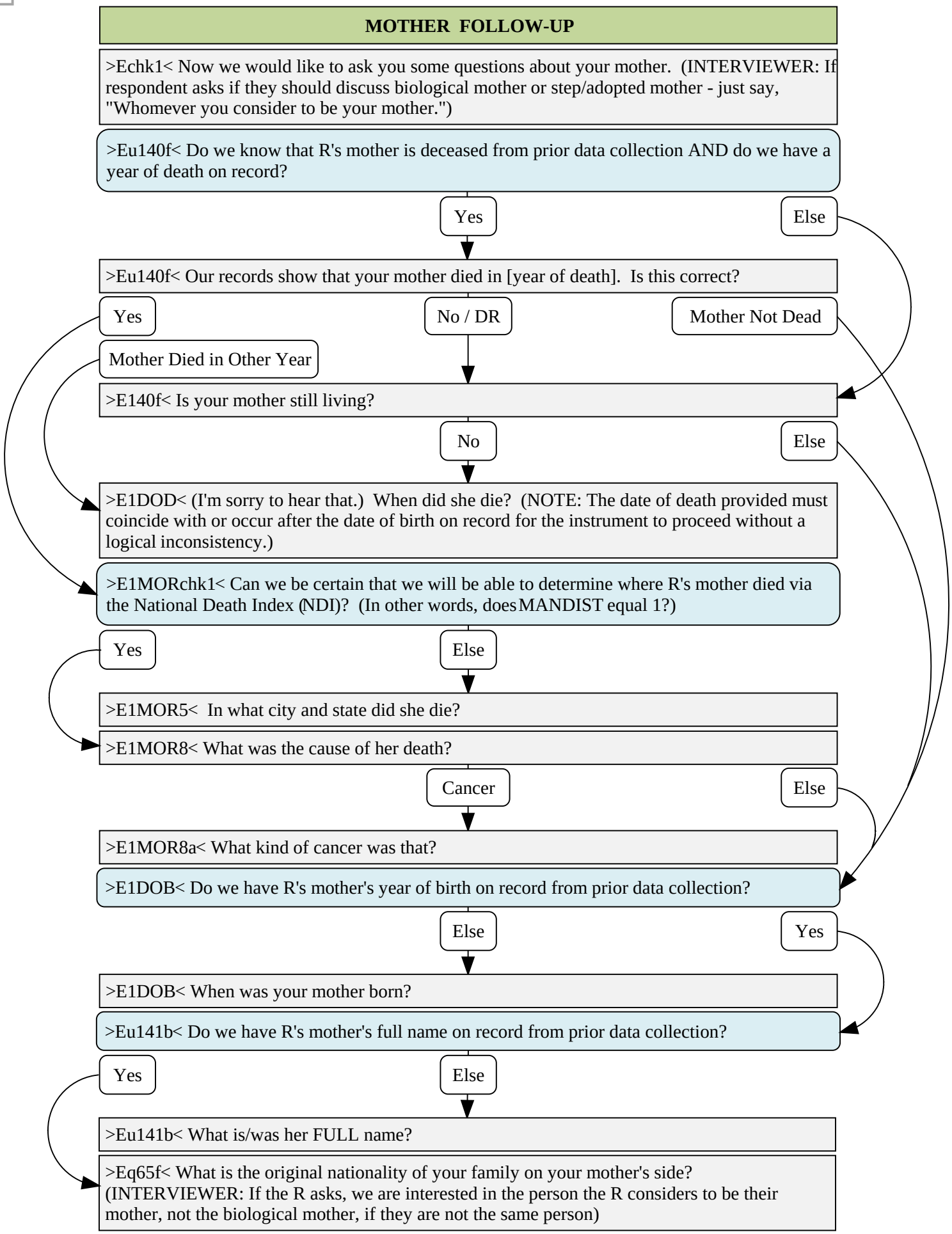
>DMOR14< Was he/she employed by government, by a private company or organization, or was he/she self-employed or working in a family business?

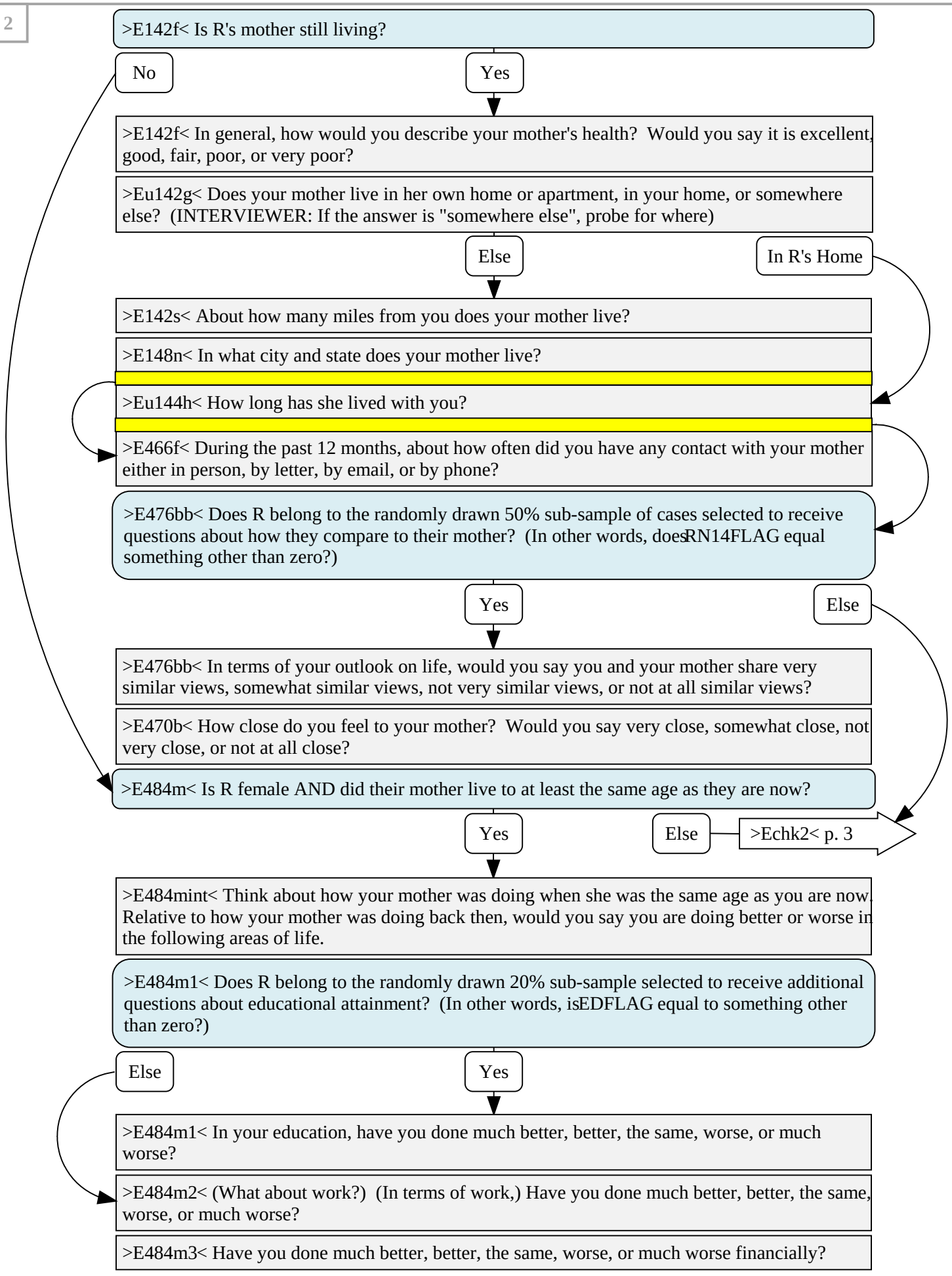
>DMOR17< p. 6 — Else

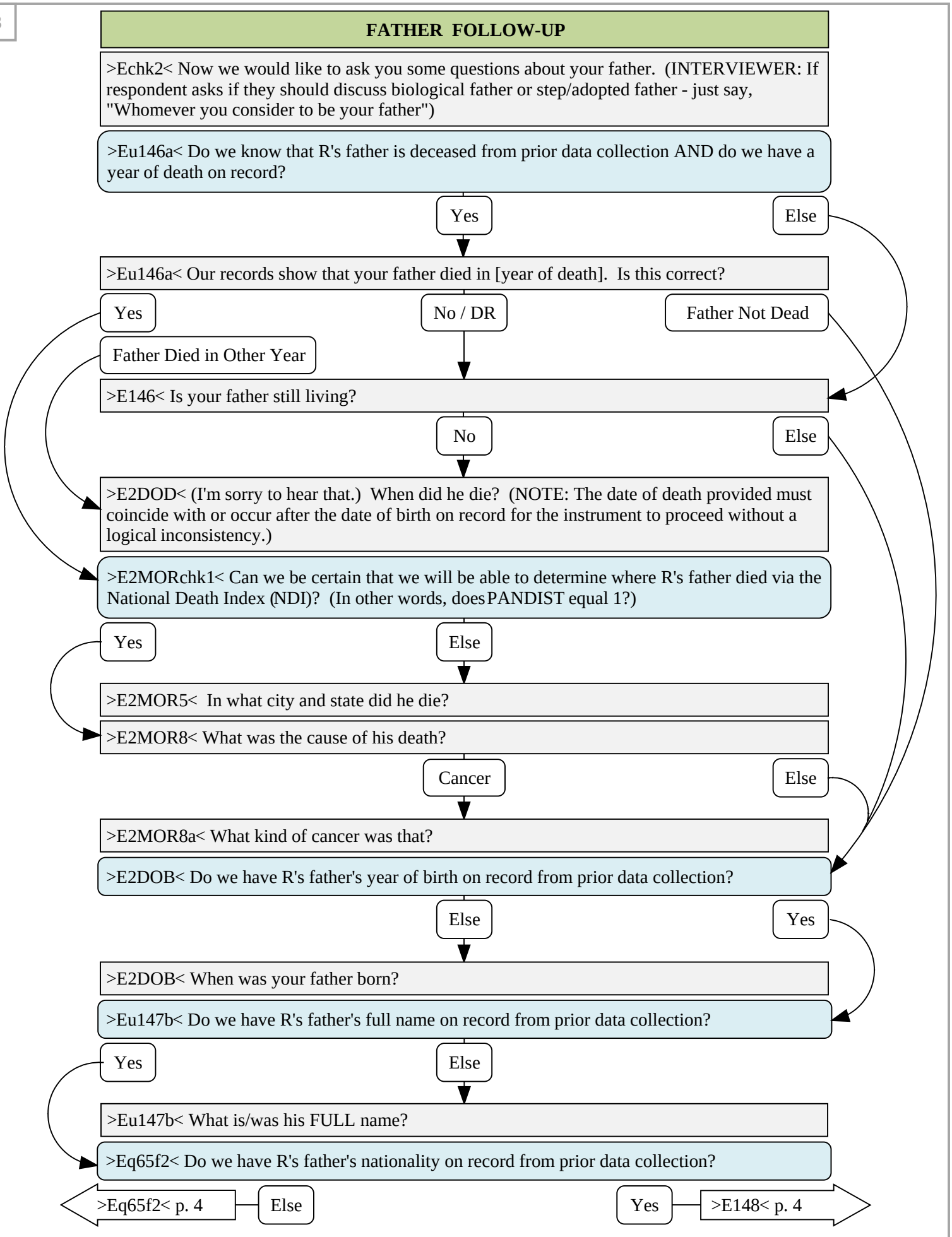
Self-Employed / Working In A Family Business — >DMOR15< p. 6

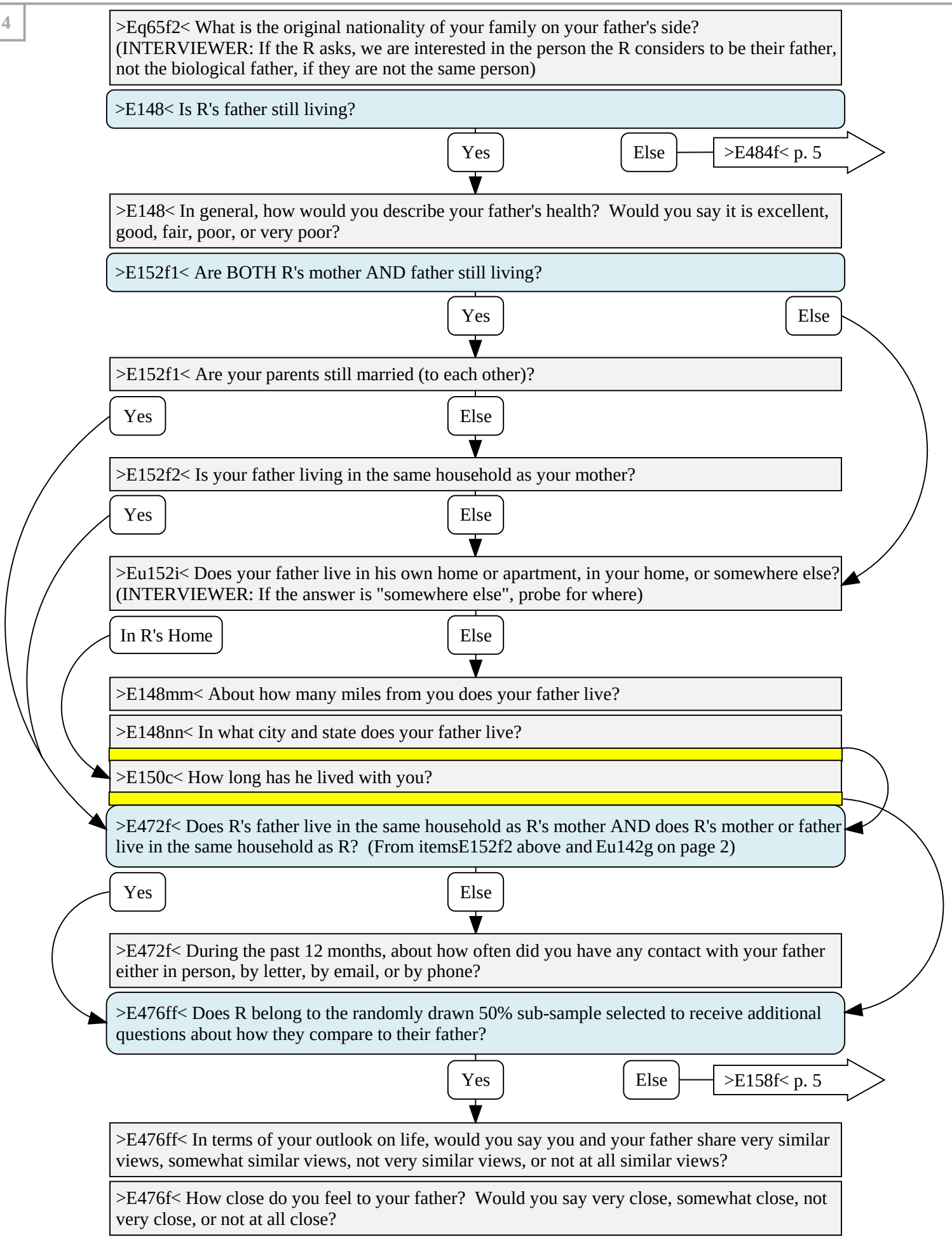

>DMOR15< Was this business incorporated? (NOTE: How instrument redirects depends on response given at item DMOR14 above.)
Else
Child Worked In Family Business
>DMOR16< Was he/she working for pay?
>DMOR17< In what year did he/she stop doing this work? (NOTE: Year provided must coincide with or occur before year of death for instrument to proceed without a logical inconsistency.)
Next Module
END OF SELECTED CHILD MODULE

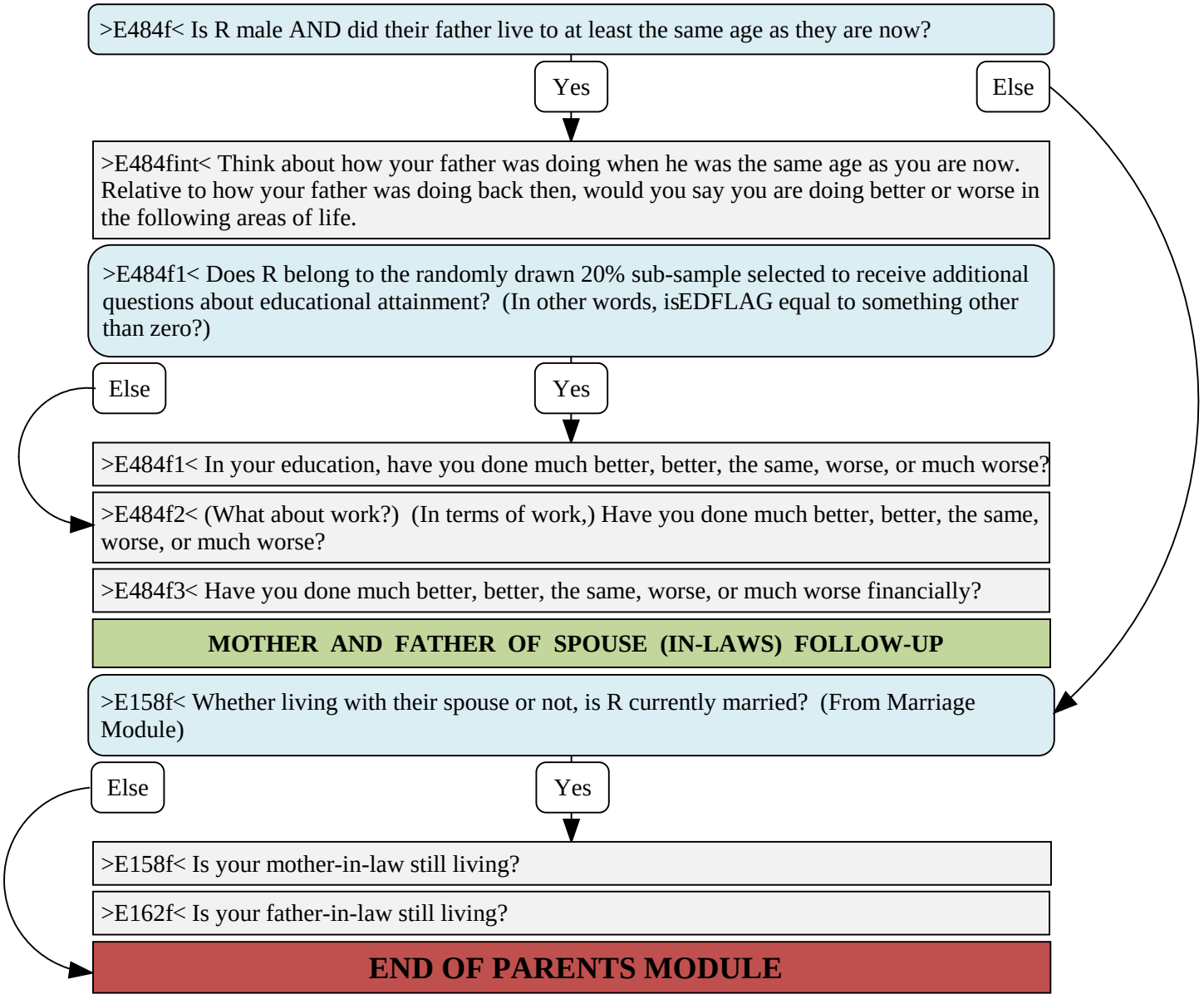
PARENTS


MOTHER FOLLOW-UP
>Echk1< Now we would like to ask you some questions about your mother. (INTERVIEWER: If respondent asks if they should discuss biological mother or step/adopted mother - just say, "Whomever you consider to be your mother.")
>Eu140f< Do we know that R's mother is deceased from prior data collection AND do we have a year of death on record?
Yes
Else
>Eu140f< Our records show that your mother died in [year of death]. Is this correct?
Yes
No / DR
Mother Not Dead
Mother Died in Other Year
>E140f< Is your mother still living?
No
Else
>E1DOD< (I'm sorry to hear that.) When did she die? (NOTE: The date of death provided must coincide with or occur after the date of birth on record for the instrument to proceed without a logical inconsistency.)
>E1MORchk1< Can we be certain that we will be able to determine where R's mother died via the National Death Index (NDI)? (In other words, does MANDIST equal 1?)
Yes
Else
>E1MOR5< In what city and state did she die?
>E1MOR8< What was the cause of her death?
Cancer
Else
>E1MOR8a< What kind of cancer was that?
>E1DOB< Do we have R's mother's year of birth on record from prior data collection?
Else
Yes
>E1DOB< When was your mother born?
>Eu141b< Do we have R's mother's full name on record from prior data collection?
Yes
Else
>Eu141b< What is/was her FULL name?
>Eq65f< What is the original nationality of your family on your mother's side? (INTERVIEWER: If the R asks, we are interested in the person the R considers to be their mother, not the biological mother, if they are not the same person)

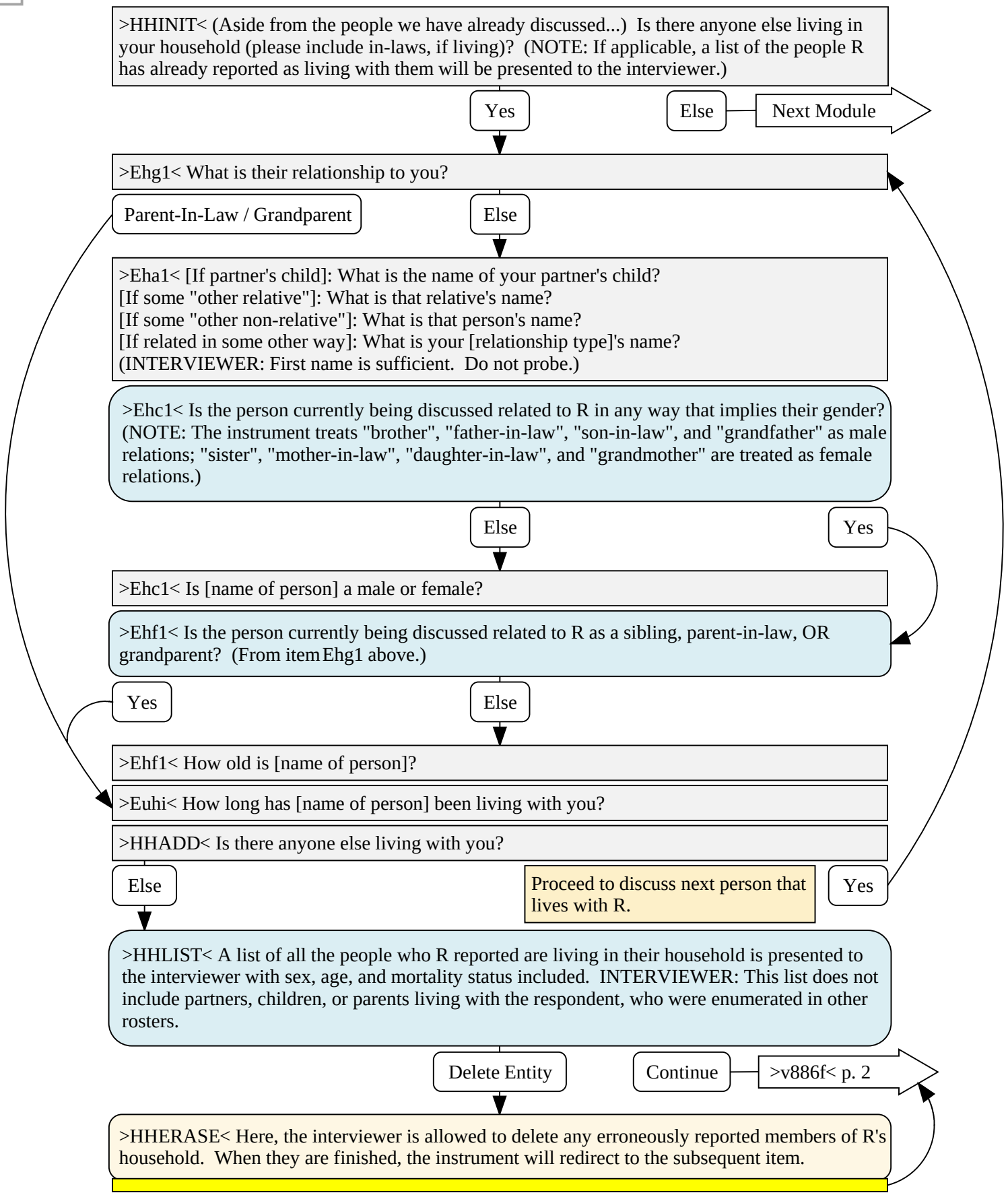

>E142f< Is R's mother still living?
No
Yes
>E142f< In general, how would you describe your mother's health? Would you say it is excellent, good, fair, poor, or very poor?
>Eu142g< Does your mother live in her own home or apartment, in your home, or somewhere else? (INTERVIEWER: If the answer is "somewhere else", probe for where)
Else
In R's Home
>E142s< About how many miles from you does your mother live?
>E148n< In what city and state does your mother live?
>Eu144h< How long has she lived with you?
>E466f< During the past 12 months, about how often did you have any contact with your mother either in person, by letter, by email, or by phone?
>E476bb< Does R belong to the randomly drawn 50% sub-sample of cases selected to receive questions about how they compare to their mother? (In other words, does RN14FLAG equal something other than zero?)
Yes
Else
>E476bb< In terms of your outlook on life, would you say you and your mother share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>E470b< How close do you feel to your mother? Would you say very close, somewhat close, not very close, or not at all close?
>E484m< Is R female AND did their mother live to at least the same age as they are now?
Yes
Else
>Echk2< p. 3
>E484mint< Think about how your mother was doing when she was the same age as you are now. Relative to how your mother was doing back then, would you say you are doing better or worse in the following areas of life.
>E484m1< Does R belong to the randomly drawn 20% sub-sample selected to receive additional questions about educational attainment? (In other words, is EDFLAG equal to something other than zero?)
Else
Yes
>E484m1< In your education, have you done much better, better, the same, worse, or much worse?
>E484m2< (What about work?) (In terms of work,) Have you done much better, better, the same, worse, or much worse?
>E484m3< Have you done much better, better, the same, worse, or much worse financially?

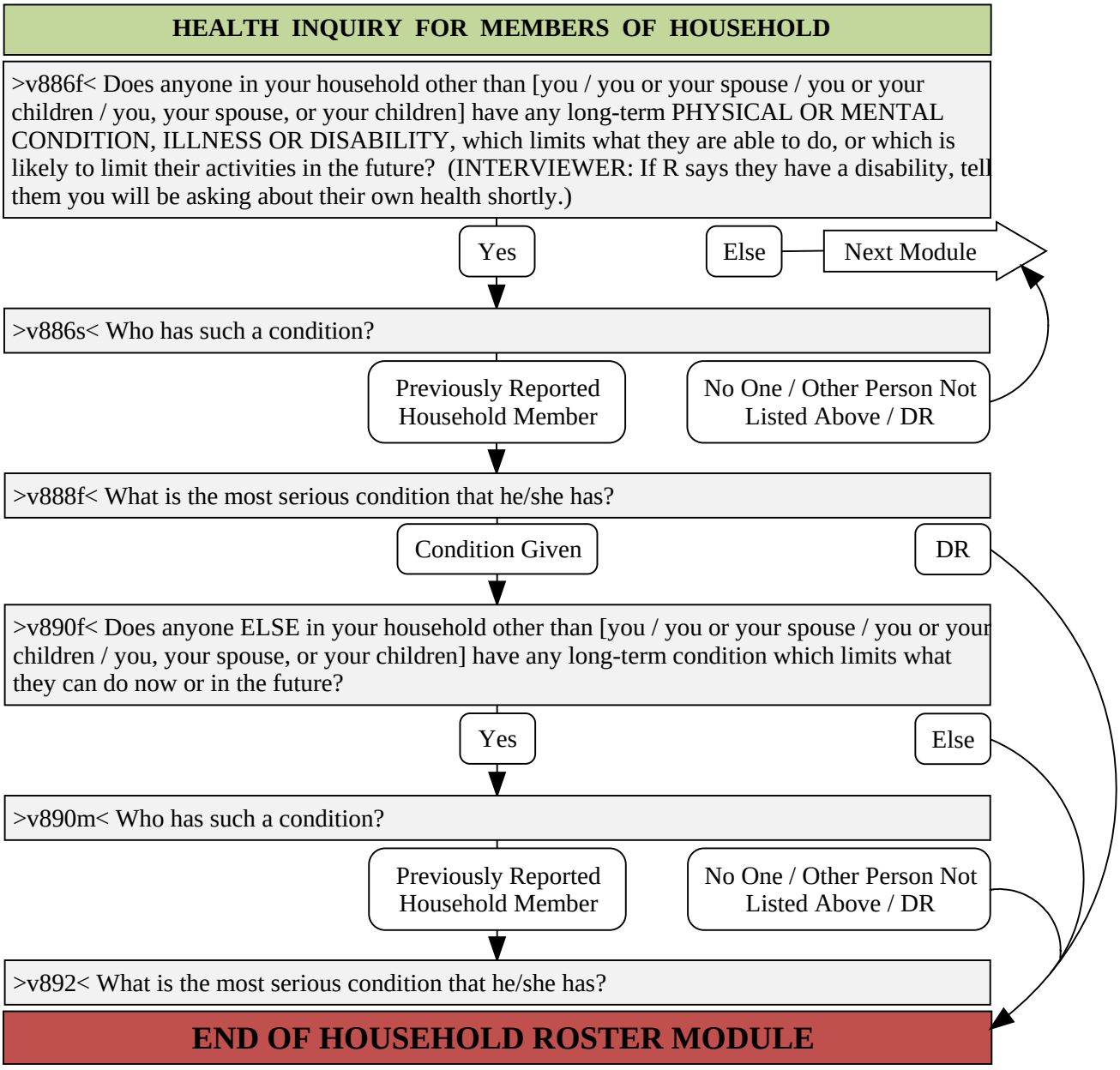

FATHER FOLLOW-UP
>Echk2< Now we would like to ask you some questions about your father. (INTERVIEWER: If respondent asks if they should discuss biological father or step/adopted father - just say, "Whomever you consider to be your father")
>Eu146a< Do we know that R's father is deceased from prior data collection AND do we have a year of death on record?
Yes
Else
>Eu146a< Our records show that your father died in [year of death]. Is this correct?
Yes
No / DR
Father Not Dead
Father Died in Other Year
>E146< Is your father still living?
No
Else
>E2DOD< (I'm sorry to hear that.) When did he die? (NOTE: The date of death provided must coincide with or occur after the date of birth on record for the instrument to proceed without a logical inconsistency.)
>E2MORchk1< Can we be certain that we will be able to determine where R's father died via the National Death Index (NDI)? (In other words, does PANDIST equal 1?)
Yes
Else
>E2MOR5< In what city and state did he die?
>E2MOR8< What was the cause of his death?
Cancer
Else
>E2MOR8a< What kind of cancer was that?
>E2DOB< Do we have R's father's year of birth on record from prior data collection?
Else
Yes
>E2DOB< When was your father born?
>Eu147b< Do we have R's father's full name on record from prior data collection?
Yes
Else
>Eu147b< What is/was his FULL name?
>Eq65f2< Do we have R's father's nationality on record from prior data collection?
>Eq65f2< p. 4
Else
Yes
>E148< p. 4


>Eq65f2< What is the original nationality of your family on your father's side? (INTERVIEWER: If the R asks, we are interested in the person the R considers to be their father, not the biological father, if they are not the same person)
>E148< Is R's father still living?
Yes
Else
>E484f< p. 5
>E148< In general, how would you describe your father's health? Would you say it is excellent, good, fair, poor, or very poor?
>E152f1< Are BOTH R's mother AND father still living?
Yes
Else
>E152f1< Are your parents still married (to each other)?
Yes
Else
>E152f2< Is your father living in the same household as your mother?
Yes
Else
>Eu152i< Does your father live in his own home or apartment, in your home, or somewhere else? (INTERVIEWER: If the answer is "somewhere else", probe for where)
In R's Home
Else
>E148mm< About how many miles from you does your father live?
>E148nn< In what city and state does your father live?
>E150c< How long has he lived with you?
>E472f< Does R's father live in the same household as R's mother AND does R's mother or father live in the same household as R? (From itemsE152f2 above and Eu142g on page 2)
Yes
Else
>E472f< During the past 12 months, about how often did you have any contact with your father either in person, by letter, by email, or by phone?
>E476ff< Does R belong to the randomly drawn 50% sub-sample selected to receive additional questions about how they compare to their father?
Yes
Else
>E158f< p. 5
>E476ff< In terms of your outlook on life, would you say you and your father share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>E476f< How close do you feel to your father? Would you say very close, somewhat close, not very close, or not at all close?

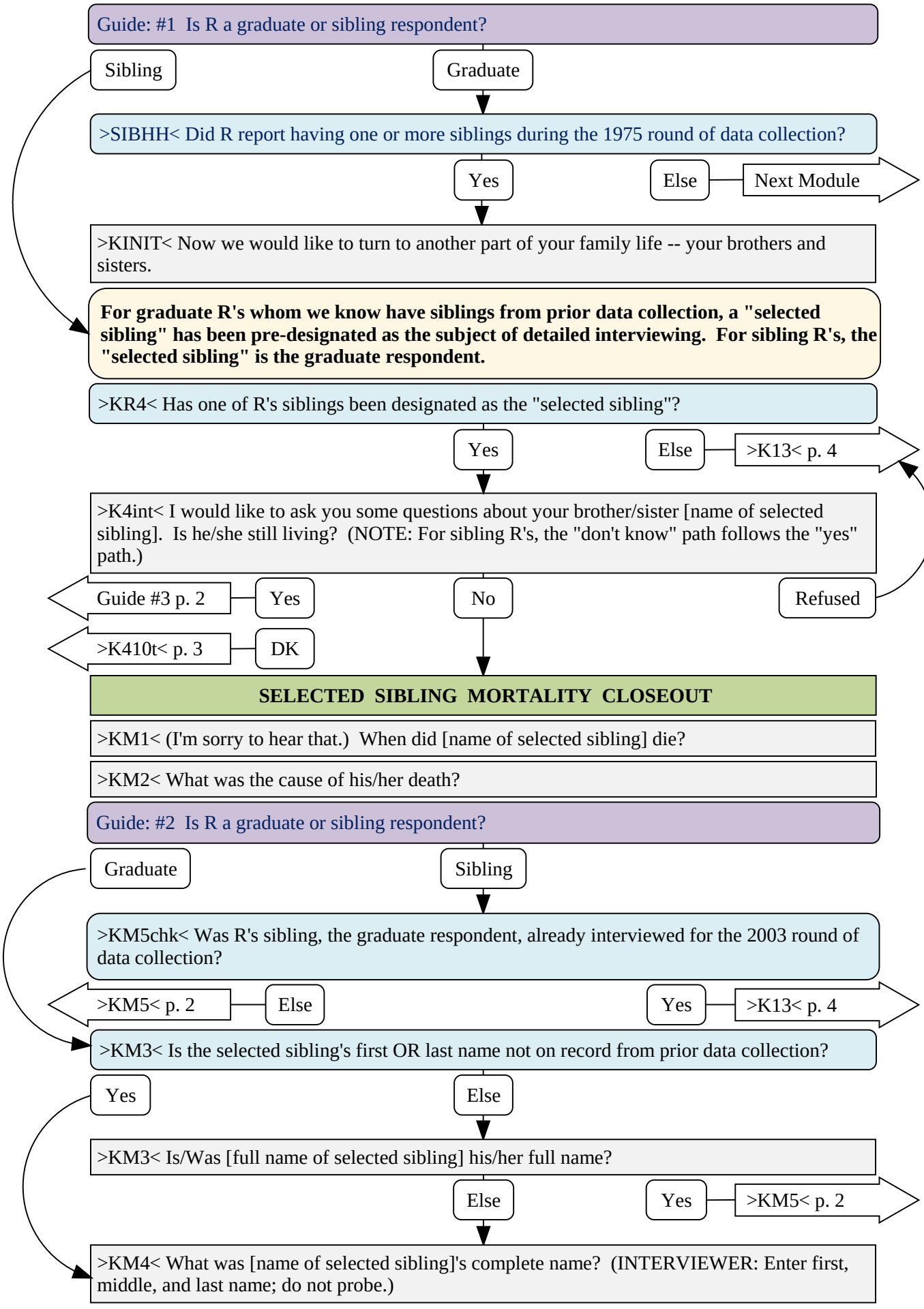

>E484f< Is R male AND did their father live to at least the same age as they are now?
Yes
Else
>E484fint< Think about how your father was doing when he was the same age as you are now. Relative to how your father was doing back then, would you say you are doing better or worse in the following areas of life.
>E484f1< Does R belong to the randomly drawn 20% sub-sample selected to receive additional questions about educational attainment? (In other words, isEDFLAG equal to something other than zero?)
Else
Yes
>E484f1< In your education, have you done much better, better, the same, worse, or much worse?
>E484f2< (What about work?) (In terms of work,) Have you done much better, better, the same, worse, or much worse?
>E484f3< Have you done much better, better, the same, worse, or much worse financially?
MOTHER AND FATHER OF SPOUSE (IN-LAWS) FOLLOW-UP
>E158f< Whether living with their spouse or not, is R currently married? (From Marriage Module)
Else
Yes
>E158f< Is your mother-in-law still living?
>E162f< Is your father-in-law still living?
END OF PARENTS MODULE

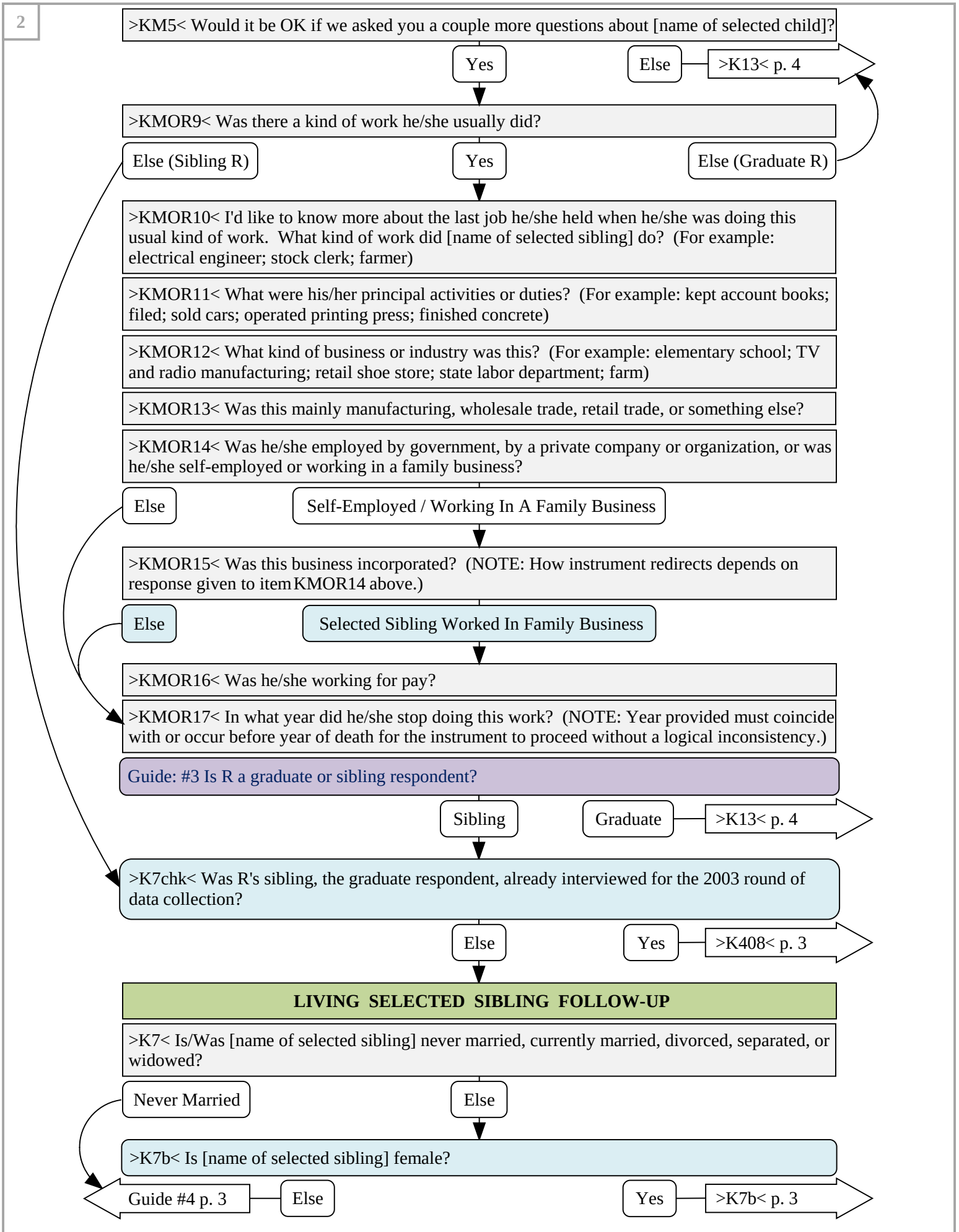
HOUSEHOLD ROSTER

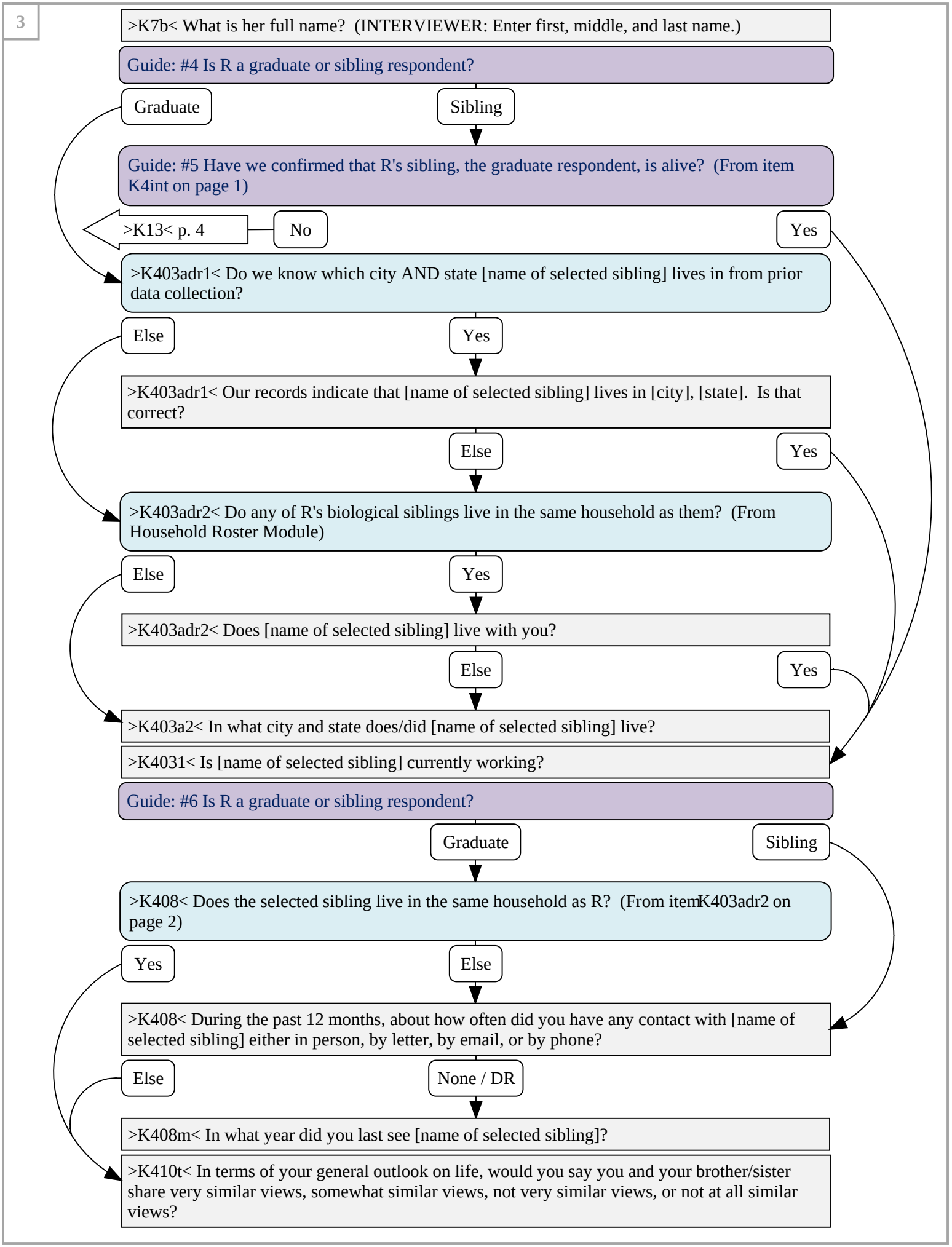


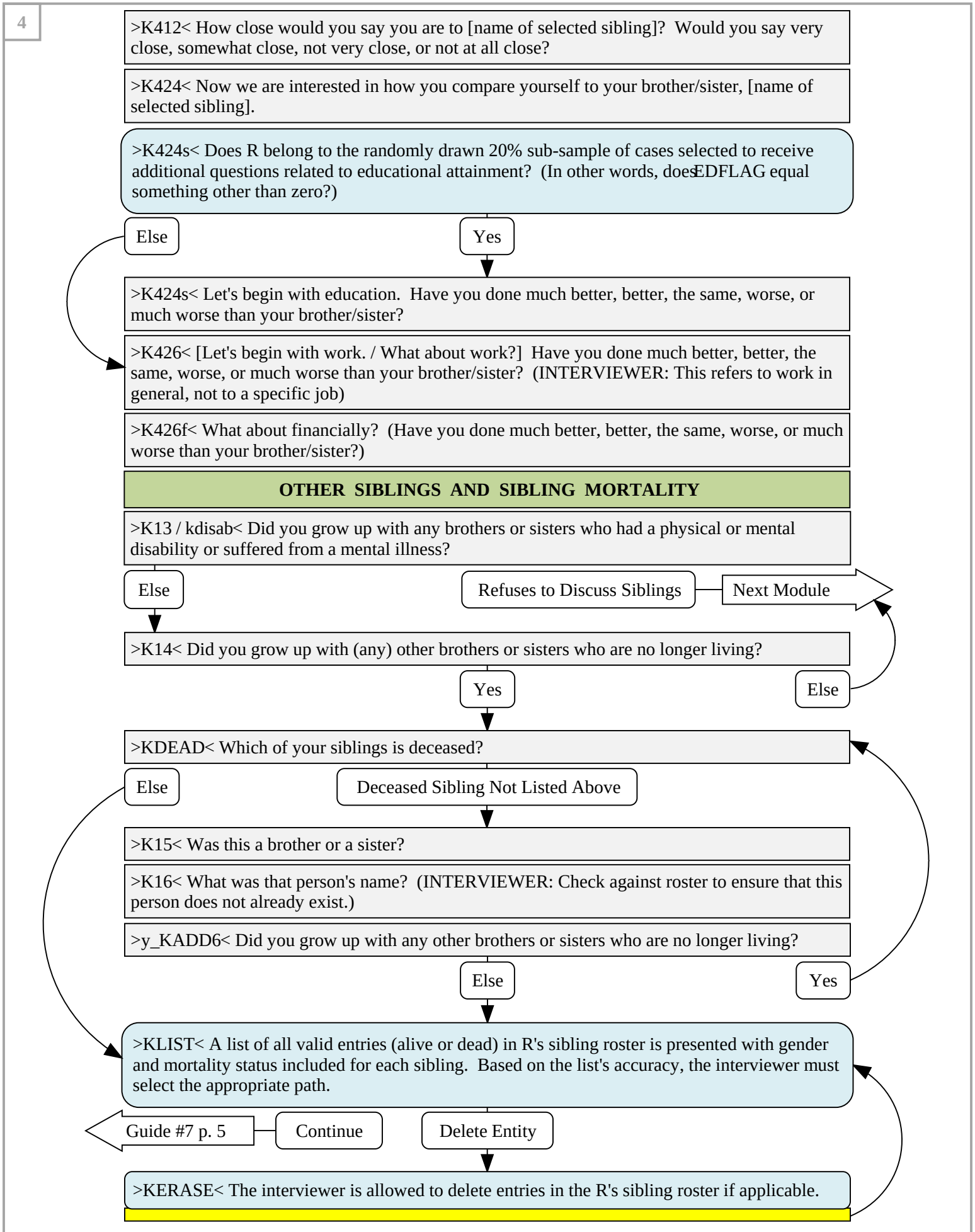

HEALTH INQUIRY FOR MEMBERS OF HOUSEHOLD
>v886f< Does anyone in your household other than [you / you or your spouse / you or your children / you, your spouse, or your children] have any long-term PHYSICAL OR MENTAL CONDITION, ILLNESS OR DISABILITY, which limits what they are able to do, or which is likely to limit their activities in the future? (INTERVIEWER: If R says they have a disability, tell them you will be asking about their own health shortly.)
Yes
Else
Next Module
>v886s< Who has such a condition?
Previously Reported Household Member
No One / Other Person Not Listed Above / DR
>v888f< What is the most serious condition that he/she has?
Condition Given
DR
>v890f< Does anyone ELSE in your household other than [you / you or your spouse / you or your children / you, your spouse, or your children] have any long-term condition which limits what they can do now or in the future?
Yes
Else
>v890m< Who has such a condition?
Previously Reported Household Member
No One / Other Person Not Listed Above / DR
>v892< What is the most serious condition that he/she has?
END OF HOUSEHOLD ROSTER MODULE

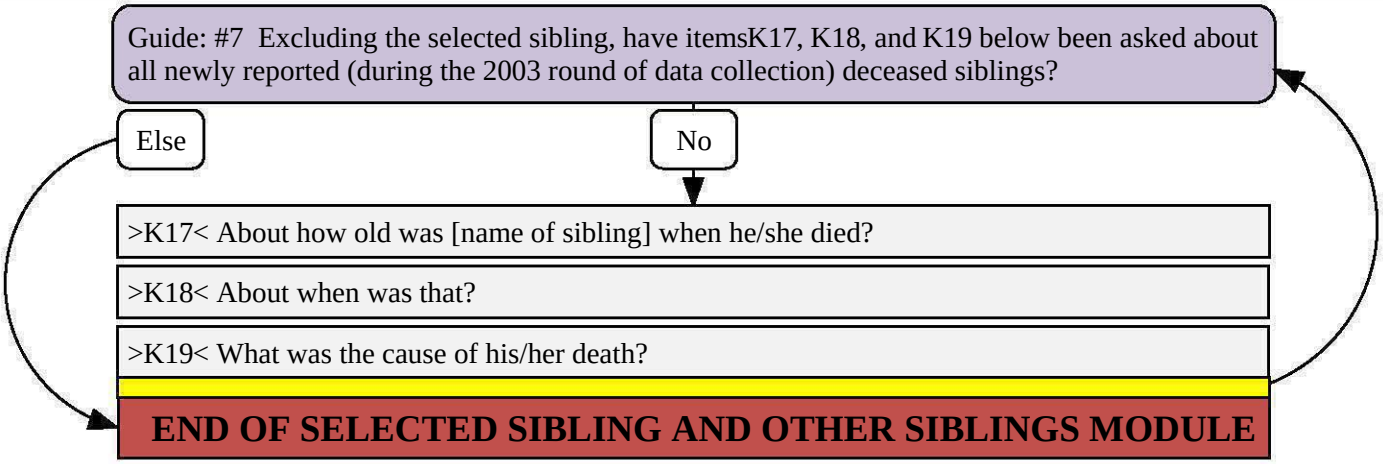
SELECTED SIBLING AND OTHER SIBLINGS




>KM5< Would it be OK if we asked you a couple more questions about [name of selected child]?
Yes
Else
>K13< p. 4
>KMOR9< Was there a kind of work he/she usually did?
Else (Sibling R)
Yes
Else (Graduate R)
>KMOR10< I'd like to know more about the last job he/she held when he/she was doing this usual kind of work. What kind of work did [name of selected sibling] do? (For example: electrical engineer; stock clerk; farmer)
>KMOR11< What were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)
>KMOR12< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>KMOR13< Was this mainly manufacturing, wholesale trade, retail trade, or something else?
>KMOR14< Was he/she employed by government, by a private company or organization, or was he/she self-employed or working in a family business?
Else
Self-Employed / Working In A Family Business
>KMOR15< Was this business incorporated? (NOTE: How instrument redirects depends on response given to item KMOR14 above.)
Else
Selected Sibling Worked In Family Business
>KMOR16< Was he/she working for pay?
>KMOR17< In what year did he/she stop doing this work? (NOTE: Year provided must coincide with or occur before year of death for the instrument to proceed without a logical inconsistency.)
Guide: #3 Is R a graduate or sibling respondent?
Sibling
Graduate
>K13< p. 4
>K7chk< Was R's sibling, the graduate respondent, already interviewed for the 2003 round of data collection?
Else
Yes
>K408< p. 3
LIVING SELECTED SIBLING FOLLOW-UP
>K7< Is/Was [name of selected sibling] never married, currently married, divorced, separated, or widowed?
Never Married
Else
>K7b< Is [name of selected sibling] female?
Guide #4 p. 3
Else
Yes
>K7b< p. 3


>K7b< What is her full name? (INTERVIEWER: Enter first, middle, and last name.)
Guide: #4 Is R a graduate or sibling respondent?
Graduate
Sibling
Guide: #5 Have we confirmed that R's sibling, the graduate respondent, is alive? (From item K4int on page 1)
>K13< p. 4
No
Yes
>K403adr1< Do we know which city AND state [name of selected sibling] lives in from prior data collection?
Else
Yes
>K403adr1< Our records indicate that [name of selected sibling] lives in [city], [state]. Is that correct?
Else
Yes
>K403adr2< Do any of R's biological siblings live in the same household as them? (From Household Roster Module)
Else
Yes
>K403adr2< Does [name of selected sibling] live with you?
Else
Yes
>K403a2< In what city and state does/did [name of selected sibling] live?
>K4031< Is [name of selected sibling] currently working?
Guide: #6 Is R a graduate or sibling respondent?
Graduate
Sibling
>K408< Does the selected sibling live in the same household as R? (From item K403adr2 on page 2)
Yes
Else
>K408< During the past 12 months, about how often did you have any contact with [name of selected sibling] either in person, by letter, by email, or by phone?
Else
None / DR
>K408m< In what year did you last see [name of selected sibling]?
>K410t< In terms of your general outlook on life, would you say you and your brother/sister share very similar views, somewhat similar views, not very similar views, or not at all similar views?


>K412< How close would you say you are to [name of selected sibling]? Would you say very close, somewhat close, not very close, or not at all close?
>K424< Now we are interested in how you compare yourself to your brother/sister, [name of selected sibling].
>K424s< Does R belong to the randomly drawn 20% sub-sample of cases selected to receive additional questions related to educational attainment? (In other words, does EDFLAG equal something other than zero?)
Else
Yes
>K424s< Let's begin with education. Have you done much better, better, the same, worse, or much worse than your brother/sister?
>K426< [Let's begin with work. / What about work?] Have you done much better, better, the same, worse, or much worse than your brother/sister? (INTERVIEWER: This refers to work in general, not to a specific job)
>K426f< What about financially? (Have you done much better, better, the same, worse, or much worse than your brother/sister?)
OTHER SIBLINGS AND SIBLING MORTALITY
>K13 / kdisab< Did you grow up with any brothers or sisters who had a physical or mental disability or suffered from a mental illness?
Else
Refuses to Discuss Siblings
Next Module
>K14< Did you grow up with (any) other brothers or sisters who are no longer living?
Yes
Else
>KDEAD< Which of your siblings is deceased?
Else
Deceased Sibling Not Listed Above
>K15< Was this a brother or a sister?
>K16< What was that person's name? (INTERVIEWER: Check against roster to ensure that this person does not already exist.)
>y_KADD6< Did you grow up with any other brothers or sisters who are no longer living?
Else
Yes
>KLIST< A list of all valid entries (alive or dead) in R's sibling roster is presented with gender and mortality status included for each sibling. Based on the list's accuracy, the interviewer must select the appropriate path.
Guide #7 p. 5
Continue
Delete Entity
>KERASE< The interviewer is allowed to delete entries in the R's sibling roster if applicable.


Guide: #7 Excluding the selected sibling, have itemsK17, K18, and K19 below been asked about all newly reported (during the 2003 round of data collection) deceased siblings?
Else
No
>K17< About how old was [name of sibling] when he/she died?
>K18< About when was that?
>K19< What was the cause of his/her death?
END OF SELECTED SIBLING AND OTHER SIBLINGS MODULE

HEALTH

>x1< Now we want to ask you about your health. You may feel that some of these questions do not apply to you, but please bear with us because it is important that we ask the same questions of everyone. In general, would you say your health is: excellent, very good, good, fair, or poor?

HEALTH UTILITIES -- VISION

>x2< During the past four weeks, have you been able to see well enough to read ordinary newsprint without glasses or contact lenses?

Else

Yes

>x3< (Have you been able to see well enough to read ordinary newsprint...) What about with glasses or contact lenses?

Else

Yes

>x4< (During the past four weeks:) Have you been able to see at all?

No

Else

>x5< (During the past four weeks:) Have you been able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

Yes

Else

>x6< (Have you been able to see well enough to recognize a friend on the other side of the street) What about with glasses or contact lenses?

HEALTH UTILITIES -- HEARING

>x7< (During the past four weeks:) Without a hearing aid and while in a group conversation with at least three other people, have you been able to hear what is said?

Yes

Else

>x8< (Have you been able to hear what is said in a group conversation with at least three other people) What about with a hearing aid?

>x10< (During the past four weeks:) Without a hearing aid, in a conversation with one other person in a quiet room, have you been able to hear what is said?

Yes

Else

>x11< (Have you been able to hear what is said in a conversation with one other person in a quiet room) What about with a hearing aid?

HEALTH UTILITIES -- SPEECH

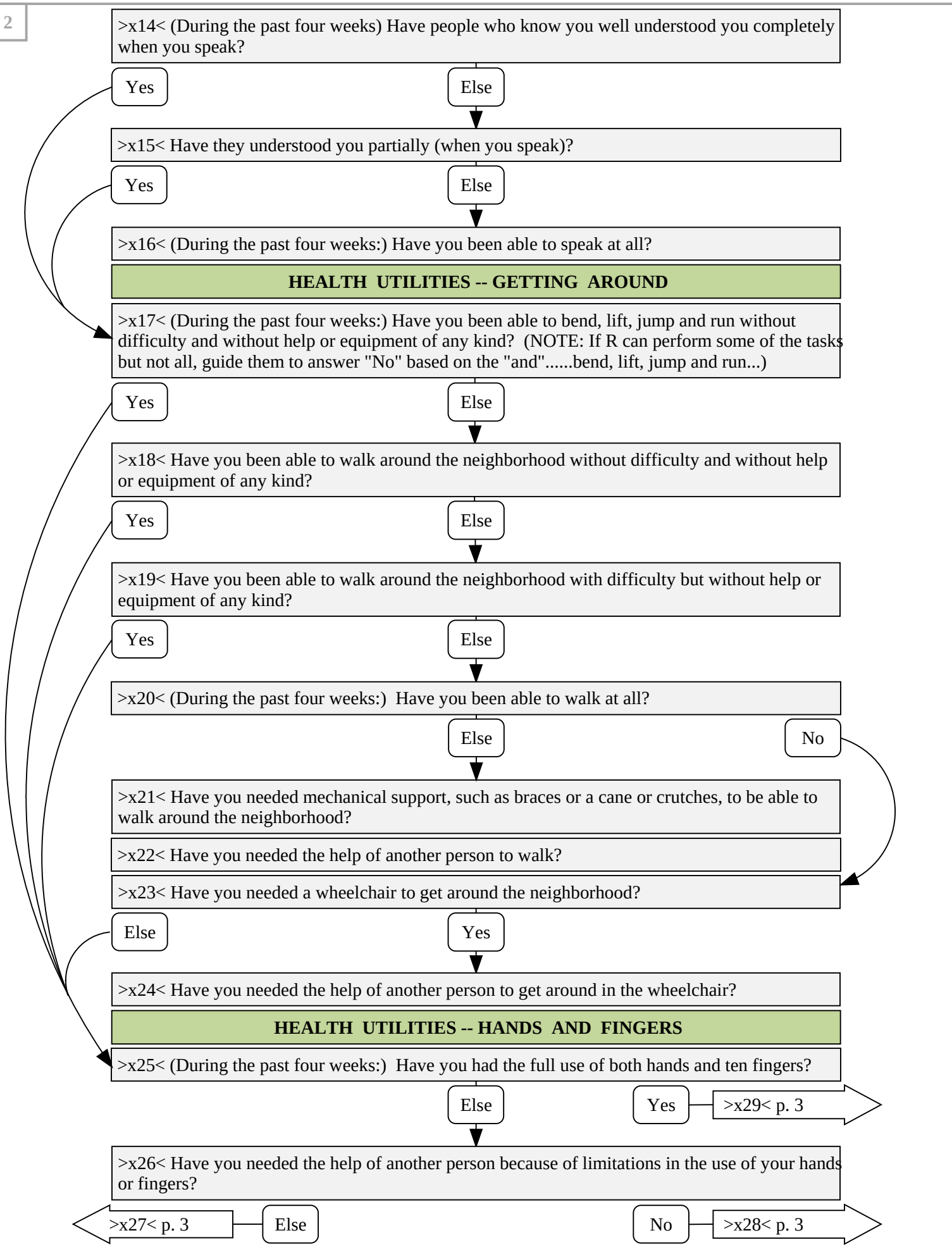
>x12< (During the past four weeks,) Have people who do NOT know you understood you completely when you speak?

Else

Yes

>x17< p. 2

>x13< Have they understood you partially (when you speak)? (INTERVIEWER: This question is still referring to people who do NOT know the R.)


>x14< (During the past four weeks) Have people who know you well understood you completely when you speak?
Yes
Else
>x15< Have they understood you partially (when you speak)?
Yes
Else
>x16< (During the past four weeks:) Have you been able to speak at all?
HEALTH UTILITIES -- GETTING AROUND
>x17< (During the past four weeks:) Have you been able to bend, lift, jump and run without difficulty and without help or equipment of any kind? (NOTE: If R can perform some of the tasks but not all, guide them to answer "No" based on the "and".....bend, lift, jump and run...)
Yes
Else
>x18< Have you been able to walk around the neighborhood without difficulty and without help or equipment of any kind?
Yes
Else
>x19< Have you been able to walk around the neighborhood with difficulty but without help or equipment of any kind?
Yes
Else
>x20< (During the past four weeks:) Have you been able to walk at all?
Else
No
>x21< Have you needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?
>x22< Have you needed the help of another person to walk?
>x23< Have you needed a wheelchair to get around the neighborhood?
Else
Yes
>x24< Have you needed the help of another person to get around in the wheelchair?
HEALTH UTILITIES -- HANDS AND FINGERS
>x25< (During the past four weeks:) Have you had the full use of both hands and ten fingers?
Else
Yes
>x29< p. 3
>x26< Have you needed the help of another person because of limitations in the use of your hands or fingers?
>x27< p. 3
Else
No
>x28< p. 3

>x27< Have you needed the help of another person with: some tasks, most tasks, or all tasks?

>x28< Have you needed special equipment, for example, special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?

HEALTH UTILITIES -- SELF-CARE

>x29< (During the past four weeks:) Have you been able to eat, bathe, dress and use the toilet without difficulty?

Yes

Else

>x30< Have you needed the help of another person to eat, bathe, dress or use the toilet?

>x31< Have you needed special equipment or tools to eat, bathe, dress or use the toilet?

HEALTH UTILITIES -- FEELINGS

>x32< During the past four weeks, have you been feeling happy or unhappy? (NOTE: If R answers "both"-- ask "In general, would you say you have been feeling more happy or more unhappy in the past four weeks?")

Unhappy

Else

>x33< (During the past four weeks...) Would you describe yourself as having felt: happy and interested in life, or somewhat happy?

DR

Else

>x34< Would you describe yourself as having felt: somewhat unhappy, very unhappy OR so unhappy that life is not worthwhile?

>x35< During the past four weeks, did you ever feel fretful, angry, irritable, anxious or depressed?

No

Else

>x36< (Fretful, angry, irritable, anxious or depressed...) How often did you feel this way: rarely, occasionally, often, or almost always?

>x37< (During the past four weeks:) Did you feel extremely fretful, angry, irritable, anxious or depressed, to the point of needing professional help?

HEALTH UTILITIES -- MEMORY AND THINKING

>x38< How would you describe your ability to remember things, during the past four weeks? Were you able to remember most things, somewhat forgetful, very forgetful, or unable to remember anything at all?

>x39< How would you describe your ability to think and solve day to day problems (during the past four weeks)? Were you able to think clearly and solve problems, had a little difficulty, had some difficulty, had a great deal of difficulty, or unable to think or solve problems?

HEALTH UTILITIES -- PAIN AND DISCOMFORT

>x40< Have you had any trouble with pain or discomfort (during the past four weeks)?

>x41< p. 4

Else

No

>x1a2< p. 4

>x41< How many of your activities, (during the past four weeks,) were limited by pain or discomfort? Would you say none, a few, some, most, or all?

OTHER HEALTH HISTORY

>x1a2< Has a doctor ever told you that you have any of the following: High blood pressure or hypertension?

>x1a3< (Has a doctor ever told you that you have:) Diabetes?

Else

Yes

>x1a3a< In what year was that first diagnosed? (NOTE: Year provided must coincide with or occur after the year of birth we have on record for the instrument to proceed without a logical inconsistency.)

>x1a3e< In order to treat or control your diabetes, are you now taking medication that you swallow?

>x1a3f< (In order to treat or control your diabetes) Are you now using insulin shots or a pump?

>x1a3g< (Has a doctor ever told you that you have:) High blood sugar?

Yes

Else

>x1a3h< In what year was that first diagnosed? (NOTE: Year provided must coincide with or occur after the year of birth we have on record for the instrument to proceed without a logical inconsistency.)

>x1a4< (Has a doctor ever told you that you have:) Cancer or a malignant tumor not including minor skin cancers?

Else

Yes

>x1a4b< In what year was this cancer diagnosed? (NOTE: Year provided must coincide with or occur after the year of birth we have on record for the instrument to proceed without a logical inconsistency.)

>x1a4c< In which organ or part of your body did this cancer occur?

>x1a5< (Has a doctor ever told you that you had:) A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

Yes

Else

>x1a6< p. 5

>x1a5a< Did you have a heart attack or myocardial infarction?

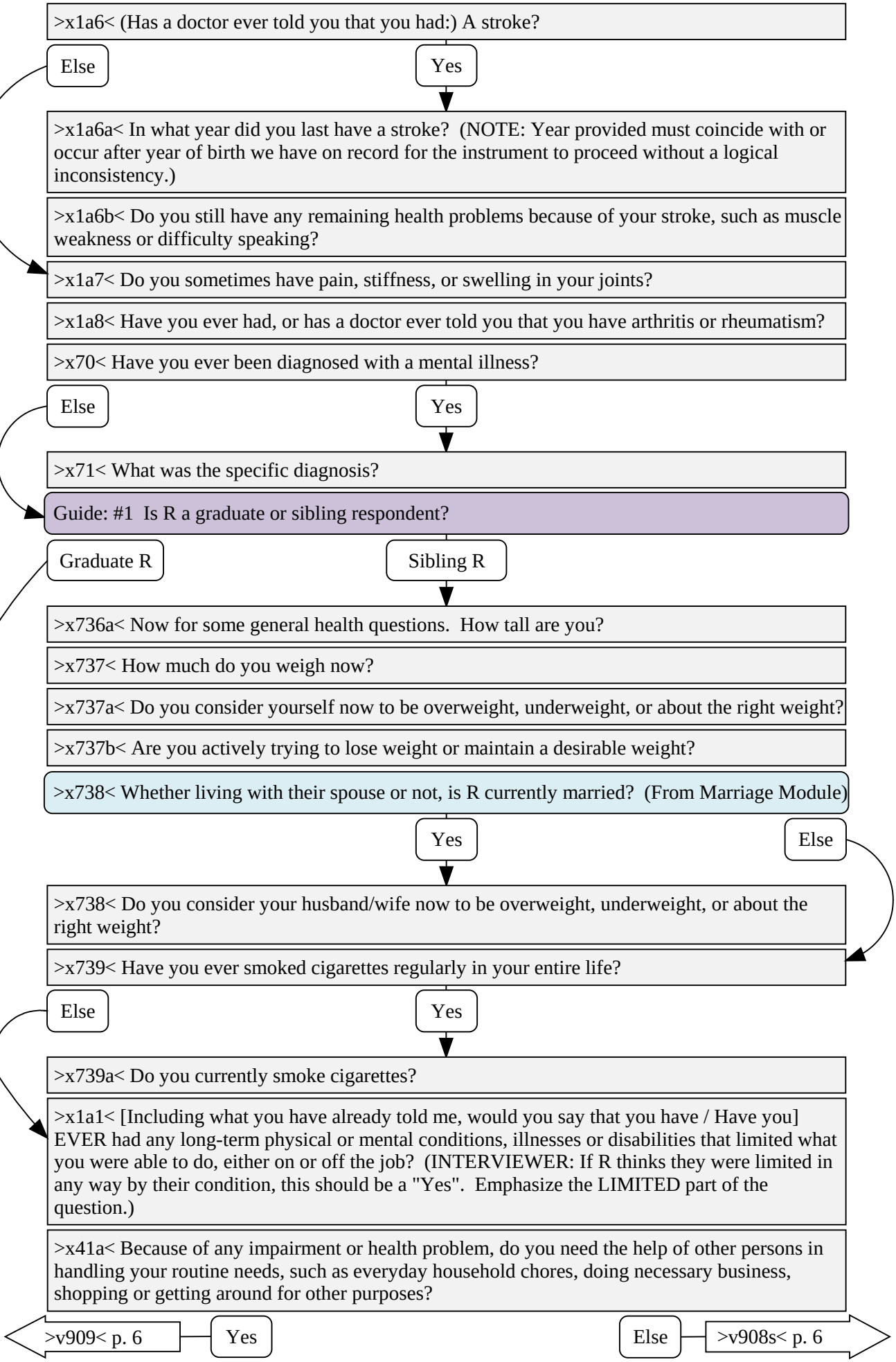
Yes

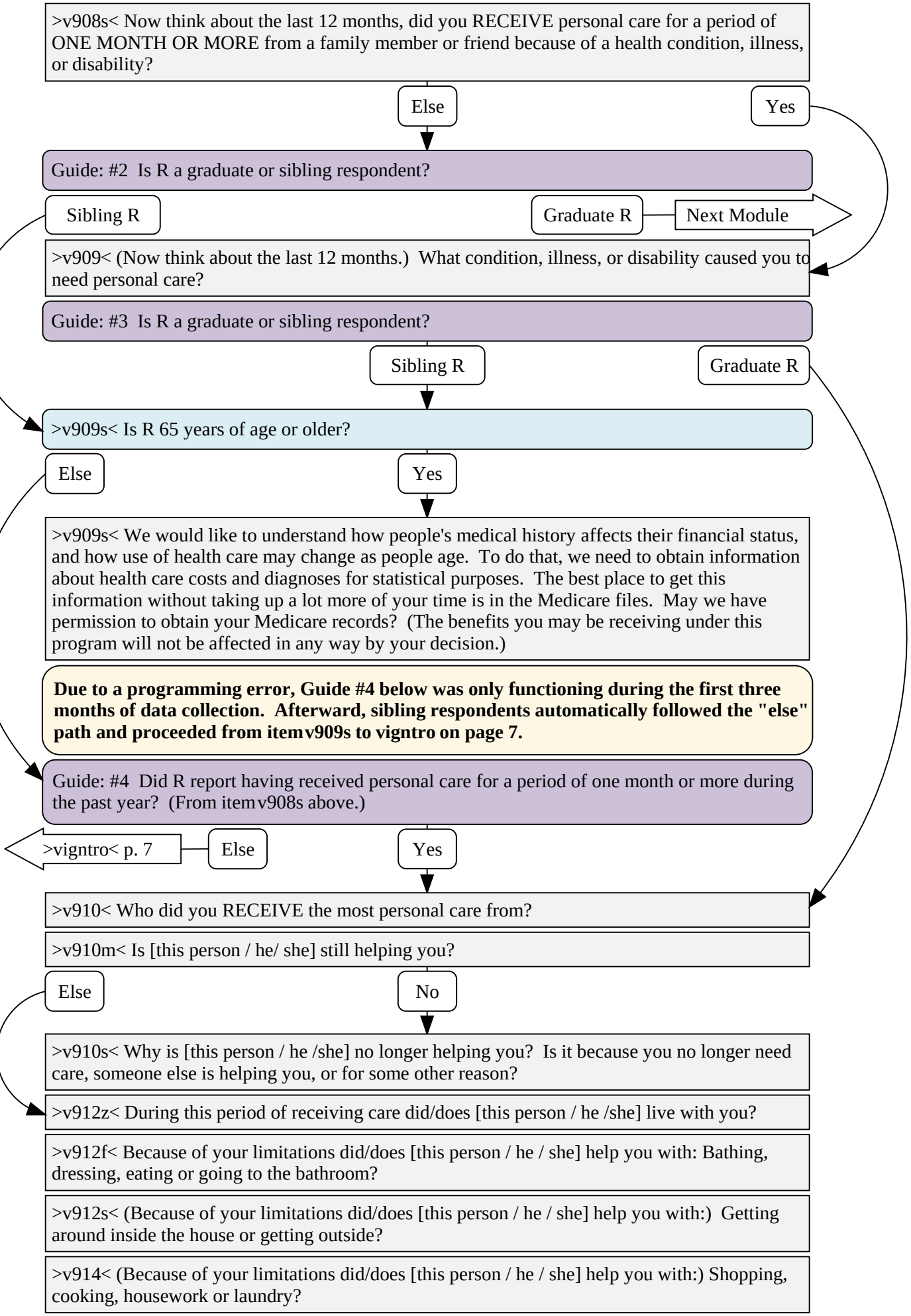
Else

>x1a5a3< In what year did you have your (most recent) heart attack or myocardial infarction? (NOTE: Year provided must coincide with or occur after the year of birth we have on record for the instrument to proceed without a logical inconsistency.)

>x1a5f< Have you ever had a special test or treatment of your heart where tubes were inserted into your veins or arteries (cardiac catheterization, coronary angiogram, or angioplasty)?

>x1a5g< Have you ever had surgery on your heart?


>x1a6< (Has a doctor ever told you that you had:) A stroke?
Else
Yes
>x1a6a< In what year did you last have a stroke? (NOTE: Year provided must coincide with or occur after year of birth we have on record for the instrument to proceed without a logical inconsistency.)
>x1a6b< Do you still have any remaining health problems because of your stroke, such as muscle weakness or difficulty speaking?
>x1a7< Do you sometimes have pain, stiffness, or swelling in your joints?
>x1a8< Have you ever had, or has a doctor ever told you that you have arthritis or rheumatism?
>x70< Have you ever been diagnosed with a mental illness?
Else
Yes
>x71< What was the specific diagnosis?
Guide: #1 Is R a graduate or sibling respondent?
Graduate R
Sibling R
>x736a< Now for some general health questions. How tall are you?
>x737< How much do you weigh now?
>x737a< Do you consider yourself now to be overweight, underweight, or about the right weight?
>x737b< Are you actively trying to lose weight or maintain a desirable weight?
>x738< Whether living with their spouse or not, is R currently married? (From Marriage Module)
Yes
Else
>x738< Do you consider your husband/wife now to be overweight, underweight, or about the right weight?
>x739< Have you ever smoked cigarettes regularly in your entire life?
Else
Yes
>x739a< Do you currently smoke cigarettes?
>x1a1< [Including what you have already told me, would you say that you have / Have you] EVER had any long-term physical or mental conditions, illnesses or disabilities that limited what you were able to do, either on or off the job? (INTERVIEWER: If R thinks they were limited in any way by their condition, this should be a "Yes". Emphasize the LIMITED part of the question.)
>x41a< Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes?
>v909< p. 6
Yes
Else
>v908s< p. 6


>v908s< Now think about the last 12 months, did you RECEIVE personal care for a period of ONE MONTH OR MORE from a family member or friend because of a health condition, illness, or disability?
Else
Yes
Guide: #2 Is R a graduate or sibling respondent?
Sibling R
Graduate R
Next Module
>v909< (Now think about the last 12 months.) What condition, illness, or disability caused you to need personal care?
Guide: #3 Is R a graduate or sibling respondent?
Sibling R
Graduate R
>v909s< Is R 65 years of age or older?
Else
Yes
>v909s< We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the Medicare files. May we have permission to obtain your Medicare records? (The benefits you may be receiving under this program will not be affected in any way by your decision.)
Due to a programming error, Guide #4 below was only functioning during the first three months of data collection. Afterward, sibling respondents automatically followed the "else" path and proceeded from item v909s to vigntro on page 7.
Guide: #4 Did R report having received personal care for a period of one month or more during the past year? (From item v908s above.)
>vigntro< p. 7
Else
Yes
>v910< Who did you RECEIVE the most personal care from?
>v910m< Is [this person / he/ she] still helping you?
Else
No
>v910s< Why is [this person / he /she] no longer helping you? Is it because you no longer need care, someone else is helping you, or for some other reason?
>v912z< During this period of receiving care did/does [this person / he /she] live with you?
>v912f< Because of your limitations did/does [this person / he / she] help you with: Bathing, dressing, eating or going to the bathroom?
>v912s< (Because of your limitations did/does [this person / he / she] help you with:) Getting around inside the house or getting outside?
>v914< (Because of your limitations did/does [this person / he / she] help you with:) Shopping, cooking, housework or laundry?

>v914f< (Because of your limitations did/does [this person / he / she] help you with:) Managing money, making phone calls, or taking medications?

>v914m< In how many different weeks during the past 12 months did you receive personal care from [this person / him / her]?

>v914s< During those weeks, about how many hours per week, on the average, did [this person / he / she] help you?

Guide: #5 Is R a graduate or sibling respondent?

Sibling R

Graduate R → Next Module

HEALTH VIGNETTES FOR SIBLING RESPONDENTS

>vigntro< Earlier we asked you to rate your own health overall. We are interested in how you would use these same categories to rate the health of other people your age. Now I am going to describe the health of some people your age. Then I am going to ask you to rate their health using the same categories you used to rate your own health.

Items vina, vinb, and vinc below will be asked to R in a randomized order. The severity of each hypothetical example will also be determined randomly such that R encounters examples from 3 of the 4 possible severity levels (1 = least severe; 4 = most severe). For male R's, the hypothetical names accompanying each example will vary between David, Tom, and William; for female R's, the hypothetical names will vary between Karen, Joan, and Nancy.

>vina< [Severity Level #1]: [Name] is energetic and has little trouble with bending, lifting, and climbing stairs. He/She rarely experiences pain, except for minor headaches. In the past year [name] spent one day in bed due to illness.
[Severity Level #2]: [Name] is usually energetic but occasionally feels fatigued. He/She has some trouble bending, lifting, and climbing stairs. His/Her occasional pain does not affect his/her daily activities. In the past year [name] spent a few days in bed due to illness.
[Severity Level #3]: About once a week [name] has no energy. He/She has some trouble bending, lifting, and climbing stairs and each week experiences pain that limits some of his/her daily activities. In the past year [name] spent a week in bed due to illness.
[Severity Level #4]: [Name} feels exhausted several days a week. He/She has trouble bending, lifting, and climbing stairs and every day experiences pain that limits many of his/her daily activities. In the past year [name] spent a few nights in a hospital and over a week in bed due to illness.

In general would you say [name]'s health is excellent, very good, good, fair or poor?

>vinb< [Severity Level #1]: [Name]'s doctor says [name] has good blood pressure, and that his/her heart is in good health. He/She is energetic and has little trouble with bending, lifting, and climbing stairs. He/She rarely experiences pain, except for minor headaches. In the past year [name] spent one day in bed due to illness.
[Severity Level #2]: [Name]'s doctor says [name] has borderline high blood pressure and high cholesterol, but does not need medication for them. He/She is usually energetic but occasionally feels fatigued. He/She has some trouble bending, lifting, and climbing stairs. His/Her occasional pain does not affect his/her daily activities. In the past year, [name] spent a few days in bed due to illness.
[Severity Level #3]: [Name] has high blood pressure and high cholesterol. He/She once underwent angioplasty to unblock an artery, and takes medication for these problems. About once a week he/she has no energy. He/She has some trouble bending, lifting, and climbing stairs and each week experiences pain that limits some of his/her daily activities. In the past year [name] spent a week in bed due to illness.
[Severity Level #4]: [Name] has very high blood pressure and cholesterol. He/She once had a heart attack, and subsequently had successful bypass surgery. He/She feels exhausted several days a week. He/She has trouble bending, lifting, and climbing stairs and every day experiences pain that limits many of his/her daily activities. In the past year [name] spent a few nights in a hospital and over a week in bed due to illness.

In general would you say [name]'s health is excellent, very good, good, fair or poor?

>vinc< [Severity Level #1]: [Name]'s doctor says [name] has healthy blood sugar levels. He/She is energetic and has little trouble with bending, lifting, and climbing stairs. He/She rarely experiences pain, except for minor headaches. In the past year [name] spent one day in bed due to illness.
[Severity Level #2]: [Name]'s doctor says [name] must lower his/her blood sugar levels to avoid getting diabetes. He/She is usually energetic but occasionally feels fatigued. He/She has some trouble bending, lifting, and climbing stairs. His/Her occasional pain does not affect his/her daily activities. In the past year [name] spent a few days in bed due to illness.
[Severity Level #3]: [Name] has diabetes, and controls it by managing his/her diet. About once a week he/she has no energy. He/She has some trouble bending, lifting, and climbing stairs and each week experiences pain that limits some of his/her daily activities. In the past year [name] spent a week in bed due to illness.
[Severity Level #4]: [Name] has diabetes that requires him/her to take daily insulin injections and is experiencing some diabetes-related complications. He/She feels exhausted several days a week. He/She has trouble bending, lifting, and climbing stairs and every day experiences pain that limits many of his/her daily activities. In the past year [name] spent a few nights in a hospital and over a week in bed due to illness.

In general would you say [name]'s health is excellent, very good, good, fair or poor?

END OF HEALTH MODULE

COGNITION -- SIMILARITY AND FLUENCY TASKS

LETTER FLUENCY TASK

>irectst1< Has R already given us permission to record the interview?

Yes

No

>irecprm1< I have not recorded this interview because you told me earlier that you did not want it recorded. However, it is important to the study that we know your exact answers to the next few questions. May I turn on the recorder now, and then turn it off again after these questions? (INTERVIEWER: Try to convert R who refused to be audio taped before to give consent to be recorded only for this section.)

R Gives Consent

R Refuses

>i11< Does R belong to the randomly drawn 80% sub-sample selected to receive questions about alcohol consumption? (In other words, isALCFLAG equal to something other than 0?)

Yes

Else

For the following task, R will either be instructed to use the letter F or L. If they have done this task during a prior round of data collection, they will be instructed to use the same letter as before. If not, it will be randomly assigned.

>i11a1 / i11b1< Okay, now this next task is a little different; it has to do with memory and thinking. I am going to say a letter of the alphabet, and I want you to say as quickly as you can all of the words you can think of that begin with that letter. You may say any word at all except proper names of people or places, like "Michael" or "Madison" if the letter I said was M. Also, do not use the same words again with a different ending, such as "eat" and "eating" if the letter I said was E. Often people think of a few words and then draw a blank; if this happens, just keep on trying. You will have only one minute to do this, so you shouldn't use your time to make other comments to me, you should keep trying to think of words until the minute is up. Is this clear?
[Random Group 1 ONLY]: Now try to think of words that begin with the letter F as in Frank. Start now.
[Random Group 2 ONLY]: Now try to think of words that begin with the letter L as in Linda. Start now.
(INTERVIEWER: Wait to press continue until the respondent says the first correct word.)

Continue

R

>i11astrt / i11bstrt< INTERVIEWER: Encourage R to keep trying for the entire minute. If respondent says "I can't think of any more", offer supportive (BUT BRIEF!) advice such as "Just keep trying" OR "You can do it" OR "Keep going".

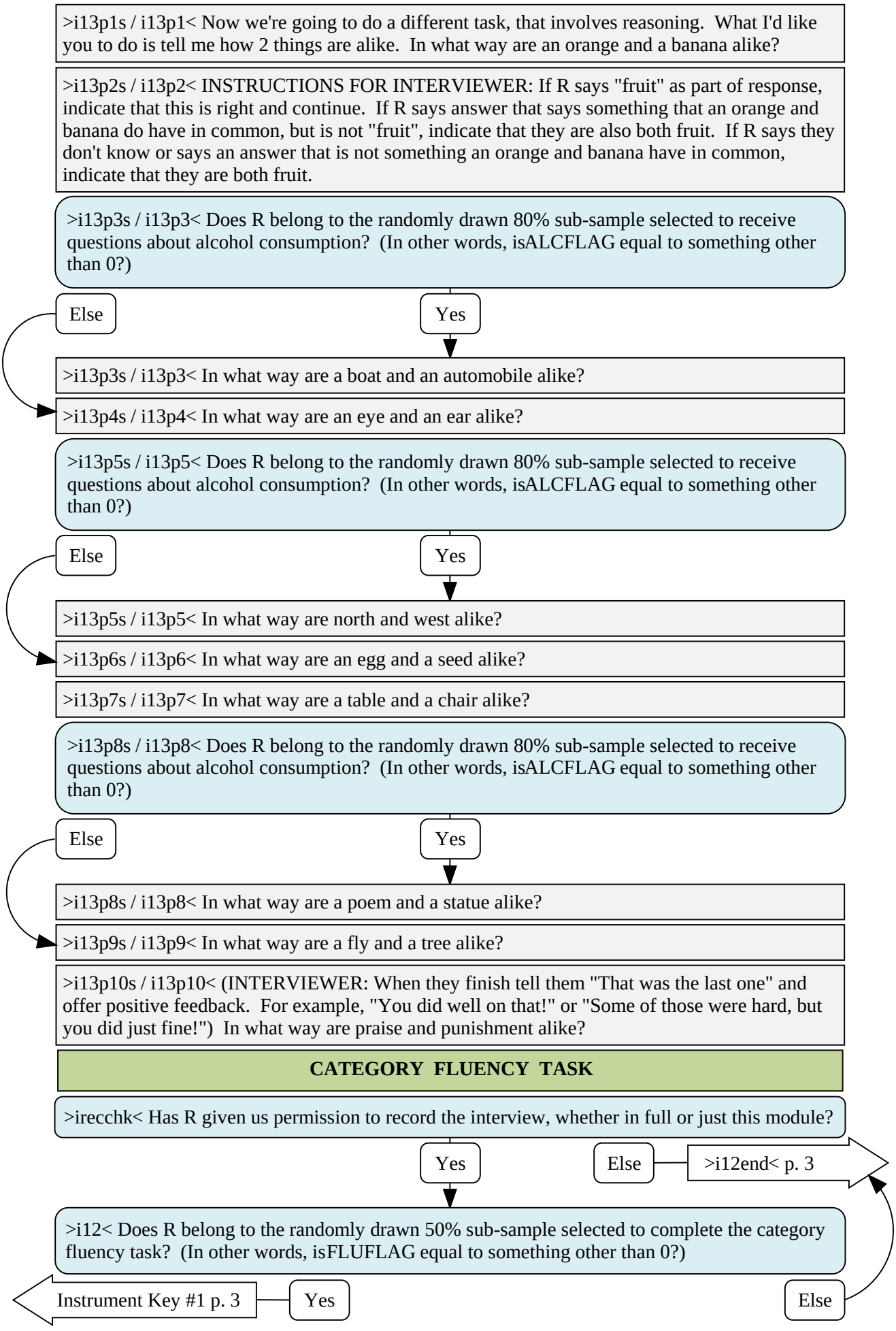
Complete - Answers Provided, Minute Elapsed

Else

>i11ok< Okay, the minute is up. (INTERVIEWER: Offer appropriate positive and encouraging feedback such as "You did really well!" or "You did just fine!")

SIMILARITIES TASK

R will now be asked a series of questions about how various sets of items are related. If R has given us permission, their responses will be recorded; otherwise, the interviewer will enter them manually.


>i13p1s / i13p1< Now we're going to do a different task, that involves reasoning. What I'd like you to do is tell me how 2 things are alike. In what way are an orange and a banana alike?
>i13p2s / i13p2< INSTRUCTIONS FOR INTERVIEWER: If R says "fruit" as part of response, indicate that this is right and continue. If R says answer that says something that an orange and banana do have in common, but is not "fruit", indicate that they are also both fruit. If R says they don't know or says an answer that is not something an orange and banana have in common, indicate that they are both fruit.
>i13p3s / i13p3< Does R belong to the randomly drawn 80% sub-sample selected to receive questions about alcohol consumption? (In other words, isALCFLAG equal to something other than 0?)
Else
Yes
>i13p3s / i13p3< In what way are a boat and an automobile alike?
>i13p4s / i13p4< In what way are an eye and an ear alike?
>i13p5s / i13p5< Does R belong to the randomly drawn 80% sub-sample selected to receive questions about alcohol consumption? (In other words, isALCFLAG equal to something other than 0?)
Else
Yes
>i13p5s / i13p5< In what way are north and west alike?
>i13p6s / i13p6< In what way are an egg and a seed alike?
>i13p7s / i13p7< In what way are a table and a chair alike?
>i13p8s / i13p8< Does R belong to the randomly drawn 80% sub-sample selected to receive questions about alcohol consumption? (In other words, isALCFLAG equal to something other than 0?)
Else
Yes
>i13p8s / i13p8< In what way are a poem and a statue alike?
>i13p9s / i13p9< In what way are a fly and a tree alike?
>i13p10s / i13p10< (INTERVIEWER: When they finish tell them "That was the last one" and offer positive feedback. For example, "You did well on that!" or "Some of those were hard, but you did just fine!") In what way are praise and punishment alike?
CATEGORY FLUENCY TASK
>irecchk< Has R given us permission to record the interview, whether in full or just this module?
Yes
Else
>i12end< p. 3
>i12< Does R belong to the randomly drawn 50% sub-sample selected to complete the category fluency task? (In other words, isFLUFLAG equal to something other than 0?)
Instrument Key #1 p. 3
Yes
Else

Instrument Key: #1 For the following task, R will either be instructed to use the category animals or foods. If they have done this task during a prior round of data collection, they will be instructed to use the same category as before. If not, it will be randomly assigned.

>i12a / i12b< Now, we are going to another task that is similar to the alphabet task we did before. What I am going to do now is name a category and you should name, as fast as you can, all of the things that you can think of that belong in that category. For example, if I said "articles of clothing" you could say shirt, tie, or hat, or if I said "jobs" you could say "teacher, lawyer, or nurse." You will have one minute to do this. Again, if you draw a blank, just keep on trying until the time is up. Is this clear?
[Random Group 1 ONLY]: Okay. So your category is "animals," tell me all the different kinds of animals you can think of. Start now.
[Random Group 2 ONLY]: Okay. So your category is "foods," tell me all the different kinds of foods you can think of. Start now.
(INTERVIEWER: Wait to press continue until the respondent says the first correct word.)

Continue

R

>i12astrt / i12bstrt< INTERVIEWER: Encourage R to keep trying for the entire minute. If respondent says "I can't think of any more", offer supportive (BUT BRIEF!) advice such as "Just keep trying" OR "You can do it" OR "Keep going".

Complete - Answers Provided, Minute Elapsed

Else

>i12ok< Okay, the minute is up. (INTERVIEWER: Offer appropriate positive and encouraging feedback such as "You did really well!" or "You did just fine!")

>i12end< Did R give us permission to record this module ONLY?

Else

Yes

>i12end< This concludes the portion of the interview that was critical for us to record. Your continued permission to record the remainder of the interview will benefit our research effort and all your responses will remain confidential. May I have your permission to keep recording our conversation?

END OF COGNITION - SIMILARITY AND FLUENCY TASKS MODULE

EMPLOYMENT HISTORY -- GRADUATE RESPONDENTS

The 2003 Employment Module functioned differently for Graduate versus Selected Sibling WLS respondents. The Employment Module for Selected Sibling respondents begins on page 10 of this flowchart.

VERIFICATION OF EMPLOYMENT AT TIME OF LAST INTERVIEW

>b2q5< Now we have a number of questions about your work experience since [year of last interview] when you were in your [mid 30's / mid 50's]. I'm going to ask you about full and part-time jobs, working for yourself or working for an employer.

>b2q14< Do we have an employment status on record for R from the last time they were interviewed, if applicable?

Else

No → >b2q15< below

>b2q14< Was R working in some capacity (including self-employed) when last interviewed?

Else

No → >b2q20< below

>b2q14< When last interviewed, did R report the name of their employer at that time (including serving in the military or the name of a company at which R was self-employed)?

Else

Yes → >b2q25< below

>b2q14< When last interviewed, was R self-employed?

Yes → >b2q30< below

Else → >b2q35< below

>b2q15< Specifically, in ([month of last interview] of) [year of last interview], did you hold a full- or part-time job, including working in your own business?

Yes → >bx5acn< p. 2

Else → >b4q5< p. 2

>b2q20< In [month of last interview] of [year of last interview] you told us that you were not employed. Is this correct?

No → >bx5acn< p. 2

Else → >b4q5< p. 2

>b2q25< In [month of last interview] of [year of last interview], you told us that [you were self-employed at / your main job was working for] [name of company]. Is this correct?

Yes → >b81q14a2< p. 3

DR

Employed But Info Wrong

Name Changed / Misspelled → >bx3cmpn< p. 2

No - Not employed → >b4q5< p. 2

>b2q30< In [month of last interview] of [year of last interview] you told us that you were self-employed. Is this correct?

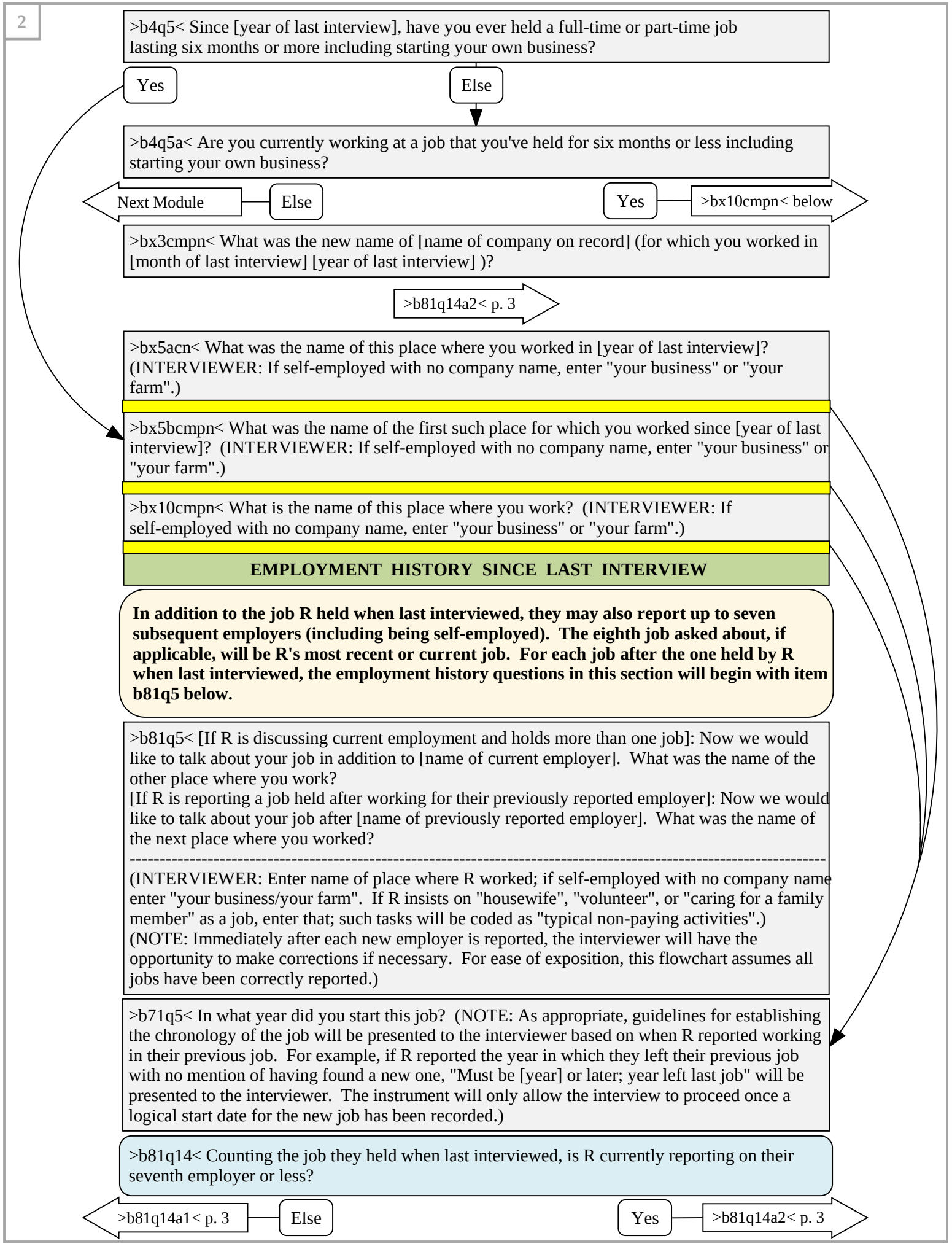
Yes

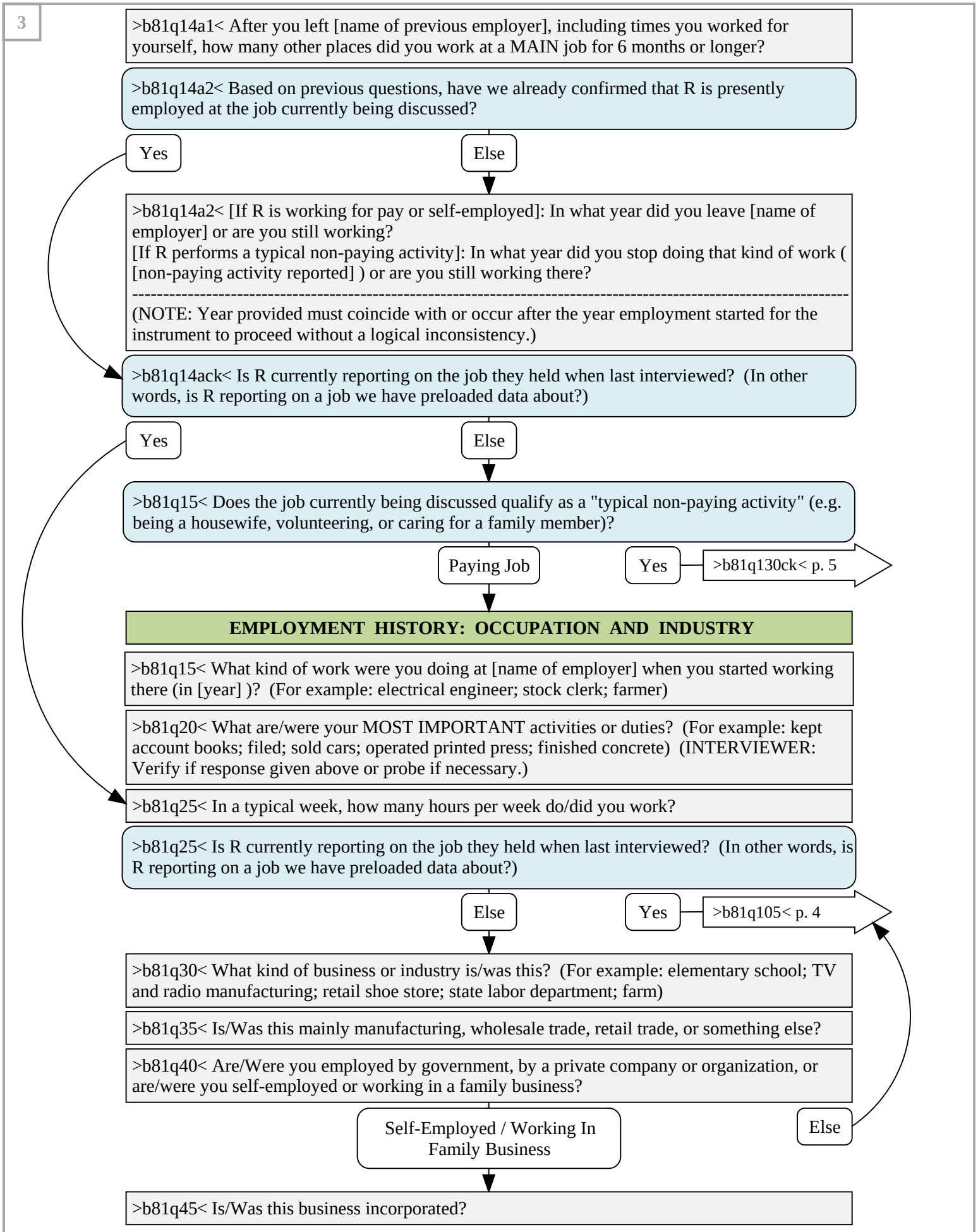
Else

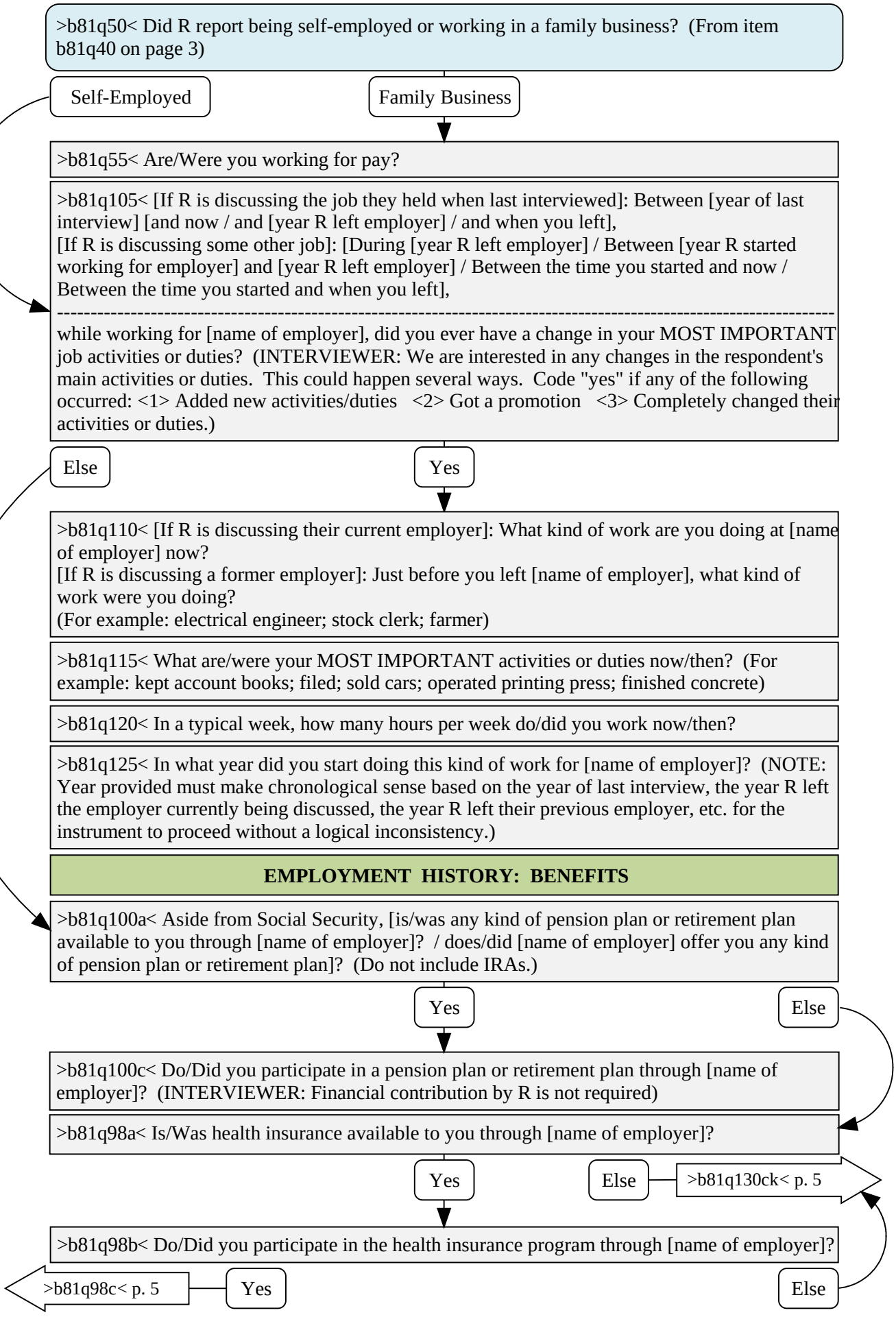
>b2q35< In [month of last interview] of [year of last interview], you told us that you were employed. Is this correct?

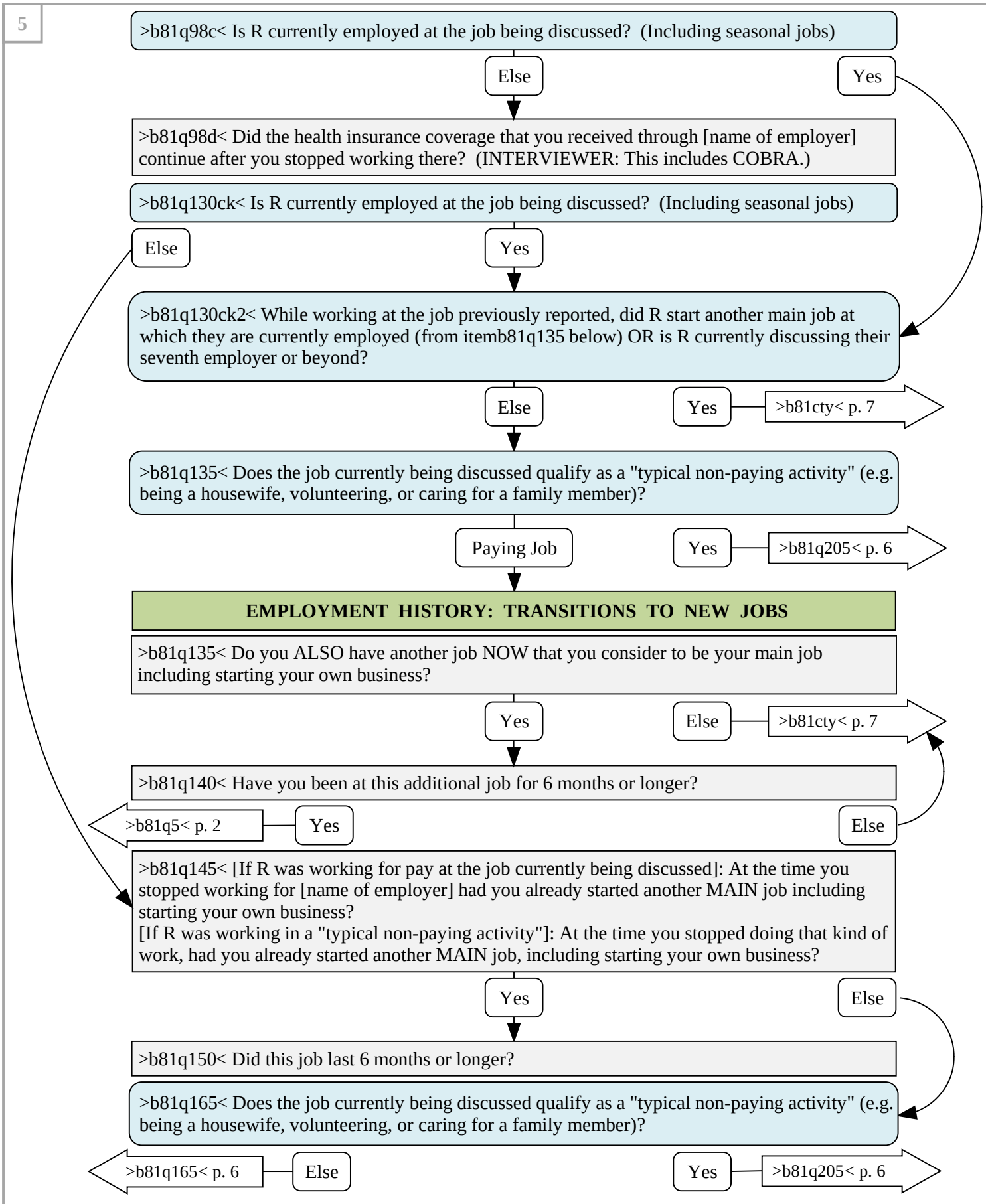
Yes

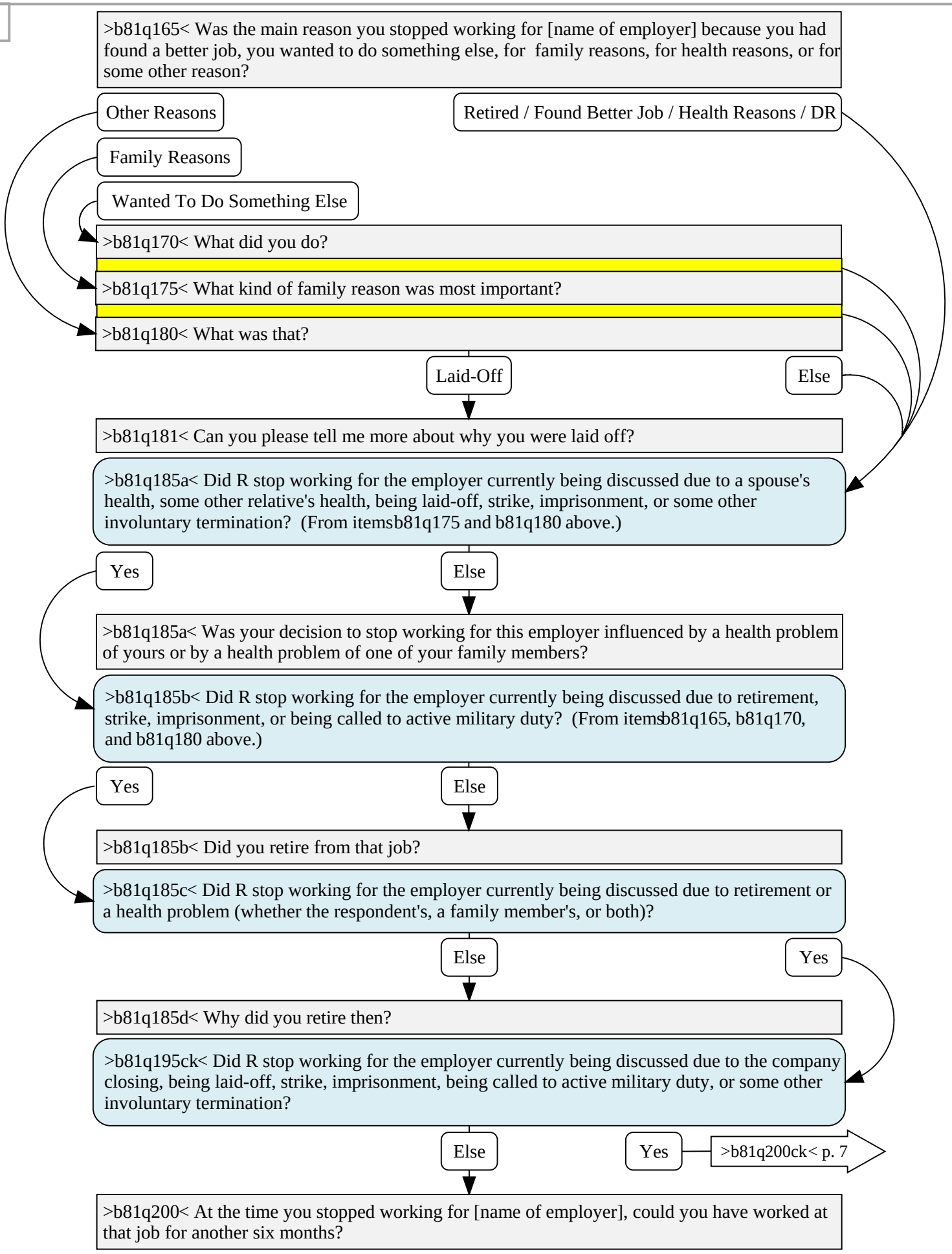
Else → >b4q5< p. 2

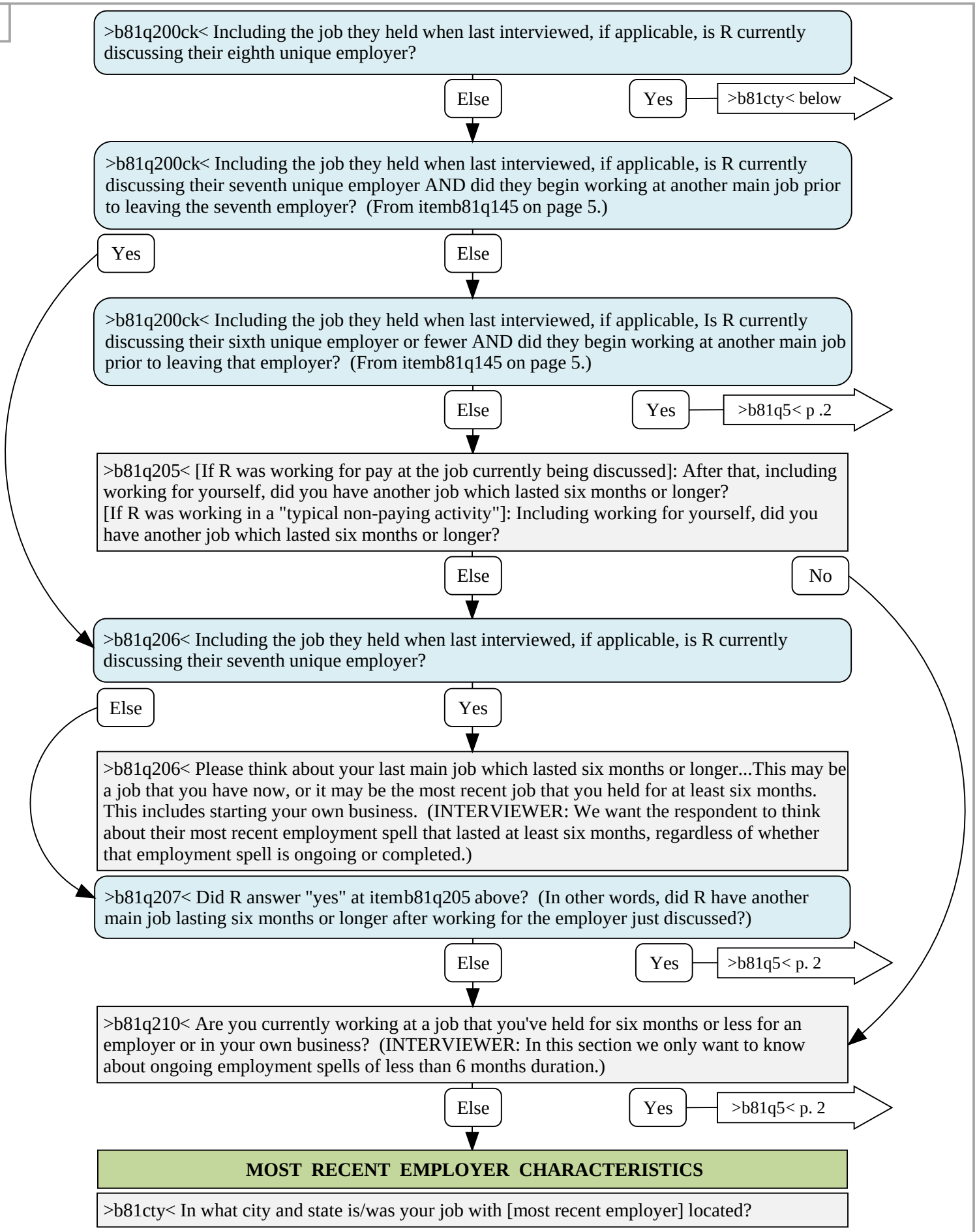

>b4q5< Since [year of last interview], have you ever held a full-time or part-time job lasting six months or more including starting your own business?
Yes
Else
>b4q5a< Are you currently working at a job that you've held for six months or less including starting your own business?
Next Module
Else
Yes
>bx10cmpn< below
>bx3cmpn< What was the new name of [name of company on record] (for which you worked in [month of last interview] [year of last interview])?
>b81q14a2< p. 3
>bx5acn< What was the name of this place where you worked in [year of last interview]? (INTERVIEWER: If self-employed with no company name, enter "your business" or "your farm".)
>bx5bcmpn< What was the name of the first such place for which you worked since [year of last interview]? (INTERVIEWER: If self-employed with no company name, enter "your business" or "your farm".)
>bx10cmpn< What is the name of this place where you work? (INTERVIEWER: If self-employed with no company name, enter "your business" or "your farm".)
EMPLOYMENT HISTORY SINCE LAST INTERVIEW
In addition to the job R held when last interviewed, they may also report up to seven subsequent employers (including being self-employed). The eighth job asked about, if applicable, will be R's most recent or current job. For each job after the one held by R when last interviewed, the employment history questions in this section will begin with item b81q5 below.
>b81q5< [If R is discussing current employment and holds more than one job]: Now we would like to talk about your job in addition to [name of current employer]. What was the name of the other place where you work?
[If R is reporting a job held after working for their previously reported employer]: Now we would like to talk about your job after [name of previously reported employer]. What was the name of the next place where you worked?
(INTERVIEWER: Enter name of place where R worked; if self-employed with no company name enter "your business/your farm". If R insists on "housewife", "volunteer", or "caring for a family member" as a job, enter that; such tasks will be coded as "typical non-paying activities".)
(NOTE: Immediately after each new employer is reported, the interviewer will have the opportunity to make corrections if necessary. For ease of exposition, this flowchart assumes all jobs have been correctly reported.)
>b71q5< In what year did you start this job? (NOTE: As appropriate, guidelines for establishing the chronology of the job will be presented to the interviewer based on when R reported working in their previous job. For example, if R reported the year in which they left their previous job with no mention of having found a new one, "Must be [year] or later; year left last job" will be presented to the interviewer. The instrument will only allow the interview to proceed once a logical start date for the new job has been recorded.)
>b81q14< Counting the job they held when last interviewed, is R currently reporting on their seventh employer or less?
>b81q14a1< p. 3
Else
Yes
>b81q14a2< p. 3

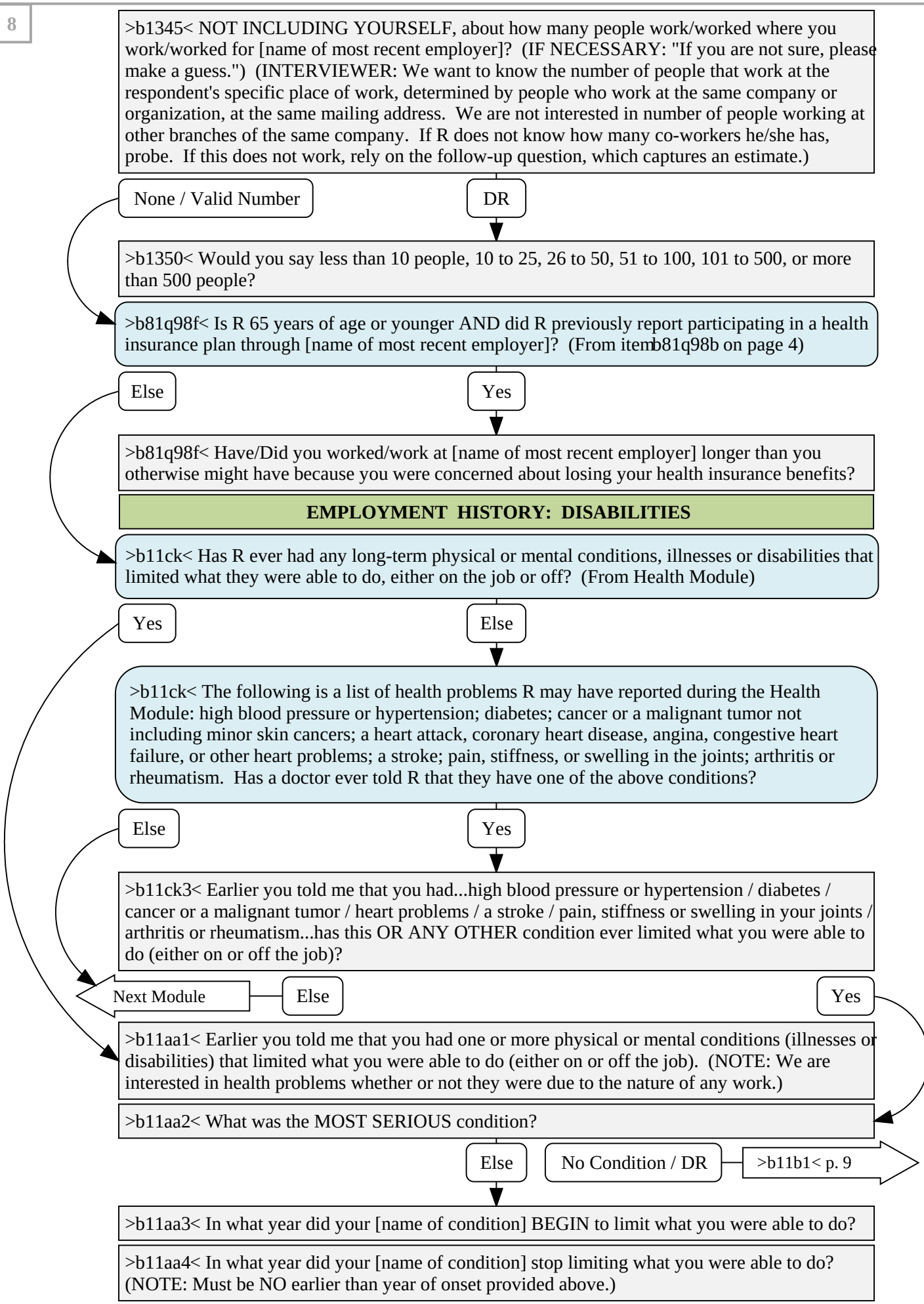

>b81q14a1< After you left [name of previous employer], including times you worked for yourself, how many other places did you work at a MAIN job for 6 months or longer?
>b81q14a2< Based on previous questions, have we already confirmed that R is presently employed at the job currently being discussed?
Yes
Else
>b81q14a2< [If R is working for pay or self-employed]: In what year did you leave [name of employer] or are you still working?
[If R performs a typical non-paying activity]: In what year did you stop doing that kind of work ([non-paying activity reported]) or are you still working there?
(NOTE: Year provided must coincide with or occur after the year employment started for the instrument to proceed without a logical inconsistency.)
>b81q14ack< Is R currently reporting on the job they held when last interviewed? (In other words, is R reporting on a job we have preloaded data about?)
Yes
Else
>b81q15< Does the job currently being discussed qualify as a "typical non-paying activity" (e.g. being a housewife, volunteering, or caring for a family member)?
Paying Job
Yes
>b81q130ck< p. 5
EMPLOYMENT HISTORY: OCCUPATION AND INDUSTRY
>b81q15< What kind of work were you doing at [name of employer] when you started working there (in [year])? (For example: electrical engineer; stock clerk; farmer)
>b81q20< What are/were your MOST IMPORTANT activities or duties? (For example: kept account books; filed; sold cars; operated printed press; finished concrete) (INTERVIEWER: Verify if response given above or probe if necessary.)
>b81q25< In a typical week, how many hours per week do/did you work?
>b81q25< Is R currently reporting on the job they held when last interviewed? (In other words, is R reporting on a job we have preloaded data about?)
Else
Yes
>b81q105< p. 4
>b81q30< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>b81q35< Is/Was this mainly manufacturing, wholesale trade, retail trade, or something else?
>b81q40< Are/Were you employed by government, by a private company or organization, or are/were you self-employed or working in a family business?
Self-Employed / Working In Family Business
Else
>b81q45< Is/Was this business incorporated?

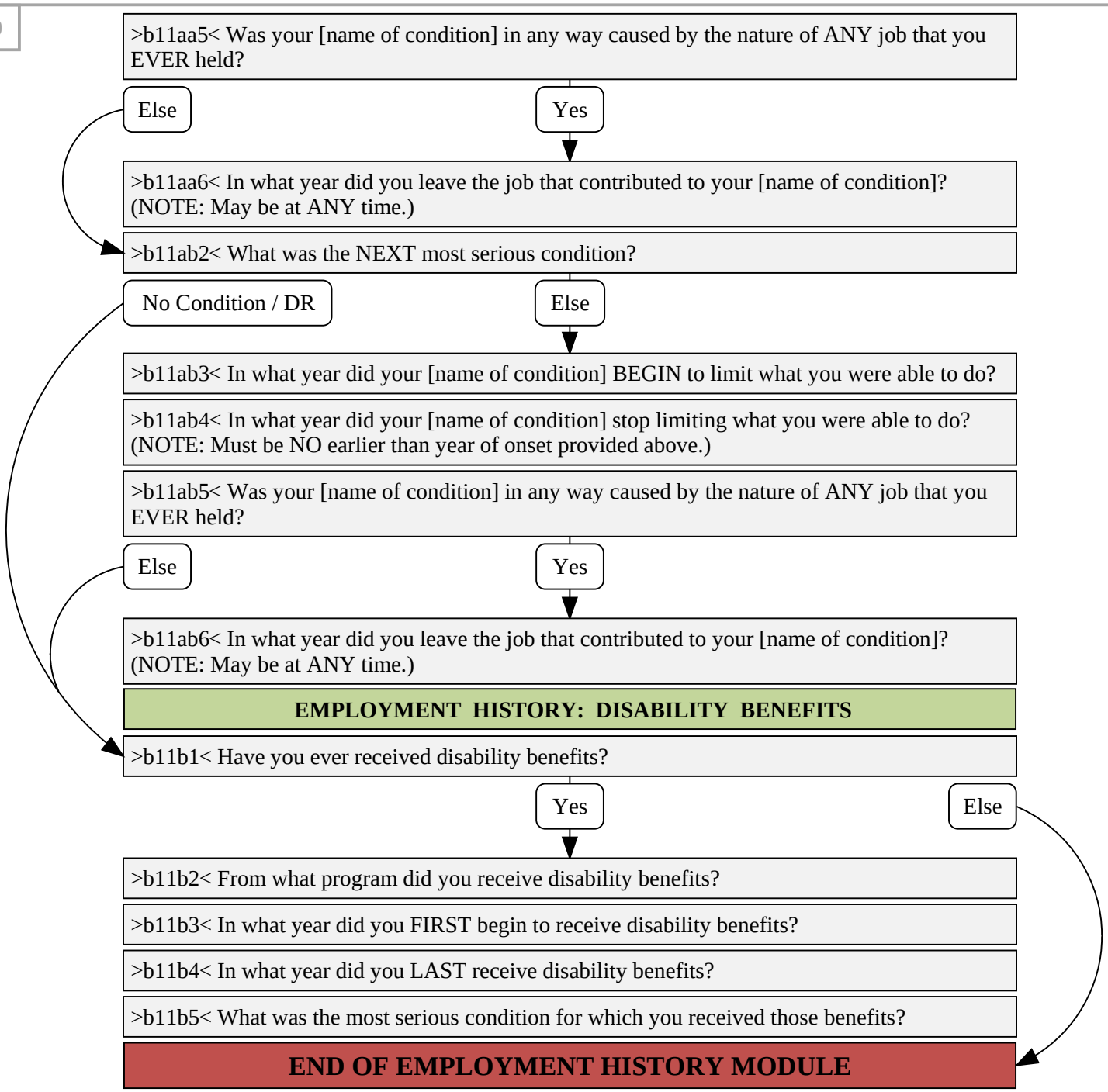

>b81q50< Did R report being self-employed or working in a family business? (From item b81q40 on page 3)
Self-Employed
Family Business
>b81q55< Are/Were you working for pay?
>b81q105< [If R is discussing the job they held when last interviewed]: Between [year of last interview] [and now / and [year R left employer] / and when you left],
[If R is discussing some other job]: [During [year R left employer] / Between [year R started working for employer] and [year R left employer] / Between the time you started and now / Between the time you started and when you left],
---
while working for [name of employer], did you ever have a change in your MOST IMPORTANT job activities or duties? (INTERVIEWER: We are interested in any changes in the respondent's main activities or duties. This could happen several ways. Code "yes" if any of the following occurred: <1> Added new activities/duties <2> Got a promotion <3> Completely changed their activities or duties.)
Else
Yes
>b81q110< [If R is discussing their current employer]: What kind of work are you doing at [name of employer] now?
[If R is discussing a former employer]: Just before you left [name of employer], what kind of work were you doing?
(For example: electrical engineer; stock clerk; farmer)
>b81q115< What are/were your MOST IMPORTANT activities or duties now/then? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)
>b81q120< In a typical week, how many hours per week do/did you work now/then?
>b81q125< In what year did you start doing this kind of work for [name of employer]? (NOTE: Year provided must make chronological sense based on the year of last interview, the year R left the employer currently being discussed, the year R left their previous employer, etc. for the instrument to proceed without a logical inconsistency.)
EMPLOYMENT HISTORY: BENEFITS
>b81q100a< Aside from Social Security, [is/was any kind of pension plan or retirement plan available to you through [name of employer]? / does/did [name of employer] offer you any kind of pension plan or retirement plan]? (Do not include IRAs.)
Yes
Else
>b81q100c< Do/Did you participate in a pension plan or retirement plan through [name of employer]? (INTERVIEWER: Financial contribution by R is not required)
>b81q98a< Is/Was health insurance available to you through [name of employer]?
Yes
Else
>b81q130ck< p. 5
>b81q98b< Do/Did you participate in the health insurance program through [name of employer]?
>b81q98c< p. 5
Yes
Else


>b81q98c< Is R currently employed at the job being discussed? (Including seasonal jobs)
Else
Yes
>b81q98d< Did the health insurance coverage that you received through [name of employer] continue after you stopped working there? (INTERVIEWER: This includes COBRA.)
>b81q130ck< Is R currently employed at the job being discussed? (Including seasonal jobs)
Else
Yes
>b81q130ck2< While working at the job previously reported, did R start another main job at which they are currently employed (from itemb81q135 below) OR is R currently discussing their seventh employer or beyond?
Else
Yes
>b81cty< p. 7
>b81q135< Does the job currently being discussed qualify as a "typical non-paying activity" (e.g. being a housewife, volunteering, or caring for a family member)?
Paying Job
Yes
>b81q205< p. 6
EMPLOYMENT HISTORY: TRANSITIONS TO NEW JOBS
>b81q135< Do you ALSO have another job NOW that you consider to be your main job including starting your own business?
Yes
Else
>b81cty< p. 7
>b81q140< Have you been at this additional job for 6 months or longer?
>b81q5< p. 2
Yes
Else
>b81q145< [If R was working for pay at the job currently being discussed]: At the time you stopped working for [name of employer] had you already started another MAIN job including starting your own business?
[If R was working in a "typical non-paying activity"]: At the time you stopped doing that kind of work, had you already started another MAIN job, including starting your own business?
Yes
Else
>b81q150< Did this job last 6 months or longer?
>b81q165< Does the job currently being discussed qualify as a "typical non-paying activity" (e.g. being a housewife, volunteering, or caring for a family member)?
>b81q165< p. 6
Else
Yes
>b81q205< p. 6


>b81q165< Was the main reason you stopped working for [name of employer] because you had found a better job, you wanted to do something else, for family reasons, for health reasons, or for some other reason?
Other Reasons
Retired / Found Better Job / Health Reasons / DR
Family Reasons
Wanted To Do Something Else
>b81q170< What did you do?
>b81q175< What kind of family reason was most important?
>b81q180< What was that?
Laid-Off
Else
>b81q181< Can you please tell me more about why you were laid off?
>b81q185a< Did R stop working for the employer currently being discussed due to a spouse's health, some other relative's health, being laid-off, strike, imprisonment, or some other involuntary termination? (From itemsb81q175 and b81q180 above.)
Yes
Else
>b81q185a< Was your decision to stop working for this employer influenced by a health problem of yours or by a health problem of one of your family members?
>b81q185b< Did R stop working for the employer currently being discussed due to retirement, strike, imprisonment, or being called to active military duty? (From itemsb81q165, b81q170, and b81q180 above.)
Yes
Else
>b81q185b< Did you retire from that job?
>b81q185c< Did R stop working for the employer currently being discussed due to retirement or a health problem (whether the respondent's, a family member's, or both)?
Else
Yes
>b81q185d< Why did you retire then?
>b81q195ck< Did R stop working for the employer currently being discussed due to the company closing, being laid-off, strike, imprisonment, being called to active military duty, or some other involuntary termination?
Else
Yes
>b81q200ck< p. 7
>b81q200< At the time you stopped working for [name of employer], could you have worked at that job for another six months?


>b81q200ck< Including the job they held when last interviewed, if applicable, is R currently discussing their eighth unique employer?
Else
Yes
>b81cty< below
>b81q200ck< Including the job they held when last interviewed, if applicable, is R currently discussing their seventh unique employer AND did they begin working at another main job prior to leaving the seventh employer? (From itemb81q145 on page 5.)
Yes
Else
>b81q200ck< Including the job they held when last interviewed, if applicable, Is R currently discussing their sixth unique employer or fewer AND did they begin working at another main job prior to leaving that employer? (From itemb81q145 on page 5.)
Else
Yes
>b81q5< p .2
>b81q205< [If R was working for pay at the job currently being discussed]: After that, including working for yourself, did you have another job which lasted six months or longer?
[If R was working in a "typical non-paying activity"]: Including working for yourself, did you have another job which lasted six months or longer?
Else
No
>b81q206< Including the job they held when last interviewed, if applicable, is R currently discussing their seventh unique employer?
Else
Yes
>b81q206< Please think about your last main job which lasted six months or longer...This may be a job that you have now, or it may be the most recent job that you held for at least six months. This includes starting your own business. (INTERVIEWER: We want the respondent to think about their most recent employment spell that lasted at least six months, regardless of whether that employment spell is ongoing or completed.)
>b81q207< Did R answer "yes" at itemb81q205 above? (In other words, did R have another main job lasting six months or longer after working for the employer just discussed?)
Else
Yes
>b81q5< p. 2
>b81q210< Are you currently working at a job that you've held for six months or less for an employer or in your own business? (INTERVIEWER: In this section we only want to know about ongoing employment spells of less than 6 months duration.)
Else
Yes
>b81q5< p. 2
MOST RECENT EMPLOYER CHARACTERISTICS
>b81cty< In what city and state is/was your job with [most recent employer] located?


>b1345< NOT INCLUDING YOURSELF, about how many people work/worked where you work/worked for [name of most recent employer]? (IF NECESSARY: "If you are not sure, please make a guess.") (INTERVIEWER: We want to know the number of people that work at the respondent's specific place of work, determined by people who work at the same company or organization, at the same mailing address. We are not interested in number of people working at other branches of the same company. If R does not know how many co-workers he/she has, probe. If this does not work, rely on the follow-up question, which captures an estimate.)
None / Valid Number
DR
>b1350< Would you say less than 10 people, 10 to 25, 26 to 50, 51 to 100, 101 to 500, or more than 500 people?
>b81q98f< Is R 65 years of age or younger AND did R previously report participating in a health insurance plan through [name of most recent employer]? (From item b81q98b on page 4)
Else
Yes
>b81q98f< Have/Did you worked/work at [name of most recent employer] longer than you otherwise might have because you were concerned about losing your health insurance benefits?
EMPLOYMENT HISTORY: DISABILITIES
>b11ck< Has R ever had any long-term physical or mental conditions, illnesses or disabilities that limited what they were able to do, either on the job or off? (From Health Module)
Yes
Else
>b11ck< The following is a list of health problems R may have reported during the Health Module: high blood pressure or hypertension; diabetes; cancer or a malignant tumor not including minor skin cancers; a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems; a stroke; pain, stiffness, or swelling in the joints; arthritis or rheumatism. Has a doctor ever told R that they have one of the above conditions?
Else
Yes
>b11ck3< Earlier you told me that you had...high blood pressure or hypertension / diabetes / cancer or a malignant tumor / heart problems / a stroke / pain, stiffness or swelling in your joints / arthritis or rheumatism...has this OR ANY OTHER condition ever limited what you were able to do (either on or off the job)?
Next Module
Else
Yes
>b11aa1< Earlier you told me that you had one or more physical or mental conditions (illnesses or disabilities) that limited what you were able to do (either on or off the job). (NOTE: We are interested in health problems whether or not they were due to the nature of any work.)
>b11aa2< What was the MOST SERIOUS condition?
Else
No Condition / DR
>b11b1< p. 9
>b11aa3< In what year did your [name of condition] BEGIN to limit what you were able to do?
>b11aa4< In what year did your [name of condition] stop limiting what you were able to do? (NOTE: Must be NO earlier than year of onset provided above.)


>b11aa5< Was your [name of condition] in any way caused by the nature of ANY job that you EVER held?
Else
Yes
>b11aa6< In what year did you leave the job that contributed to your [name of condition]? (NOTE: May be at ANY time.)
>b11ab2< What was the NEXT most serious condition?
No Condition / DR
Else
>b11ab3< In what year did your [name of condition] BEGIN to limit what you were able to do?
>b11ab4< In what year did your [name of condition] stop limiting what you were able to do? (NOTE: Must be NO earlier than year of onset provided above.)
>b11ab5< Was your [name of condition] in any way caused by the nature of ANY job that you EVER held?
Else
Yes
>b11ab6< In what year did you leave the job that contributed to your [name of condition]? (NOTE: May be at ANY time.)
EMPLOYMENT HISTORY: DISABILITY BENEFITS
>b11b1< Have you ever received disability benefits?
Yes
Else
>b11b2< From what program did you receive disability benefits?
>b11b3< In what year did you FIRST begin to receive disability benefits?
>b11b4< In what year did you LAST receive disability benefits?
>b11b5< What was the most serious condition for which you received those benefits?
END OF EMPLOYMENT HISTORY MODULE

EMPLOYMENT HISTORY -- SELECTED SIBLING RESPONDENTS

>h_emp1< Have you ever held a full-time or part-time job lasting six months or more including starting your own business?

>h_emp2< Are you currently working?

>h_emp3< Has R never held a full- or part-time job lasting six months or more AND is R not currently working? (In other words, did R answer item h_emp1 with "no" and item h_emp2 with something other than "yes" ?)

Else

Yes → Next Module

>h_emp4< [If R is currently employed]: For these next questions we would like you to think about your current job.
[If R is not currently employed]: For these next questions we would like you to think about the last job you held for six months or more.

>h_emp4a< What is/was the name of this place where you work/worked? (INTERVIEWER: If self-employed with no company name, enter "your business" or "your farm".)

>h_emp4b< In what year did you start this job? (INTERVIEWER: Enter 1950 to 2006)

>h_emp4c< Is R currently employed? (From item h_emp2 above)

Yes

Else

>h_emp4c< In what year did you leave this job? (INTERVIEWER: Enter 1950 to 2006) (NOTE: Year provided must coincide with or occur after the year R reported starting the job for the instrument to proceed without a logical inconsistency.)

>h_emp5< What kind of work are/were you doing [now / when you left this job]? (For example: electric engineer; stock clerk; farmer)

>h_emp6< What are/were your MOST IMPORTANT activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete) (INTERVIEWER: Verify if response given above or probe if necessary)

>h_emp7< In a typical week, how many hours per week do/did you work?

>h_emp8< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)

>h_emp9< Is/Was this mainly manufacturing, wholesale trade, retail trade, or something else?

>h_emp10< Are/Were you employed by government, by a private company or organization, or are/were you self-employed or working in a family business?

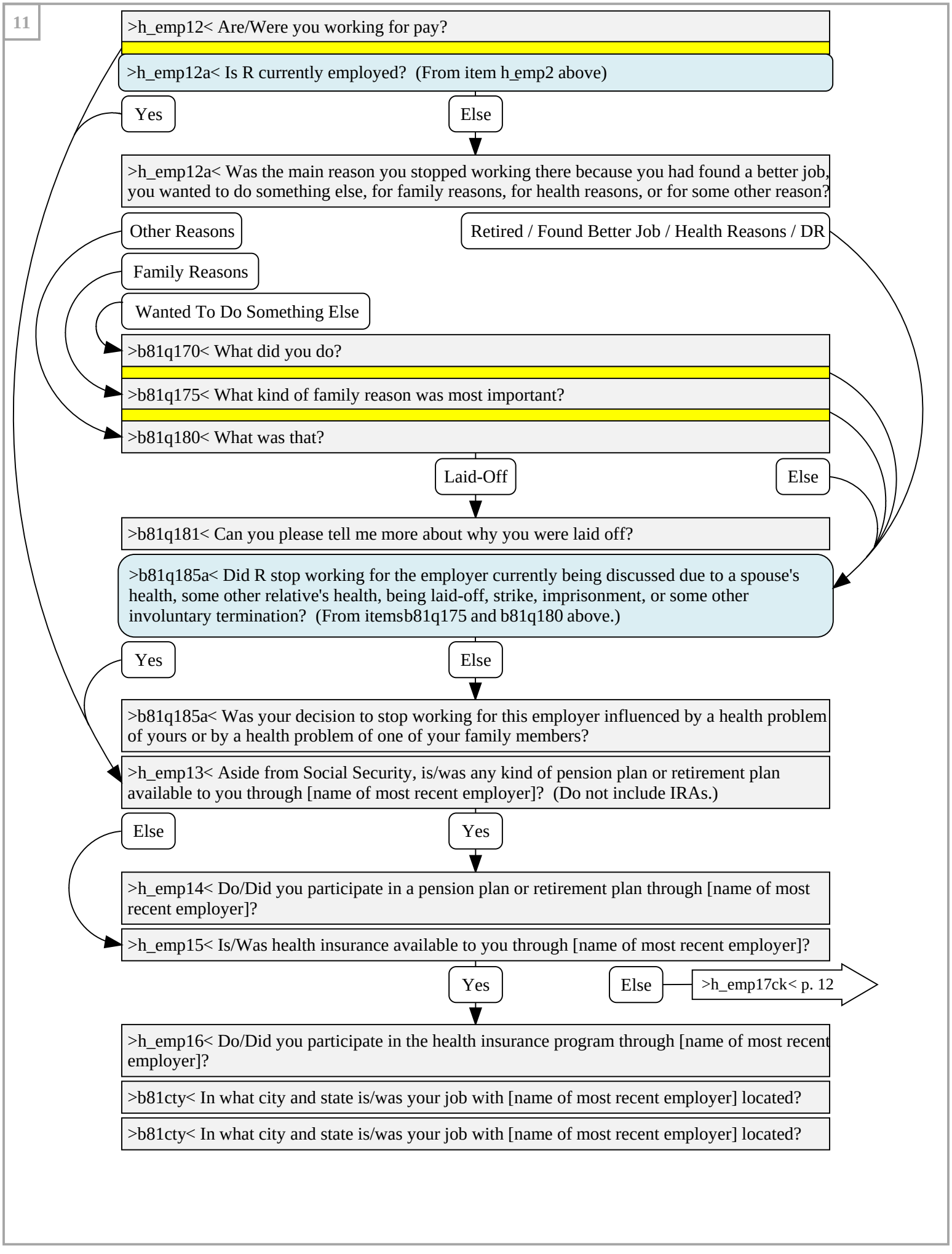
Self-Employed / Working In Family Business

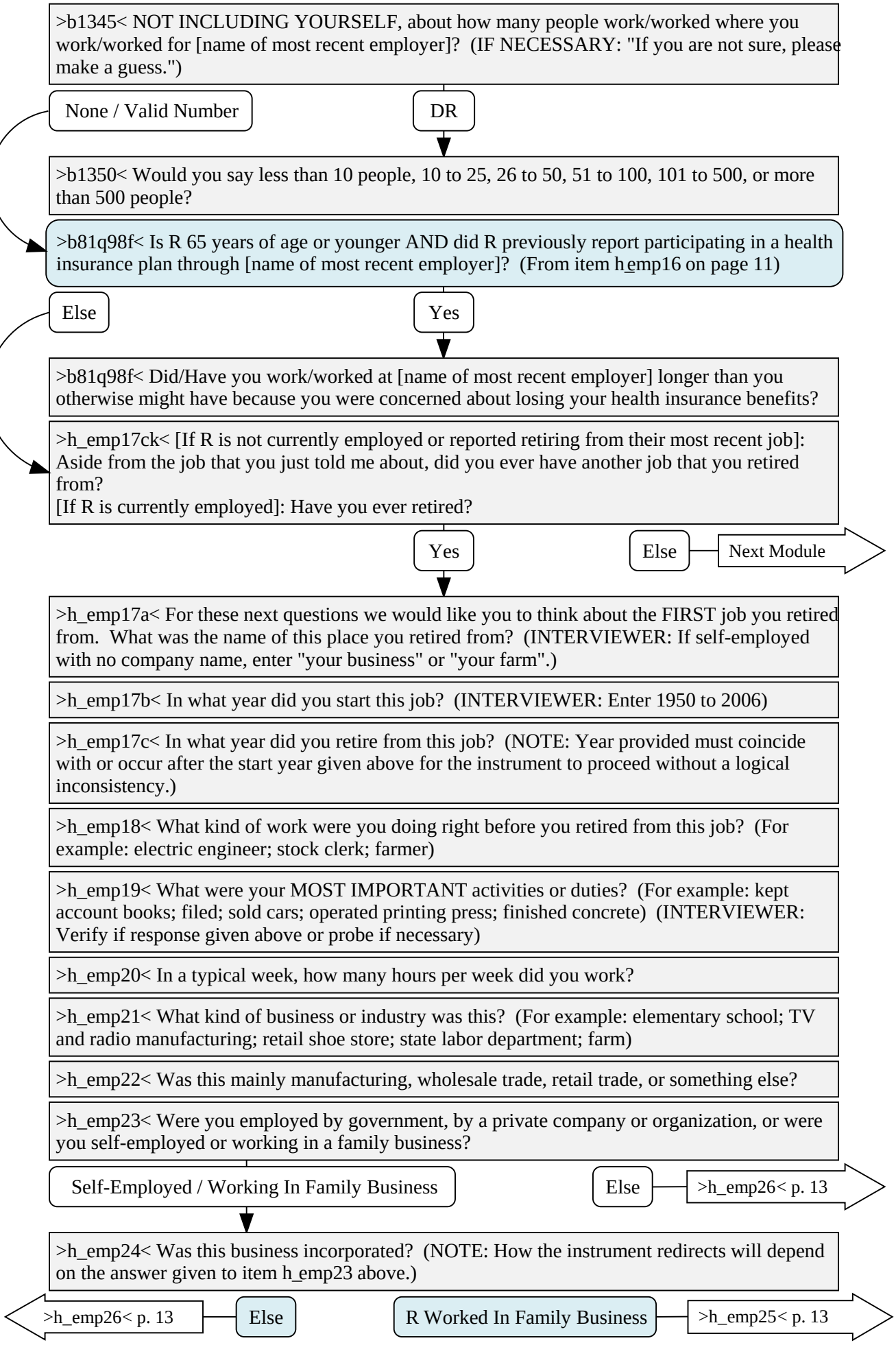
Else

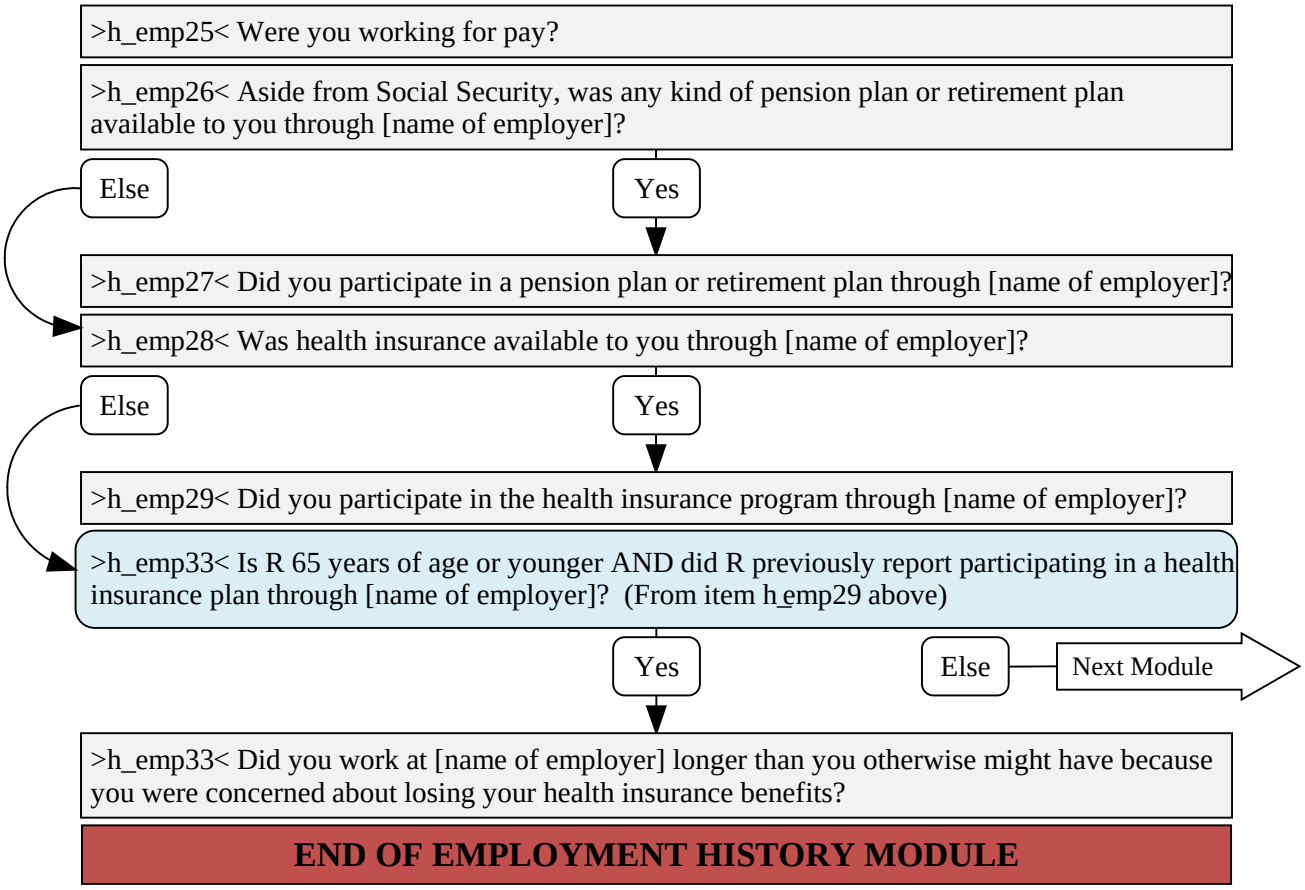
>h_emp11< Is/Was this business incorporated? (NOTE: How the instrument redirects will depend on the answer given to item h_emp10 above.)

Working In Family Business → >h_emp12< p. 11

Else → >h_emp12a< p. 11


>h_emp12< Are/Were you working for pay?
>h_emp12a< Is R currently employed? (From item h_emp2 above)
Yes
Else
>h_emp12a< Was the main reason you stopped working there because you had found a better job, you wanted to do something else, for family reasons, for health reasons, or for some other reason?
Other Reasons
Retired / Found Better Job / Health Reasons / DR
Family Reasons
Wanted To Do Something Else
>b81q170< What did you do?
>b81q175< What kind of family reason was most important?
>b81q180< What was that?
Laid-Off
Else
>b81q181< Can you please tell me more about why you were laid off?
>b81q185a< Did R stop working for the employer currently being discussed due to a spouse's health, some other relative's health, being laid-off, strike, imprisonment, or some other involuntary termination? (From itemsb81q175 and b81q180 above.)
Yes
Else
>b81q185a< Was your decision to stop working for this employer influenced by a health problem of yours or by a health problem of one of your family members?
>h_emp13< Aside from Social Security, is/was any kind of pension plan or retirement plan available to you through [name of most recent employer]? (Do not include IRAs.)
Else
Yes
>h_emp14< Do/Did you participate in a pension plan or retirement plan through [name of most recent employer]?
>h_emp15< Is/Was health insurance available to you through [name of most recent employer]?
Yes
Else
>h_emp17ck< p. 12
>h_emp16< Do/Did you participate in the health insurance program through [name of most recent employer]?
>b81cty< In what city and state is/was your job with [name of most recent employer] located?
>b81cty< In what city and state is/was your job with [name of most recent employer] located?


>b1345< NOT INCLUDING YOURSELF, about how many people work/worked where you work/worked for [name of most recent employer]? (IF NECESSARY: "If you are not sure, please make a guess.")
None / Valid Number
DR
>b1350< Would you say less than 10 people, 10 to 25, 26 to 50, 51 to 100, 101 to 500, or more than 500 people?
>b81q98f< Is R 65 years of age or younger AND did R previously report participating in a health insurance plan through [name of most recent employer]? (From item h_emp16 on page 11)
Else
Yes
>b81q98f< Did/Have you work/worked at [name of most recent employer] longer than you otherwise might have because you were concerned about losing your health insurance benefits?
>h_emp17ck< [If R is not currently employed or reported retiring from their most recent job]: Aside from the job that you just told me about, did you ever have another job that you retired from?
[If R is currently employed]: Have you ever retired?
Yes
Else
Next Module
>h_emp17a< For these next questions we would like you to think about the FIRST job you retired from. What was the name of this place you retired from? (INTERVIEWER: If self-employed with no company name, enter "your business" or "your farm".)
>h_emp17b< In what year did you start this job? (INTERVIEWER: Enter 1950 to 2006)
>h_emp17c< In what year did you retire from this job? (NOTE: Year provided must coincide with or occur after the start year given above for the instrument to proceed without a logical inconsistency.)
>h_emp18< What kind of work were you doing right before you retired from this job? (For example: electric engineer; stock clerk; farmer)
>h_emp19< What were your MOST IMPORTANT activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete) (INTERVIEWER: Verify if response given above or probe if necessary)
>h_emp20< In a typical week, how many hours per week did you work?
>h_emp21< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>h_emp22< Was this mainly manufacturing, wholesale trade, retail trade, or something else?
>h_emp23< Were you employed by government, by a private company or organization, or were you self-employed or working in a family business?
Self-Employed / Working In Family Business
Else
>h_emp26< p. 13
>h_emp24< Was this business incorporated? (NOTE: How the instrument redirects will depend on the answer given to item h_emp23 above.)
>h_emp26< p. 13
Else
R Worked In Family Business
>h_emp25< p. 13


>h_emp25< Were you working for pay?
>h_emp26< Aside from Social Security, was any kind of pension plan or retirement plan available to you through [name of employer]?
Else
Yes
>h_emp27< Did you participate in a pension plan or retirement plan through [name of employer]?
>h_emp28< Was health insurance available to you through [name of employer]?
Else
Yes
>h_emp29< Did you participate in the health insurance program through [name of employer]?
>h_emp33< Is R 65 years of age or younger AND did R previously report participating in a health insurance plan through [name of employer]? (From item h_emp29 above)
Yes
Else
Next Module
>h_emp33< Did you work at [name of employer] longer than you otherwise might have because you were concerned about losing your health insurance benefits?
END OF EMPLOYMENT HISTORY MODULE

PENSIONS AND RETIREMENT

>b11c< Next, we would like to ask a few (more) questions about the pension plans that you (or your husband/wife) may have. By pension plans, we mean retirement savings OTHER THAN SOCIAL SECURITY. These would include traditional pensions, 401k's, IRA's, Keogh Plans, and annuities. We are interested both in plans provided by an employer as well as plans you may have entered on your own (, or plans you became eligible for through your spouse). (INTERVIEWER: Keogh is pronounced "Key-oh".)

RESPONDENT PENSIONS

>b11d< Whether currently working or not, does R have any employment-based pensions? (From Employment Module)

Yes

Else

>b11d< Besides Social Security, do you (yourself) have any pension or retirement plans (, including those you became eligible for through your spouse)?

Yes

Else → >b11ds< p. 2

>b11e< What kinds of pension or retirement plans do you (yourself) have?

>b11f< Are you currently receiving payments from any of these plans?

No

Else

>b11g< Do you have any retirement plans from which you are NOT currently receiving benefits?

Yes

Else

>b11h< What is the earliest AGE at which you were or would be eligible for these benefits? (INTERVIEWER: We are interested in the earliest age at which R became or will become eligible to receive benefits)

>b11q75< About how much do you EXPECT to receive (from these plans) when you start receiving benefits?

DR

Else

For respondents unable or unwilling to report the value of their pension or retirement plans, the following four questions will be asked in a randomized sequence designed to bracket the amount within a discrete range and, subsequently, approximate the answer to item b11q75 above. The sequence presented below is only one of several possibilities.

>b11q110< Will it amount to less than $500 per month, more than $500 per month, or what?

More Than $500 Per Month

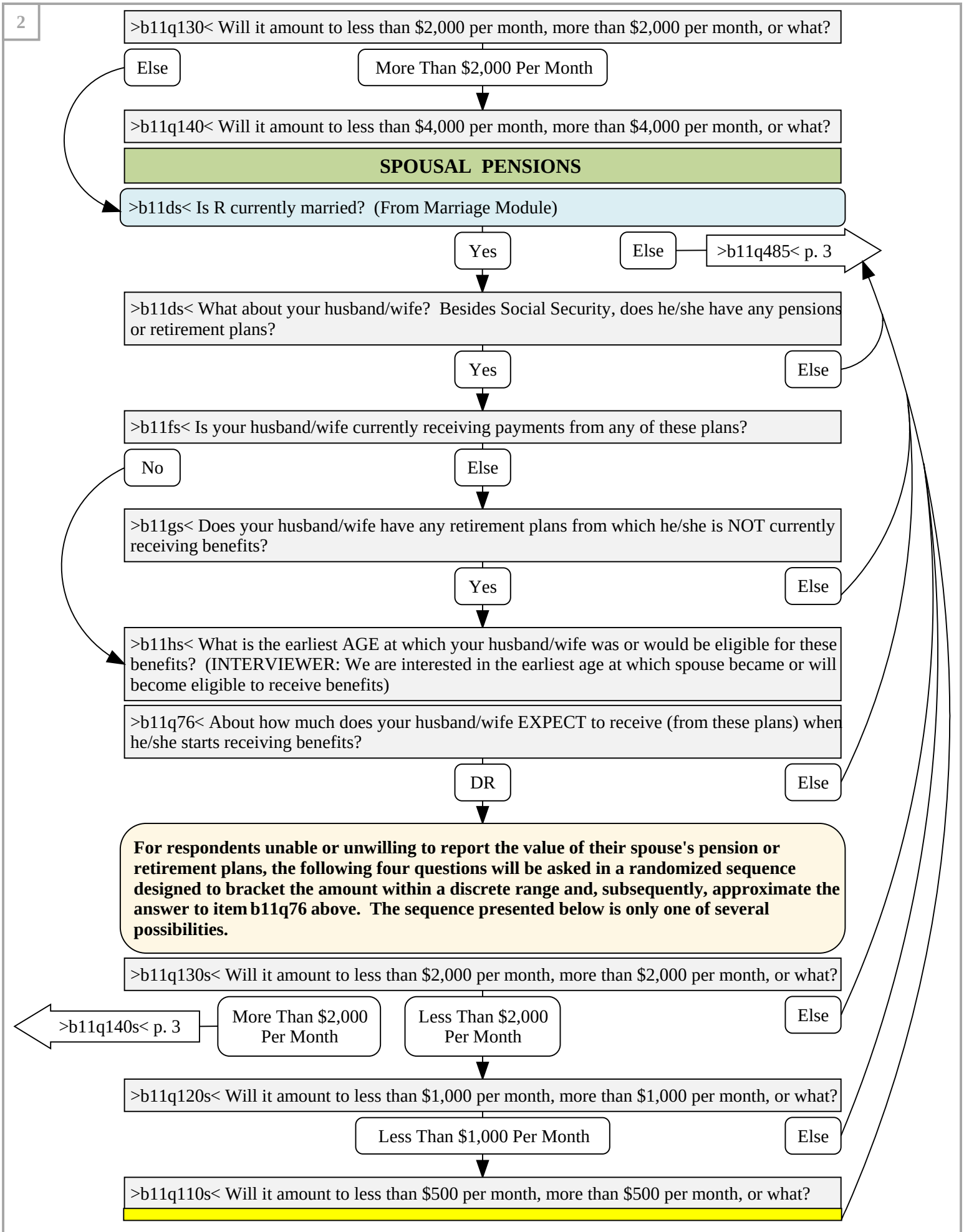
Else

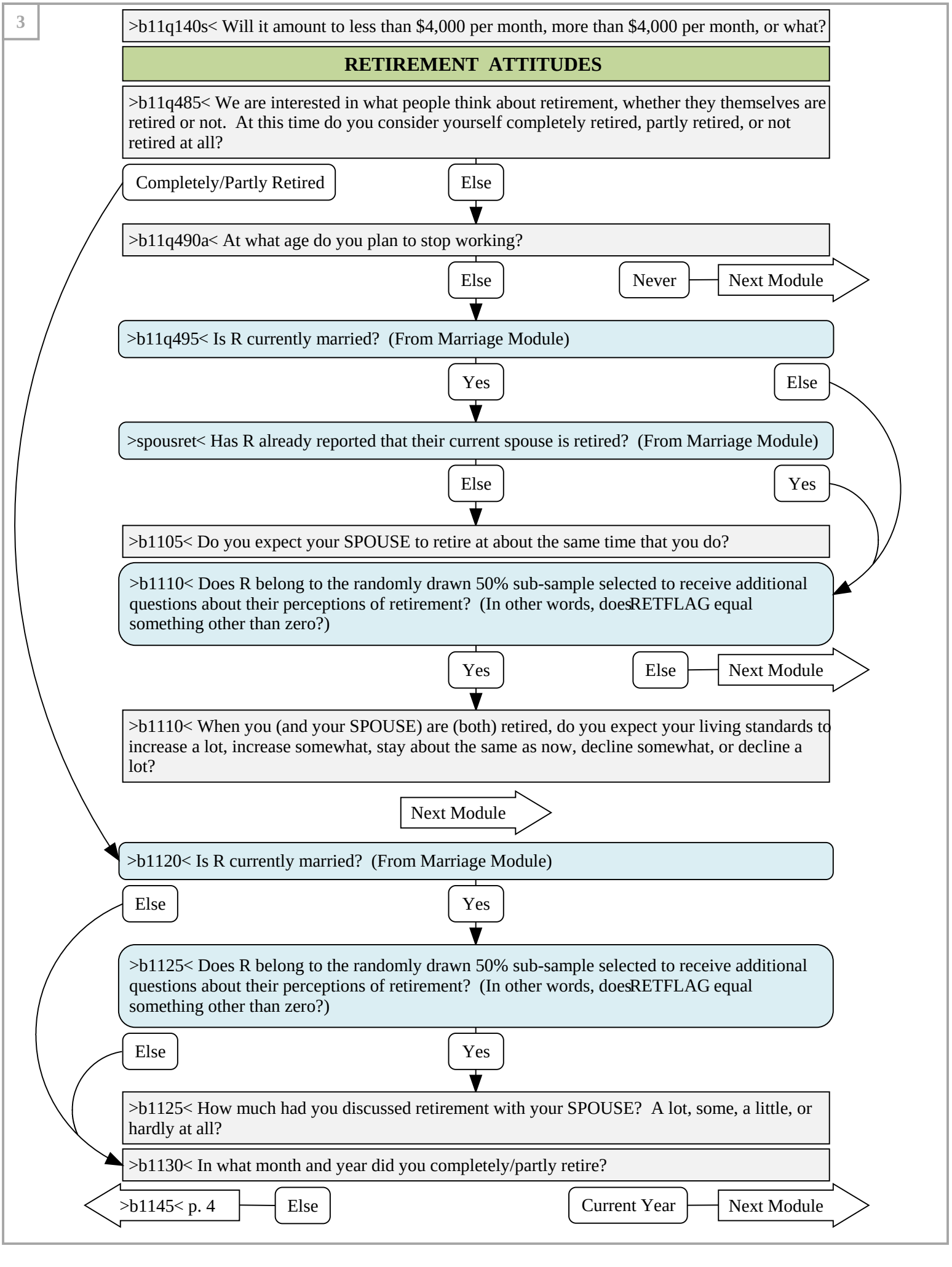
>b11q120< Will it amount to less than $1,000 per month, more than $1,000 per month, or what?

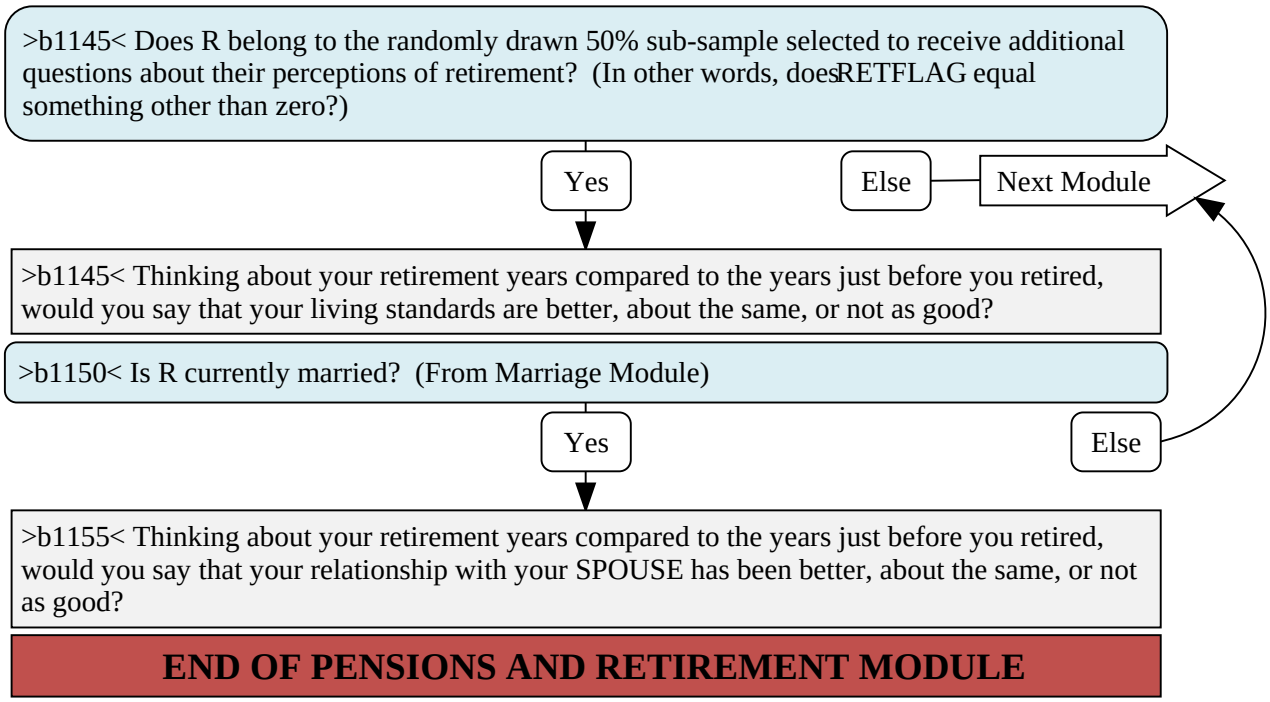
More Than $1,000 Per Month

Else

>b11q130< p. 2


>b11q130< Will it amount to less than $2,000 per month, more than $2,000 per month, or what?
Else
More Than $2,000 Per Month
>b11q140< Will it amount to less than $4,000 per month, more than $4,000 per month, or what?
SPOUSAL PENSIONS
>b11ds< Is R currently married? (From Marriage Module)
Yes
Else
>b11q485< p. 3
>b11ds< What about your husband/wife? Besides Social Security, does he/she have any pensions or retirement plans?
Yes
Else
>b11fs< Is your husband/wife currently receiving payments from any of these plans?
No
Else
>b11gs< Does your husband/wife have any retirement plans from which he/she is NOT currently receiving benefits?
Yes
Else
>b11hs< What is the earliest AGE at which your husband/wife was or would be eligible for these benefits? (INTERVIEWER: We are interested in the earliest age at which spouse became or will become eligible to receive benefits)
>b11q76< About how much does your husband/wife EXPECT to receive (from these plans) when he/she starts receiving benefits?
DR
Else
For respondents unable or unwilling to report the value of their spouse's pension or retirement plans, the following four questions will be asked in a randomized sequence designed to bracket the amount within a discrete range and, subsequently, approximate the answer to item b11q76 above. The sequence presented below is only one of several possibilities.
>b11q130s< Will it amount to less than $2,000 per month, more than $2,000 per month, or what?
>b11q140s< p. 3
More Than $2,000 Per Month
Less Than $2,000 Per Month
Else
>b11q120s< Will it amount to less than $1,000 per month, more than $1,000 per month, or what?
Less Than $1,000 Per Month
Else
>b11q110s< Will it amount to less than $500 per month, more than $500 per month, or what?


>b11q140s< Will it amount to less than $4,000 per month, more than $4,000 per month, or what?
RETIREMENT ATTITUDES
>b11q485< We are interested in what people think about retirement, whether they themselves are retired or not. At this time do you consider yourself completely retired, partly retired, or not retired at all?
Completely/Partly Retired
Else
>b11q490a< At what age do you plan to stop working?
Else
Never
Next Module
>b11q495< Is R currently married? (From Marriage Module)
Yes
Else
>spousret< Has R already reported that their current spouse is retired? (From Marriage Module)
Else
Yes
>b1105< Do you expect your SPOUSE to retire at about the same time that you do?
>b1110< Does R belong to the randomly drawn 50% sub-sample selected to receive additional questions about their perceptions of retirement? (In other words, does RETFLAG equal something other than zero?)
Yes
Else
Next Module
>b1110< When you (and your SPOUSE) are (both) retired, do you expect your living standards to increase a lot, increase somewhat, stay about the same as now, decline somewhat, or decline a lot?
Next Module
>b1120< Is R currently married? (From Marriage Module)
Else
Yes
>b1125< Does R belong to the randomly drawn 50% sub-sample selected to receive additional questions about their perceptions of retirement? (In other words, does RETFLAG equal something other than zero?)
Else
Yes
>b1125< How much had you discussed retirement with your SPOUSE? A lot, some, a little, or hardly at all?
>b1130< In what month and year did you completely/partly retire?
>b1145< p. 4
Else
Current Year
Next Module


>b1145< Does R belong to the randomly drawn 50% sub-sample selected to receive additional questions about their perceptions of retirement? (In other words, does RETFLAG equal something other than zero?)
Yes
Else
Next Module
>b1145< Thinking about your retirement years compared to the years just before you retired, would you say that your living standards are better, about the same, or not as good?
>b1150< Is R currently married? (From Marriage Module)
Yes
Else
>b1155< Thinking about your retirement years compared to the years just before you retired, would you say that your relationship with your SPOUSE has been better, about the same, or not as good?
END OF PENSIONS AND RETIREMENT MODULE

EMPLOYMENT CHARACTERISTICS

In the Employment Characteristics Module, R will be asked detailed questions about one of the jobs they reported in the Employment Module. For each case, the instrument will use a protocol to determine which job should be asked about. For respondents who are retired, the first job they retired from will be asked about. For respondents who are not retired and currently employed, the job they held the longest will be asked about; for respondents who are not retired and not currently employed, their most recent job will be asked about.

>box13tst< Has R ever held a job (whether full- or part-time) lasting six months or longer OR is R currently employed in a job that began less than six months ago? (From Employment Module)

Else

No → Next Module

>b135< Now we would like to find out a number of more specific things about your job with [name of selected employer].

>curemn1< Is [name of selected employer] the full name of the employer? How is it spelled? (INTERVIEWER: Please check spelling and complete name. Enter response given IF [name of selected employer] is NOT the complete/correct name.)

>b1360< Did R indicate that they were employed by government for their job with [name of selected employer]? (From Employment Module)

Else

Yes

>b1365< You indicated that your [name of selected employer] job was with the government. Was this with the Federal, State, or Local Government?

>j266r< Did R indicate that they were working for pay when employed by [name of selected employer]? (From Employment Module)

Else

No → >b1355< p. 2

>j266r< On this job at [name of selected employer], do/did you get paid by the hour, get a salary, or get paid on some other basis? (INTERVIEWER: We want the most recent method of payment)

Salary

Hourly

Else → >j270m< p. 2

>j266s< What is/was your most recent base hourly wage rate at this job? (INTERVIEWER: If R receives tips, commissions, and other income from their work, include usual or average amount in hourly wage. If situation is complex or confusing, enter "other" and explain)

>b1355< p. 2 ← Else

DK → >j270m< p. 2

>j268f/m< What is/was your most recent gross salary before deductions? That is, your annual salary, your monthly salary, or whatever period you find easiest.

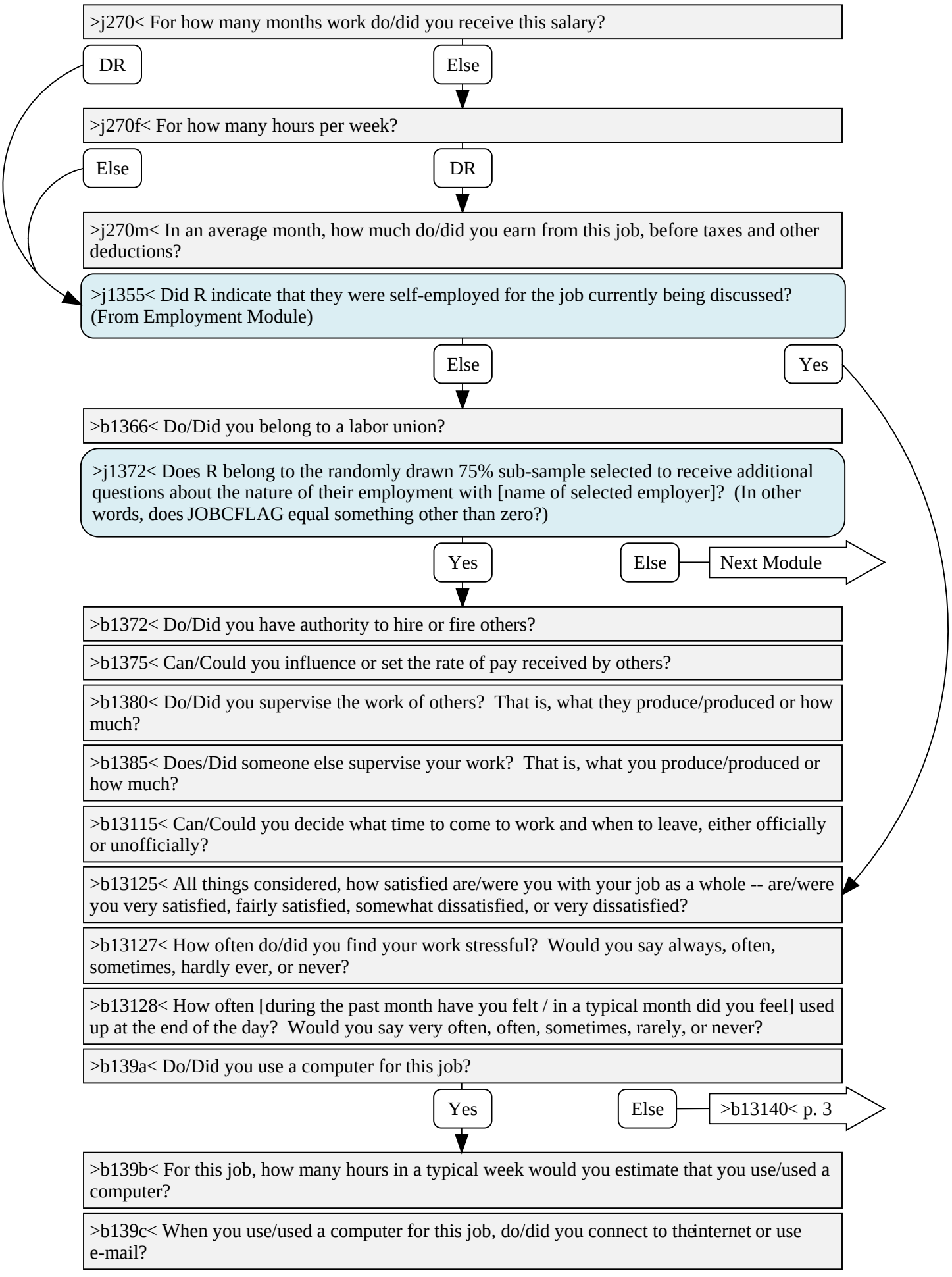
Salary Reported on Per Year Basis

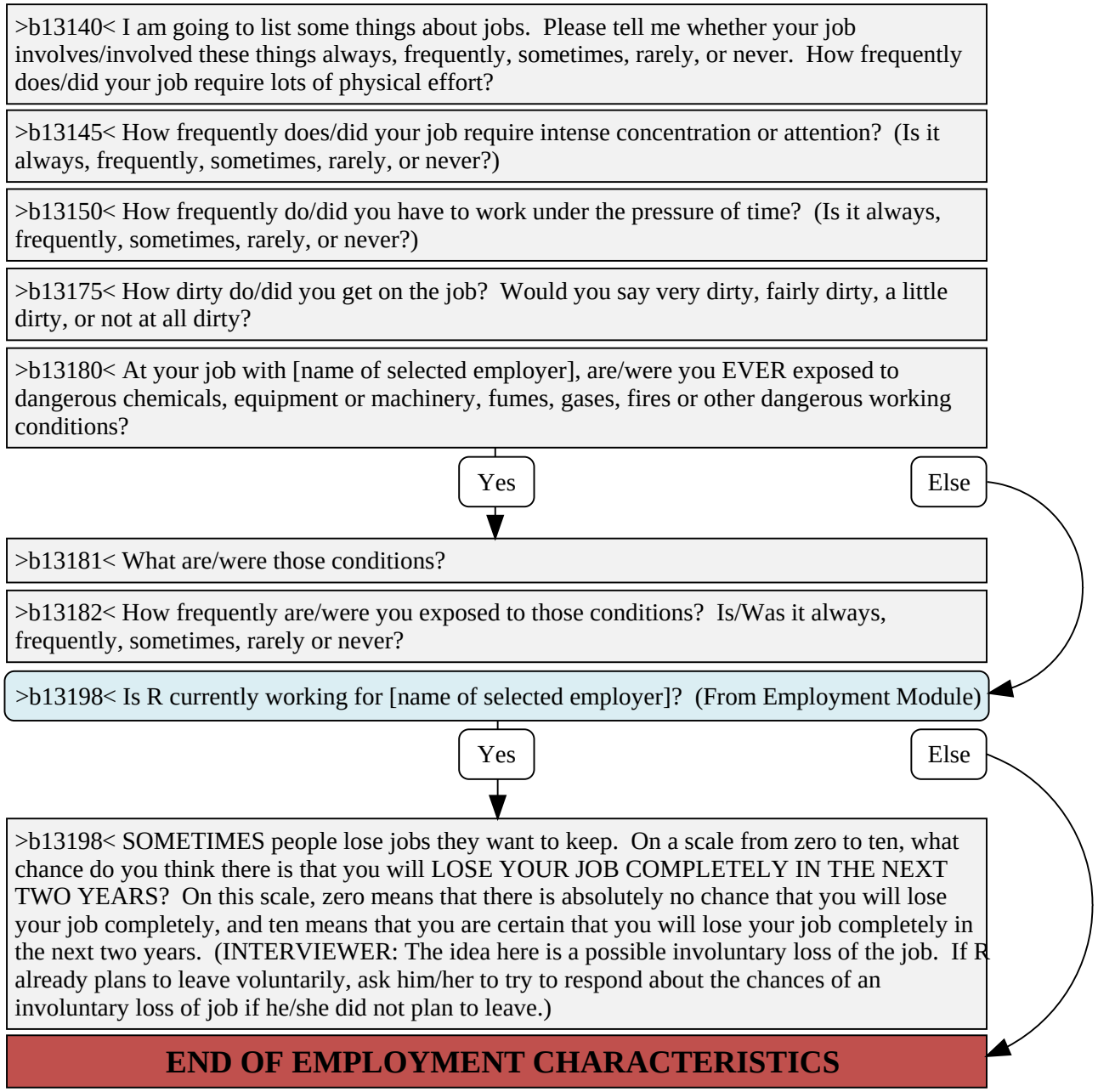
Else → >b1355< p. 2

>j268s< Is/Was this salary for full time work, for the full year?

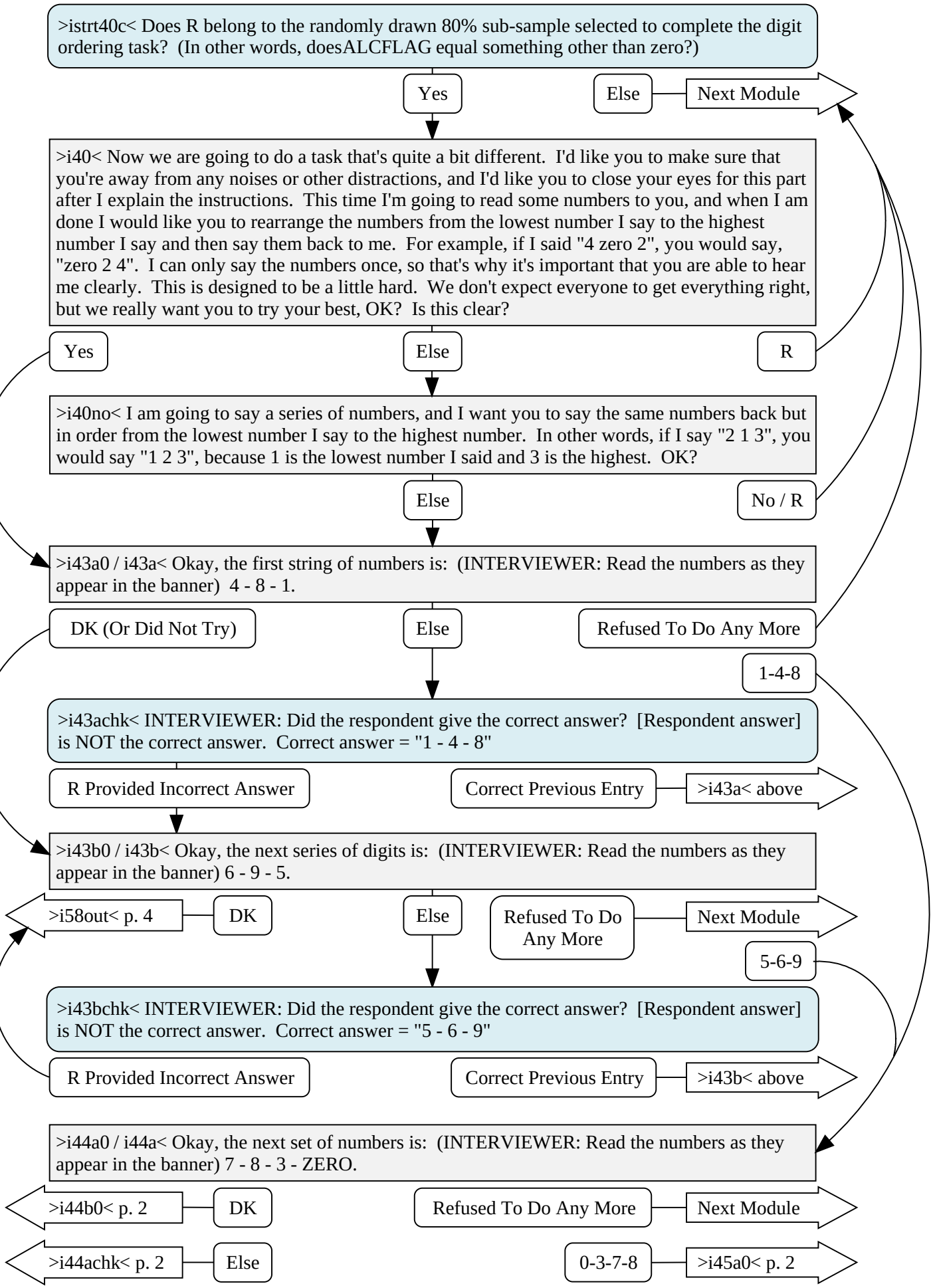
>j270< p. 2 ← No

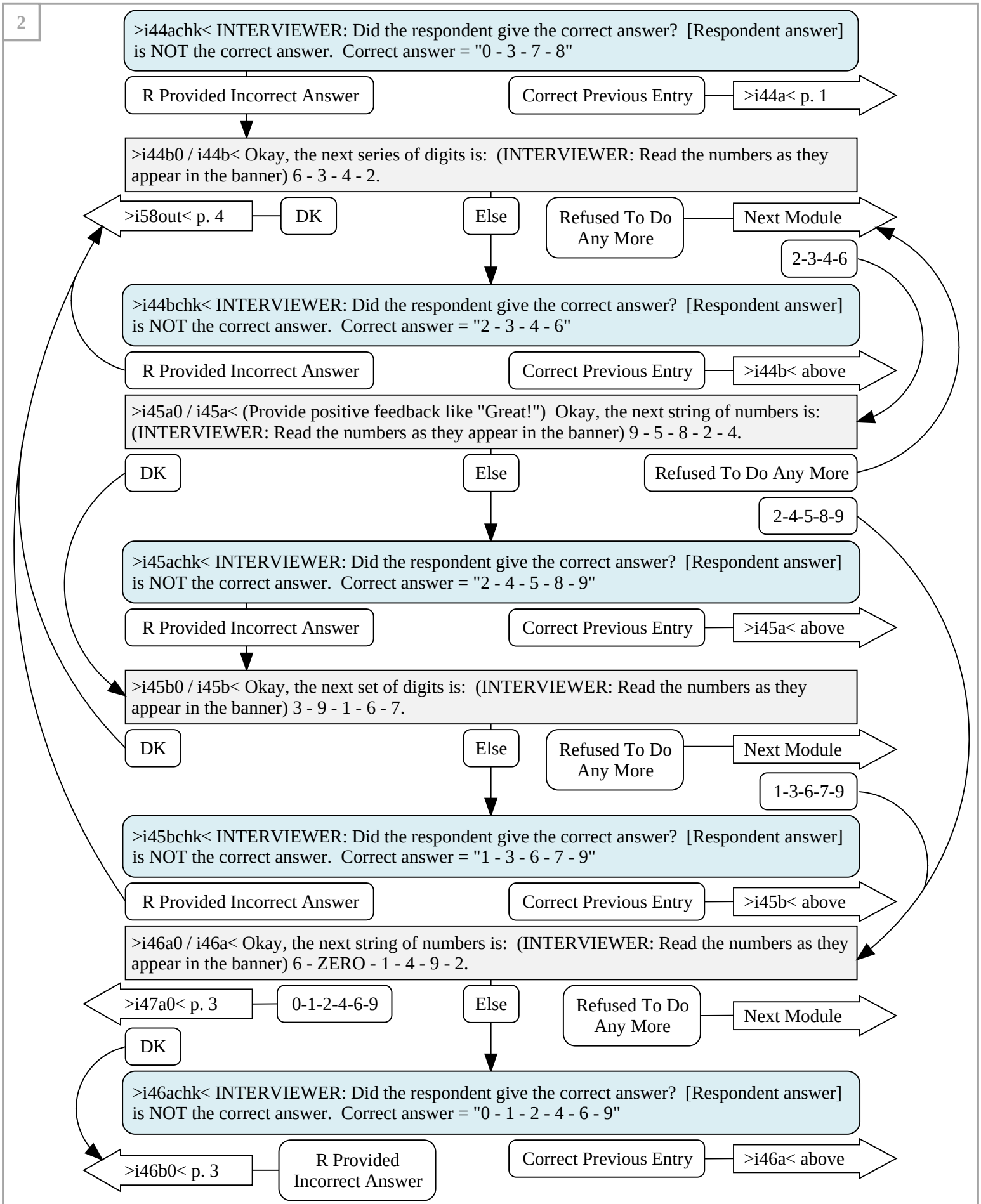
Else → >b1355< p. 2

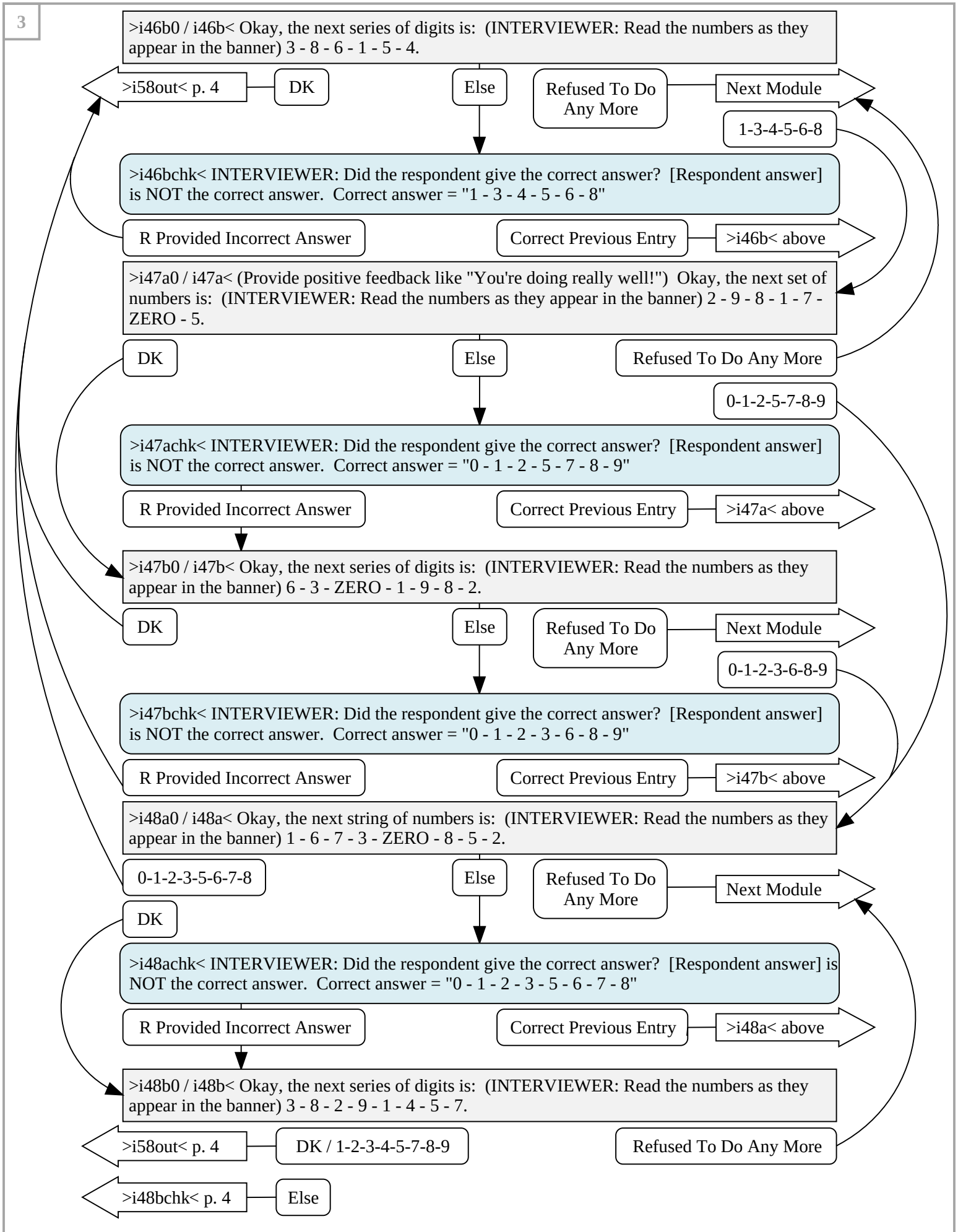

>j270< For how many months work do/did you receive this salary?
DR
Else
>j270f< For how many hours per week?
Else
DR
>j270m< In an average month, how much do/did you earn from this job, before taxes and other deductions?
>j1355< Did R indicate that they were self-employed for the job currently being discussed? (From Employment Module)
Else
Yes
>b1366< Do/Did you belong to a labor union?
>j1372< Does R belong to the randomly drawn 75% sub-sample selected to receive additional questions about the nature of their employment with [name of selected employer]? (In other words, does JOBCFLAG equal something other than zero?)
Yes
Else
Next Module
>b1372< Do/Did you have authority to hire or fire others?
>b1375< Can/Could you influence or set the rate of pay received by others?
>b1380< Do/Did you supervise the work of others? That is, what they produce/produced or how much?
>b1385< Does/Did someone else supervise your work? That is, what you produce/produced or how much?
>b13115< Can/Could you decide what time to come to work and when to leave, either officially or unofficially?
>b13125< All things considered, how satisfied are/were you with your job as a whole -- are/were you very satisfied, fairly satisfied, somewhat dissatisfied, or very dissatisfied?
>b13127< How often do/did you find your work stressful? Would you say always, often, sometimes, hardly ever, or never?
>b13128< How often [during the past month have you felt / in a typical month did you feel] used up at the end of the day? Would you say very often, often, sometimes, rarely, or never?
>b139a< Do/Did you use a computer for this job?
Yes
Else
>b13140< p. 3
>b139b< For this job, how many hours in a typical week would you estimate that you use/used a computer?
>b139c< When you use/used a computer for this job, do/did you connect to the internet or use e-mail?

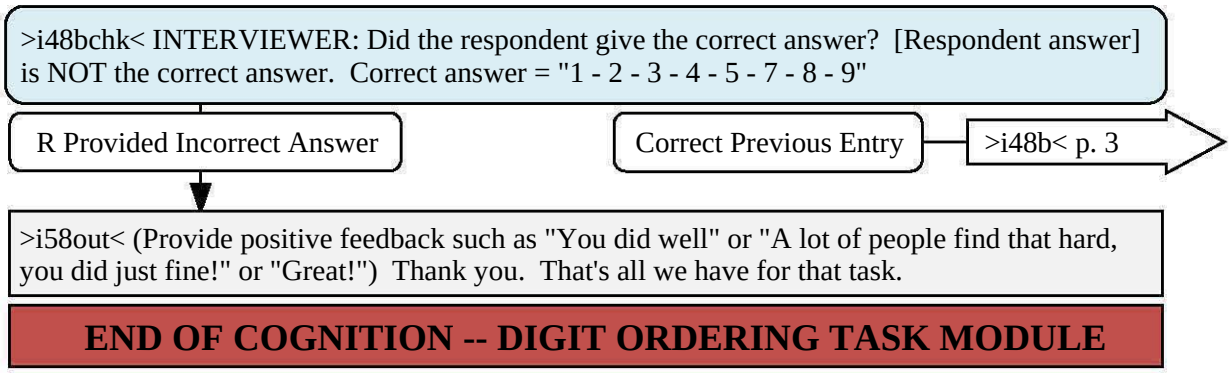

>b13140< I am going to list some things about jobs. Please tell me whether your job involves/involved these things always, frequently, sometimes, rarely, or never. How frequently does/did your job require lots of physical effort?
>b13145< How frequently does/did your job require intense concentration or attention? (Is it always, frequently, sometimes, rarely, or never?)
>b13150< How frequently do/did you have to work under the pressure of time? (Is it always, frequently, sometimes, rarely, or never?)
>b13175< How dirty do/did you get on the job? Would you say very dirty, fairly dirty, a little dirty, or not at all dirty?
>b13180< At your job with [name of selected employer], are/were you EVER exposed to dangerous chemicals, equipment or machinery, fumes, gases, fires or other dangerous working conditions?
Yes
Else
>b13181< What are/were those conditions?
>b13182< How frequently are/were you exposed to those conditions? Is/Was it always, frequently, sometimes, rarely or never?
>b13198< Is R currently working for [name of selected employer]? (From Employment Module)
Yes
Else
>b13198< SOMETIMES people lose jobs they want to keep. On a scale from zero to ten, what chance do you think there is that you will LOSE YOUR JOB COMPLETELY IN THE NEXT TWO YEARS? On this scale, zero means that there is absolutely no chance that you will lose your job completely, and ten means that you are certain that you will lose your job completely in the next two years. (INTERVIEWER: The idea here is a possible involuntary loss of the job. If R already plans to leave voluntarily, ask him/her to try to respond about the chances of an involuntary loss of job if he/she did not plan to leave.)
END OF EMPLOYMENT CHARACTERISTICS

COGNITION -- DIGIT ORDERING TASK




>i44achk< INTERVIEWER: Did the respondent give the correct answer? [Respondent answer] is NOT the correct answer. Correct answer = "0 - 3 - 7 - 8"
R Provided Incorrect Answer
Correct Previous Entry
>i44a< p. 1
>i44b0 / i44b< Okay, the next series of digits is: (INTERVIEWER: Read the numbers as they appear in the banner) 6 - 3 - 4 - 2.
>i58out< p. 4
DK
Else
Refused To Do Any More
Next Module
2-3-4-6
>i44bchk< INTERVIEWER: Did the respondent give the correct answer? [Respondent answer] is NOT the correct answer. Correct answer = "2 - 3 - 4 - 6"
R Provided Incorrect Answer
Correct Previous Entry
>i44b< above
>i45a0 / i45a< (Provide positive feedback like "Great!") Okay, the next string of numbers is: (INTERVIEWER: Read the numbers as they appear in the banner) 9 - 5 - 8 - 2 - 4.
DK
Else
Refused To Do Any More
2-4-5-8-9
>i45achk< INTERVIEWER: Did the respondent give the correct answer? [Respondent answer] is NOT the correct answer. Correct answer = "2 - 4 - 5 - 8 - 9"
R Provided Incorrect Answer
Correct Previous Entry
>i45a< above
>i45b0 / i45b< Okay, the next set of digits is: (INTERVIEWER: Read the numbers as they appear in the banner) 3 - 9 - 1 - 6 - 7.
DK
Else
Refused To Do Any More
Next Module
1-3-6-7-9
>i45bchk< INTERVIEWER: Did the respondent give the correct answer? [Respondent answer] is NOT the correct answer. Correct answer = "1 - 3 - 6 - 7 - 9"
R Provided Incorrect Answer
Correct Previous Entry
>i45b< above
>i46a0 / i46a< Okay, the next string of numbers is: (INTERVIEWER: Read the numbers as they appear in the banner) 6 - ZERO - 1 - 4 - 9 - 2.
>i47a0< p. 3
0-1-2-4-6-9
Else
Refused To Do Any More
Next Module
DK
>i46achk< INTERVIEWER: Did the respondent give the correct answer? [Respondent answer] is NOT the correct answer. Correct answer = "0 - 1 - 2 - 4 - 6 - 9"
>i46b0< p. 3
R Provided Incorrect Answer
Correct Previous Entry
>i46a< above


>i46b0 / i46b< Okay, the next series of digits is: (INTERVIEWER: Read the numbers as they appear in the banner) 3 - 8 - 6 - 1 - 5 - 4.
>i58out< p. 4
DK
Else
Refused To Do Any More
Next Module
1-3-4-5-6-8
>i46bchk< INTERVIEWER: Did the respondent give the correct answer? [Respondent answer] is NOT the correct answer. Correct answer = "1 - 3 - 4 - 5 - 6 - 8"
R Provided Incorrect Answer
Correct Previous Entry
>i46b< above
>i47a0 / i47a< (Provide positive feedback like "You're doing really well!") Okay, the next set of numbers is: (INTERVIEWER: Read the numbers as they appear in the banner) 2 - 9 - 8 - 1 - 7 - ZERO - 5.
DK
Else
Refused To Do Any More
0-1-2-5-7-8-9
>i47achk< INTERVIEWER: Did the respondent give the correct answer? [Respondent answer] is NOT the correct answer. Correct answer = "0 - 1 - 2 - 5 - 7 - 8 - 9"
R Provided Incorrect Answer
Correct Previous Entry
>i47a< above
>i47b0 / i47b< Okay, the next series of digits is: (INTERVIEWER: Read the numbers as they appear in the banner) 6 - 3 - ZERO - 1 - 9 - 8 - 2.
DK
Else
Refused To Do Any More
Next Module
0-1-2-3-6-8-9
>i47bchk< INTERVIEWER: Did the respondent give the correct answer? [Respondent answer] is NOT the correct answer. Correct answer = "0 - 1 - 2 - 3 - 6 - 8 - 9"
R Provided Incorrect Answer
Correct Previous Entry
>i47b< above
>i48a0 / i48a< Okay, the next string of numbers is: (INTERVIEWER: Read the numbers as they appear in the banner) 1 - 6 - 7 - 3 - ZERO - 8 - 5 - 2.
0-1-2-3-5-6-7-8
Else
Refused To Do Any More
Next Module
DK
>i48achk< INTERVIEWER: Did the respondent give the correct answer? [Respondent answer] is NOT the correct answer. Correct answer = "0 - 1 - 2 - 3 - 5 - 6 - 7 - 8"
R Provided Incorrect Answer
Correct Previous Entry
>i48a< above
>i48b0 / i48b< Okay, the next series of digits is: (INTERVIEWER: Read the numbers as they appear in the banner) 3 - 8 - 2 - 9 - 1 - 4 - 5 - 7.
>i58out< p. 4
DK / 1-2-3-4-5-7-8-9
Refused To Do Any More
>i48bchk< p. 4
Else

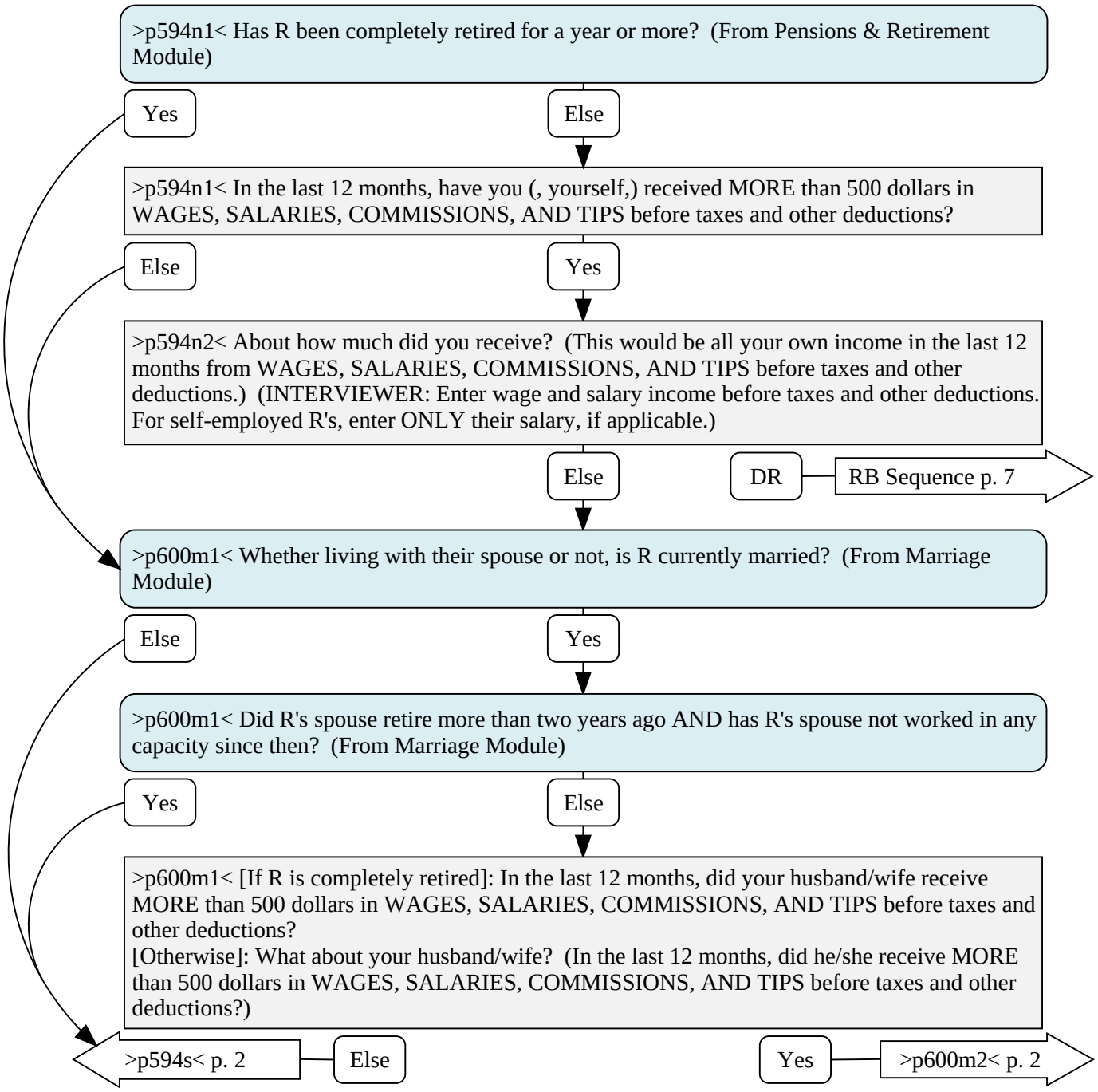

>i48bchk< INTERVIEWER: Did the respondent give the correct answer? [Respondent answer] is NOT the correct answer. Correct answer = "1 - 2 - 3 - 4 - 5 - 7 - 8 - 9"
R Provided Incorrect Answer
Correct Previous Entry
>i48b< p. 3
>i58out< (Provide positive feedback such as "You did well" or "A lot of people find that hard, you did just fine!" or "Great!") Thank you. That's all we have for that task.
END OF COGNITION -- DIGIT ORDERING TASK MODULE

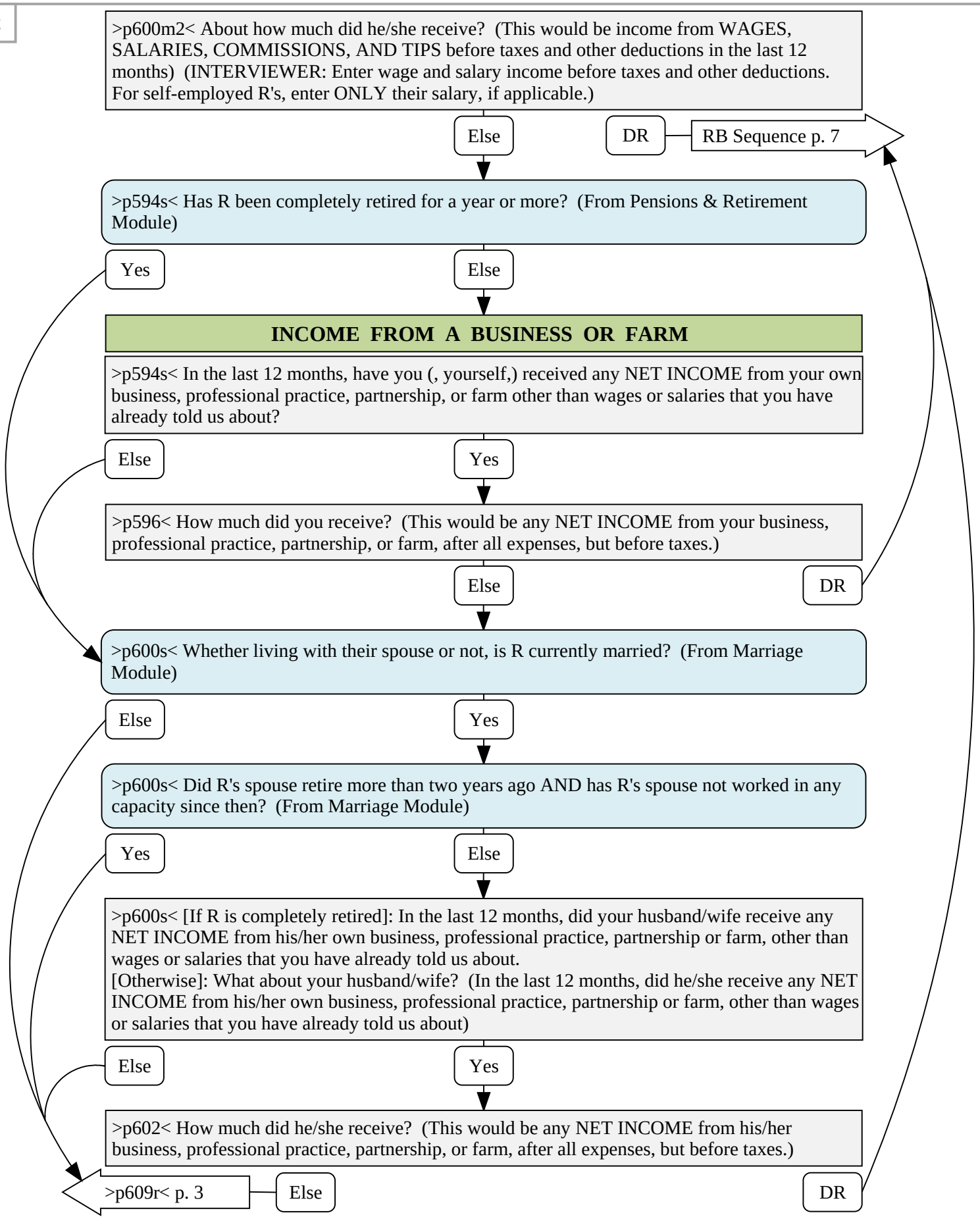
OTHER INCOME

>p590i< Now we would like to ask you some questions about income that you (and your husband/wife) received over the past 12 months.

After some questions involving a fund or other form of income (whether inquiring about its mere presence or actual value), the instrument will ask the interviewer to verify that R understood what was being asked and answered correctly. If the interviewer confirms as much, the interview will proceed; if not, the interviewer will be instructed to make appropriate corrections. For simplicity of presentation, these checks have not been included in the flowchart.

INCOME FROM WAGES AND SALARIES




>p600m2< About how much did he/she receive? (This would be income from WAGES, SALARIES, COMMISSIONS, AND TIPS before taxes and other deductions in the last 12 months) (INTERVIEWER: Enter wage and salary income before taxes and other deductions. For self-employed R's, enter ONLY their salary, if applicable.)
Else
DR
RB Sequence p. 7
>p594s< Has R been completely retired for a year or more? (From Pensions & Retirement Module)
Yes
Else
INCOME FROM A BUSINESS OR FARM
>p594s< In the last 12 months, have you (, yourself,) received any NET INCOME from your own business, professional practice, partnership, or farm other than wages or salaries that you have already told us about?
Else
Yes
>p596< How much did you receive? (This would be any NET INCOME from your business, professional practice, partnership, or farm, after all expenses, but before taxes.)
Else
DR
>p600s< Whether living with their spouse or not, is R currently married? (From Marriage Module)
Else
Yes
>p600s< Did R's spouse retire more than two years ago AND has R's spouse not worked in any capacity since then? (From Marriage Module)
Yes
Else
>p600s< [If R is completely retired]: In the last 12 months, did your husband/wife receive any NET INCOME from his/her own business, professional practice, partnership or farm, other than wages or salaries that you have already told us about.
[Otherwise]: What about your husband/wife? (In the last 12 months, did he/she receive any NET INCOME from his/her own business, professional practice, partnership or farm, other than wages or salaries that you have already told us about)
Else
Yes
>p602< How much did he/she receive? (This would be any NET INCOME from his/her business, professional practice, partnership, or farm, after all expenses, but before taxes.)
>p609r< p. 3
Else
DR

SOCIAL SECURITY INCOME

>p609r< Did you (yourself) receive SOCIAL SECURITY income in the last 12 months?

Else

Yes

>p609dr< How old were you when you started receiving Social Security benefits?

>p611r< How much did you receiving in SOCIAL SECURITY income LAST MONTH? (INTERVIEWER: Here we want amount received per month.)

Else

DR → RB Sequence p. 7

>p609s< Whether living with their spouse or not, is R currently married? (From Marriage Module)

Else

Yes

>p609s< Did your husband/wife receive SOCIAL SECURITY income in the last 12 months?

Else

Yes

>b609ds< How old was your husband/wife when he/she started receiving Social Security benefits?

>p610s< How much did your husband/wife receive in SOCIAL SECURITY income LAST MONTH? (INTERVIEWER: Here we want amount received PER MONTH.)

Else

DR

PENSIONS

>b11q10< Is R currently receiving payments from any pension or retirement plans? (From Pensions & Retirement Module)

Else

Yes

>b11q10< Does R not have any pension or retirement plans OR is R not currently receiving payments from any such plans? (From Pensions & Retirement Module)

Yes

Else

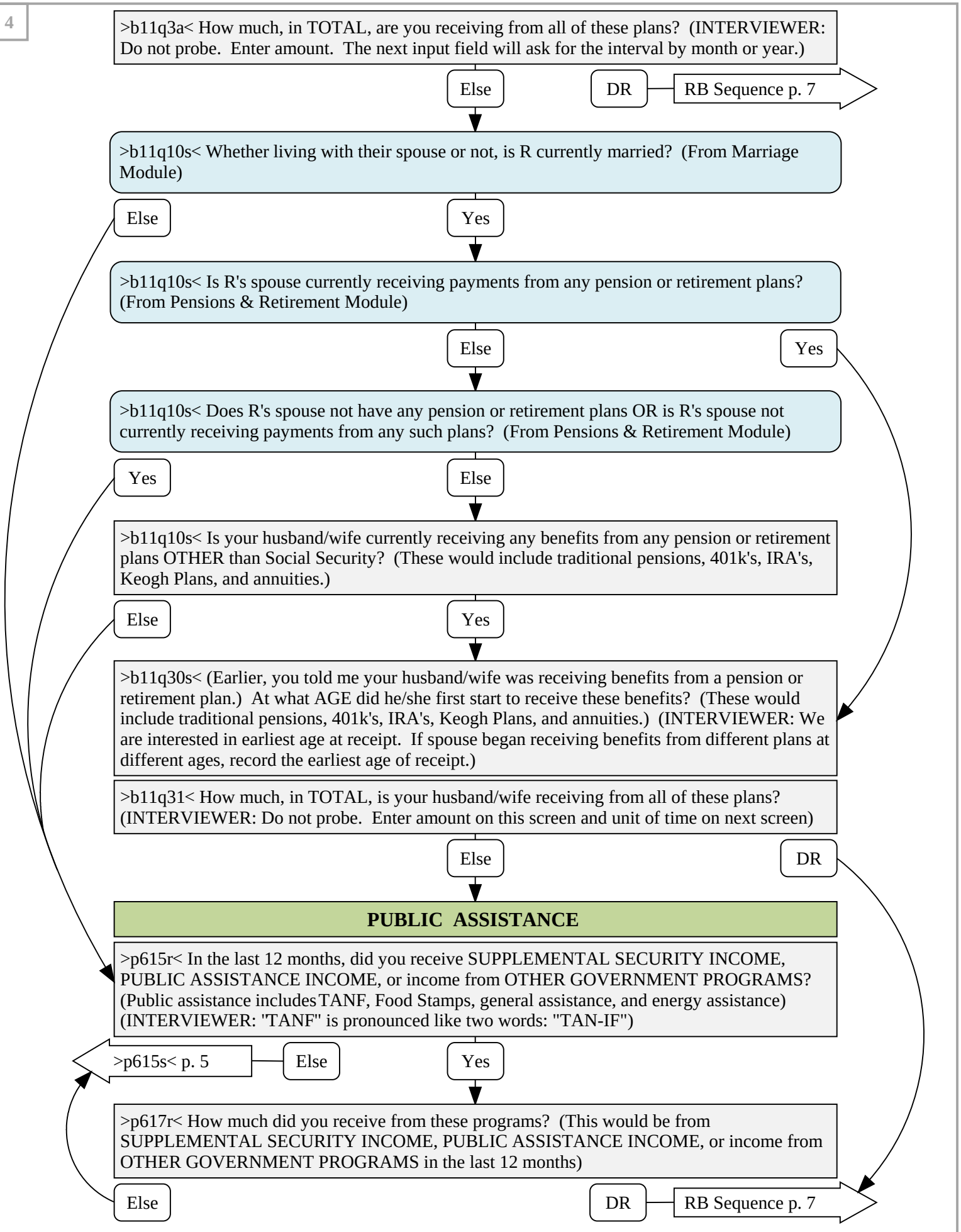
>b11q10< Are you currently receiving benefits from any pension or retirement plans OTHER than Social Security? (These would include traditional pensions, 401k's, IRA's, Keogh Plans, and annuities.)

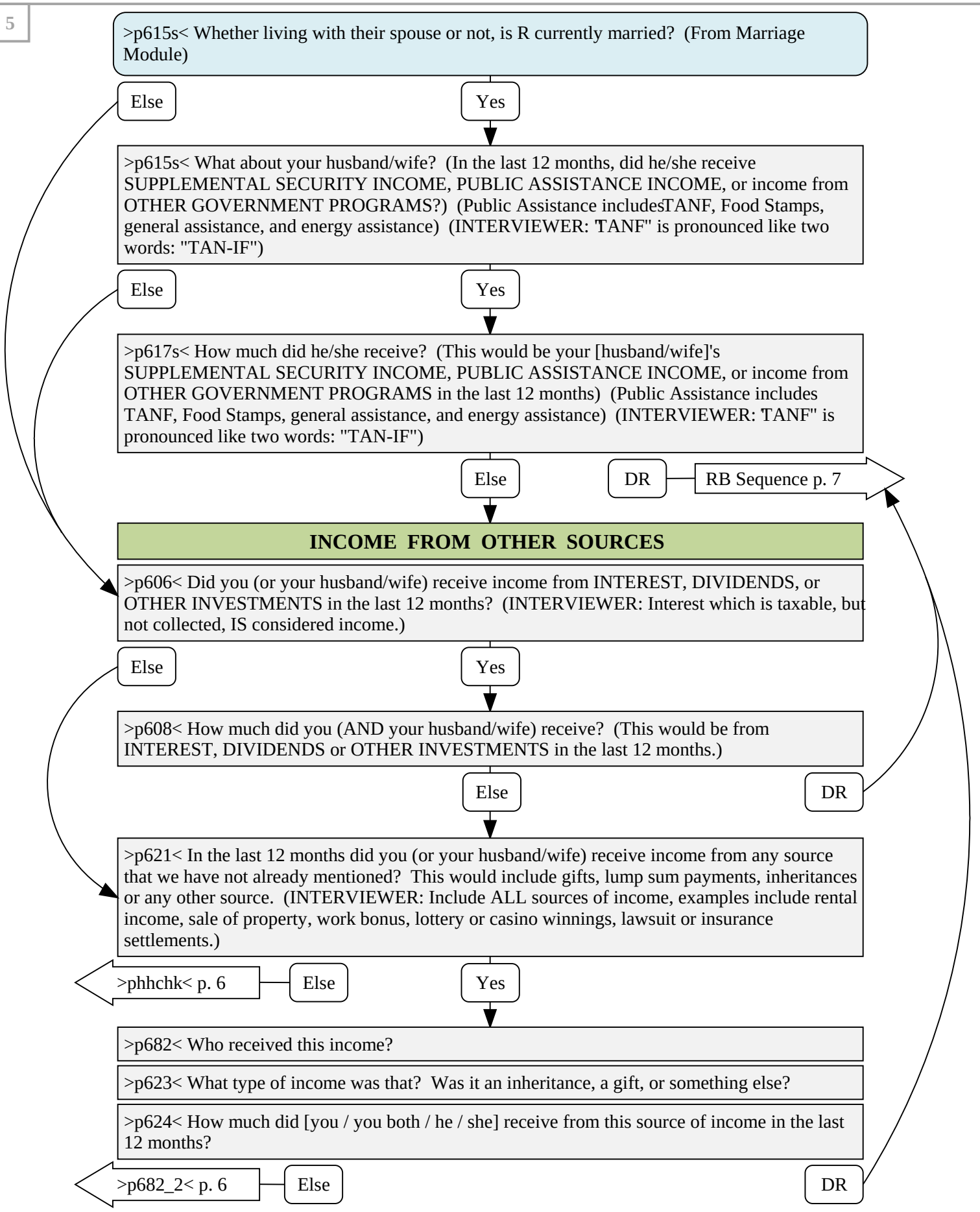
>b11q10s< p. 4

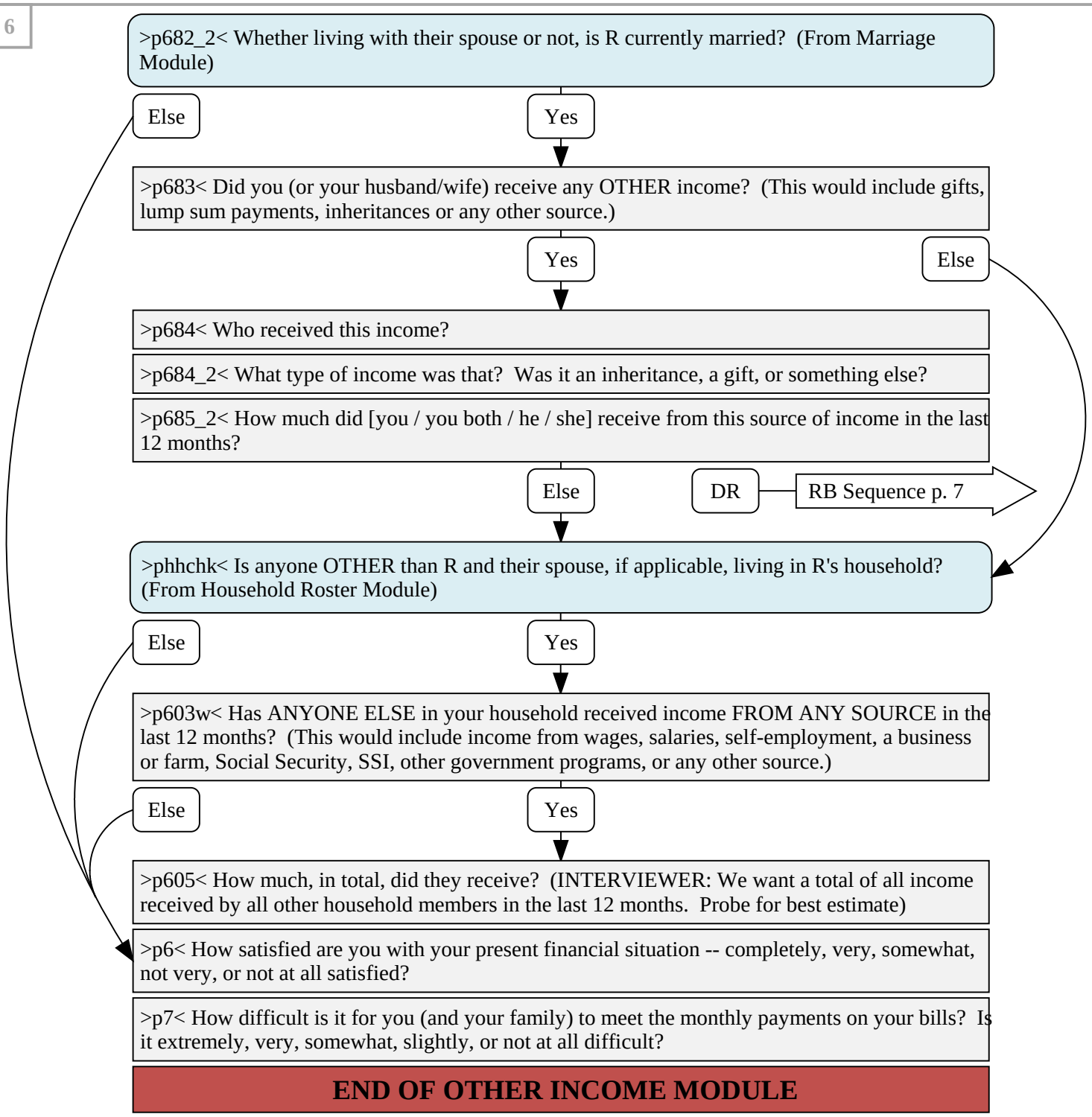
Else

Yes

>b11q30< (Earlier, you told me you were receiving benefits from a pension or retirement plan.) At what AGE did you first start to receive these benefits? (These would include traditional pensions, 401k's, IRA's, Keogh Plans, and annuities.) (INTERVIEWER: We are interested in earliest age at receipt. If R began receiving benefits from different plans at different ages, record the earliest age of receipt.)


>b11q3a< How much, in TOTAL, are you receiving from all of these plans? (INTERVIEWER: Do not probe. Enter amount. The next input field will ask for the interval by month or year.)
Else
DR
RB Sequence p. 7
>b11q10s< Whether living with their spouse or not, is R currently married? (From Marriage Module)
Else
Yes
>b11q10s< Is R's spouse currently receiving payments from any pension or retirement plans? (From Pensions & Retirement Module)
Else
Yes
>b11q10s< Does R's spouse not have any pension or retirement plans OR is R's spouse not currently receiving payments from any such plans? (From Pensions & Retirement Module)
Yes
Else
>b11q10s< Is your husband/wife currently receiving any benefits from any pension or retirement plans OTHER than Social Security? (These would include traditional pensions, 401k's, IRA's, Keogh Plans, and annuities.)
Else
Yes
>b11q30s< (Earlier, you told me your husband/wife was receiving benefits from a pension or retirement plan.) At what AGE did he/she first start to receive these benefits? (These would include traditional pensions, 401k's, IRA's, Keogh Plans, and annuities.) (INTERVIEWER: We are interested in earliest age at receipt. If spouse began receiving benefits from different plans at different ages, record the earliest age of receipt.)
>b11q31< How much, in TOTAL, is your husband/wife receiving from all of these plans? (INTERVIEWER: Do not probe. Enter amount on this screen and unit of time on next screen)
Else
DR
PUBLIC ASSISTANCE
>p615r< In the last 12 months, did you receive SUPPLEMENTAL SECURITY INCOME, PUBLIC ASSISTANCE INCOME, or income from OTHER GOVERNMENT PROGRAMS? (Public assistance includes TANF, Food Stamps, general assistance, and energy assistance) (INTERVIEWER: "TANF" is pronounced like two words: "TAN-IF")
>p615s< p. 5
Else
Yes
>p617r< How much did you receive from these programs? (This would be from SUPPLEMENTAL SECURITY INCOME, PUBLIC ASSISTANCE INCOME, or income from OTHER GOVERNMENT PROGRAMS in the last 12 months)
Else
DR
RB Sequence p. 7

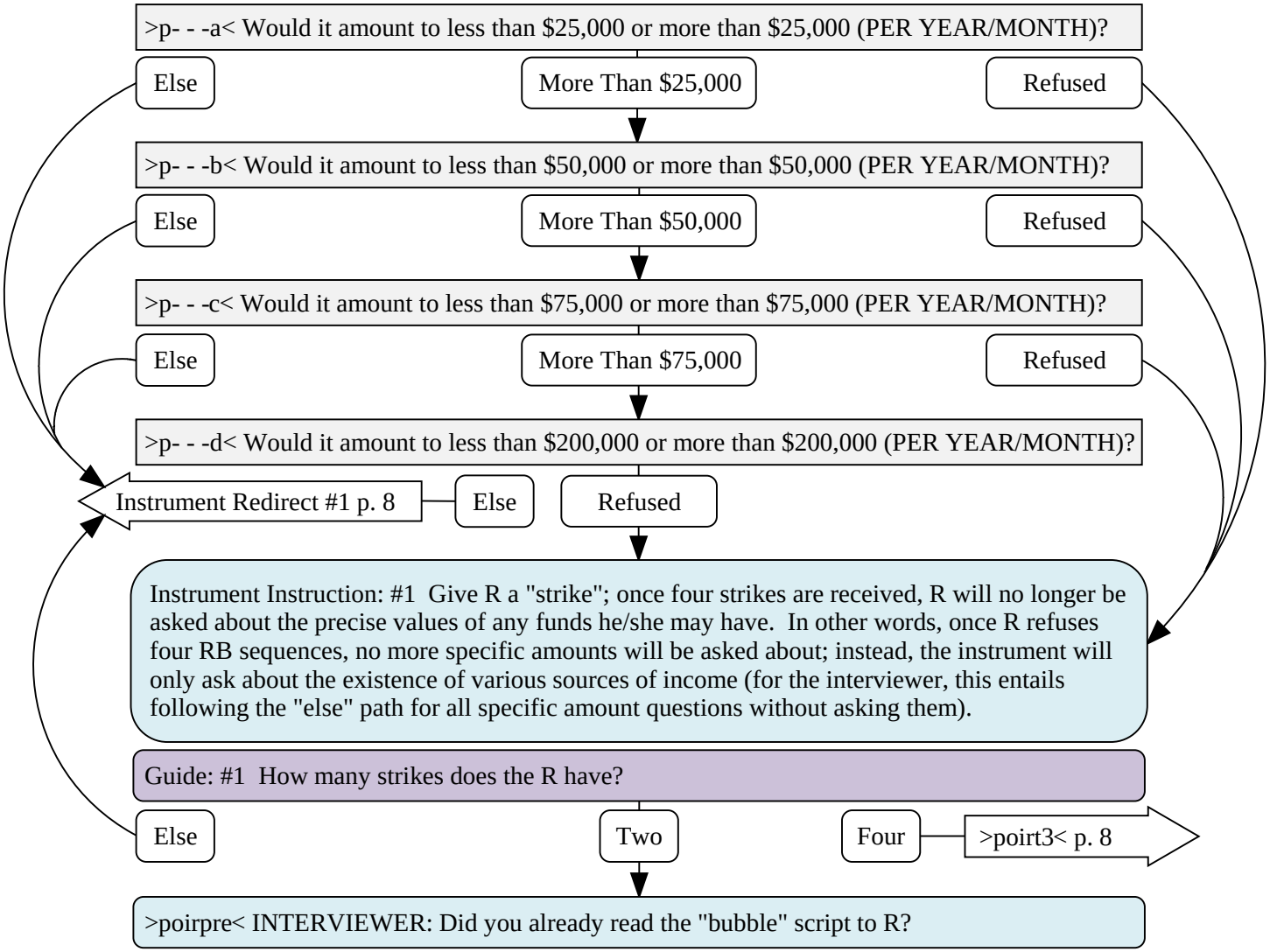

>p615s< Whether living with their spouse or not, is R currently married? (From Marriage Module)
Else
Yes
>p615s< What about your husband/wife? (In the last 12 months, did he/she receive SUPPLEMENTAL SECURITY INCOME, PUBLIC ASSISTANCE INCOME, or income from OTHER GOVERNMENT PROGRAMS?) (Public Assistance includesTANF, Food Stamps, general assistance, and energy assistance) (INTERVIEWER: "TANF" is pronounced like two words: "TAN-IF")
Else
Yes
>p617s< How much did he/she receive? (This would be your [husband/wife]'s SUPPLEMENTAL SECURITY INCOME, PUBLIC ASSISTANCE INCOME, or income from OTHER GOVERNMENT PROGRAMS in the last 12 months) (Public Assistance includes TANF, Food Stamps, general assistance, and energy assistance) (INTERVIEWER: "TANF" is pronounced like two words: "TAN-IF")
Else
DR
RB Sequence p. 7
INCOME FROM OTHER SOURCES
>p606< Did you (or your husband/wife) receive income from INTEREST, DIVIDENDS, or OTHER INVESTMENTS in the last 12 months? (INTERVIEWER: Interest which is taxable, but not collected, IS considered income.)
Else
Yes
>p608< How much did you (AND your husband/wife) receive? (This would be from INTEREST, DIVIDENDS or OTHER INVESTMENTS in the last 12 months.)
Else
DR
>p621< In the last 12 months did you (or your husband/wife) receive income from any source that we have not already mentioned? This would include gifts, lump sum payments, inheritances or any other source. (INTERVIEWER: Include ALL sources of income, examples include rental income, sale of property, work bonus, lottery or casino winnings, lawsuit or insurance settlements.)
>phhchk< p. 6
Else
Yes
>p682< Who received this income?
>p623< What type of income was that? Was it an inheritance, a gift, or something else?
>p624< How much did [you / you both / he / she] receive from this source of income in the last 12 months?
>p682_2< p. 6
Else
DR


>p682_2< Whether living with their spouse or not, is R currently married? (From Marriage Module)
Else
Yes
>p683< Did you (or your husband/wife) receive any OTHER income? (This would include gifts, lump sum payments, inheritances or any other source.)
Yes
Else
>p684< Who received this income?
>p684_2< What type of income was that? Was it an inheritance, a gift, or something else?
>p685_2< How much did [you / you both / he / she] receive from this source of income in the last 12 months?
Else
DR
RB Sequence p. 7
>phhchk< Is anyone OTHER than R and their spouse, if applicable, living in R's household? (From Household Roster Module)
Else
Yes
>p603w< Has ANYONE ELSE in your household received income FROM ANY SOURCE in the last 12 months? (This would include income from wages, salaries, self-employment, a business or farm, Social Security, SSI, other government programs, or any other source.)
Else
Yes
>p605< How much, in total, did they receive? (INTERVIEWER: We want a total of all income received by all other household members in the last 12 months. Probe for best estimate)
>p6< How satisfied are you with your present financial situation -- completely, very, somewhat, not very, or not at all satisfied?
>p7< How difficult is it for you (and your family) to meet the monthly payments on your bills? Is it extremely, very, somewhat, slightly, or not at all difficult?
END OF OTHER INCOME MODULE

RANDOMIZED BRACKETING (RB) SEQUENCE

Consult for the following redirecting items:p594n2; p600m2; p596; p602; p611r; p610s; b11q3q; b11q31; p617r; p617s; p608; p624; p685_2.

To deal with D or R responses to questions calling for specific dollar amounts (of a wage, annuity, retirement plan, or otherwise), we enacted a system called randomized bracketing. Respondents unable to provide precise values will be asked a series of questions about the relative amounts of each respective fund. Based on the context of the original question -- as well as demographic characteristics of respondents such as gender -- the instrument will randomly select a sequence of interval questions. Although the interval amounts and sequencing used will vary, all are engineered to bracket the value of a fund within a discrete range and thereby approximate the answer to the question R was unable or unwilling to answer. To illustrate the logic behind randomized bracketing, the following sequence serves as an example of one possibility.



>poirtx< [If the "bubble" script has been read to R]: I understand your reluctance to answer these questions, and we respect your right to privacy.

[If the "bubble" script has not been read to R and R is a graduate respondent]: We certainly understand your reluctance to answer these questions, and you have every right to do so. Let me assure you again that all information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers. One of the purposes of this study is to learn how people prepare financially for retirement. Specifically, we are interested in how people allocate their assets, how much they rely on Social Security for their retirement, and how they are affected by the stock market. Your class of 1957 is about 10 years older than most of the baby boom generation, which has strained public resources and social institutions at each stage of life. For this reason, information you provide will give policy makers an early indication of the trends and problems that will become important as the baby boomers enter their sixties. Your answers will help researchers achieve these goals.

[If the "bubble" script has not been read to R and R is a sibling respondent]: We certainly understand your reluctance to answer these questions, and you have every right to do so. Let me assure you again that all information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers. One of the purposes of this study is to learn how people prepare financially for retirement. Specifically, we are interested in how people allocate their assets, how much they rely on Social Security for their retirement, and how they are affected by the stock market. The information you provide will give policy makers an early indication of the trends and problems that will become even more important as the baby boom generation enters their sixties. That is, your answers will help as more people enter the retirement years.

Would you be willing to answer the remainder of the questions in this section that ask for approximate dollar amounts?

Yes

No

>poirt2< (OK, that's fine.) I understand, and we respect your right to privacy. I am going to continue to ask you about the TYPES of income you are receiving, but will not ask you for any more AMOUNTS in this section.

>poirt3< I understand your reluctance to answer these questions, and we respect your right to privacy. I am going to continue to ask you about the TYPES of income you are receiving, but will not ask you for any more AMOUNTS in this section.

Instrument Redirect: #1 Exit RB Sequence and return to the original redirecting item. Proceed to the subsequent item in the flowchart as would have been done if R had initially answered by providing a dollar amount. (NOTE: This means following the "Else" path for all relevant items). If R has already reached four strikes -- or indicated they were unwilling to answer the remaining questions about dollar values -- the instrument will skip all subsequent items asking about specific amounts (by following the "Else" path in such cases).

ASSETS

>pintro< The next section covers different types of assets that you (or your husband/wife) may have, such as real estate, motor vehicles and financial investments.

HOME OWNERSHIP

>p814m< Do you own your own home, or are you renting? (INTERVIEWER: Owning a home also includes anyone who is making mortgage payments on their home.)

Else

Own

>p814s< How much do you think your home would sell for now?

Else

DR → RB Sequence p. 7

>p814z< How much, if anything, do you owe on your home? (NOTE: If R reports that they owe more on their home than they reported it to be worth, the interviewer will be prompted to verify this is correct or make corrections as appropriate.)

Else

DR

>pu815< Whether ascertained from the RB sequence or itemp814s above, did R indicate that their home is worth $75,000 or more?

Yes

Else

>pu815< Is this a MOBILE home?

>pu815a< Do you live in a retirement community? (INTERVIEWER: R should define for self the term "retirement community")

Else

Yes

>pu815b< Would you be allowed to continue living in your current residence even if you needed substantial care?

OWNERSHIP OF BUSINESS OR FARM

>p818< Do you own a business or farm?

Else

Yes

>p818f< How much do you think this business or farm would sell for now?

Else

DR

>p818z< How much, if anything, do you owe on your business or farm?

>pu816f< p. 2 ← Else

DR

OTHER REAL ESTATE

>pu816f< Do you own any other real estate, (such as a second home, land, rental real estate, a real estate partnership, or money owed to you on a land contract or mortgage)?

Else → VEHICLES

Yes

>p816m< How much do you think this other real estate would sell for now? (INTERVIEWER: If R owns a share of the real estate, enter value of SHARE. If unknown, enter the total property value and make a note of R's percentage share.)

Else

DR → RB Sequence p. 7

>p816z< How much, if anything, do you owe on your other real estate?

Else

DR

VEHICLES

>pu818s< Next, we would like to know about any motor vehicles you may have. These would include cars, trucks, campers, boats, airplanes, and other RVs. Thinking of all your motor vehicles together, would you say they are worth more than $1,000 or less than $1,000? (INTERVIEWER: Do not include any mobile homes that R already reported)

Else → OTHER DEBTS

More

>p820m< Altogether how much do you think these vehicles would sell for now?

Else

DR

>p820z< How much, if anything, do you owe on these vehicles?

Else

DR

OTHER DEBTS

>p820n< Do you owe a total of $5,000 or more for anything other than what we have already talked about? (such as, for credit cards, installment loans, overdue bills, and personal loans for schooling or other purposes.) (INTERVIEWER: Exclude mortgages, vehicle loans, loans on business, or on other real estate, already discussed)

Else → >pu822a1< p. 3

Yes

>p820s< Altogether how much do you owe on all your debts other than mortgages, car, and business loans?

>pu822a1< p. 3

Else

DR

SAVINGS AND INVESTMENTS

>pu822a1< The next questions ask about a number of different kinds of savings or investments that you (or your husband/wife) may have. First we will ask you about retirement savings, then about banking accounts, next about saving bonds and certificates of deposit, and finally about your stock or bond market investments. (INTERVIEWER: These questions are used to calculate NET WORTH of the respondents -- do not double-count assets. We are more concerned with the overall value of assets than the exact distribution across categories. All of the respondent's assets should be reported somewhere in this series, but not more than once.)

>pu822b< Some people have RETIREMENT PLANS that accumulate an ACCOUNT BALANCE -- these are things like IRA's, 401k's and profit sharing plans. Do you (or your husband/wife) have any plans like this?

Else → >pu822a3<

Yes

>pu822c< If you added up all such accounts, about how much would they amount to right now? (INTERVIEWER: We want the TOTAL of all of the R's (and the spouse's) account balance plans. Do not probe.)

Else

DR → RB Sequence p. 7

>pu822a3< Do you (or your husband/wife) have more than $1,000 or less than $1,000 in checking accounts, savings accounts, or money market funds?

Else → >pu822a4<

More

>pu822a3a< If you added up all such accounts, about how much would they amount to right now?

Else

DR

>pu822a4< Aside from anything you have already told me about, do you (or your husband/wife) have any money in CDs, Government Savings Bonds, or Treasury Bills?

Else → >pu822f1<

Yes

>pu822a4a< If you added up all such accounts, about how much would they amount to right now? (INTERVIEWER: Do not double-count any asset)

Else

DR

>pu822f1< [Aside from anything you have already told me about, do you (or your husband/wife) have any money in / What about] stocks, bonds, or shares in a mutual fund?

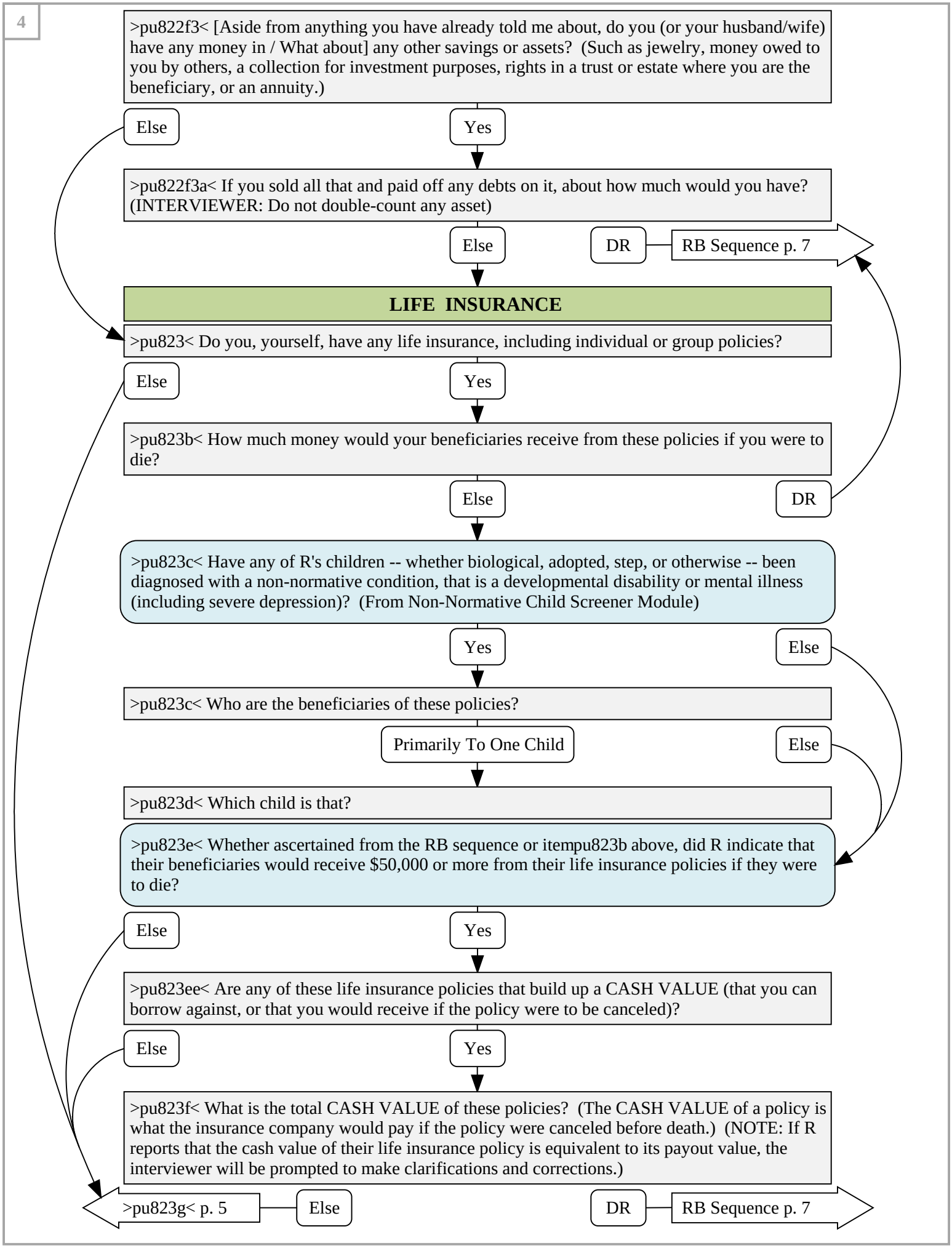
Else → >pu822f3< p. 4

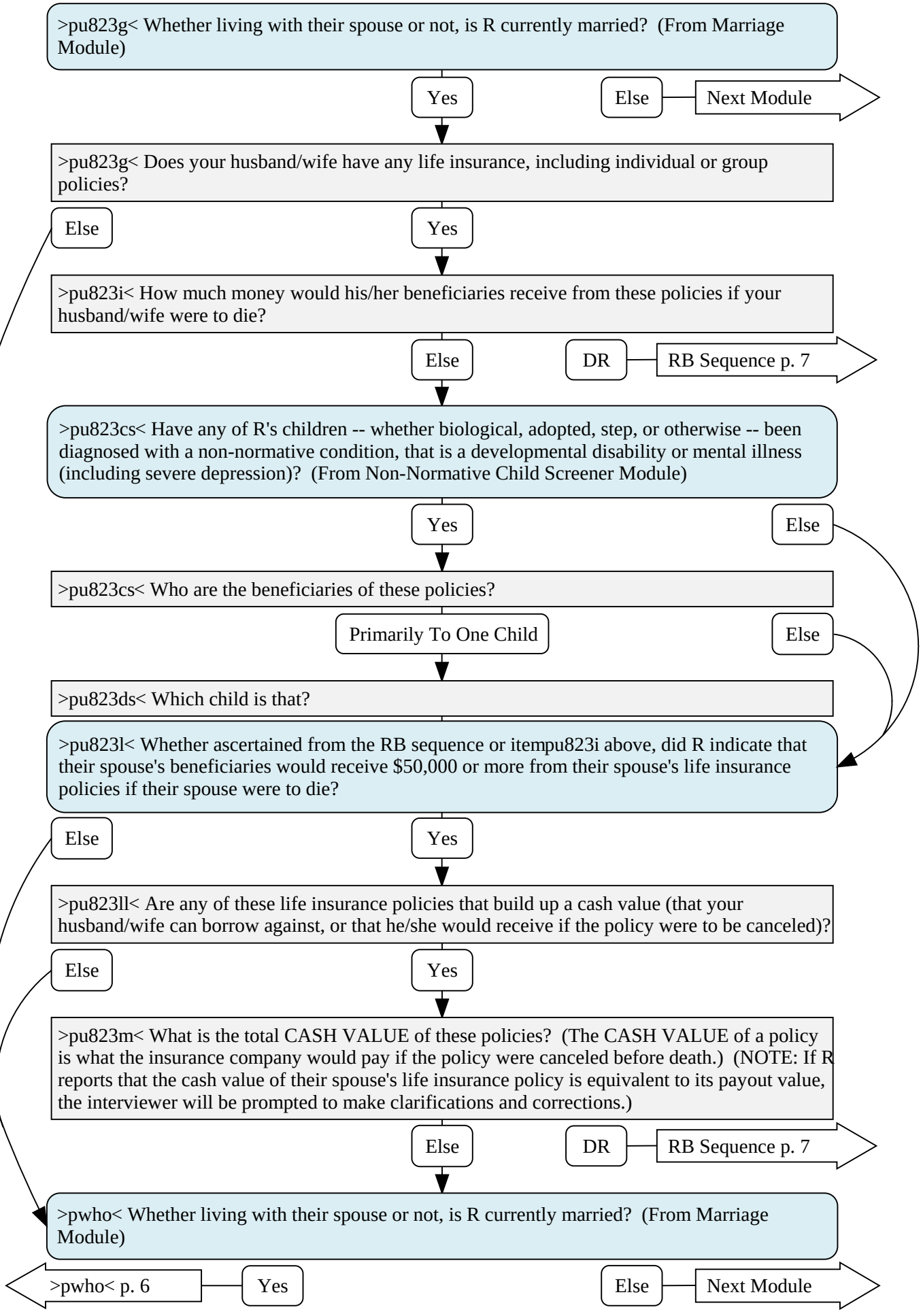
Yes

>pu822f1a< If you sold all of these and paid off anything you owed on them, about how much would you have? (Some people have margin accounts which allow them to borrow money from their broker. If you do not have a margin account, you do not owe anything on your stock/bond/mutual fund investments.) (INTERVIEWER: Do not double-count any asset)

Else

DR


>pu822f3< [Aside from anything you have already told me about, do you (or your husband/wife) have any money in / What about] any other savings or assets? (Such as jewelry, money owed to you by others, a collection for investment purposes, rights in a trust or estate where you are the beneficiary, or an annuity.)
Else
Yes
>pu822f3a< If you sold all that and paid off any debts on it, about how much would you have? (INTERVIEWER: Do not double-count any asset)
Else
DR
RB Sequence p. 7
LIFE INSURANCE
>pu823< Do you, yourself, have any life insurance, including individual or group policies?
Else
Yes
>pu823b< How much money would your beneficiaries receive from these policies if you were to die?
Else
DR
>pu823c< Have any of R's children -- whether biological, adopted, step, or otherwise -- been diagnosed with a non-normative condition, that is a developmental disability or mental illness (including severe depression)? (From Non-Normative Child Screener Module)
Yes
Else
>pu823c< Who are the beneficiaries of these policies?
Primarily To One Child
Else
>pu823d< Which child is that?
>pu823e< Whether ascertained from the RB sequence or itempu823b above, did R indicate that their beneficiaries would receive $50,000 or more from their life insurance policies if they were to die?
Else
Yes
>pu823ee< Are any of these life insurance policies that build up a CASH VALUE (that you can borrow against, or that you would receive if the policy were to be canceled)?
Else
Yes
>pu823f< What is the total CASH VALUE of these policies? (The CASH VALUE of a policy is what the insurance company would pay if the policy were canceled before death.) (NOTE: If R reports that the cash value of their life insurance policy is equivalent to its payout value, the interviewer will be prompted to make clarifications and corrections.)
>pu823g< p. 5
Else
DR
RB Sequence p. 7


>pu823g< Whether living with their spouse or not, is R currently married? (From Marriage Module)
Yes
Else
Next Module
>pu823g< Does your husband/wife have any life insurance, including individual or group policies?
Else
Yes
>pu823i< How much money would his/her beneficiaries receive from these policies if your husband/wife were to die?
Else
DR
RB Sequence p. 7
>pu823cs< Have any of R's children -- whether biological, adopted, step, or otherwise -- been diagnosed with a non-normative condition, that is a developmental disability or mental illness (including severe depression)? (From Non-Normative Child Screener Module)
Yes
Else
>pu823cs< Who are the beneficiaries of these policies?
Primarily To One Child
Else
>pu823ds< Which child is that?
>pu823l< Whether ascertained from the RB sequence or itempu823i above, did R indicate that their spouse's beneficiaries would receive $50,000 or more from their spouse's life insurance policies if their spouse were to die?
Else
Yes
>pu823ll< Are any of these life insurance policies that build up a cash value (that your husband/wife can borrow against, or that he/she would receive if the policy were to be canceled)?
Else
Yes
>pu823m< What is the total CASH VALUE of these policies? (The CASH VALUE of a policy is what the insurance company would pay if the policy were canceled before death.) (NOTE: If R reports that the cash value of their spouse's life insurance policy is equivalent to its payout value, the interviewer will be prompted to make clarifications and corrections.)
Else
DR
RB Sequence p. 7
>pwho< Whether living with their spouse or not, is R currently married? (From Marriage Module)
>pwho< p. 6
Yes
Else
Next Module

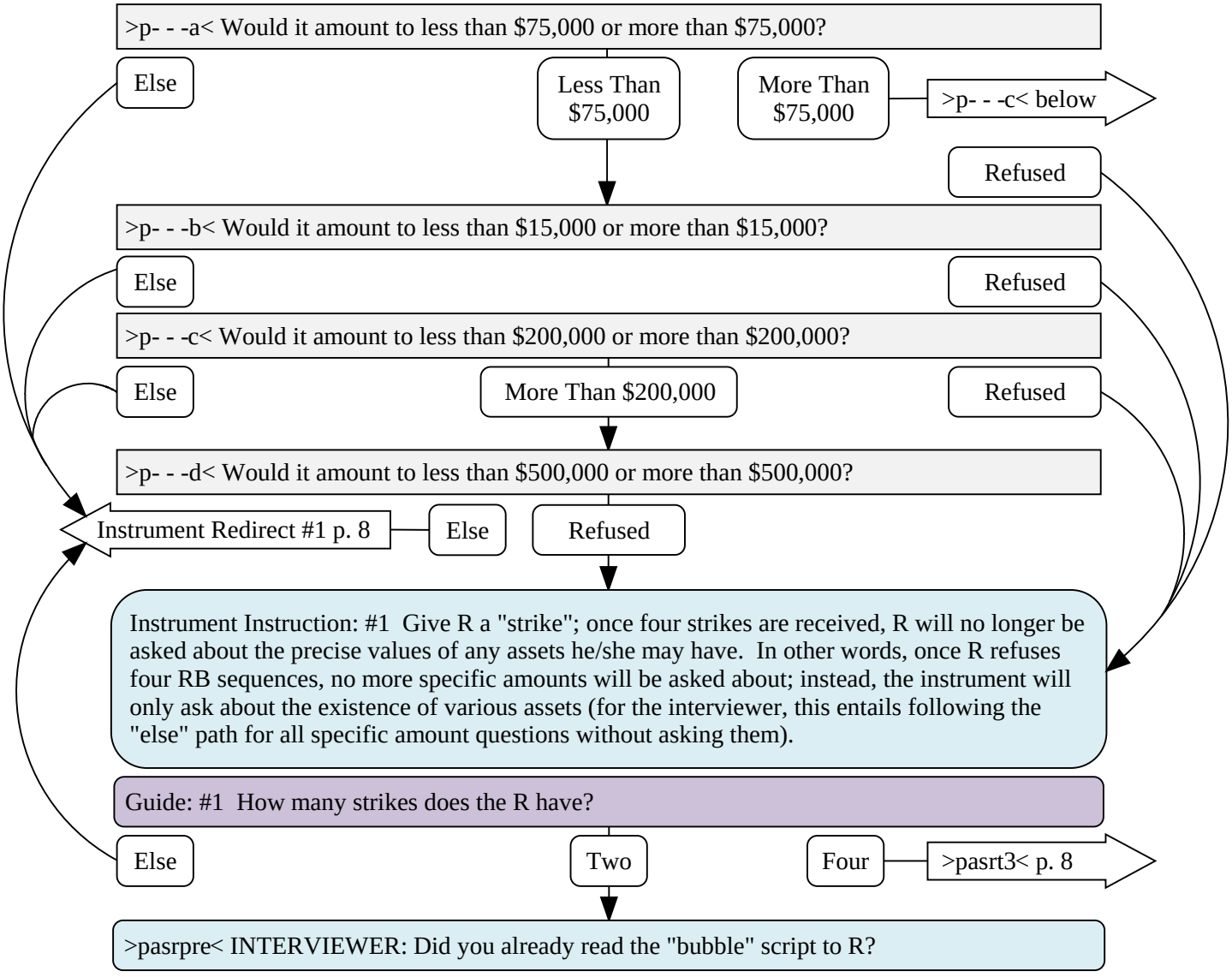
>pwho< Who in your family knows the most about your assets, debts and retirement plans? Would you say it is you or your husband/wife?

END OF ASSETS MODULE

RANDOMIZED BRACKETING (RB) SEQUENCE

Consult for the following redirecting items:p814s; p814z; p818f; p818z; p816m; p816z; p820m; p820z; p820s; pu822c; pu822a3a; pu822a4a; pu822f1a; pu822f3a; pu823f; pu823i; pu823m.

To deal with D or R responses to questions calling for specific dollar amounts (of an asset), we enacted a system called randomized bracketing. Respondents unable to provide precise values will be asked a series of questions about the relative amounts of each respective asset. Based on the context of the original question -- as well as demographic characteristics of respondents such as gender -- the instrument will randomly select a sequence of interval questions. Although the interval amounts and sequencing used will vary, all are engineered to bracket the value of an asset within a discrete range and thereby approximate the answer to the question R was unable or unwilling to answer. To illustrate the logic behind randomized bracketing, the following sequence serves as an example of one possibility.



Instrument Instruction: #1 Give R a "strike"; once four strikes are received, R will no longer be asked about the precise values of any assets he/she may have. In other words, once R refuses four RB sequences, no more specific amounts will be asked about; instead, the instrument will only ask about the existence of various assets (for the interviewer, this entails following the "else" path for all specific amount questions without asking them).

Guide: #1 How many strikes does the R have?

Else | Two | Four >pasrt3< p. 8

>pasrpre< INTERVIEWER: Did you already read the "bubble" script to R?

>pasrtx< [If the "bubble" script has been read to R]: I understand your reluctance to answer these questions, and we respect your right to privacy.

[If the "bubble" script has not been read to R and R is a graduate respondent]: We certainly understand your reluctance to answer these questions, and you have every right to do so. Let me assure you again that all information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers. One of the purposes of this study is to learn how people prepare financially for retirement. Specifically, we are interested in how people allocate their assets, how much they rely on Social Security for their retirement, and how they are affected by the stock market. Your class of 1957 is about 10 years older than most of the baby boom generation, which has strained public resources and social institutions at each stage of life. For this reason, information you provide will give policy makers an early indication of the trends and problems that will become important as the baby boomers enter their sixties. Your answers will help researchers achieve these goals.

[If the "bubble" script has not been read to R and R is a sibling respondent]: We certainly understand your reluctance to answer these questions, and you have every right to do so. Let me assure you again that all information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers. One of the purposes of this study is to learn how people prepare financially for retirement. Specifically, we are interested in how people allocate their assets, how much they rely on Social Security for their retirement, and how they are affected by the stock market. The information you provide will give policy makers an early indication of the trends and problems that will become even more important as the baby boom generation enters their sixties. That is, your answers will help as more people enter the retirement years.

Would you be willing to answer the remainder of the questions in this section that ask for approximate dollar amounts?

Yes

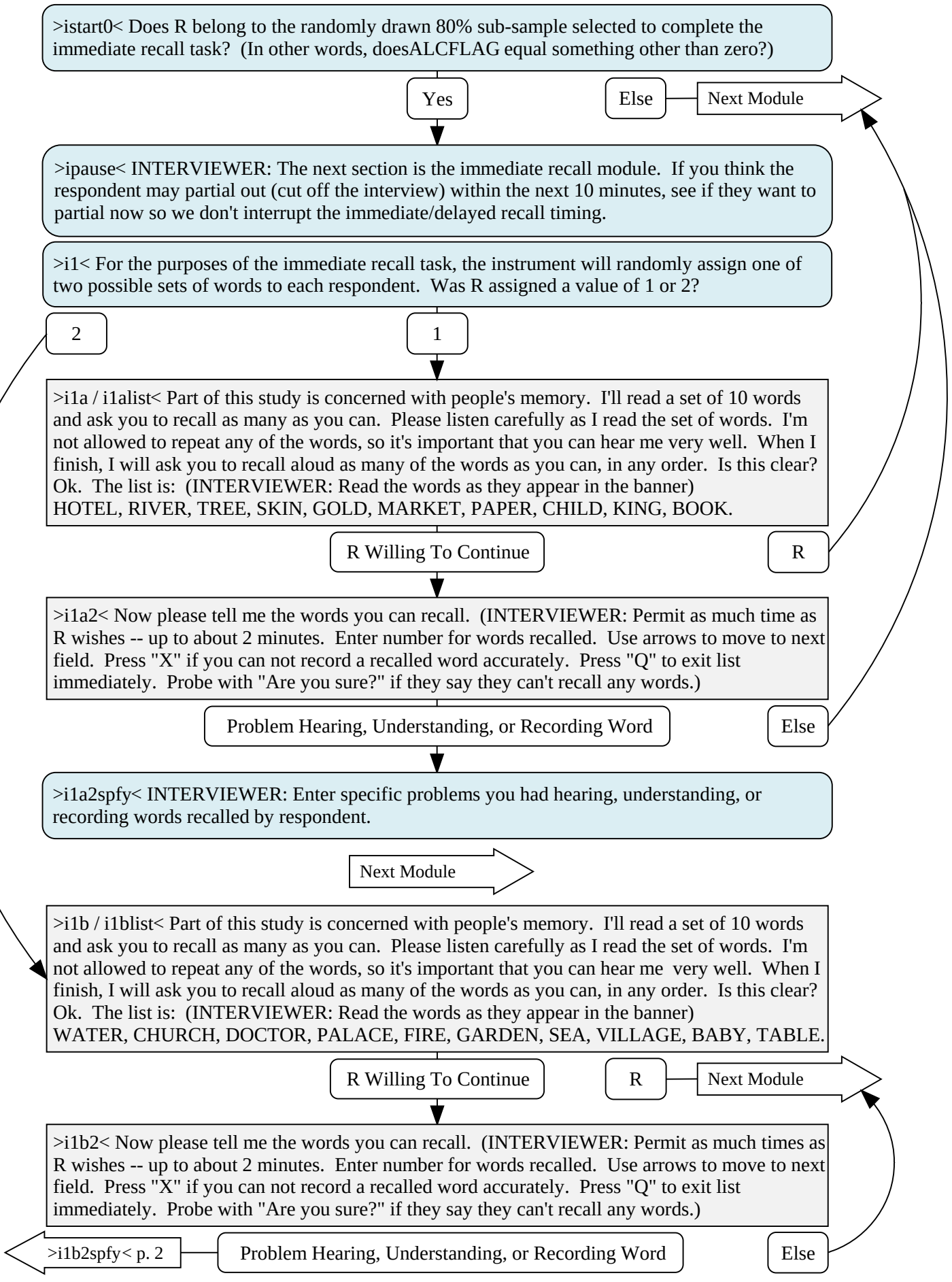
No

>pasrt2< (OK, that's fine.) I understand, and we respect your right to privacy. I am going to continue to ask you about the TYPES of assets you have, but will not ask you for any more AMOUNTS in this section.

>pasrt3< I understand your reluctance to answer these questions, and we respect your right to privacy. I am going to continue to ask you about the TYPES of assets you have, but will not ask you for any more AMOUNTS in this section.

Instrument Redirect: #1 Exit RB Sequence and return to the original redirecting item. Proceed to the subsequent item in the flowchart as would have been done if R had initially answered by providing a dollar amount. (NOTE: This means following the "Else" path for all relevant items). If R has already reached four strikes -- or indicated they were unwilling to answer the remaining questions about dollar values -- the instrument will skip all subsequent items asking about specific amounts (by following the "Else" path in such cases).

COGNITION -- IMMEDIATE RECALL TASK



>i1b2spfy< INTERVIEWER: Enter specific problems you had hearing, understanding, or recording words recalled by respondent.

END OF COGNITION -- IMMEDIATE RECALL TASK MODULE

HEALTH INSURANCE -- GRADUATE RESPONDENTS

The 2003 Health Insurance Module begins on page 25 for selected sibling WLS respondents.

In this module, the instrument sporadically checks the number of health insurance plans R actually reports on against the number that we expect each respondent to possess based on their answers throughout the interview and section. If any discrepancies are discovered, the interviewer will be prompted to correct or ignore them; for simplicity of presentation, such checks have not been included in the flowchart.

>s000age1< Now I am going to ask you about your health insurance coverage.

>s000age2< Is R 65 years of age or older?

Else

Yes → >snumpub< p. 4

>sjob_chk< Is R currently employed AND participating in a health insurance program through their employer? (From Employment History and Employment Characteristics Modules)

Else

Yes

PLAN PROVIDER INQUIRY

>s00_0< You previously told me you have health insurance provided by your employer. Are you still covered by that plan? (INTERVIEWER: Code "yes" if R stayed with the same plan during open enrollment or annual re-enrollment)

>s0000< Are you covered by any (other) health insurance plans now (that you haven't told me about)?

Yes

Else

>s0test< Whether currently employed or not, is R covered by an employer-provided health insurance plan? (From items s00_0 above)

DR

No / Not Asked

Yes → >s0010< p. 5

>s0test< Is R less than 65 years old?

>s0906< p. 19 ← Yes

Else

>s0test< Is R covered by any public or government-sponsored health insurance programs (such as Medicare, Medicaid, or military programs)? (From items snumpub on page 4)

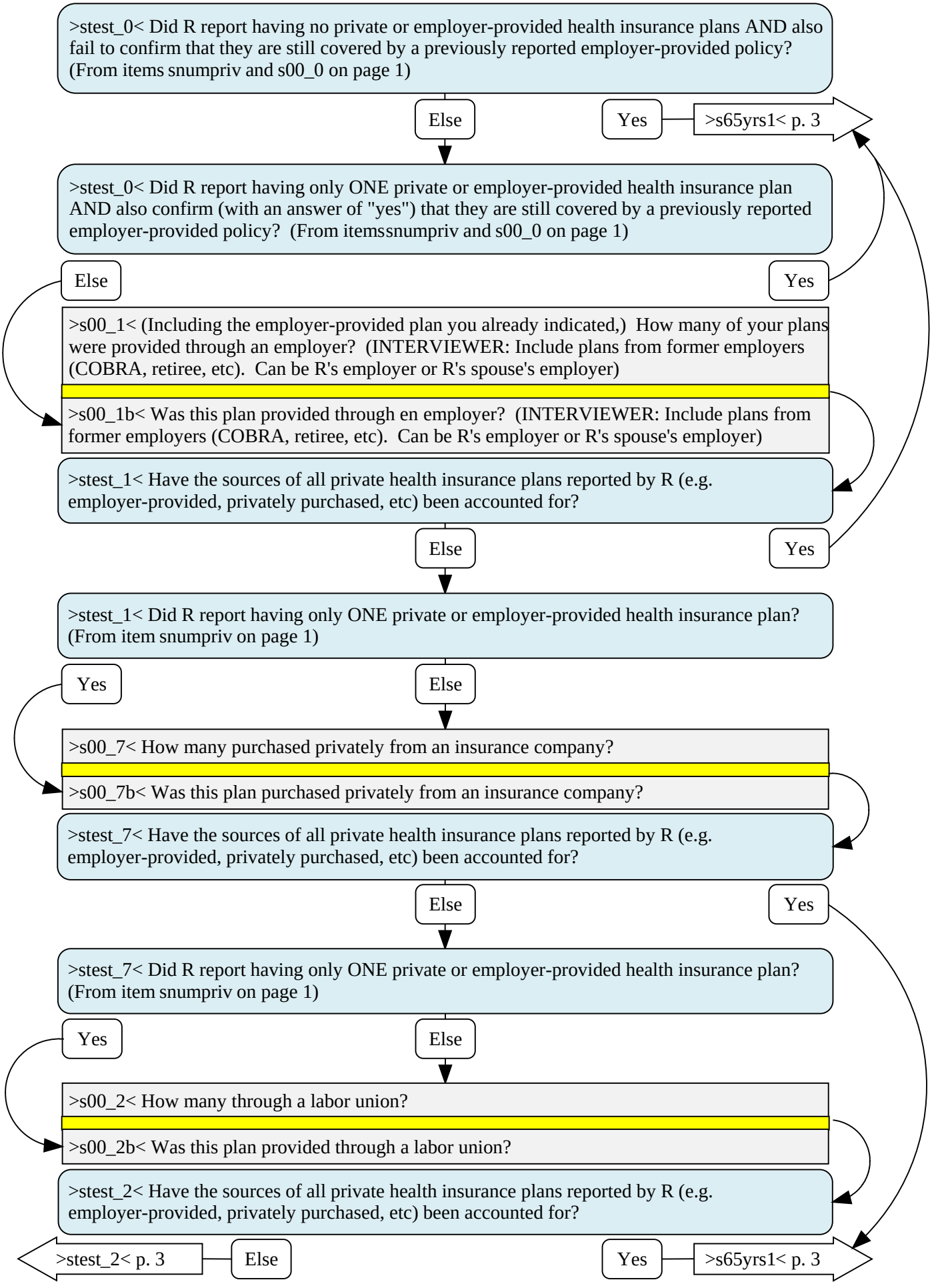
Else

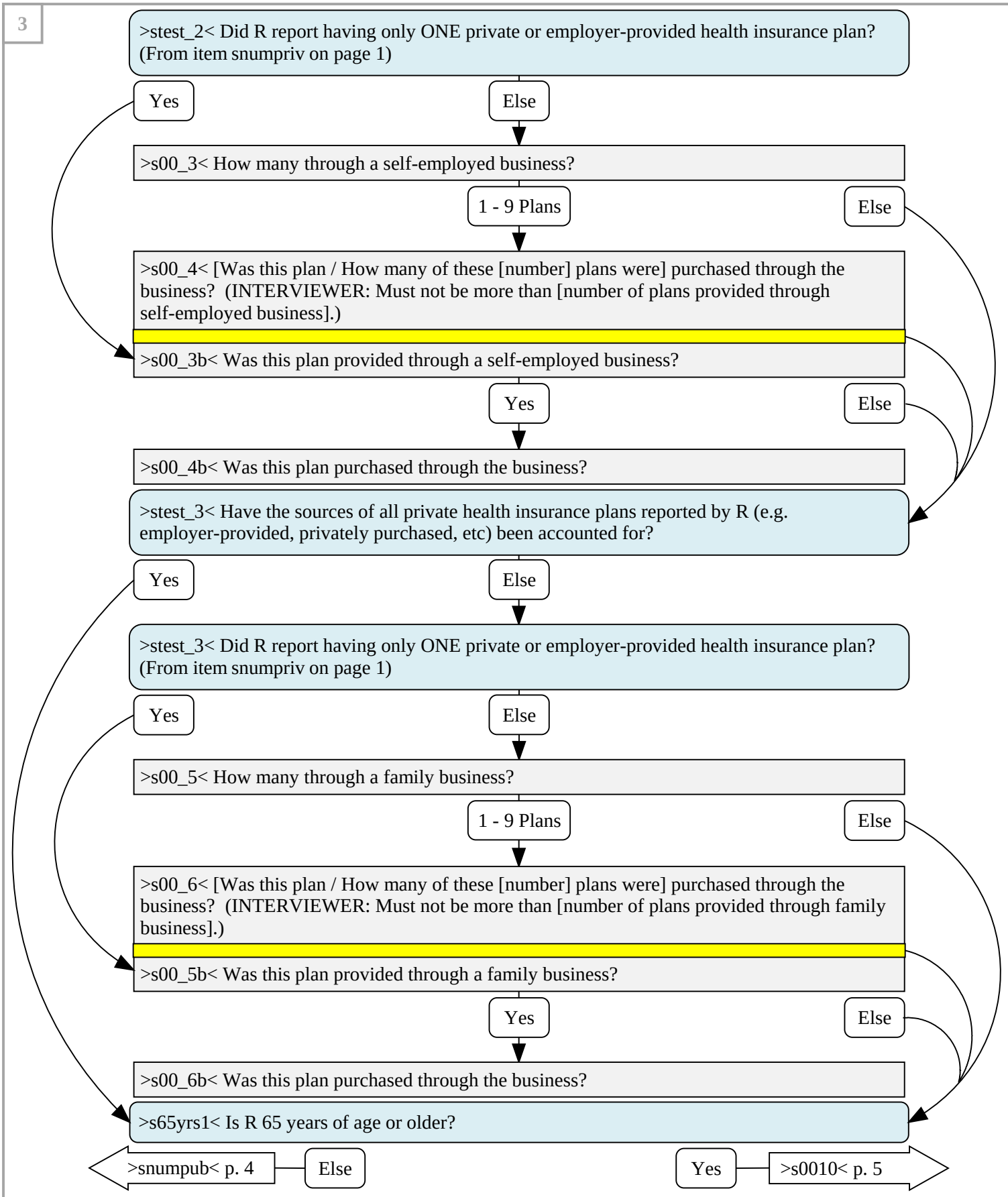
Yes

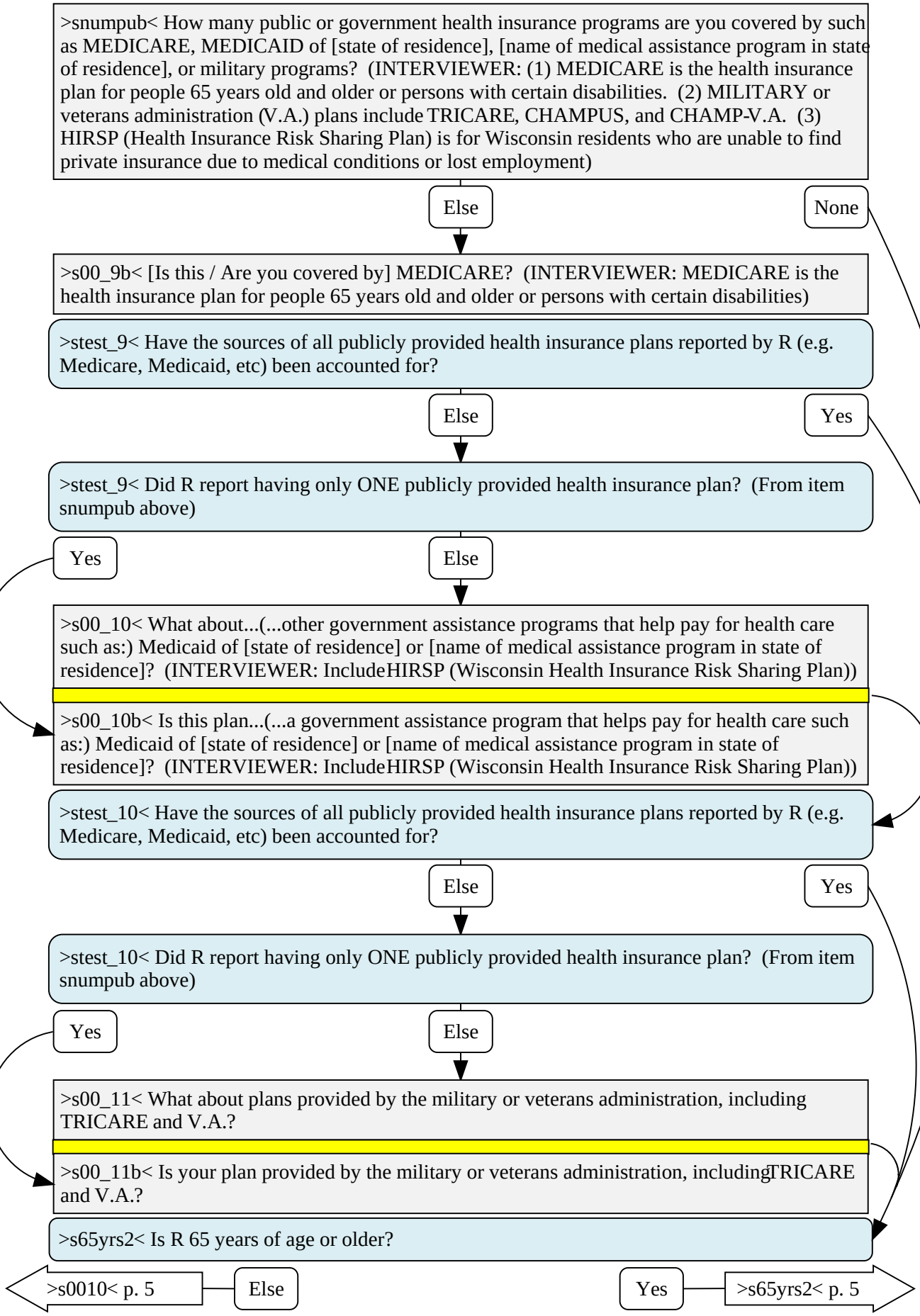
>snumpriv< (Including the employer-provided plan you already indicated,) How many health insurance plans are you covered under that were either purchased privately or obtained through your employer or someone else's? Please exclude all military plans. (INTERVIEWER: DO NOT include special insurance such as: Long term care, dental or vision plans, or Medicare supplement plans. Do NOT include plans that provide extra cash, or pay for one type of service such as cancer or accidents. Exclude accumulated sick leave that can be used for health expenses.)

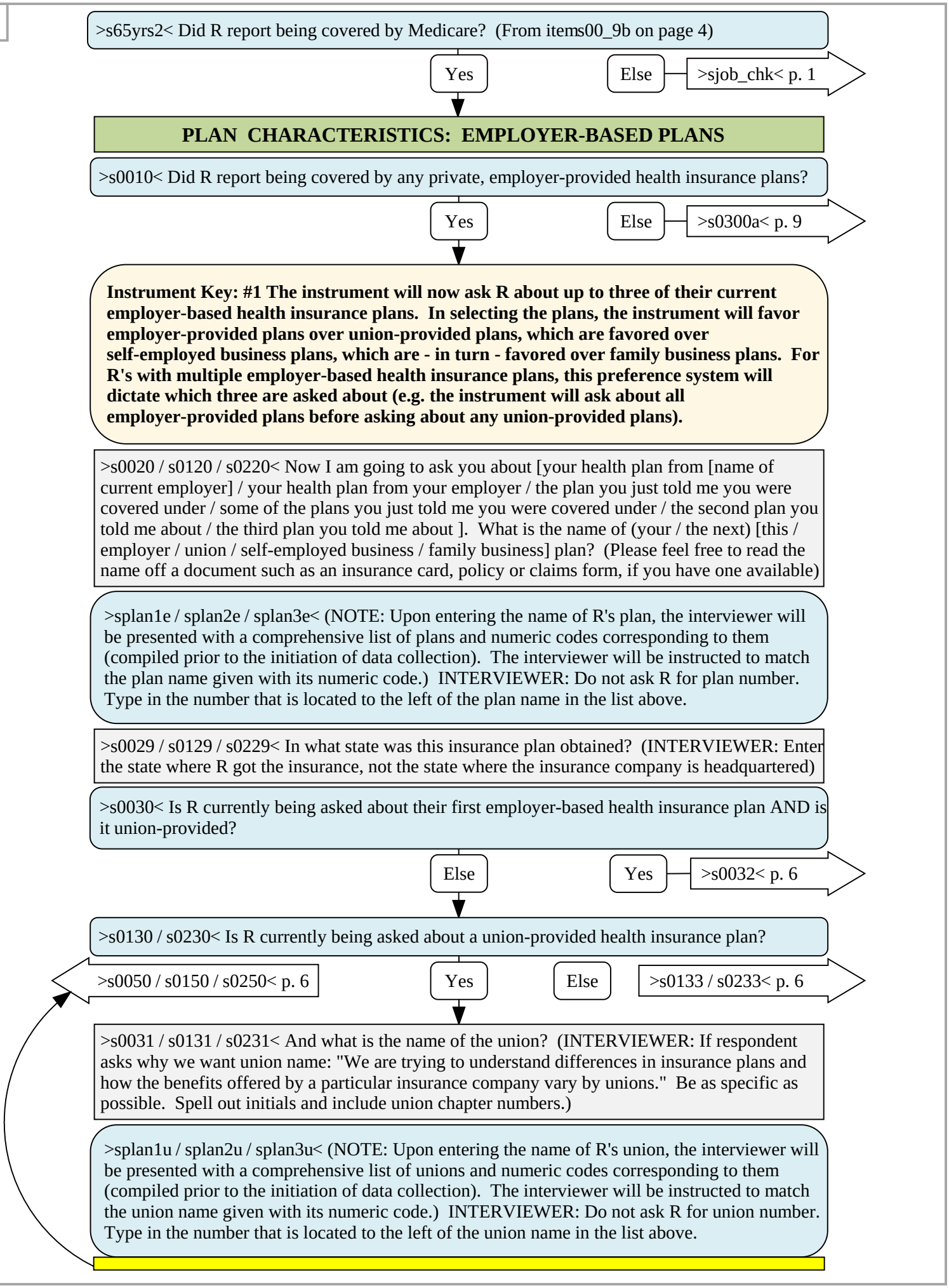
>stest_0< p. 2 ← Else

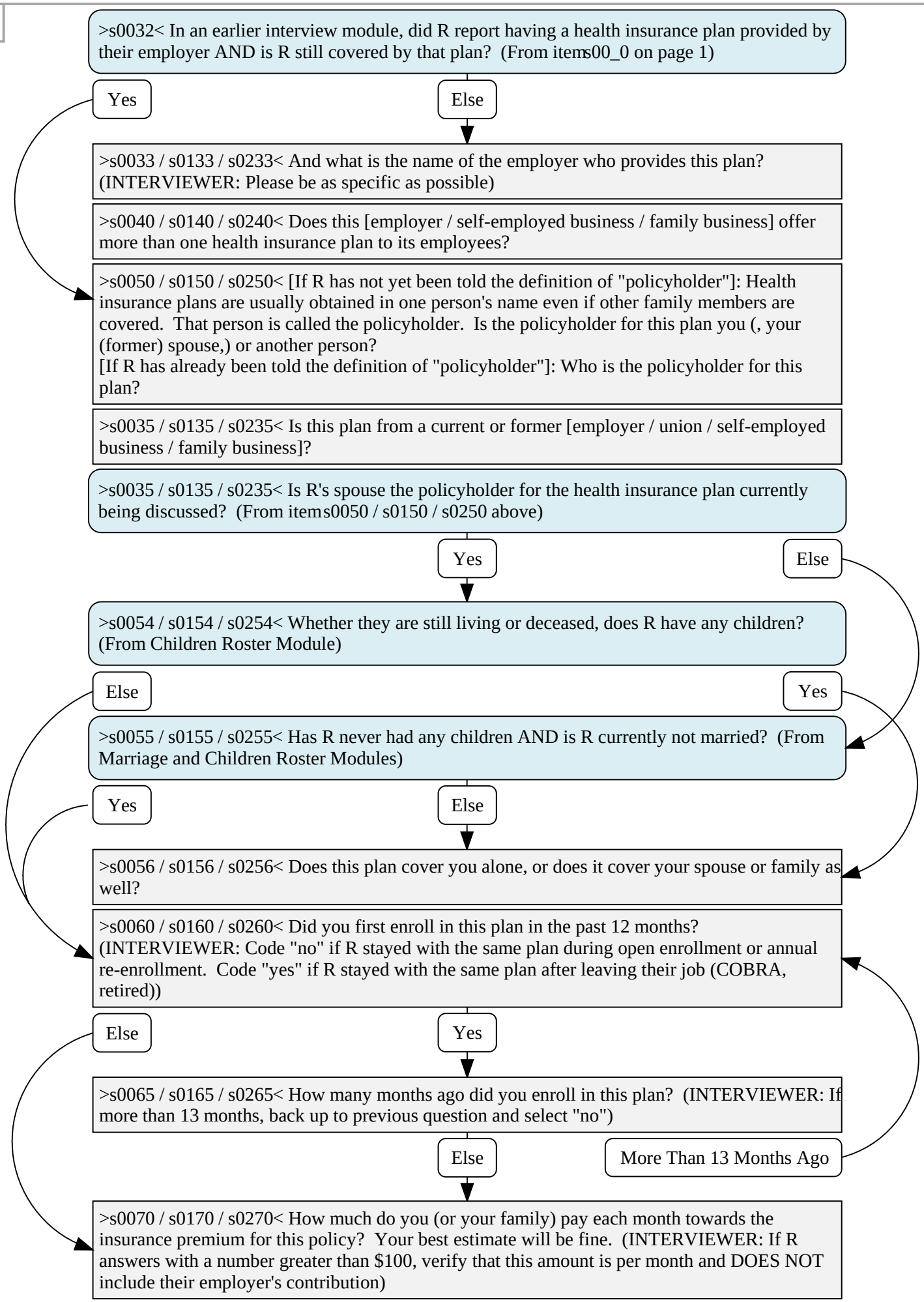
2 - 9 Plans → >s00_1< p. 2

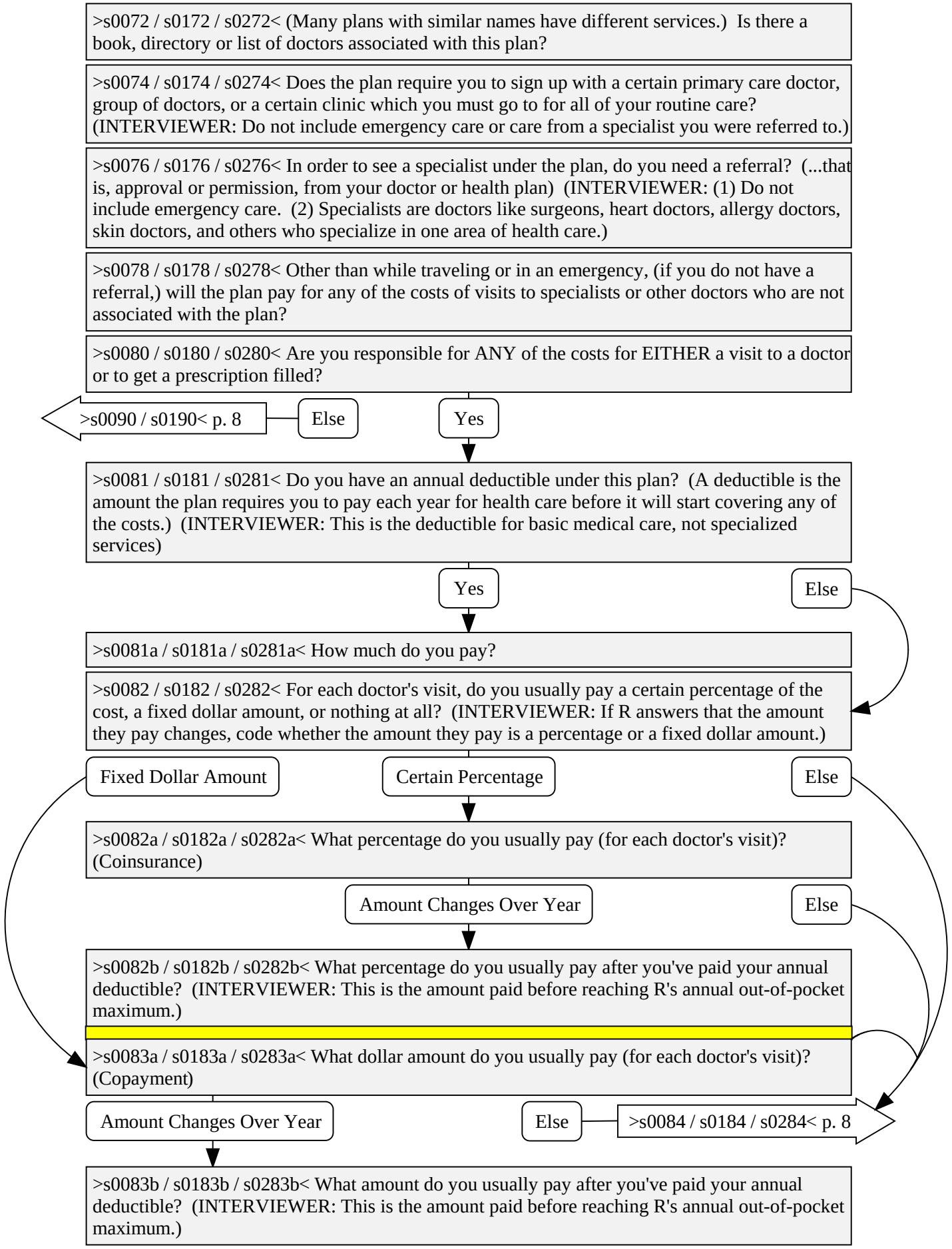

>stest_0< Did R report having no private or employer-provided health insurance plans AND also fail to confirm that they are still covered by a previously reported employer-provided policy? (From items snumpriv and s00_0 on page 1)
Else
Yes
>s65yrs1< p. 3
>stest_0< Did R report having only ONE private or employer-provided health insurance plan AND also confirm (with an answer of "yes") that they are still covered by a previously reported employer-provided policy? (From itemssnumpriv and s00_0 on page 1)
Else
Yes
>s00_1< (Including the employer-provided plan you already indicated,) How many of your plans were provided through an employer? (INTERVIEWER: Include plans from former employers (COBRA, retiree, etc). Can be R's employer or R's spouse's employer)
>s00_1b< Was this plan provided through en employer? (INTERVIEWER: Include plans from former employers (COBRA, retiree, etc). Can be R's employer or R's spouse's employer)
>stest_1< Have the sources of all private health insurance plans reported by R (e.g. employer-provided, privately purchased, etc) been accounted for?
Else
Yes
>stest_1< Did R report having only ONE private or employer-provided health insurance plan? (From item snumpriv on page 1)
Yes
Else
>s00_7< How many purchased privately from an insurance company?
>s00_7b< Was this plan purchased privately from an insurance company?
>stest_7< Have the sources of all private health insurance plans reported by R (e.g. employer-provided, privately purchased, etc) been accounted for?
Else
Yes
>stest_7< Did R report having only ONE private or employer-provided health insurance plan? (From item snumpriv on page 1)
Yes
Else
>s00_2< How many through a labor union?
>s00_2b< Was this plan provided through a labor union?
>stest_2< Have the sources of all private health insurance plans reported by R (e.g. employer-provided, privately purchased, etc) been accounted for?
>stest_2< p. 3
Else
Yes
>s65yrs1< p. 3

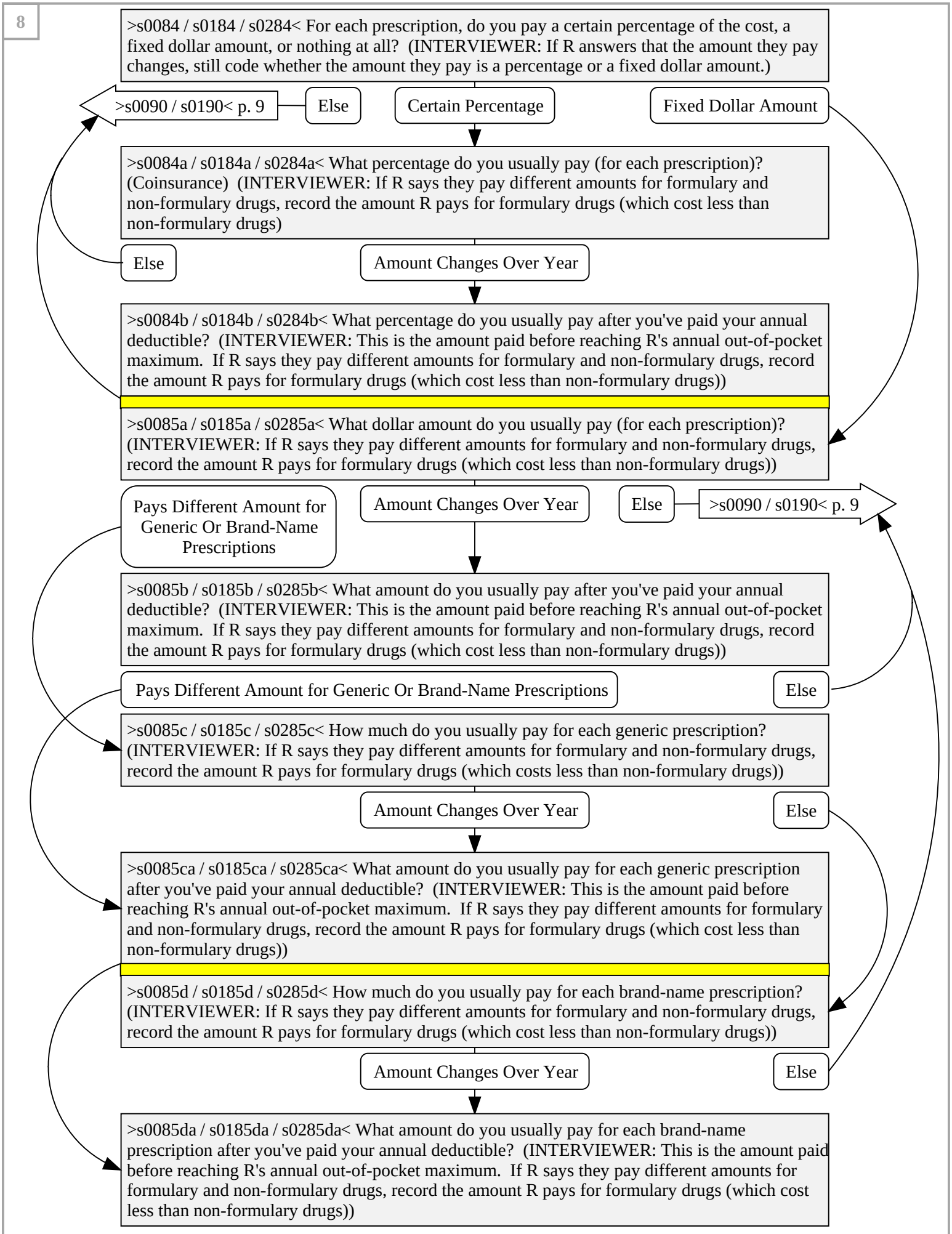

>stest_2< Did R report having only ONE private or employer-provided health insurance plan? (From item snumpriv on page 1)
Yes
Else
>s00_3< How many through a self-employed business?
1 - 9 Plans
Else
>s00_4< [Was this plan / How many of these [number] plans were] purchased through the business? (INTERVIEWER: Must not be more than [number of plans provided through self-employed business].)
>s00_3b< Was this plan provided through a self-employed business?
Yes
Else
>s00_4b< Was this plan purchased through the business?
>stest_3< Have the sources of all private health insurance plans reported by R (e.g. employer-provided, privately purchased, etc) been accounted for?
Yes
Else
>stest_3< Did R report having only ONE private or employer-provided health insurance plan? (From item snumpriv on page 1)
Yes
Else
>s00_5< How many through a family business?
1 - 9 Plans
Else
>s00_6< [Was this plan / How many of these [number] plans were] purchased through the business? (INTERVIEWER: Must not be more than [number of plans provided through family business].)
>s00_5b< Was this plan provided through a family business?
Yes
Else
>s00_6b< Was this plan purchased through the business?
>s65yrs1< Is R 65 years of age or older?
>snumpub< p. 4
Else
Yes
>s0010< p. 5


>snumpub< How many public or government health insurance programs are you covered by such as MEDICARE, MEDICAID of [state of residence], [name of medical assistance program in state of residence], or military programs? (INTERVIEWER: (1) MEDICARE is the health insurance plan for people 65 years old and older or persons with certain disabilities. (2) MILITARY or veterans administration (V.A.) plans include TRICARE, CHAMPUS, and CHAMP-V.A. (3) HIRSP (Health Insurance Risk Sharing Plan) is for Wisconsin residents who are unable to find private insurance due to medical conditions or lost employment)
Else
None
>s00_9b< [Is this / Are you covered by] MEDICARE? (INTERVIEWER: MEDICARE is the health insurance plan for people 65 years old and older or persons with certain disabilities)
>stest_9< Have the sources of all publicly provided health insurance plans reported by R (e.g. Medicare, Medicaid, etc) been accounted for?
Else
Yes
>stest_9< Did R report having only ONE publicly provided health insurance plan? (From item snumpub above)
Yes
Else
>s00_10< What about...(...other government assistance programs that help pay for health care such as:) Medicaid of [state of residence] or [name of medical assistance program in state of residence]? (INTERVIEWER: IncludeHIRSP (Wisconsin Health Insurance Risk Sharing Plan))
>s00_10b< Is this plan...(...a government assistance program that helps pay for health care such as:) Medicaid of [state of residence] or [name of medical assistance program in state of residence]? (INTERVIEWER: IncludeHIRSP (Wisconsin Health Insurance Risk Sharing Plan))
>stest_10< Have the sources of all publicly provided health insurance plans reported by R (e.g. Medicare, Medicaid, etc) been accounted for?
Else
Yes
>stest_10< Did R report having only ONE publicly provided health insurance plan? (From item snumpub above)
Yes
Else
>s00_11< What about plans provided by the military or veterans administration, including TRICARE and V.A.?
>s00_11b< Is your plan provided by the military or veterans administration, includingTRICARE and V.A.?
>s65yrs2< Is R 65 years of age or older?
>s0010< p. 5
Else
Yes
>s65yrs2< p. 5


>s65yrs2< Did R report being covered by Medicare? (From items00_9b on page 4)
Yes
Else
>sjob_chk< p. 1
PLAN CHARACTERISTICS: EMPLOYER-BASED PLANS
>s0010< Did R report being covered by any private, employer-provided health insurance plans?
Yes
Else
>s0300a< p. 9
Instrument Key: #1 The instrument will now ask R about up to three of their current employer-based health insurance plans. In selecting the plans, the instrument will favor employer-provided plans over union-provided plans, which are favored over self-employed business plans, which are - in turn - favored over family business plans. For R's with multiple employer-based health insurance plans, this preference system will dictate which three are asked about (e.g. the instrument will ask about all employer-provided plans before asking about any union-provided plans).
>s0020 / s0120 / s0220< Now I am going to ask you about [your health plan from [name of current employer] / your health plan from your employer / the plan you just told me you were covered under / some of the plans you just told me you were covered under / the second plan you told me about / the third plan you told me about]. What is the name of (your / the next) [this / employer / union / self-employed business / family business] plan? (Please feel free to read the name off a document such as an insurance card, policy or claims form, if you have one available)
>splan1e / splan2e / splan3e< (NOTE: Upon entering the name of R's plan, the interviewer will be presented with a comprehensive list of plans and numeric codes corresponding to them (compiled prior to the initiation of data collection). The interviewer will be instructed to match the plan name given with its numeric code.) INTERVIEWER: Do not ask R for plan number. Type in the number that is located to the left of the plan name in the list above.
>s0029 / s0129 / s0229< In what state was this insurance plan obtained? (INTERVIEWER: Enter the state where R got the insurance, not the state where the insurance company is headquartered)
>s0030< Is R currently being asked about their first employer-based health insurance plan AND is it union-provided?
Else
Yes
>s0032< p. 6
>s0130 / s0230< Is R currently being asked about a union-provided health insurance plan?
>s0050 / s0150 / s0250< p. 6
Yes
Else
>s0133 / s0233< p. 6
>s0031 / s0131 / s0231< And what is the name of the union? (INTERVIEWER: If respondent asks why we want union name: "We are trying to understand differences in insurance plans and how the benefits offered by a particular insurance company vary by unions." Be as specific as possible. Spell out initials and include union chapter numbers.)
>splan1u / splan2u / splan3u< (NOTE: Upon entering the name of R's union, the interviewer will be presented with a comprehensive list of unions and numeric codes corresponding to them (compiled prior to the initiation of data collection). The interviewer will be instructed to match the union name given with its numeric code.) INTERVIEWER: Do not ask R for union number. Type in the number that is located to the left of the union name in the list above.


>s0032< In an earlier interview module, did R report having a health insurance plan provided by their employer AND is R still covered by that plan? (From items00_0 on page 1)
Yes
Else
>s0033 / s0133 / s0233< And what is the name of the employer who provides this plan? (INTERVIEWER: Please be as specific as possible)
>s0040 / s0140 / s0240< Does this [employer / self-employed business / family business] offer more than one health insurance plan to its employees?
>s0050 / s0150 / s0250< [If R has not yet been told the definition of "policyholder"]: Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. Is the policyholder for this plan you (, your (former) spouse,) or another person?
[If R has already been told the definition of "policyholder"]: Who is the policyholder for this plan?
>s0035 / s0135 / s0235< Is this plan from a current or former [employer / union / self-employed business / family business]?
>s0035 / s0135 / s0235< Is R's spouse the policyholder for the health insurance plan currently being discussed? (From items0050 / s0150 / s0250 above)
Yes
Else
>s0054 / s0154 / s0254< Whether they are still living or deceased, does R have any children? (From Children Roster Module)
Else
Yes
>s0055 / s0155 / s0255< Has R never had any children AND is R currently not married? (From Marriage and Children Roster Modules)
Yes
Else
>s0056 / s0156 / s0256< Does this plan cover you alone, or does it cover your spouse or family as well?
>s0060 / s0160 / s0260< Did you first enroll in this plan in the past 12 months? (INTERVIEWER: Code "no" if R stayed with the same plan during open enrollment or annual re-enrollment. Code "yes" if R stayed with the same plan after leaving their job (COBRA, retired))
Else
Yes
>s0065 / s0165 / s0265< How many months ago did you enroll in this plan? (INTERVIEWER: If more than 13 months, back up to previous question and select "no")
Else
More Than 13 Months Ago
>s0070 / s0170 / s0270< How much do you (or your family) pay each month towards the insurance premium for this policy? Your best estimate will be fine. (INTERVIEWER: If R answers with a number greater than $100, verify that this amount is per month and DOES NOT include their employer's contribution)


>s0072 / s0172 / s0272< (Many plans with similar names have different services.) Is there a book, directory or list of doctors associated with this plan?
>s0074 / s0174 / s0274< Does the plan require you to sign up with a certain primary care doctor, group of doctors, or a certain clinic which you must go to for all of your routine care? (INTERVIEWER: Do not include emergency care or care from a specialist you were referred to.)
>s0076 / s0176 / s0276< In order to see a specialist under the plan, do you need a referral? (...that is, approval or permission, from your doctor or health plan) (INTERVIEWER: (1) Do not include emergency care. (2) Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.)
>s0078 / s0178 / s0278< Other than while traveling or in an emergency, (if you do not have a referral,) will the plan pay for any of the costs of visits to specialists or other doctors who are not associated with the plan?
>s0080 / s0180 / s0280< Are you responsible for ANY of the costs for EITHER a visit to a doctor or to get a prescription filled?
Else
>s0090 / s0190< p. 8
Yes
>s0081 / s0181 / s0281< Do you have an annual deductible under this plan? (A deductible is the amount the plan requires you to pay each year for health care before it will start covering any of the costs.) (INTERVIEWER: This is the deductible for basic medical care, not specialized services)
Yes
Else
>s0081a / s0181a / s0281a< How much do you pay?
>s0082 / s0182 / s0282< For each doctor's visit, do you usually pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, code whether the amount they pay is a percentage or a fixed dollar amount.)
Fixed Dollar Amount
Certain Percentage
Else
>s0082a / s0182a / s0282a< What percentage do you usually pay (for each doctor's visit)? (Coinsurance)
Amount Changes Over Year
Else
>s0082b / s0182b / s0282b< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0083a / s0183a / s0283a< What dollar amount do you usually pay (for each doctor's visit)? (Copayment)
Amount Changes Over Year
Else
>s0084 / s0184 / s0284< p. 8
>s0083b / s0183b / s0283b< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)


>s0084 / s0184 / s0284< For each prescription, do you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, still code whether the amount they pay is a percentage or a fixed dollar amount.)
Else
>s0090 / s0190< p. 9
Certain Percentage
Fixed Dollar Amount
>s0084a / s0184a / s0284a< What percentage do you usually pay (for each prescription)? (Coinsurance) (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs)
Else
Amount Changes Over Year
>s0084b / s0184b / s0284b< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0085a / s0185a / s0285a< What dollar amount do you usually pay (for each prescription)? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Pays Different Amount for Generic Or Brand-Name Prescriptions
Amount Changes Over Year
Else
>s0090 / s0190< p. 9
>s0085b / s0185b / s0285b< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Pays Different Amount for Generic Or Brand-Name Prescriptions
Else
>s0085c / s0185c / s0285c< How much do you usually pay for each generic prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which costs less than non-formulary drugs))
Amount Changes Over Year
Else
>s0085ca / s0185ca / s0285ca< What amount do you usually pay for each generic prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0085d / s0185d / s0285d< How much do you usually pay for each brand-name prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Amount Changes Over Year
Else
>s0085da / s0185da / s0285da< What amount do you usually pay for each brand-name prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))

>s0090 / s0190< Did R report being covered by another private, employer-based insurance plan that we have not yet interviewed R in detail about (asked the items on pages 5 through 8)?

Else

Three insurance plans maximum. After 3rd, if applicable, go to next item (s0300a)

Yes — 2X → Instrument Key #1 p. 5

PLAN CHARACTERISTICS: PRIVATELY PURCHASED PLANS

>s0300a< Did R report being covered by any privately purchased (directly from an insurance company) health insurance plans OR did R report being covered by any plans through a self-employed business or family business that were not actually purchased through the business? (From items s00_3, s00_4, s00_5, s00_6, and s00_7 on pages 2 and 3)

Yes

Else → >s0400< p. 13

Instrument Key: #2 The instrument will now ask R about up to three of their current privately-secured health insurance plans. In selecting the plans, the instrument will favor plans stemming from a self-employed business over those stemming from a family business, which are - in turn - favored over privately purchased (directly from an insurance company) plans. For R's with multiple privately-secured health insurance plans, this preference system will dictate which three are asked about (e.g. the instrument will ask about all plans stemming from a self-employed business before asking about any plans stemming from a family business).

>s0320a / s0320b / s0320c< What is the name of the (second / third) [self-employed business / family business / privately purchased] plan? (Please feel free to read the name off a document such as an insurance card, policy or claims form, if you have on available.)

>splan4e / splan5e / splan6e< (NOTE: Upon entering the name of R's plan, the interviewer will be presented with a comprehensive list of plans and numeric codes corresponding to them (compiled prior to the initiation of data collection). The interviewer will be instructed to match the plan name given with its numeric code.) INTERVIEWER: Do not ask R for plan number. Type in the number that is located to the left of the plan name in the list above.

>s0323a / s0323b / s0323c< In what state was this insurance plan obtained? (INTERVIEWER: Enter the state where R got the insurance, not the state where the insurance company is headquartered)

>s0325a / s0325b / s0325c< [If R has not yet been told the definition of "policyholder"]: Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. Is the policyholder for this plan you (, your (former) spouse,) or another person?
[If R has already been told the definition of "policyholder"]: Who is the policyholder for this plan?

>s0325a / s0325b / s0325c< Is R's spouse the policyholder for the health insurance plan currently being discussed? (From items0325a / s0325b / s0325c above)

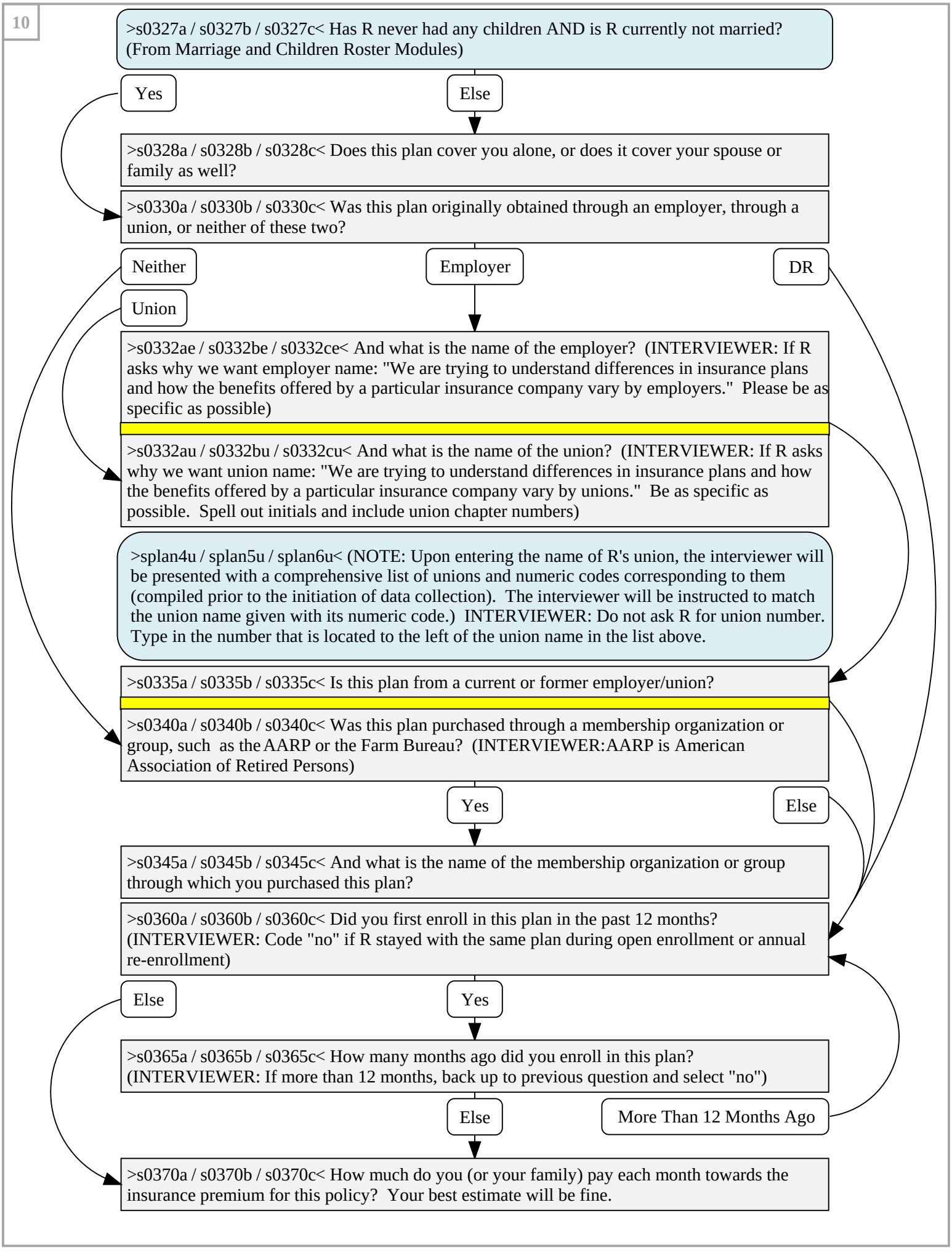
Yes

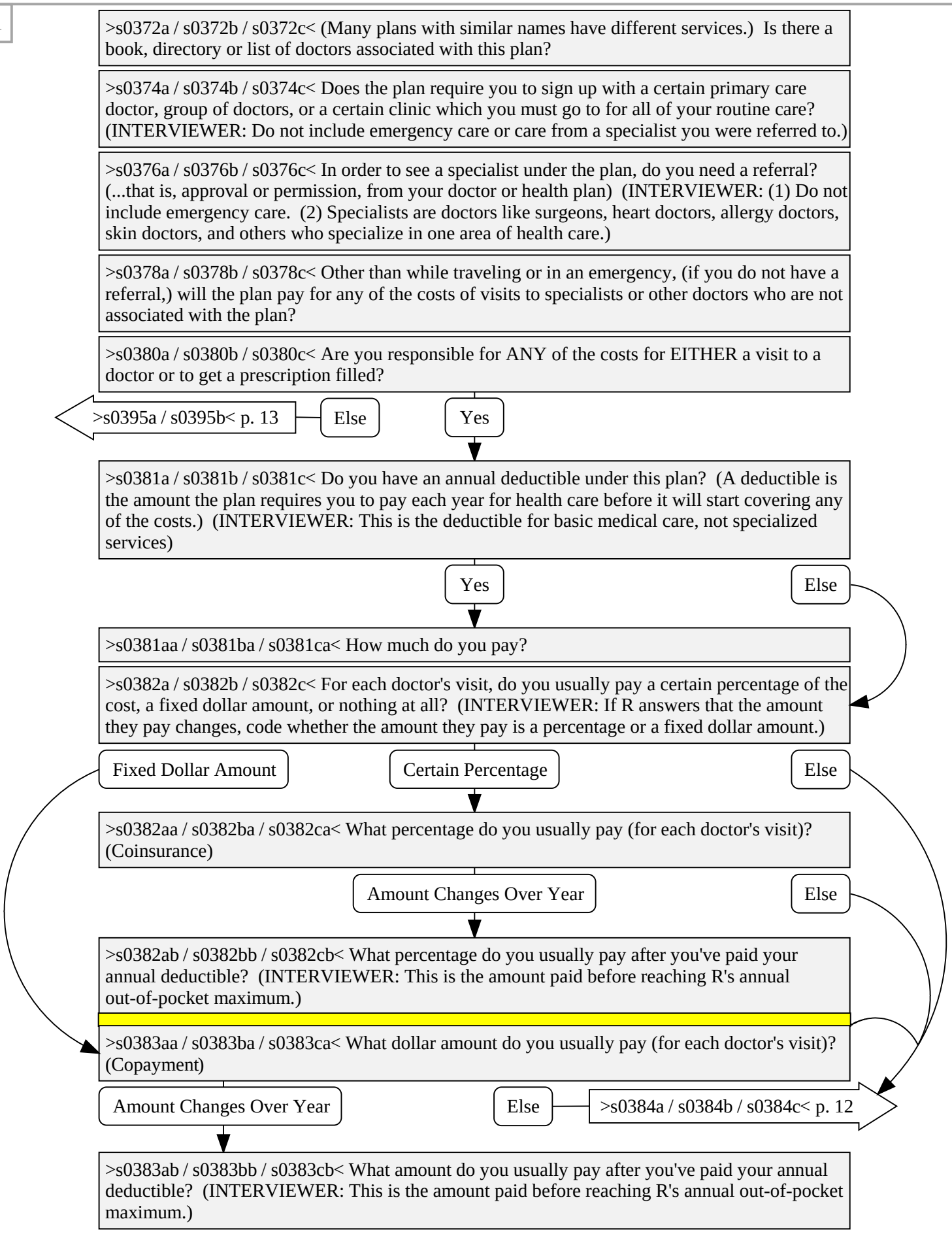
Else → >s0327a / s0327b / s0327c< p. 10

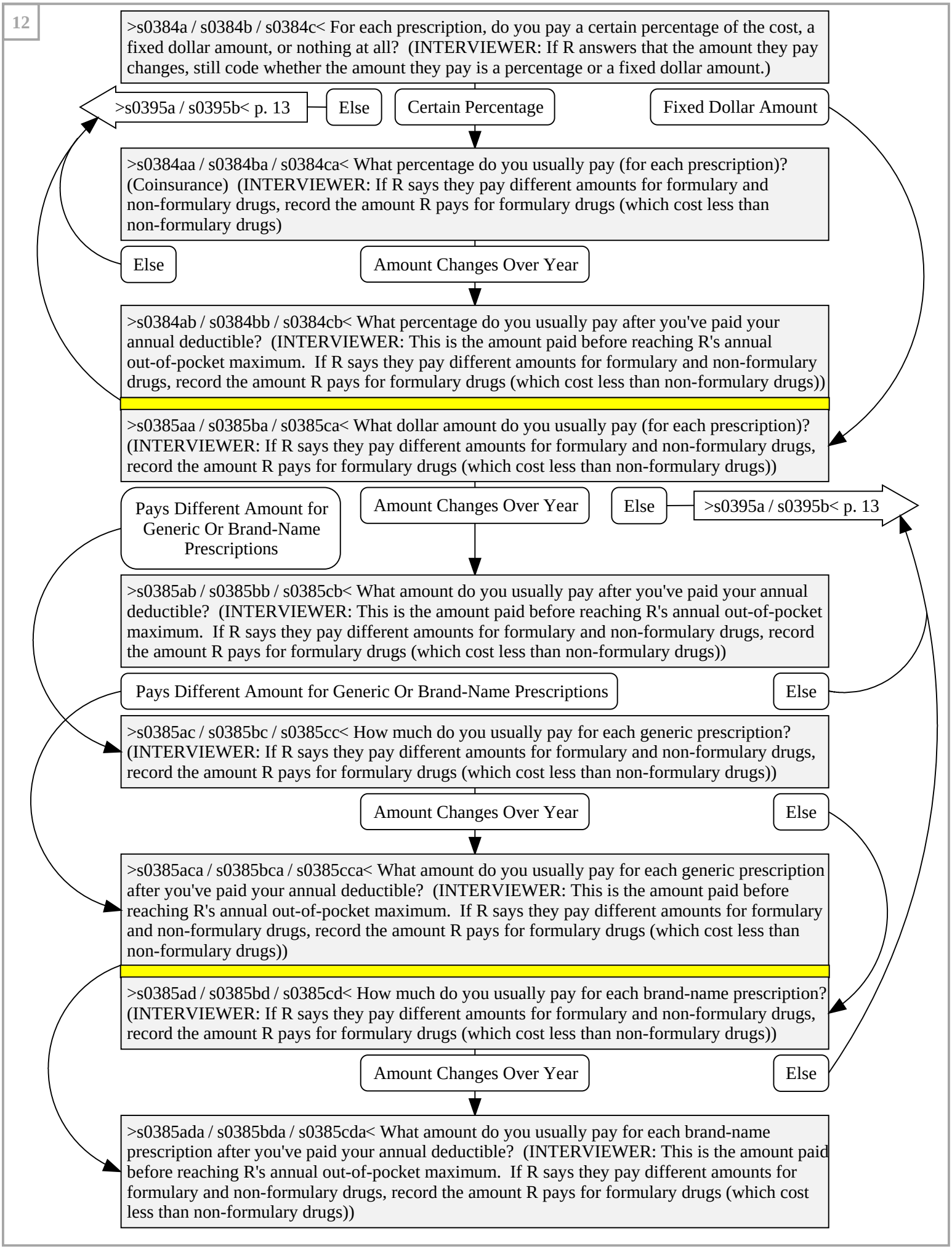
>s0326a / s0326b / s0326c< Whether they are still living or deceased, does R have any children? (From Children Roster Module)

Yes → >s0328a / s0328b / s0328c< p. 10

Else → >s0330a / s0330b / s0330c< p. 10


>s0327a / s0327b / s0327c< Has R never had any children AND is R currently not married? (From Marriage and Children Roster Modules)
Yes
Else
>s0328a / s0328b / s0328c< Does this plan cover you alone, or does it cover your spouse or family as well?
>s0330a / s0330b / s0330c< Was this plan originally obtained through an employer, through a union, or neither of these two?
Neither
Employer
DR
Union
>s0332ae / s0332be / s0332ce< And what is the name of the employer? (INTERVIEWER: If R asks why we want employer name: "We are trying to understand differences in insurance plans and how the benefits offered by a particular insurance company vary by employers." Please be as specific as possible)
>s0332au / s0332bu / s0332cu< And what is the name of the union? (INTERVIEWER: If R asks why we want union name: "We are trying to understand differences in insurance plans and how the benefits offered by a particular insurance company vary by unions." Be as specific as possible. Spell out initials and include union chapter numbers)
>splan4u / splan5u / splan6u< (NOTE: Upon entering the name of R's union, the interviewer will be presented with a comprehensive list of unions and numeric codes corresponding to them (compiled prior to the initiation of data collection). The interviewer will be instructed to match the union name given with its numeric code.) INTERVIEWER: Do not ask R for union number. Type in the number that is located to the left of the union name in the list above.
>s0335a / s0335b / s0335c< Is this plan from a current or former employer/union?
>s0340a / s0340b / s0340c< Was this plan purchased through a membership organization or group, such as the AARP or the Farm Bureau? (INTERVIEWER:AARP is American Association of Retired Persons)
Yes
Else
>s0345a / s0345b / s0345c< And what is the name of the membership organization or group through which you purchased this plan?
>s0360a / s0360b / s0360c< Did you first enroll in this plan in the past 12 months? (INTERVIEWER: Code "no" if R stayed with the same plan during open enrollment or annual re-enrollment)
Else
Yes
>s0365a / s0365b / s0365c< How many months ago did you enroll in this plan? (INTERVIEWER: If more than 12 months, back up to previous question and select "no")
Else
More Than 12 Months Ago
>s0370a / s0370b / s0370c< How much do you (or your family) pay each month towards the insurance premium for this policy? Your best estimate will be fine.


>s0372a / s0372b / s0372c< (Many plans with similar names have different services.) Is there a book, directory or list of doctors associated with this plan?
>s0374a / s0374b / s0374c< Does the plan require you to sign up with a certain primary care doctor, group of doctors, or a certain clinic which you must go to for all of your routine care? (INTERVIEWER: Do not include emergency care or care from a specialist you were referred to.)
>s0376a / s0376b / s0376c< In order to see a specialist under the plan, do you need a referral? (...that is, approval or permission, from your doctor or health plan) (INTERVIEWER: (1) Do not include emergency care. (2) Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.)
>s0378a / s0378b / s0378c< Other than while traveling or in an emergency, (if you do not have a referral,) will the plan pay for any of the costs of visits to specialists or other doctors who are not associated with the plan?
>s0380a / s0380b / s0380c< Are you responsible for ANY of the costs for EITHER a visit to a doctor or to get a prescription filled?
Else
>s0395a / s0395b< p. 13
Yes
>s0381a / s0381b / s0381c< Do you have an annual deductible under this plan? (A deductible is the amount the plan requires you to pay each year for health care before it will start covering any of the costs.) (INTERVIEWER: This is the deductible for basic medical care, not specialized services)
Yes
Else
>s0381aa / s0381ba / s0381ca< How much do you pay?
>s0382a / s0382b / s0382c< For each doctor's visit, do you usually pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, code whether the amount they pay is a percentage or a fixed dollar amount.)
Fixed Dollar Amount
Certain Percentage
Else
>s0382aa / s0382ba / s0382ca< What percentage do you usually pay (for each doctor's visit)? (Coinsurance)
Amount Changes Over Year
Else
>s0382ab / s0382bb / s0382cb< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0383aa / s0383ba / s0383ca< What dollar amount do you usually pay (for each doctor's visit)? (Copayment)
Amount Changes Over Year
Else
>s0384a / s0384b / s0384c< p. 12
>s0383ab / s0383bb / s0383cb< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)


>s0384a / s0384b / s0384c< For each prescription, do you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, still code whether the amount they pay is a percentage or a fixed dollar amount.)
Certain Percentage
Fixed Dollar Amount
Else
>s0395a / s0395b< p. 13
>s0384aa / s0384ba / s0384ca< What percentage do you usually pay (for each prescription)? (Coinsurance) (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs)
Amount Changes Over Year
Else
>s0384ab / s0384bb / s0384cb< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0385aa / s0385ba / s0385ca< What dollar amount do you usually pay (for each prescription)? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Pays Different Amount for Generic Or Brand-Name Prescriptions
Amount Changes Over Year
Else
>s0395a / s0395b< p. 13
>s0385ab / s0385bb / s0385cb< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Pays Different Amount for Generic Or Brand-Name Prescriptions
Else
>s0385ac / s0385bc / s0385cc< How much do you usually pay for each generic prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Amount Changes Over Year
Else
>s0385aca / s0385bca / s0385cca< What amount do you usually pay for each generic prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0385ad / s0385bd / s0385cd< How much do you usually pay for each brand-name prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Amount Changes Over Year
Else
>s0385ada / s0385bda / s0385cda< What amount do you usually pay for each brand-name prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))

>s0395a / s0395b< Did R report being covered by another privately purchased health insurance plan that we have not yet interviewed R in detail about (asked the items on page 9 through 12)?

Else

Three insurance plans maximum. After 3rd, if applicable, go to next item (s0400)

Yes **2X** → Instrument Key #2 p. 9

PLAN CHARACTERISTICS: MEDICARE

>s0400< Did R report being covered by Medicare? (From items00_9b on page 4)

Yes

Else → >s0500< p. 17

>s0410< Now I want to ask you about your Medicare plan. Are you signed up with an HMO through Medicare? (Health Maintenance Organization) (INTERVIEWER: Probe -- "With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency.)

Yes

Else

>s0415< Do you have Part B Medicare coverage in addition to Part A? (INTERVIEWER: Note that Part A coverage is hospital coverage; Part B is physician coverage)

>s0460< p. 15

>s0420< What is the name of the HMO plan? (INTERVIEWER: If R has difficulty recalling name, ask: "Do you have an insurance card or something else with the plan name on it?")

>splan7e< (NOTE: Upon entering the name of R's HMO plan, the interviewer will be presented with a comprehensive list of HMO's and numeric codes corresponding to them (compiled prior to the initiation of data collection). The interviewer will be instructed to match the HMO name given with its numeric code.) INTERVIEWER: Do not ask R for plan number. Type in the number that is located to the left of the plan name in the list above.

>s0472< (Many plans with similar names have different services.) Is there a book, directory, or list of doctors associated with this plan?

>s0474< Does the plan require you to sign up with a certain primary care doctor, group of doctors, or a certain clinic which you must go to for all of your routine care? (INTERVIEWER: Probe -- "Do not include emergency care or care from a specialist you were referred to.")

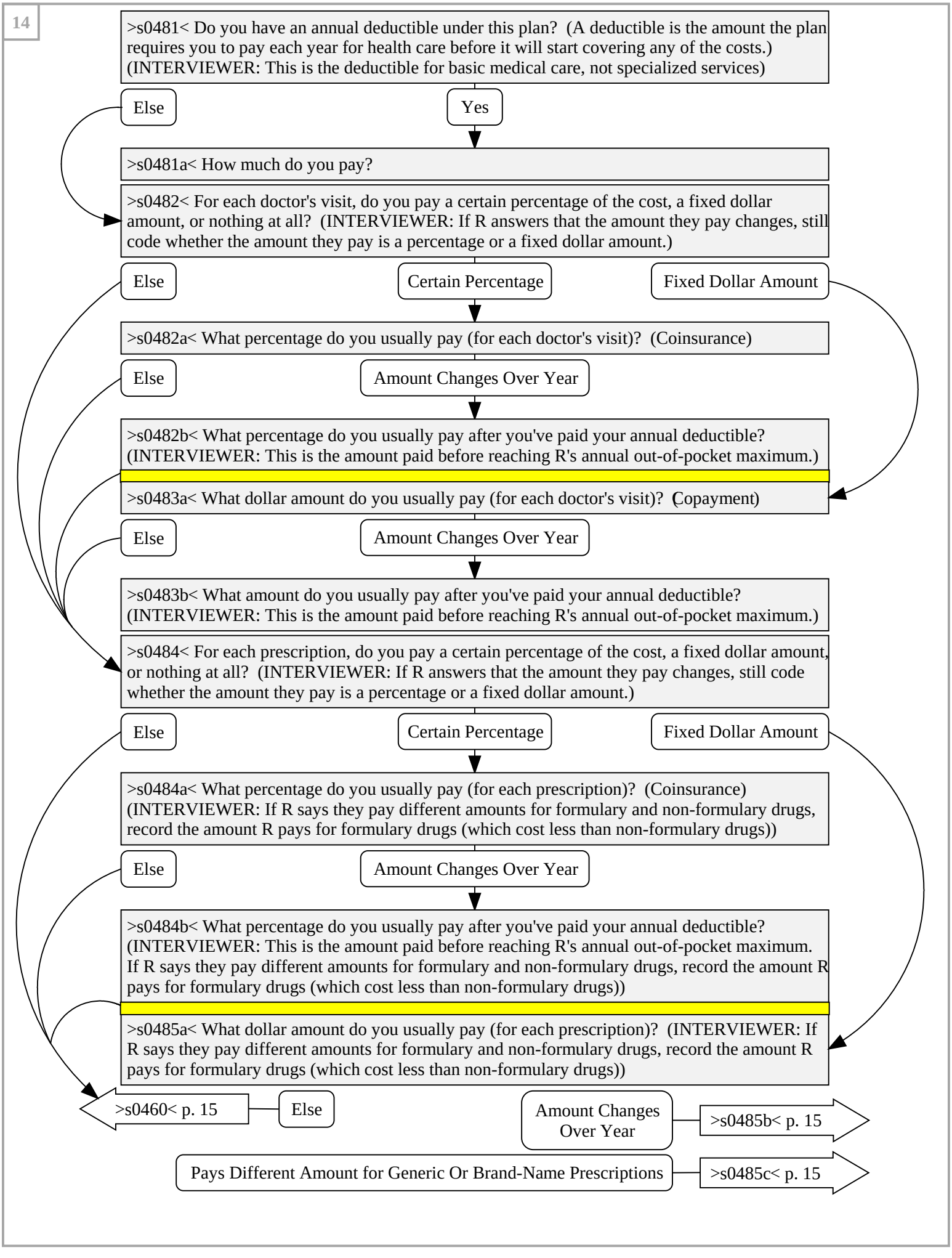
>s0476< In order to see a specialist under the plan, do you need a referral? (...that is, approval or permission, from your doctor or health plan) (INTERVIEWER: Probe -- "(1) Do not include emergency care. (2) Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.")

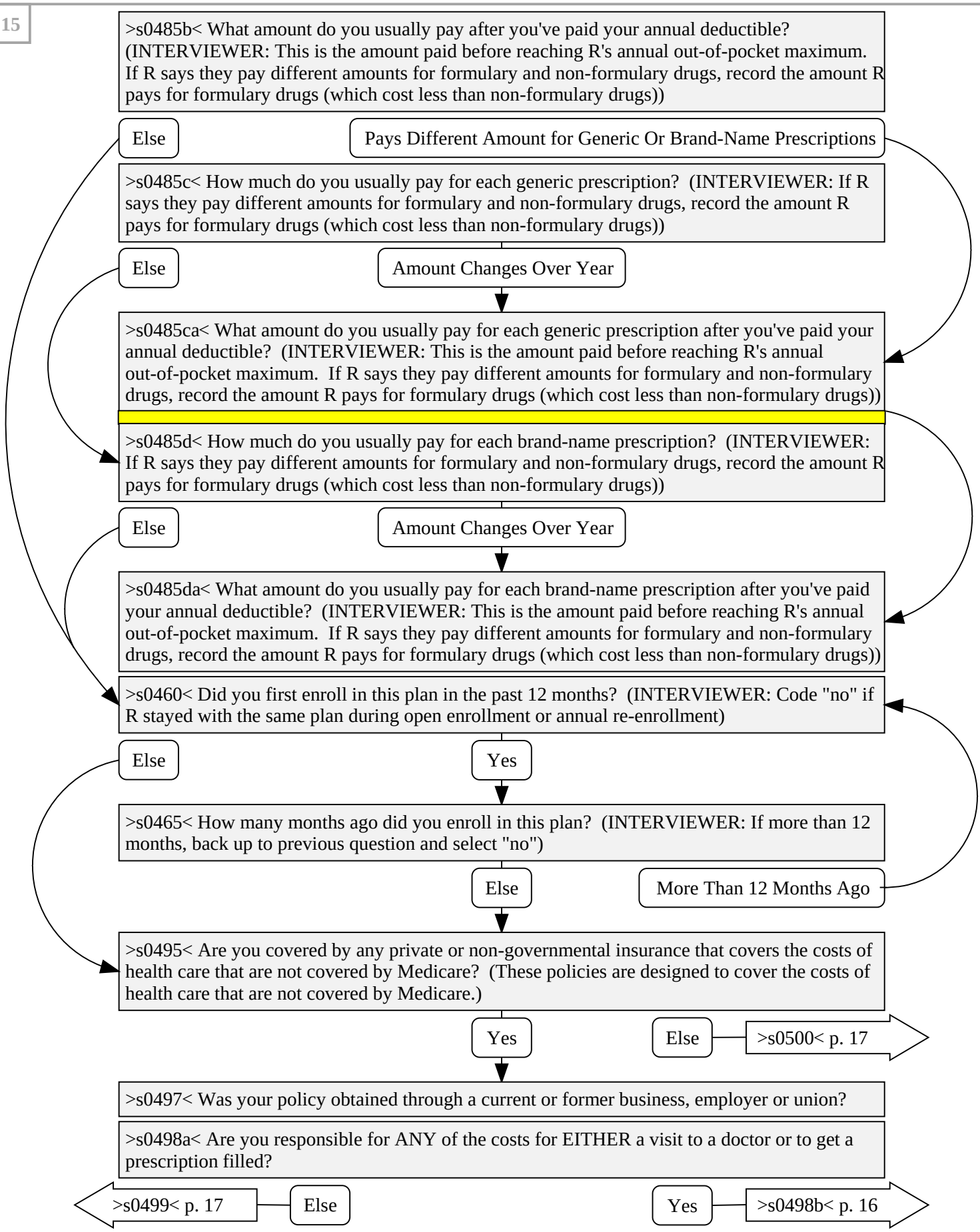
>s0478< Other than while traveling or in an emergency, (if you do not have a referral,) will the plan pay for any of the costs of visits to specialists or other doctors who are not associated with the plan?

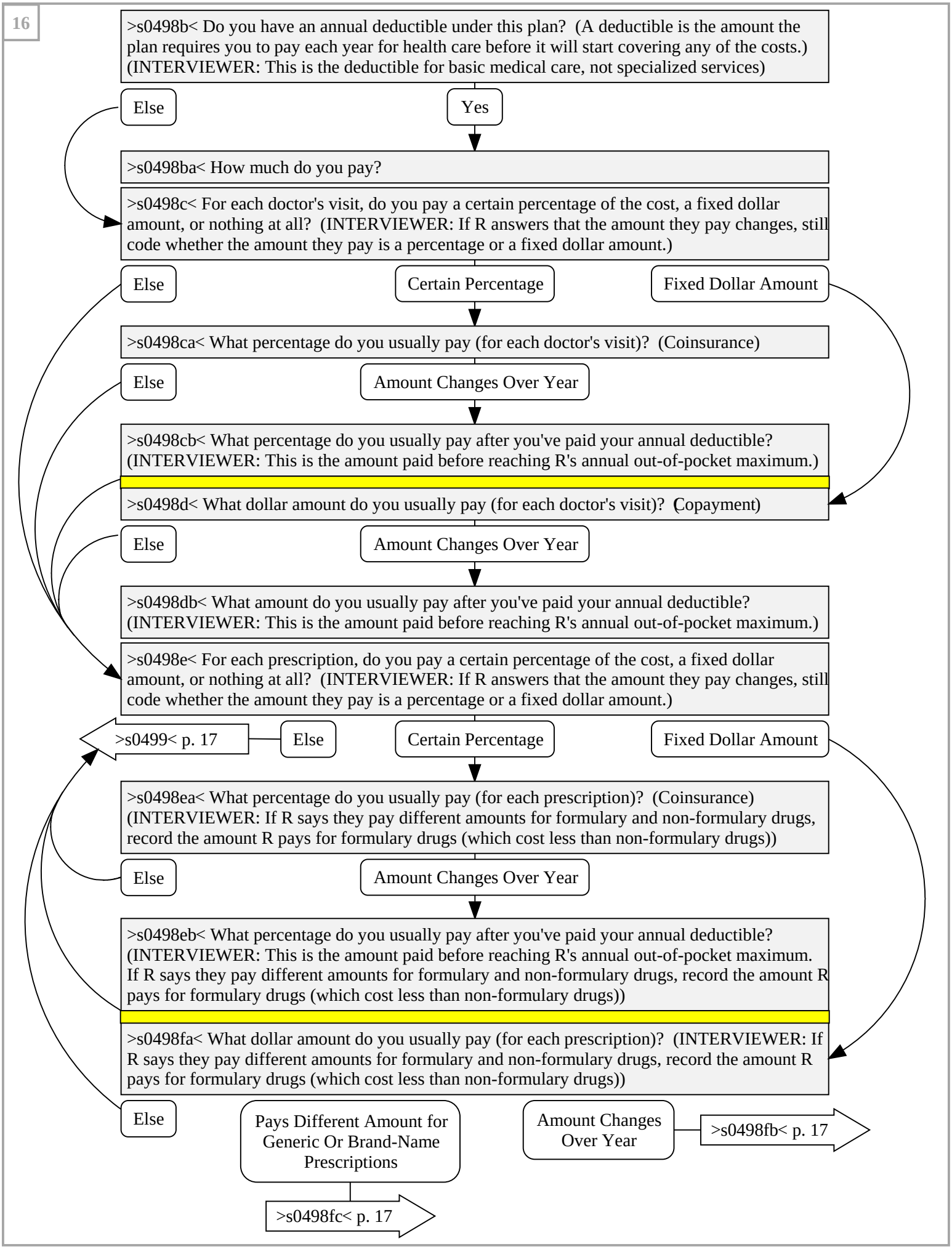
>s0480< Are you responsible for ANY of the costs for EITHER a visit to a doctor or to get a prescription filled?

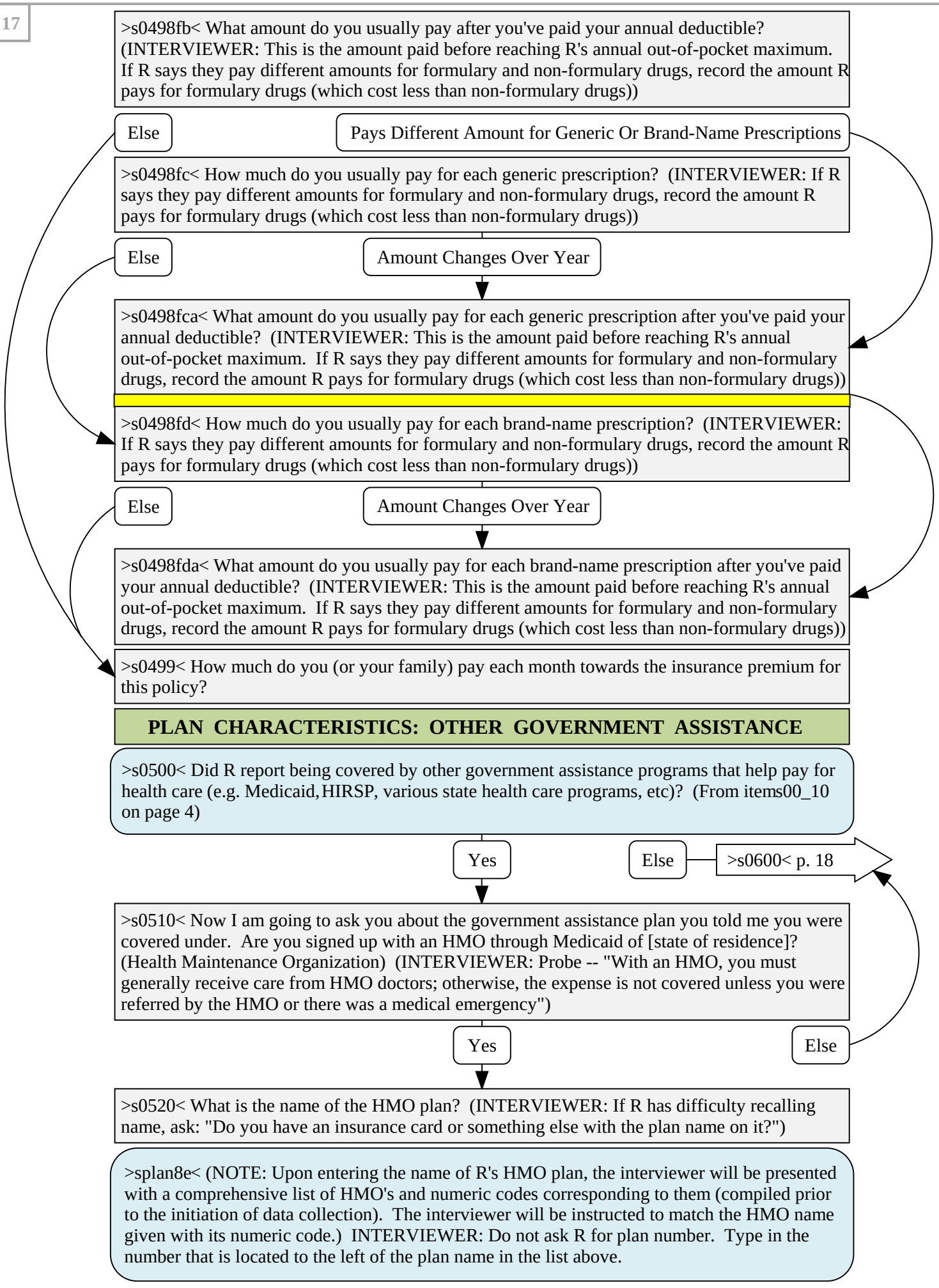
>s0460< p. 15 ← Else

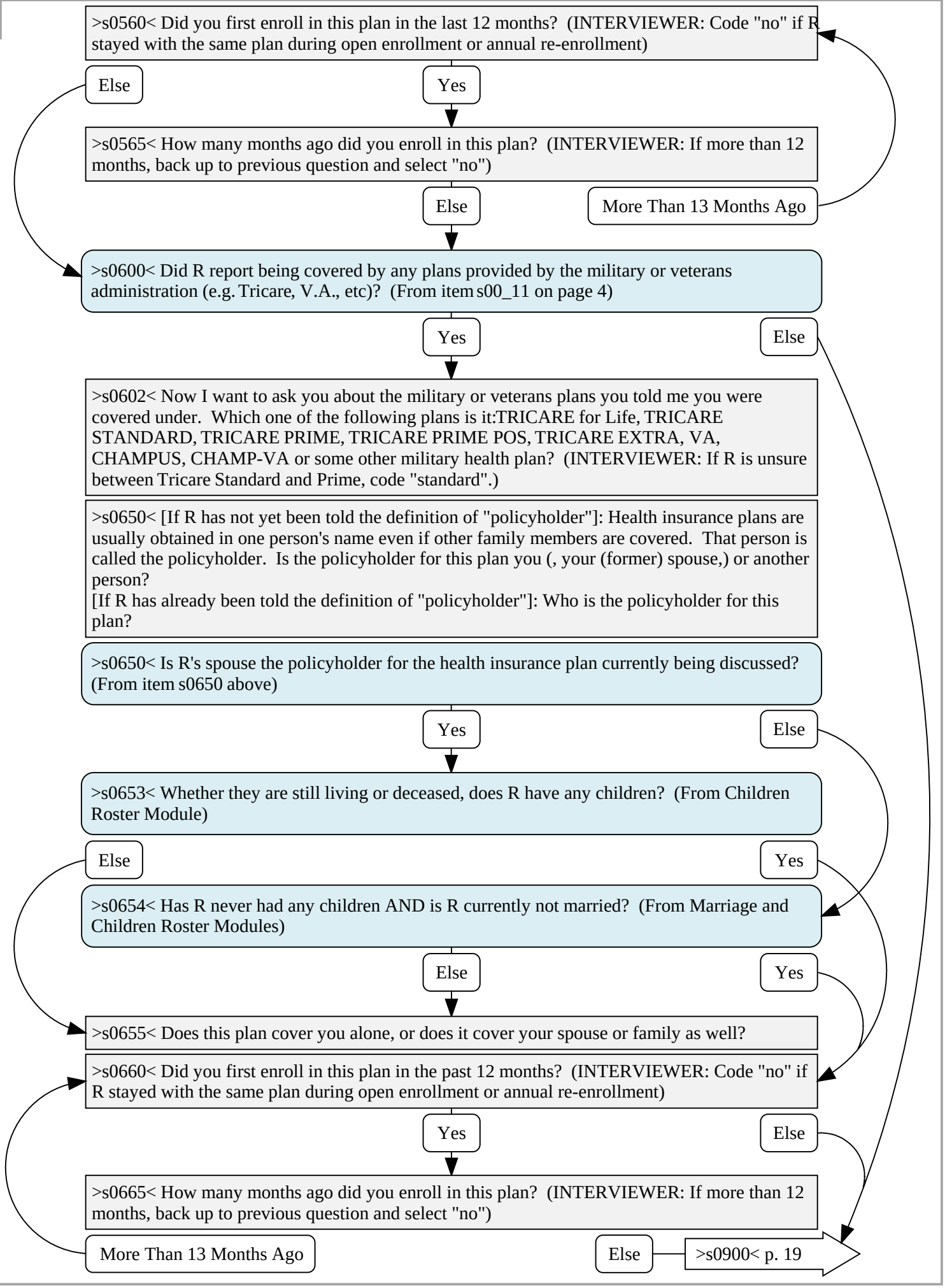
Yes → >s0481< p. 14


>s0481< Do you have an annual deductible under this plan? (A deductible is the amount the plan requires you to pay each year for health care before it will start covering any of the costs.) (INTERVIEWER: This is the deductible for basic medical care, not specialized services)
Else
Yes
>s0481a< How much do you pay?
>s0482< For each doctor's visit, do you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, still code whether the amount they pay is a percentage or a fixed dollar amount.)
Else
Certain Percentage
Fixed Dollar Amount
>s0482a< What percentage do you usually pay (for each doctor's visit)? (Coinsurance)
Else
Amount Changes Over Year
>s0482b< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0483a< What dollar amount do you usually pay (for each doctor's visit)? (Copayment)
Else
Amount Changes Over Year
>s0483b< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0484< For each prescription, do you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, still code whether the amount they pay is a percentage or a fixed dollar amount.)
Else
Certain Percentage
Fixed Dollar Amount
>s0484a< What percentage do you usually pay (for each prescription)? (Coinsurance) (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0484b< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0485a< What dollar amount do you usually pay (for each prescription)? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0460< p. 15
Else
Amount Changes Over Year
>s0485b< p. 15
Pays Different Amount for Generic Or Brand-Name Prescriptions
>s0485c< p. 15


>s0485b< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Pays Different Amount for Generic Or Brand-Name Prescriptions
>s0485c< How much do you usually pay for each generic prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0485ca< What amount do you usually pay for each generic prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0485d< How much do you usually pay for each brand-name prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0485da< What amount do you usually pay for each brand-name prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0460< Did you first enroll in this plan in the past 12 months? (INTERVIEWER: Code "no" if R stayed with the same plan during open enrollment or annual re-enrollment)
Else
Yes
>s0465< How many months ago did you enroll in this plan? (INTERVIEWER: If more than 12 months, back up to previous question and select "no")
Else
More Than 12 Months Ago
>s0495< Are you covered by any private or non-governmental insurance that covers the costs of health care that are not covered by Medicare? (These policies are designed to cover the costs of health care that are not covered by Medicare.)
Yes
Else
>s0500< p. 17
>s0497< Was your policy obtained through a current or former business, employer or union?
>s0498a< Are you responsible for ANY of the costs for EITHER a visit to a doctor or to get a prescription filled?
>s0499< p. 17
Else
Yes
>s0498b< p. 16


>s0498b< Do you have an annual deductible under this plan? (A deductible is the amount the plan requires you to pay each year for health care before it will start covering any of the costs.) (INTERVIEWER: This is the deductible for basic medical care, not specialized services)
Else
Yes
>s0498ba< How much do you pay?
>s0498c< For each doctor's visit, do you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, still code whether the amount they pay is a percentage or a fixed dollar amount.)
Else
Certain Percentage
Fixed Dollar Amount
>s0498ca< What percentage do you usually pay (for each doctor's visit)? (Coinsurance)
Else
Amount Changes Over Year
>s0498cb< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0498d< What dollar amount do you usually pay (for each doctor's visit)? (Copayment)
Else
Amount Changes Over Year
>s0498db< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0498e< For each prescription, do you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, still code whether the amount they pay is a percentage or a fixed dollar amount.)
>s0499< p. 17
Else
Certain Percentage
Fixed Dollar Amount
>s0498ea< What percentage do you usually pay (for each prescription)? (Coinsurance) (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0498eb< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0498fa< What dollar amount do you usually pay (for each prescription)? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Pays Different Amount for Generic Or Brand-Name Prescriptions
Amount Changes Over Year
>s0498fb< p. 17
>s0498fc< p. 17


>s0498fb< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Pays Different Amount for Generic Or Brand-Name Prescriptions
>s0498fc< How much do you usually pay for each generic prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0498fca< What amount do you usually pay for each generic prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0498fd< How much do you usually pay for each brand-name prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0498fda< What amount do you usually pay for each brand-name prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0499< How much do you (or your family) pay each month towards the insurance premium for this policy?
PLAN CHARACTERISTICS: OTHER GOVERNMENT ASSISTANCE
>s0500< Did R report being covered by other government assistance programs that help pay for health care (e.g. Medicaid,HIRSP, various state health care programs, etc)? (From items00_10 on page 4)
Yes
Else
>s0600< p. 18
>s0510< Now I am going to ask you about the government assistance plan you told me you were covered under. Are you signed up with an HMO through Medicaid of [state of residence]? (Health Maintenance Organization) (INTERVIEWER: Probe -- "With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency")
Yes
Else
>s0520< What is the name of the HMO plan? (INTERVIEWER: If R has difficulty recalling name, ask: "Do you have an insurance card or something else with the plan name on it?")
>splan8e< (NOTE: Upon entering the name of R's HMO plan, the interviewer will be presented with a comprehensive list of HMO's and numeric codes corresponding to them (compiled prior to the initiation of data collection). The interviewer will be instructed to match the HMO name given with its numeric code.) INTERVIEWER: Do not ask R for plan number. Type in the number that is located to the left of the plan name in the list above.


>s0560< Did you first enroll in this plan in the last 12 months? (INTERVIEWER: Code "no" if R stayed with the same plan during open enrollment or annual re-enrollment)
Else
Yes
>s0565< How many months ago did you enroll in this plan? (INTERVIEWER: If more than 12 months, back up to previous question and select "no")
Else
More Than 13 Months Ago
>s0600< Did R report being covered by any plans provided by the military or veterans administration (e.g. Tricare, V.A., etc)? (From item s00_11 on page 4)
Yes
Else
>s0602< Now I want to ask you about the military or veterans plans you told me you were covered under. Which one of the following plans is it:TRICARE for Life, TRICARE STANDARD, TRICARE PRIME, TRICARE PRIME POS, TRICARE EXTRA, VA, CHAMPUS, CHAMP-VA or some other military health plan? (INTERVIEWER: If R is unsure between Tricare Standard and Prime, code "standard".)
>s0650< [If R has not yet been told the definition of "policyholder"]: Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. Is the policyholder for this plan you (, your (former) spouse,) or another person?
[If R has already been told the definition of "policyholder"]: Who is the policyholder for this plan?
>s0650< Is R's spouse the policyholder for the health insurance plan currently being discussed? (From item s0650 above)
Yes
Else
>s0653< Whether they are still living or deceased, does R have any children? (From Children Roster Module)
Else
Yes
>s0654< Has R never had any children AND is R currently not married? (From Marriage and Children Roster Modules)
Else
Yes
>s0655< Does this plan cover you alone, or does it cover your spouse or family as well?
>s0660< Did you first enroll in this plan in the past 12 months? (INTERVIEWER: Code "no" if R stayed with the same plan during open enrollment or annual re-enrollment)
Yes
Else
>s0665< How many months ago did you enroll in this plan? (INTERVIEWER: If more than 12 months, back up to previous question and select "no")
More Than 13 Months Ago
Else
>s0900< p. 19

PLAN CHARACTERISTICS: PRIOR TO BECOMING UNINSURED

>s0900< Did R report having ANY health insurance plans?

Else

Yes → >s1000< p. 21

>s0906< Are you eligible for coverage under anyone else's health insurance plan?

Else

Yes

>s0908< Are you not covered by this other plan because it costs too much or is there some other reason?

>s0911< At any point during the past 12 months were you covered by Medicaid of [state of residence], [name of medical assistance program in state of residence], or a health insurance plan obtained through work, a union, or purchased directly?

Yes

Else → Next Module

>s0921< Just before becoming uninsured, what type of health insurance coverage did you have? (INTERVIEWER: Code only one)

Else

None → Next Module

>s0970< How much did you (or your family) pay each month towards the insurance premium for this policy? Your best estimate will be fine.

>s0972< (Many plans with similar names have different services.) Was there a book, directory or list of doctors associated with this plan?

>s0974< Did the plan require you to sign up with a certain primary care doctor, group of doctors, or a certain clinic which you had to go to for all of your routine care? (INTERVIEWER: Do not include emergency care or care from a specialist you were referred to.)

>s0976< In order to see a specialist under the plan, did you need a referral? (...that is, approval or permission, from your doctor or health plan) (INTERVIEWER: (1) Do not include emergency care. (2) Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.)

>s0978< Other than while traveling or in an emergency, (if you do not have a referral,) would the plan pay for any of the costs of visits to specialists or other doctors who were not associated with the plan?

>s0980< Were you responsible for ANY of the costs for EITHER a visit to a doctor or to get a prescription filled?

Yes

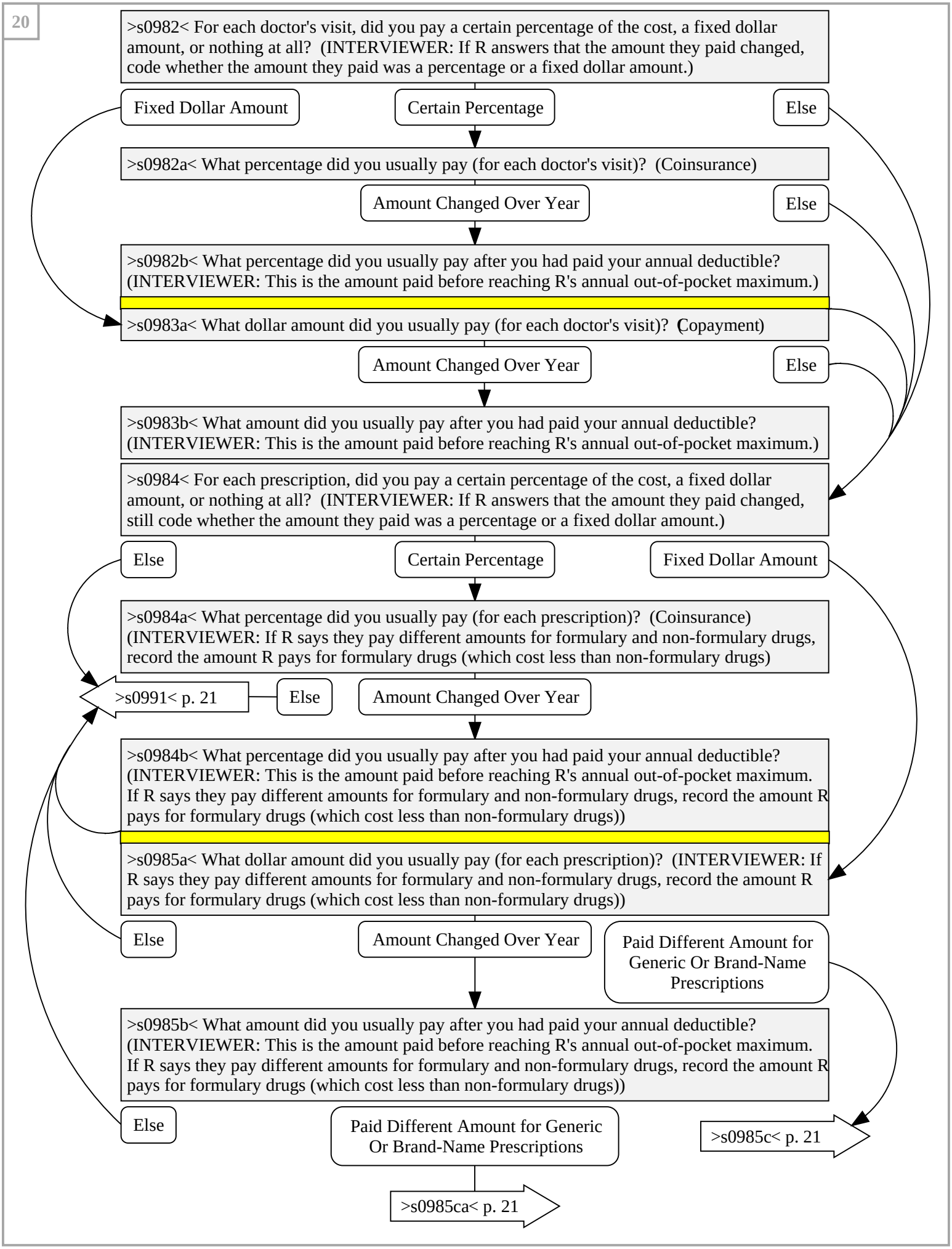
Else → >s0991< p. 21

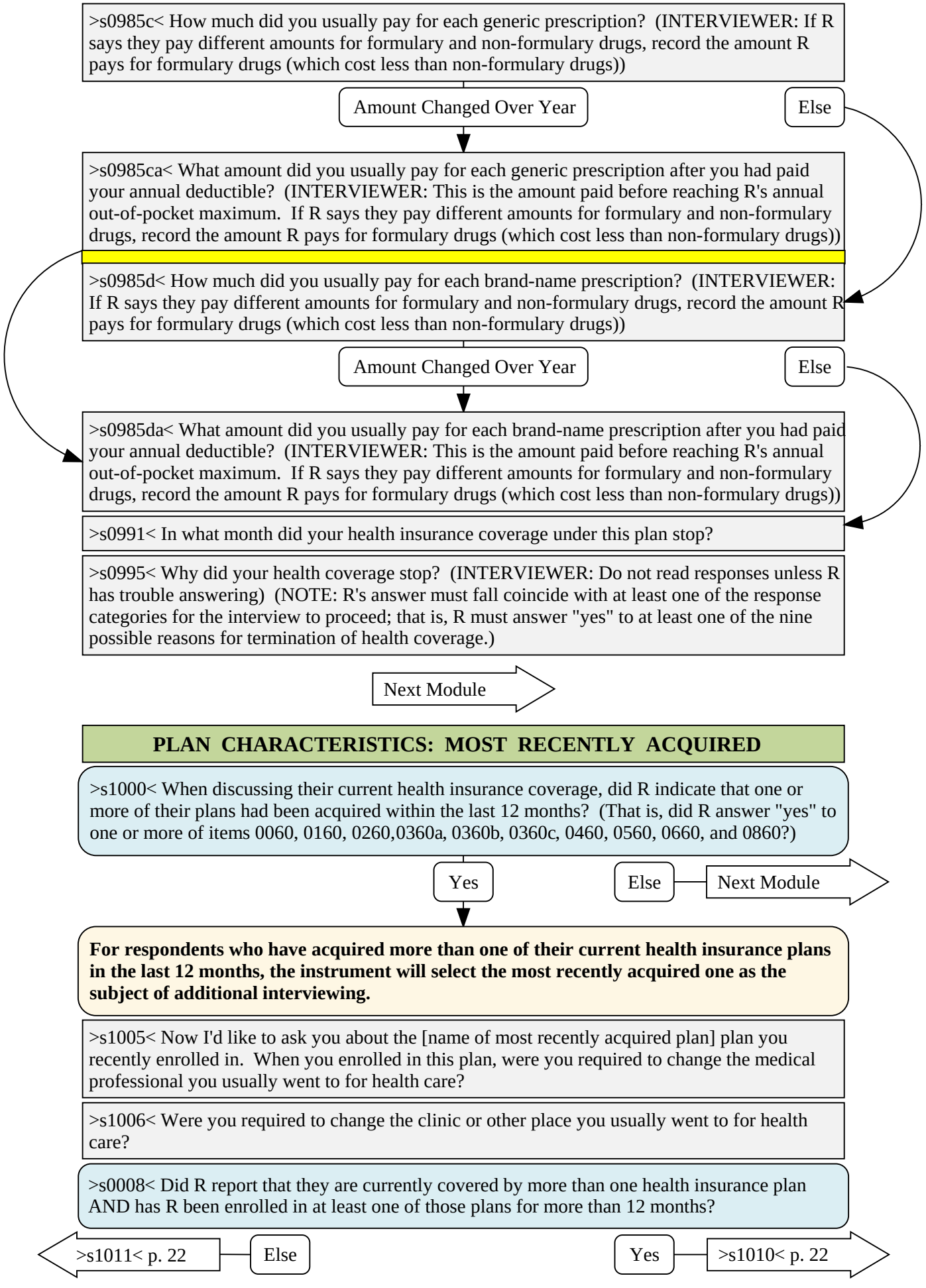
>s0981< Did you have an annual deductible under this plan? (A deductible is the amount the plan requires you to pay each year for health care before it will start covering any of the costs.) (INTERVIEWER: This is the deductible for basic medical care, not specialized services)

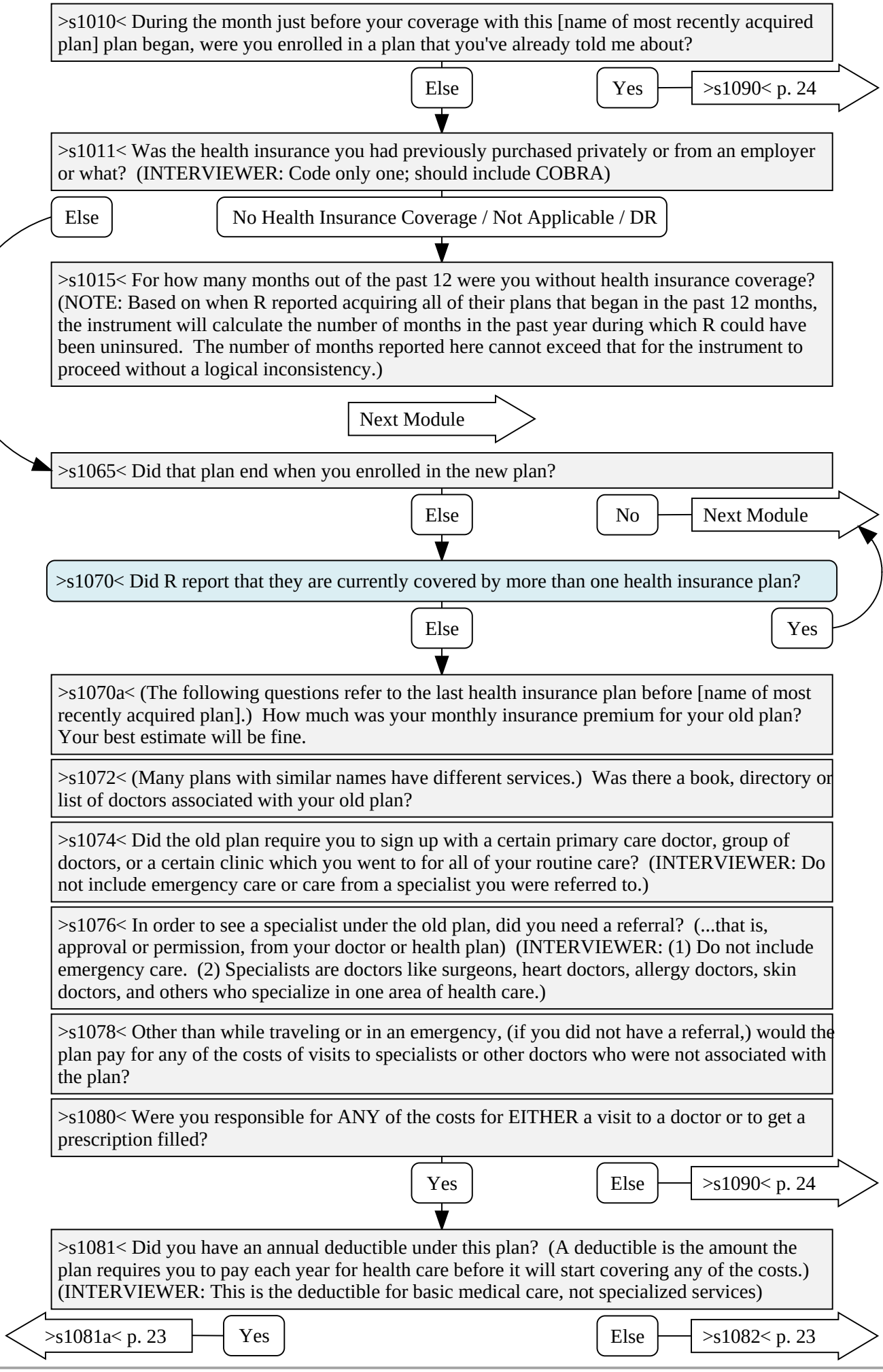
Yes

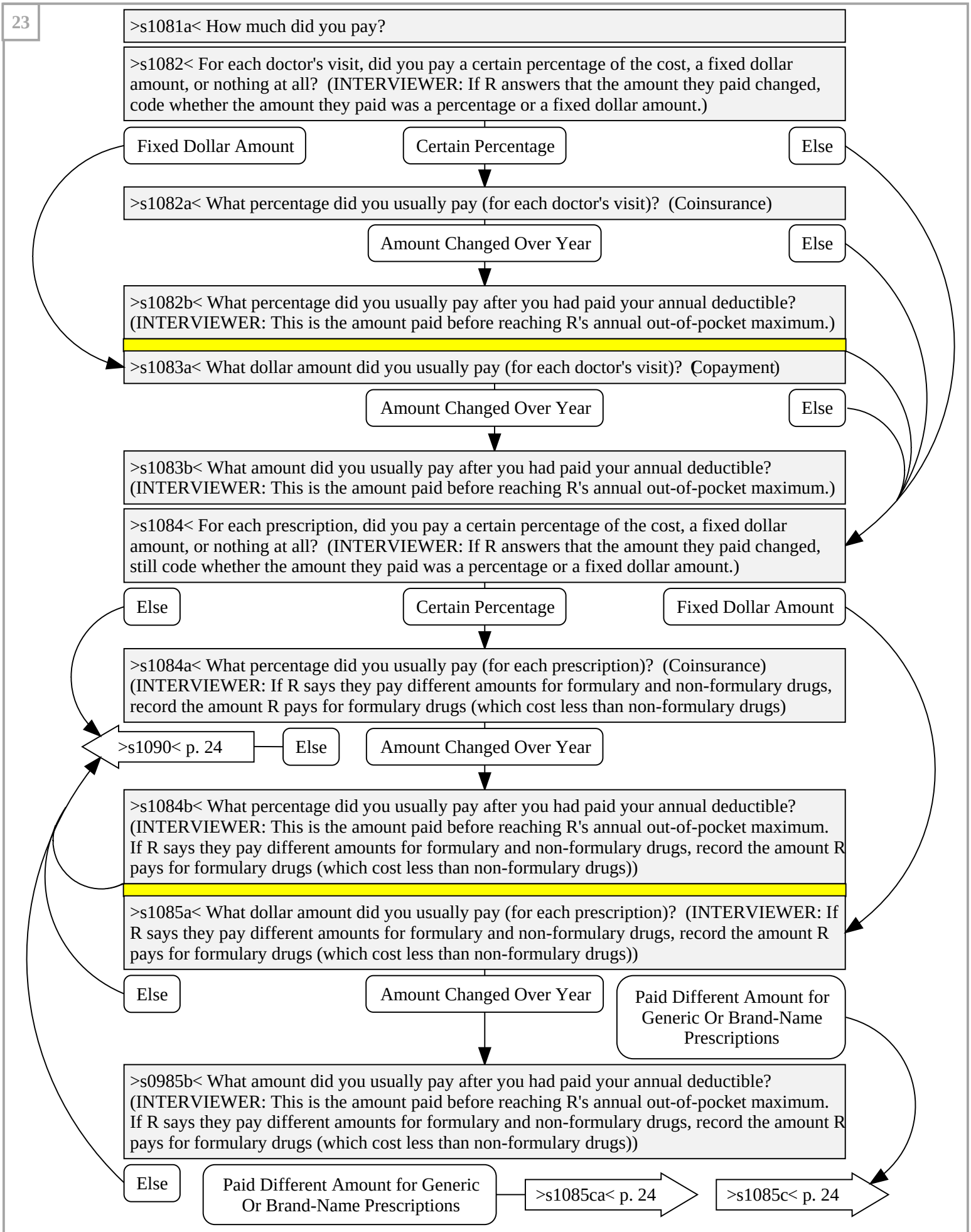
Else → >s0982< p. 20

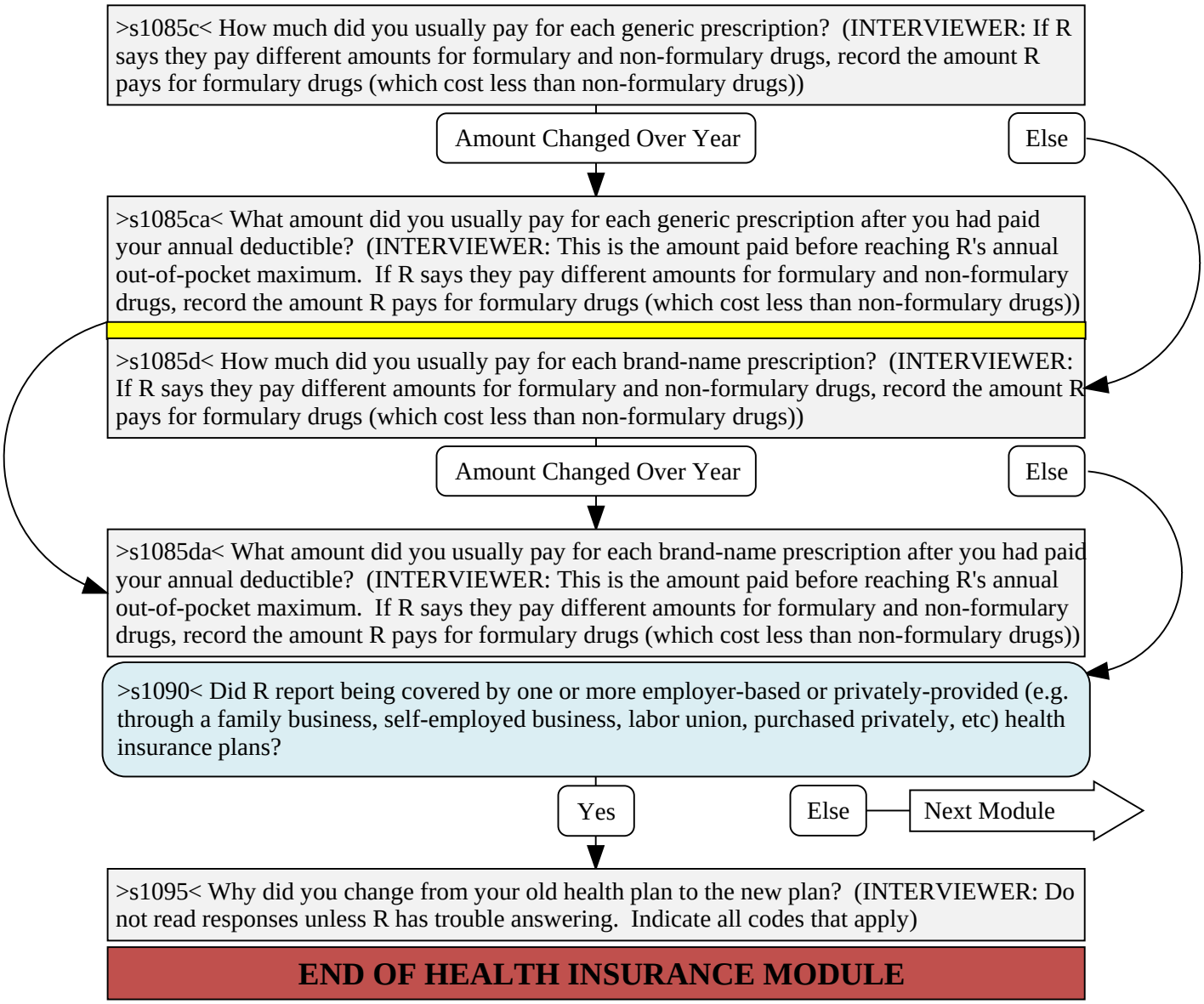
>s0981a< How much did you pay?


>s0982< For each doctor's visit, did you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they paid changed, code whether the amount they paid was a percentage or a fixed dollar amount.)
Fixed Dollar Amount
Certain Percentage
Else
>s0982a< What percentage did you usually pay (for each doctor's visit)? (Coinsurance)
Amount Changed Over Year
Else
>s0982b< What percentage did you usually pay after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0983a< What dollar amount did you usually pay (for each doctor's visit)? (Copayment)
Amount Changed Over Year
Else
>s0983b< What amount did you usually pay after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0984< For each prescription, did you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they paid changed, still code whether the amount they paid was a percentage or a fixed dollar amount.)
Else
Certain Percentage
Fixed Dollar Amount
>s0984a< What percentage did you usually pay (for each prescription)? (Coinsurance) (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs)
>s0991< p. 21
Else
Amount Changed Over Year
>s0984b< What percentage did you usually pay after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0985a< What dollar amount did you usually pay (for each prescription)? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changed Over Year
Paid Different Amount for Generic Or Brand-Name Prescriptions
>s0985b< What amount did you usually pay after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Paid Different Amount for Generic Or Brand-Name Prescriptions
>s0985c< p. 21
>s0985ca< p. 21


>s0985c< How much did you usually pay for each generic prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Amount Changed Over Year
Else
>s0985ca< What amount did you usually pay for each generic prescription after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0985d< How much did you usually pay for each brand-name prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Amount Changed Over Year
Else
>s0985da< What amount did you usually pay for each brand-name prescription after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0991< In what month did your health insurance coverage under this plan stop?
>s0995< Why did your health coverage stop? (INTERVIEWER: Do not read responses unless R has trouble answering) (NOTE: R's answer must fall coincide with at least one of the response categories for the interview to proceed; that is, R must answer "yes" to at least one of the nine possible reasons for termination of health coverage.)
Next Module
PLAN CHARACTERISTICS: MOST RECENTLY ACQUIRED
>s1000< When discussing their current health insurance coverage, did R indicate that one or more of their plans had been acquired within the last 12 months? (That is, did R answer "yes" to one or more of items 0060, 0160, 0260,0360a, 0360b, 0360c, 0460, 0560, 0660, and 0860?)
Yes
Else
Next Module
For respondents who have acquired more than one of their current health insurance plans in the last 12 months, the instrument will select the most recently acquired one as the subject of additional interviewing.
>s1005< Now I'd like to ask you about the [name of most recently acquired plan] plan you recently enrolled in. When you enrolled in this plan, were you required to change the medical professional you usually went to for health care?
>s1006< Were you required to change the clinic or other place you usually went to for health care?
>s0008< Did R report that they are currently covered by more than one health insurance plan AND has R been enrolled in at least one of those plans for more than 12 months?
>s1011< p. 22
Else
Yes
>s1010< p. 22


>s1010< During the month just before your coverage with this [name of most recently acquired plan] plan began, were you enrolled in a plan that you've already told me about?
Else
Yes
>s1090< p. 24
>s1011< Was the health insurance you had previously purchased privately or from an employer or what? (INTERVIEWER: Code only one; should include COBRA)
Else
No Health Insurance Coverage / Not Applicable / DR
>s1015< For how many months out of the past 12 were you without health insurance coverage? (NOTE: Based on when R reported acquiring all of their plans that began in the past 12 months, the instrument will calculate the number of months in the past year during which R could have been uninsured. The number of months reported here cannot exceed that for the instrument to proceed without a logical inconsistency.)
Next Module
>s1065< Did that plan end when you enrolled in the new plan?
Else
No
Next Module
>s1070< Did R report that they are currently covered by more than one health insurance plan?
Else
Yes
>s1070a< (The following questions refer to the last health insurance plan before [name of most recently acquired plan].) How much was your monthly insurance premium for your old plan? Your best estimate will be fine.
>s1072< (Many plans with similar names have different services.) Was there a book, directory or list of doctors associated with your old plan?
>s1074< Did the old plan require you to sign up with a certain primary care doctor, group of doctors, or a certain clinic which you went to for all of your routine care? (INTERVIEWER: Do not include emergency care or care from a specialist you were referred to.)
>s1076< In order to see a specialist under the old plan, did you need a referral? (...that is, approval or permission, from your doctor or health plan) (INTERVIEWER: (1) Do not include emergency care. (2) Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.)
>s1078< Other than while traveling or in an emergency, (if you did not have a referral,) would the plan pay for any of the costs of visits to specialists or other doctors who were not associated with the plan?
>s1080< Were you responsible for ANY of the costs for EITHER a visit to a doctor or to get a prescription filled?
Yes
Else
>s1090< p. 24
>s1081< Did you have an annual deductible under this plan? (A deductible is the amount the plan requires you to pay each year for health care before it will start covering any of the costs.) (INTERVIEWER: This is the deductible for basic medical care, not specialized services)
>s1081a< p. 23
Yes
Else
>s1082< p. 23


>s1081a< How much did you pay?
>s1082< For each doctor's visit, did you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they paid changed, code whether the amount they paid was a percentage or a fixed dollar amount.)
Fixed Dollar Amount
Certain Percentage
Else
>s1082a< What percentage did you usually pay (for each doctor's visit)? (Coinsurance)
Amount Changed Over Year
Else
>s1082b< What percentage did you usually pay after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s1083a< What dollar amount did you usually pay (for each doctor's visit)? (Copayment)
Amount Changed Over Year
Else
>s1083b< What amount did you usually pay after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s1084< For each prescription, did you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they paid changed, still code whether the amount they paid was a percentage or a fixed dollar amount.)
Else
Certain Percentage
Fixed Dollar Amount
>s1084a< What percentage did you usually pay (for each prescription)? (Coinsurance) (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs)
>s1090< p. 24
Else
Amount Changed Over Year
>s1084b< What percentage did you usually pay after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s1085a< What dollar amount did you usually pay (for each prescription)? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changed Over Year
Paid Different Amount for Generic Or Brand-Name Prescriptions
>s0985b< What amount did you usually pay after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Paid Different Amount for Generic Or Brand-Name Prescriptions
>s1085ca< p. 24
>s1085c< p. 24


>s1085c< How much did you usually pay for each generic prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Amount Changed Over Year
Else
>s1085ca< What amount did you usually pay for each generic prescription after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s1085d< How much did you usually pay for each brand-name prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Amount Changed Over Year
Else
>s1085da< What amount did you usually pay for each brand-name prescription after you had paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s1090< Did R report being covered by one or more employer-based or privately-provided (e.g. through a family business, self-employed business, labor union, purchased privately, etc) health insurance plans?
Yes
Else
Next Module
>s1095< Why did you change from your old health plan to the new plan? (INTERVIEWER: Do not read responses unless R has trouble answering. Indicate all codes that apply)
END OF HEALTH INSURANCE MODULE

HEALTH INSURANCE -- SELECTED SIBLING RESPONDENTS

In this module, the instrument sporadically checks the number of health insurance plans R actually reports on against the number that we expect each respondent to possess based on their answers throughout the interview and section. If any discrepancies are discovered, the interviewer will be prompted to correct or ignore them; for simplicity of presentation, such checks have not been included in the flowchart.

>s000age1< Now I am going to ask you about your health insurance coverage.

>s000age2< Is R 65 years of age or older?

Else

Yes → >snumpub< p. 28

>sjob_chk< Does or did R participate in a health insurance program through their current or most recent employer? (From Employment History Module)

Else

Yes

PLAN PROVIDER INQUIRY

>s00_0< You previously told me you have health insurance provided by your employer. Are you still covered by that plan? (INTERVIEWER: Code "yes" if R stayed with the same plan during open enrollment or annual re-enrollment)

>s0000< Are you covered by any (other) health insurance plans now (that you haven't told me about)?

Yes

Else

>s0test< Whether currently employed or not, is R covered by an employer-provided health insurance plan? (From items00_0 above)

DR

No / Not Asked

Yes → >s0010< p. 29

>s0test< Is R less than 65 years old?

Next Module ← Yes

Else

>s0test< Is R covered by any public or government-sponsored health insurance programs (such as Medicare, Medicaid, or military programs)? (From itemsnumpub on page 28)

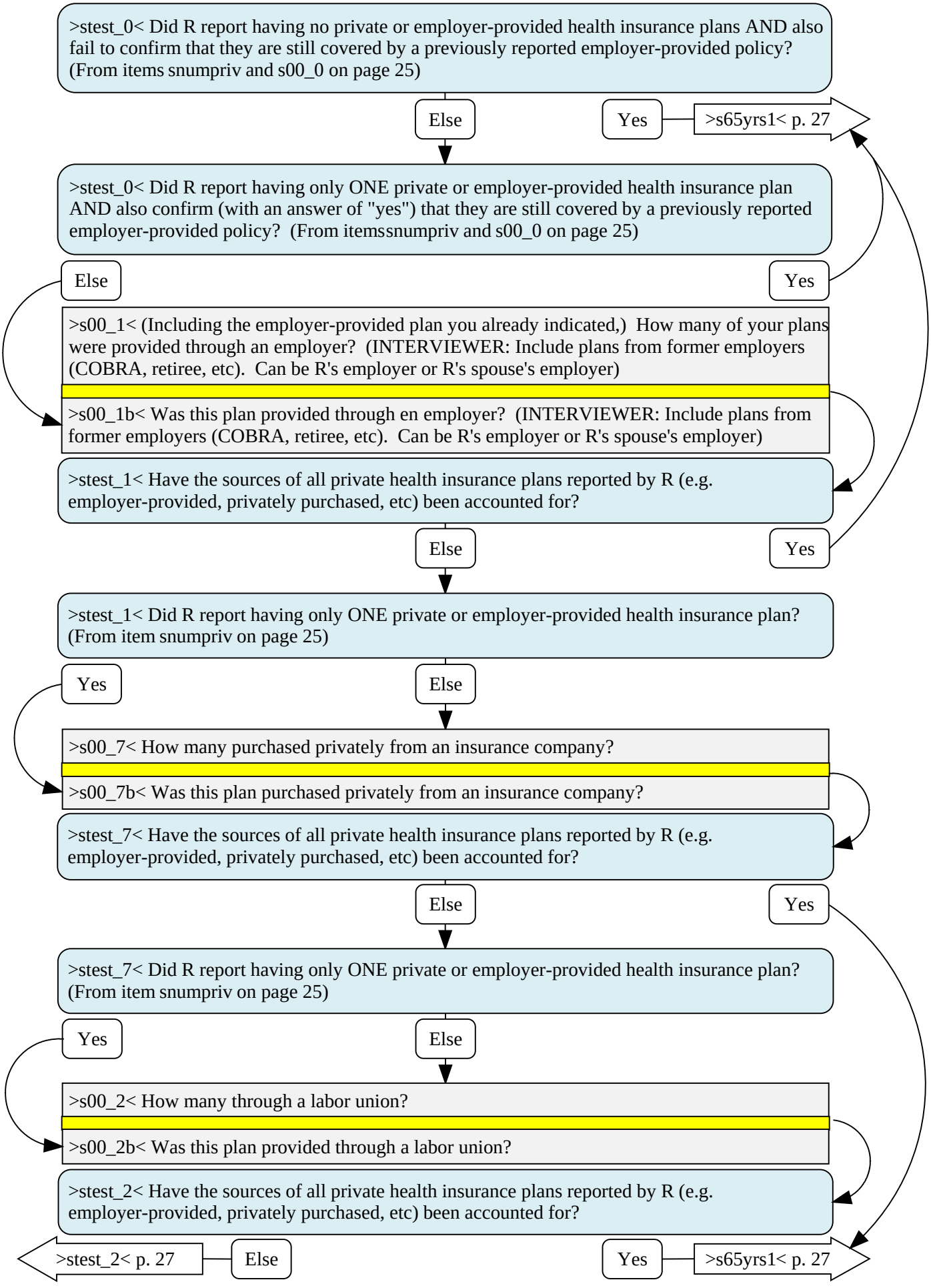
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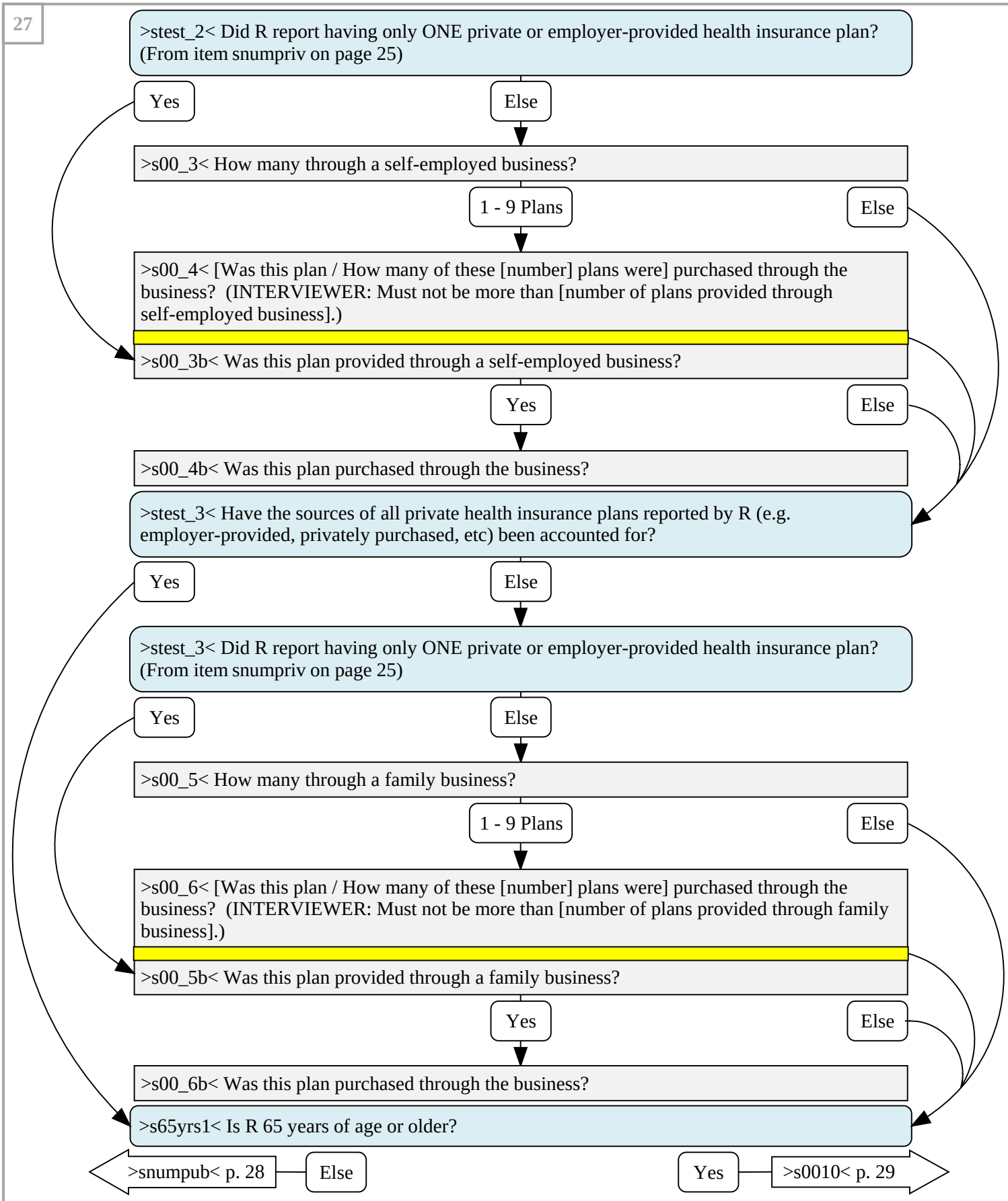
Yes

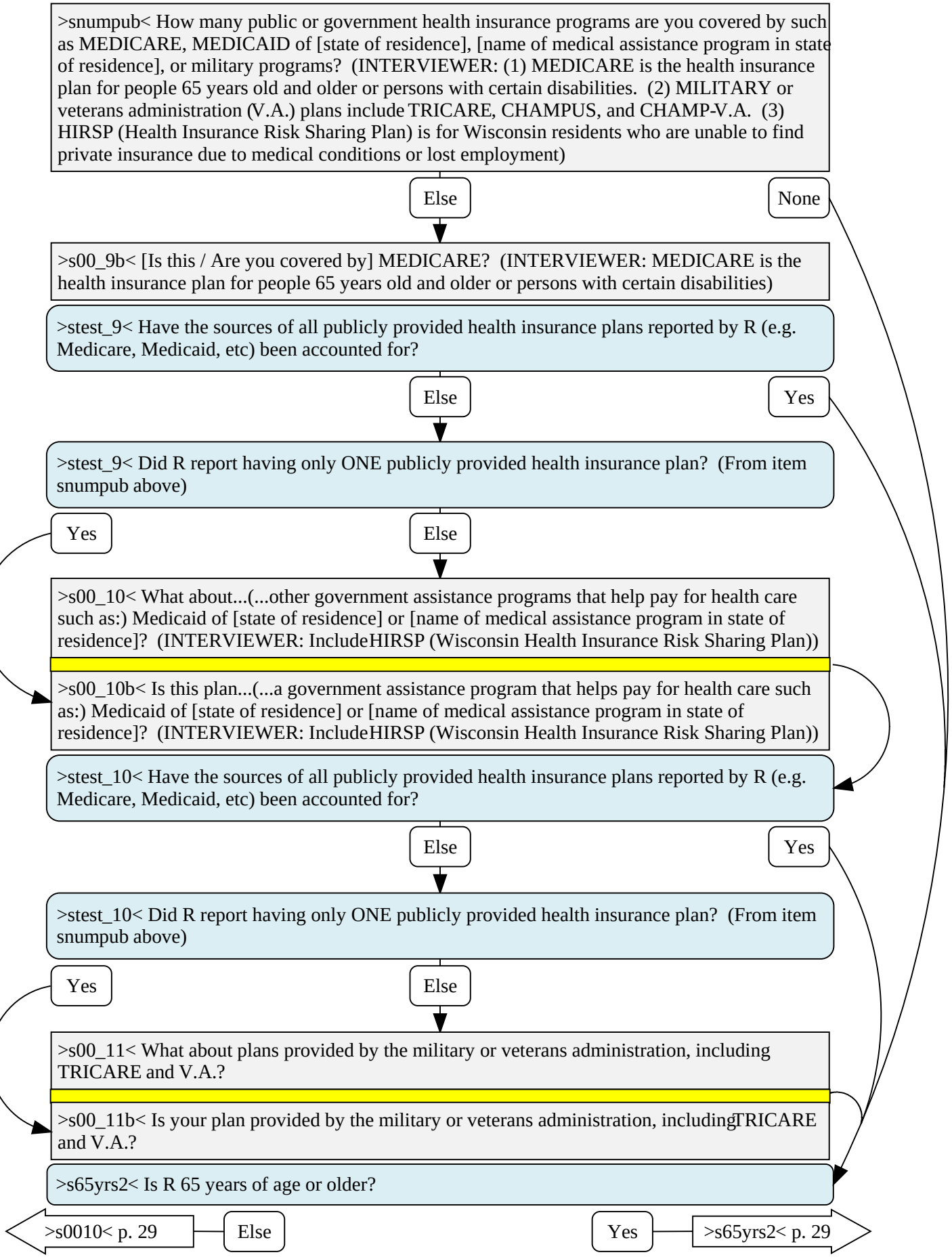
>snumpriv< (Including the employer-provided plan you already indicated,) How many health insurance plans are you covered under that were either purchased privately or obtained through your employer or someone else's? Please exclude all military plans. (INTERVIEWER: DO NOT include special insurance such as: Long term care, dental or vision plans, or Medicare supplement plans. Do NOT include plans that provide extra cash, or pay for one type of service such as cancer or accidents. Exclude accumulated sick leave that can be used for health expenses.)

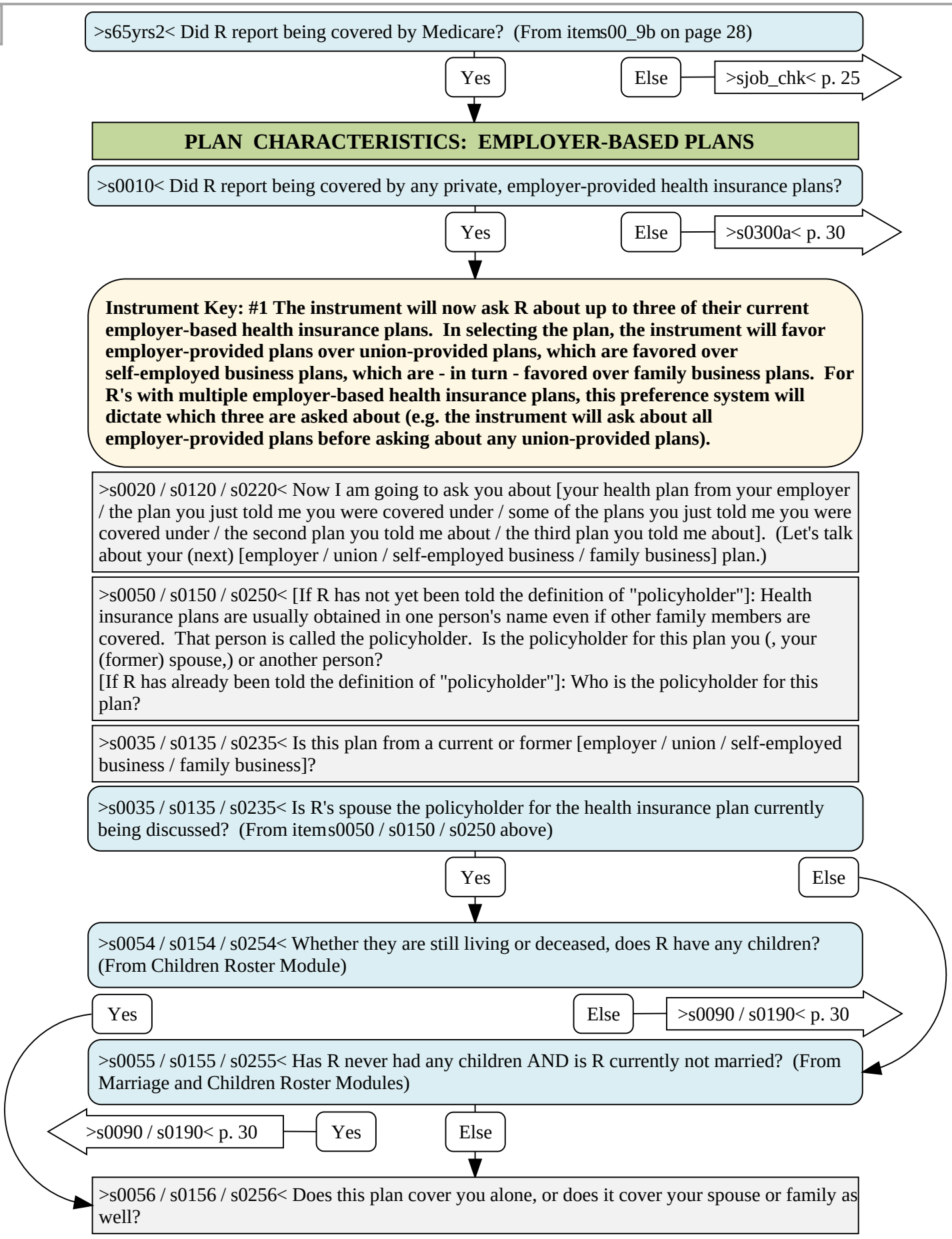
>stest_0< p. 26 ← Else

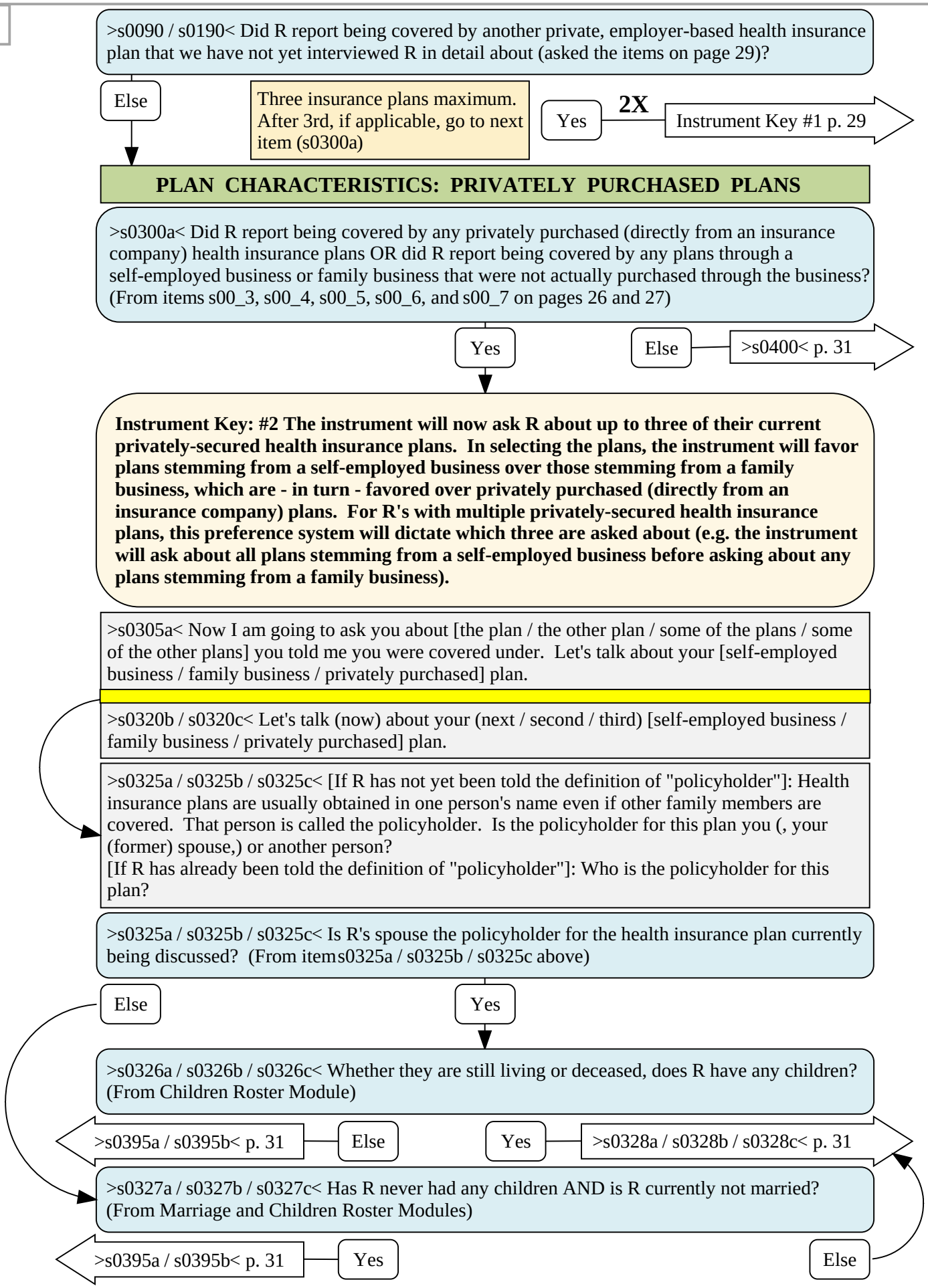
2 - 9 Plans → >s00_1< p. 26


>stest_0< Did R report having no private or employer-provided health insurance plans AND also fail to confirm that they are still covered by a previously reported employer-provided policy? (From items snumpriv and s00_0 on page 25)
Else
Yes
>s65yrs1< p. 27
>stest_0< Did R report having only ONE private or employer-provided health insurance plan AND also confirm (with an answer of "yes") that they are still covered by a previously reported employer-provided policy? (From itemssnumpriv and s00_0 on page 25)
Else
Yes
>s00_1< (Including the employer-provided plan you already indicated,) How many of your plans were provided through an employer? (INTERVIEWER: Include plans from former employers (COBRA, retiree, etc). Can be R's employer or R's spouse's employer)
>s00_1b< Was this plan provided through en employer? (INTERVIEWER: Include plans from former employers (COBRA, retiree, etc). Can be R's employer or R's spouse's employer)
>stest_1< Have the sources of all private health insurance plans reported by R (e.g. employer-provided, privately purchased, etc) been accounted for?
Else
Yes
>stest_1< Did R report having only ONE private or employer-provided health insurance plan? (From item snumpriv on page 25)
Yes
Else
>s00_7< How many purchased privately from an insurance company?
>s00_7b< Was this plan purchased privately from an insurance company?
>stest_7< Have the sources of all private health insurance plans reported by R (e.g. employer-provided, privately purchased, etc) been accounted for?
Else
Yes
>stest_7< Did R report having only ONE private or employer-provided health insurance plan? (From item snumpriv on page 25)
Yes
Else
>s00_2< How many through a labor union?
>s00_2b< Was this plan provided through a labor union?
>stest_2< Have the sources of all private health insurance plans reported by R (e.g. employer-provided, privately purchased, etc) been accounted for?
>stest_2< p. 27
Else
Yes
>s65yrs1< p. 27


>stest_2< Did R report having only ONE private or employer-provided health insurance plan? (From item snumpriv on page 25)
Yes
Else
>s00_3< How many through a self-employed business?
1 - 9 Plans
Else
>s00_4< [Was this plan / How many of these [number] plans were] purchased through the business? (INTERVIEWER: Must not be more than [number of plans provided through self-employed business].)
>s00_3b< Was this plan provided through a self-employed business?
Yes
Else
>s00_4b< Was this plan purchased through the business?
>stest_3< Have the sources of all private health insurance plans reported by R (e.g. employer-provided, privately purchased, etc) been accounted for?
Yes
Else
>stest_3< Did R report having only ONE private or employer-provided health insurance plan? (From item snumpriv on page 25)
Yes
Else
>s00_5< How many through a family business?
1 - 9 Plans
Else
>s00_6< [Was this plan / How many of these [number] plans were] purchased through the business? (INTERVIEWER: Must not be more than [number of plans provided through family business].)
>s00_5b< Was this plan provided through a family business?
Yes
Else
>s00_6b< Was this plan purchased through the business?
>s65yrs1< Is R 65 years of age or older?
>snumpub< p. 28
Else
Yes
>s0010< p. 29


>snumpub< How many public or government health insurance programs are you covered by such as MEDICARE, MEDICAID of [state of residence], [name of medical assistance program in state of residence], or military programs? (INTERVIEWER: (1) MEDICARE is the health insurance plan for people 65 years old and older or persons with certain disabilities. (2) MILITARY or veterans administration (V.A.) plans include TRICARE, CHAMPUS, and CHAMP-V.A. (3) HIRSP (Health Insurance Risk Sharing Plan) is for Wisconsin residents who are unable to find private insurance due to medical conditions or lost employment)
Else
None
>s00_9b< [Is this / Are you covered by] MEDICARE? (INTERVIEWER: MEDICARE is the health insurance plan for people 65 years old and older or persons with certain disabilities)
>stest_9< Have the sources of all publicly provided health insurance plans reported by R (e.g. Medicare, Medicaid, etc) been accounted for?
Else
Yes
>stest_9< Did R report having only ONE publicly provided health insurance plan? (From item snumpub above)
Yes
Else
>s00_10< What about...(...other government assistance programs that help pay for health care such as:) Medicaid of [state of residence] or [name of medical assistance program in state of residence]? (INTERVIEWER: IncludeHIRSP (Wisconsin Health Insurance Risk Sharing Plan))
>s00_10b< Is this plan...(...a government assistance program that helps pay for health care such as:) Medicaid of [state of residence] or [name of medical assistance program in state of residence]? (INTERVIEWER: IncludeHIRSP (Wisconsin Health Insurance Risk Sharing Plan))
>stest_10< Have the sources of all publicly provided health insurance plans reported by R (e.g. Medicare, Medicaid, etc) been accounted for?
Else
Yes
>stest_10< Did R report having only ONE publicly provided health insurance plan? (From item snumpub above)
Yes
Else
>s00_11< What about plans provided by the military or veterans administration, including TRICARE and V.A.?
>s00_11b< Is your plan provided by the military or veterans administration, includingTRICARE and V.A.?
>s65yrs2< Is R 65 years of age or older?
>s0010< p. 29
Else
Yes
>s65yrs2< p. 29


>s65yrs2< Did R report being covered by Medicare? (From items00_9b on page 28)
Yes
Else
>sjob_chk< p. 25
PLAN CHARACTERISTICS: EMPLOYER-BASED PLANS
>s0010< Did R report being covered by any private, employer-provided health insurance plans?
Yes
Else
>s0300a< p. 30
Instrument Key: #1 The instrument will now ask R about up to three of their current employer-based health insurance plans. In selecting the plan, the instrument will favor employer-provided plans over union-provided plans, which are favored over self-employed business plans, which are - in turn - favored over family business plans. For R's with multiple employer-based health insurance plans, this preference system will dictate which three are asked about (e.g. the instrument will ask about all employer-provided plans before asking about any union-provided plans).
>s0020 / s0120 / s0220< Now I am going to ask you about [your health plan from your employer / the plan you just told me you were covered under / some of the plans you just told me you were covered under / the second plan you told me about / the third plan you told me about]. (Let's talk about your (next) [employer / union / self-employed business / family business] plan.)
>s0050 / s0150 / s0250< [If R has not yet been told the definition of "policyholder"]: Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. Is the policyholder for this plan you (, your (former) spouse,) or another person?
[If R has already been told the definition of "policyholder"]: Who is the policyholder for this plan?
>s0035 / s0135 / s0235< Is this plan from a current or former [employer / union / self-employed business / family business]?
>s0035 / s0135 / s0235< Is R's spouse the policyholder for the health insurance plan currently being discussed? (From items0050 / s0150 / s0250 above)
Yes
Else
>s0054 / s0154 / s0254< Whether they are still living or deceased, does R have any children? (From Children Roster Module)
Yes
Else
>s0090 / s0190< p. 30
>s0055 / s0155 / s0255< Has R never had any children AND is R currently not married? (From Marriage and Children Roster Modules)
>s0090 / s0190< p. 30
Yes
Else
>s0056 / s0156 / s0256< Does this plan cover you alone, or does it cover your spouse or family as well?


>s0090 / s0190< Did R report being covered by another private, employer-based health insurance plan that we have not yet interviewed R in detail about (asked the items on page 29)?
Else
Three insurance plans maximum. After 3rd, if applicable, go to next item (s0300a)
Yes
2X
Instrument Key #1 p. 29
PLAN CHARACTERISTICS: PRIVATELY PURCHASED PLANS
>s0300a< Did R report being covered by any privately purchased (directly from an insurance company) health insurance plans OR did R report being covered by any plans through a self-employed business or family business that were not actually purchased through the business? (From items s00_3, s00_4, s00_5, s00_6, and s00_7 on pages 26 and 27)
Yes
Else
>s0400< p. 31
Instrument Key: #2 The instrument will now ask R about up to three of their current privately-secured health insurance plans. In selecting the plans, the instrument will favor plans stemming from a self-employed business over those stemming from a family business, which are - in turn - favored over privately purchased (directly from an insurance company) plans. For R's with multiple privately-secured health insurance plans, this preference system will dictate which three are asked about (e.g. the instrument will ask about all plans stemming from a self-employed business before asking about any plans stemming from a family business).
>s0305a< Now I am going to ask you about [the plan / the other plan / some of the plans / some of the other plans] you told me you were covered under. Let's talk about your [self-employed business / family business / privately purchased] plan.
>s0320b / s0320c< Let's talk (now) about your (next / second / third) [self-employed business / family business / privately purchased] plan.
>s0325a / s0325b / s0325c< [If R has not yet been told the definition of "policyholder"]: Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. Is the policyholder for this plan you (, your (former) spouse,) or another person?
[If R has already been told the definition of "policyholder"]: Who is the policyholder for this plan?
>s0325a / s0325b / s0325c< Is R's spouse the policyholder for the health insurance plan currently being discussed? (From items0325a / s0325b / s0325c above)
Else
Yes
>s0326a / s0326b / s0326c< Whether they are still living or deceased, does R have any children? (From Children Roster Module)
>s0395a / s0395b< p. 31
Else
Yes
>s0328a / s0328b / s0328c< p. 31
>s0327a / s0327b / s0327c< Has R never had any children AND is R currently not married? (From Marriage and Children Roster Modules)
>s0395a / s0395b< p. 31
Yes
Else

>s0328a / s0328b / s0328c< Does this plan cover you alone, or does it cover your spouse or family as well?

>s0395a / s0395b< Did R report being covered by another privately purchased health insurance plan that we have not yet interviewed R in detail about (asked the items on page 30)?

Else

Three insurance plans maximum. After 3rd, if applicable, go to next item (s0400)

Yes **2X** >s0320b / s0320c< p. 30

PLAN CHARACTERISTICS: MEDICARE

>s0400< Did R report being covered by Medicare? (From items00_9b on page 28)

Yes

Else >s0500< p. 35

>s0410< Now I want to ask you about your Medicare plan. Are you signed up with an HMO through Medicare? (Health Maintenance Organization) (INTERVIEWER: Probe -- "With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency.)

Yes

Else

>s0415< Do you have Part B Medicare coverage in addition to Part A? (INTERVIEWER: Note that Part A coverage is hospital coverage; Part B is physician coverage)

>s0460< p. 33

>s0420< What is the name of the HMO plan? (INTERVIEWER: If R has difficulty recalling name, ask: "Do you have an insurance card or something else with the plan name on it?")

>splan7e< (NOTE: Upon entering the name of R's HMO plan, the interviewer will be presented with a comprehensive list of HMO's and numeric codes corresponding to them (compiled prior to the initiation of data collection). The interviewer will be instructed to match the HMO name given with its numeric code.) INTERVIEWER: Do not ask R for plan number. Type in the number that is located to the left of the plan name in the list above.

>s0472< (Many plans with similar names have different services.) Is there a book, directory, or list of doctors associated with this plan?

>s0474< Does the plan require you to sign up with a certain primary care doctor, group of doctors, or a certain clinic which you must go to for all of your routine care? (INTERVIEWER: Probe -- "Do not include emergency care or care from a specialist you were referred to.")

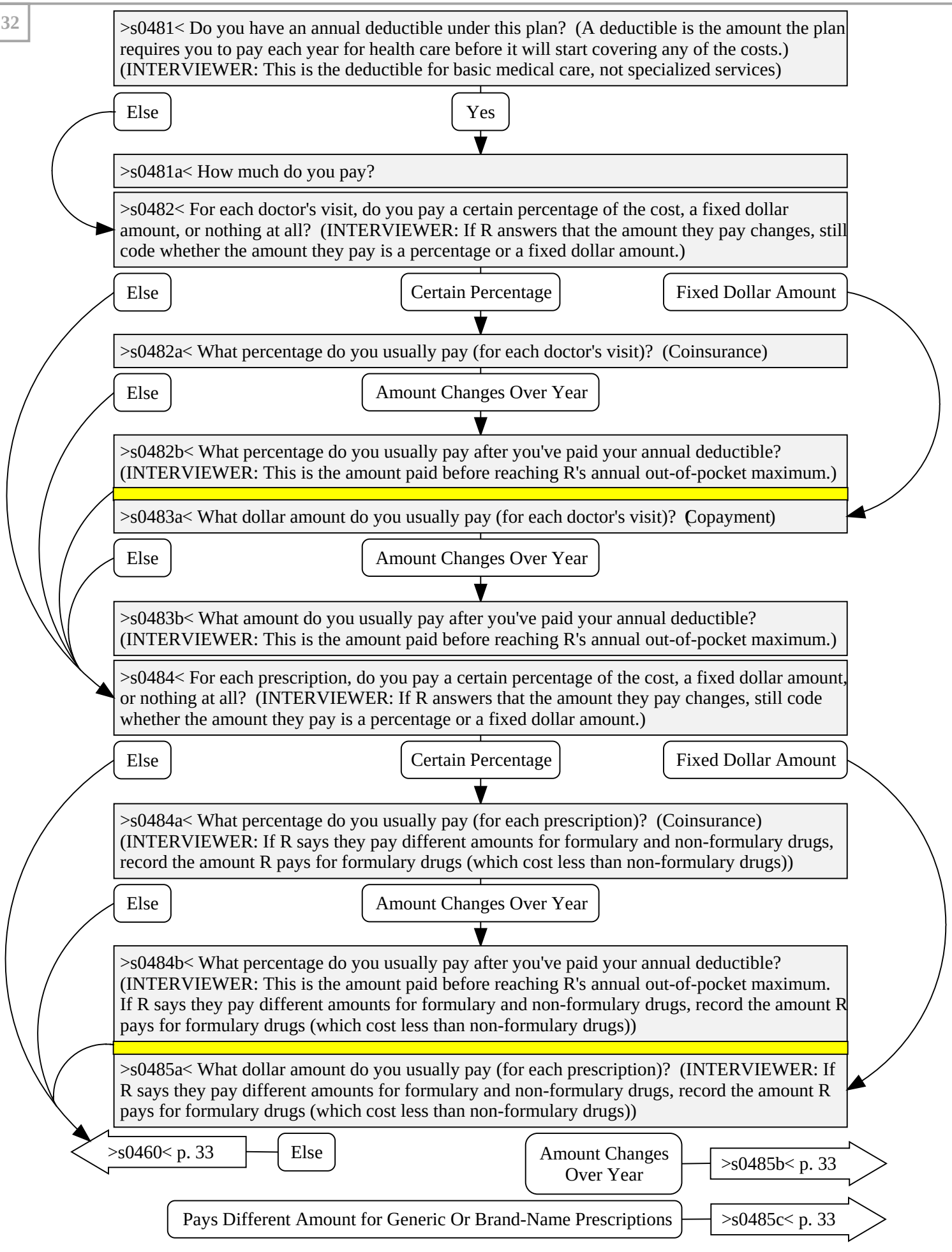
>s0476< In order to see a specialist under the plan, do you need a referral? (...that is, approval or permission, from your doctor or health plan) (INTERVIEWER: Probe -- "(1) Do not include emergency care. (2) Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.")

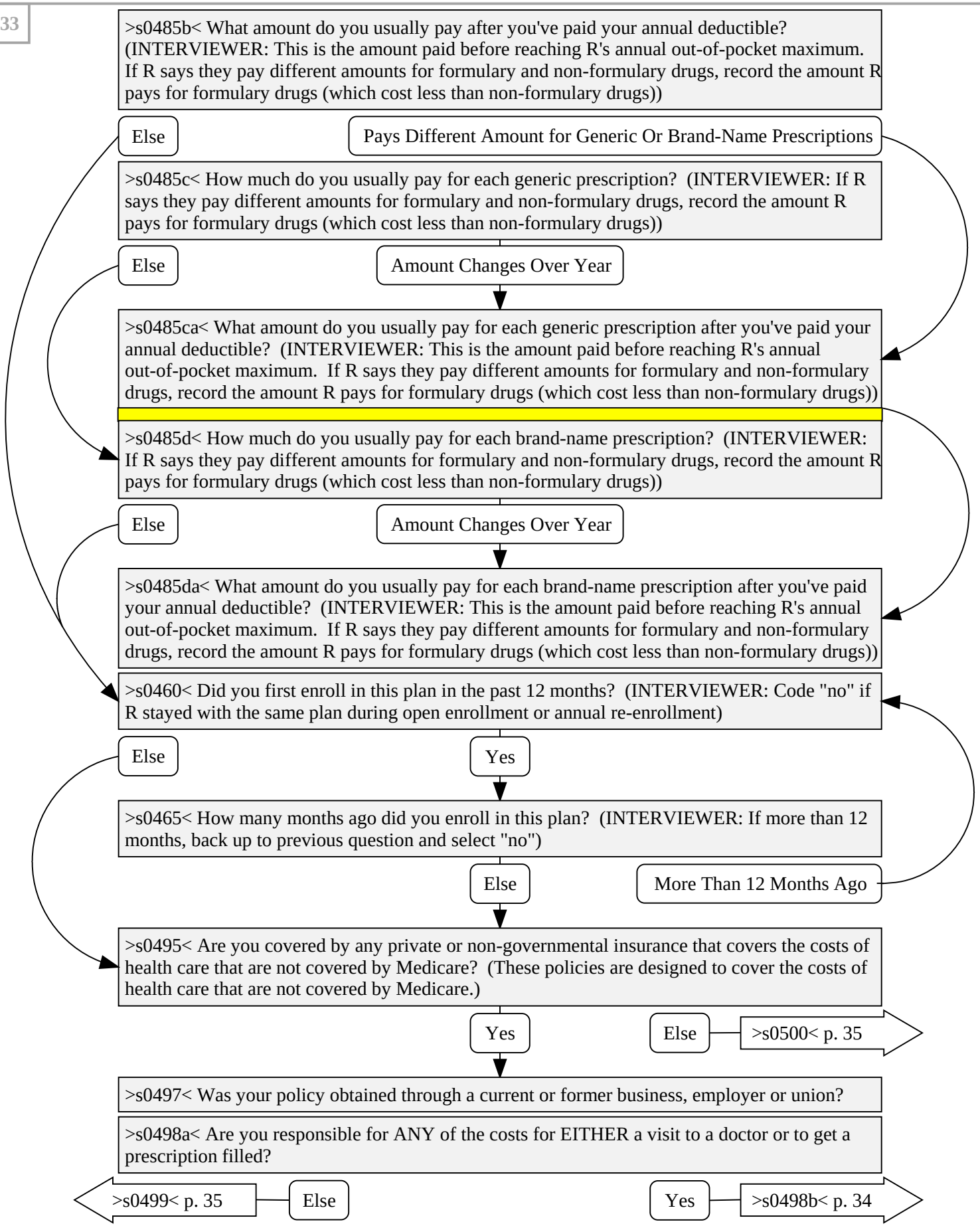
>s0478< Other than while traveling or in an emergency, (if you do not have a referral,) will the plan pay for any of the costs of visits to specialists or other doctors who are not associated with the plan?

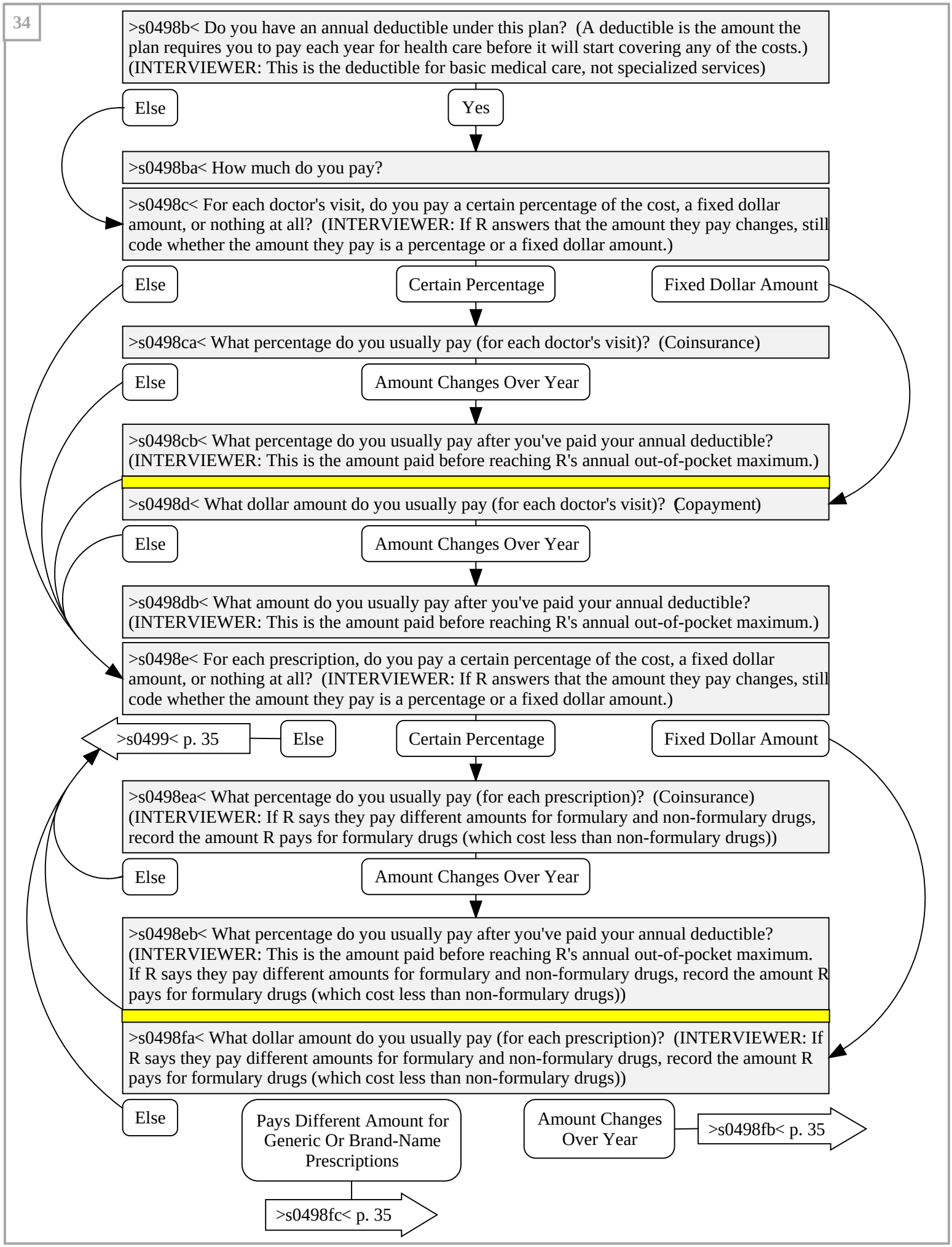
>s0480< Are you responsible for ANY of the costs for EITHER a visit to a doctor or to get a prescription filled?

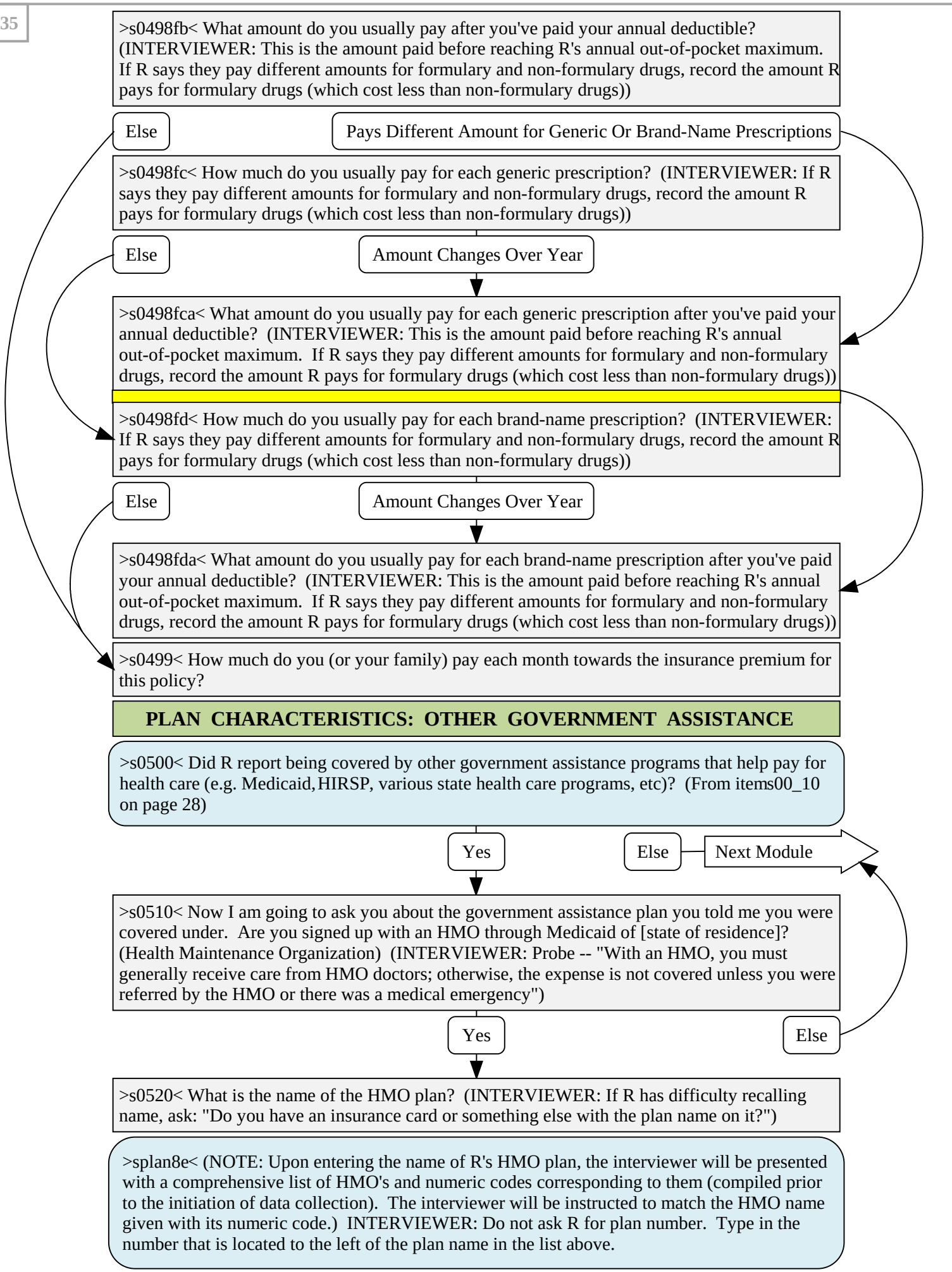
>s0460< p. 33 Else

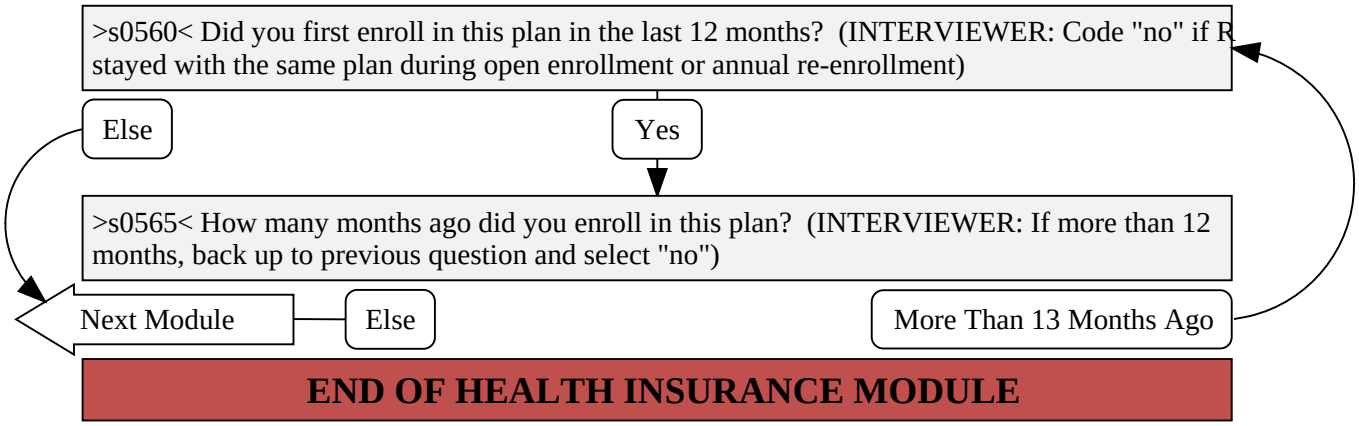
Yes >s0481< p. 32


>s0481< Do you have an annual deductible under this plan? (A deductible is the amount the plan requires you to pay each year for health care before it will start covering any of the costs.) (INTERVIEWER: This is the deductible for basic medical care, not specialized services)
Else
Yes
>s0481a< How much do you pay?
>s0482< For each doctor's visit, do you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, still code whether the amount they pay is a percentage or a fixed dollar amount.)
Else
Certain Percentage
Fixed Dollar Amount
>s0482a< What percentage do you usually pay (for each doctor's visit)? (Coinsurance)
Else
Amount Changes Over Year
>s0482b< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0483a< What dollar amount do you usually pay (for each doctor's visit)? (Copayment)
Else
Amount Changes Over Year
>s0483b< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0484< For each prescription, do you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, still code whether the amount they pay is a percentage or a fixed dollar amount.)
Else
Certain Percentage
Fixed Dollar Amount
>s0484a< What percentage do you usually pay (for each prescription)? (Coinsurance) (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0484b< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0485a< What dollar amount do you usually pay (for each prescription)? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0460< p. 33
Else
Amount Changes Over Year
>s0485b< p. 33
Pays Different Amount for Generic Or Brand-Name Prescriptions
>s0485c< p. 33

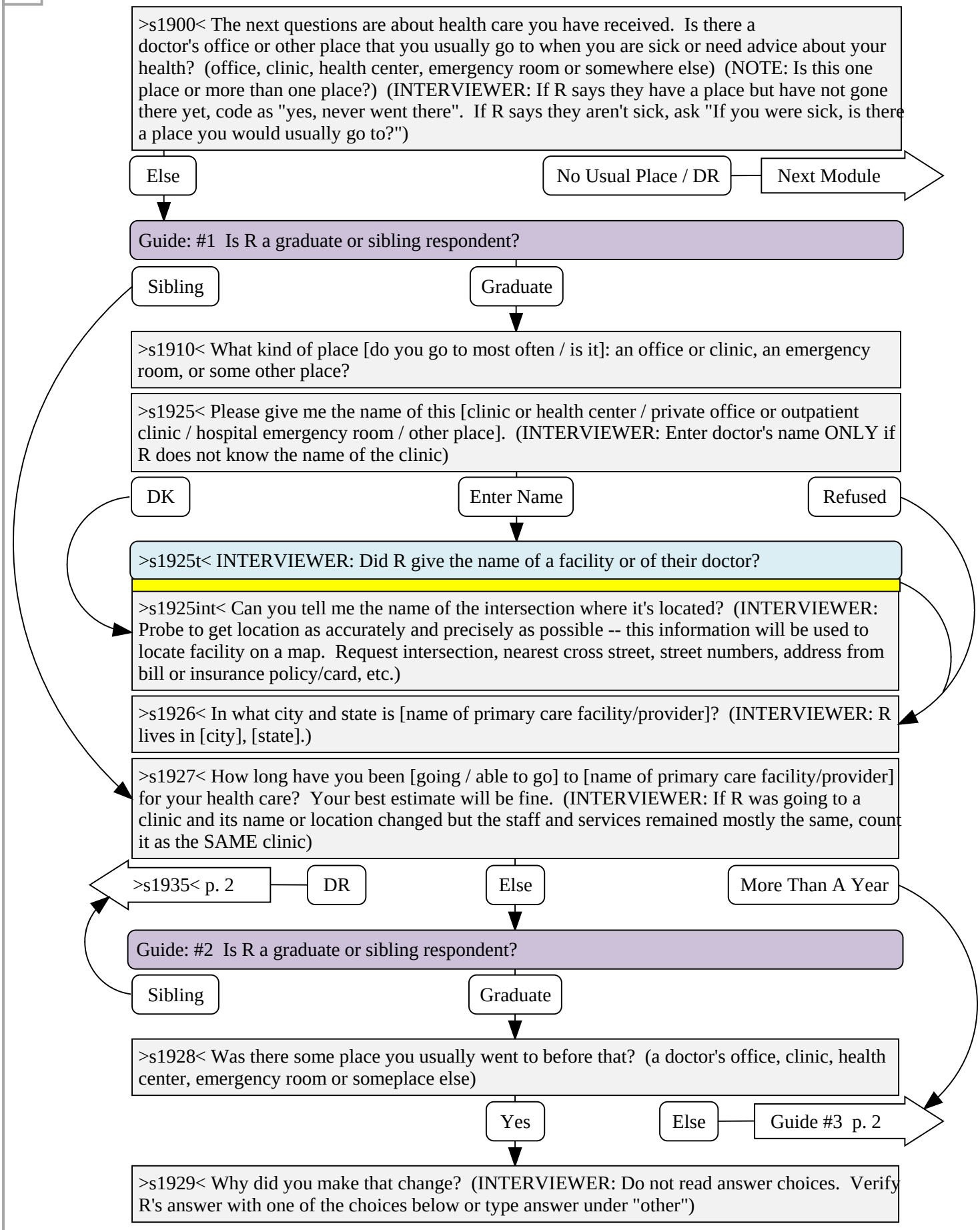

>s0485b< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Pays Different Amount for Generic Or Brand-Name Prescriptions
>s0485c< How much do you usually pay for each generic prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0485ca< What amount do you usually pay for each generic prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0485d< How much do you usually pay for each brand-name prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0485da< What amount do you usually pay for each brand-name prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0460< Did you first enroll in this plan in the past 12 months? (INTERVIEWER: Code "no" if R stayed with the same plan during open enrollment or annual re-enrollment)
Else
Yes
>s0465< How many months ago did you enroll in this plan? (INTERVIEWER: If more than 12 months, back up to previous question and select "no")
Else
More Than 12 Months Ago
>s0495< Are you covered by any private or non-governmental insurance that covers the costs of health care that are not covered by Medicare? (These policies are designed to cover the costs of health care that are not covered by Medicare.)
Yes
Else
>s0500< p. 35
>s0497< Was your policy obtained through a current or former business, employer or union?
>s0498a< Are you responsible for ANY of the costs for EITHER a visit to a doctor or to get a prescription filled?
>s0499< p. 35
Else
Yes
>s0498b< p. 34

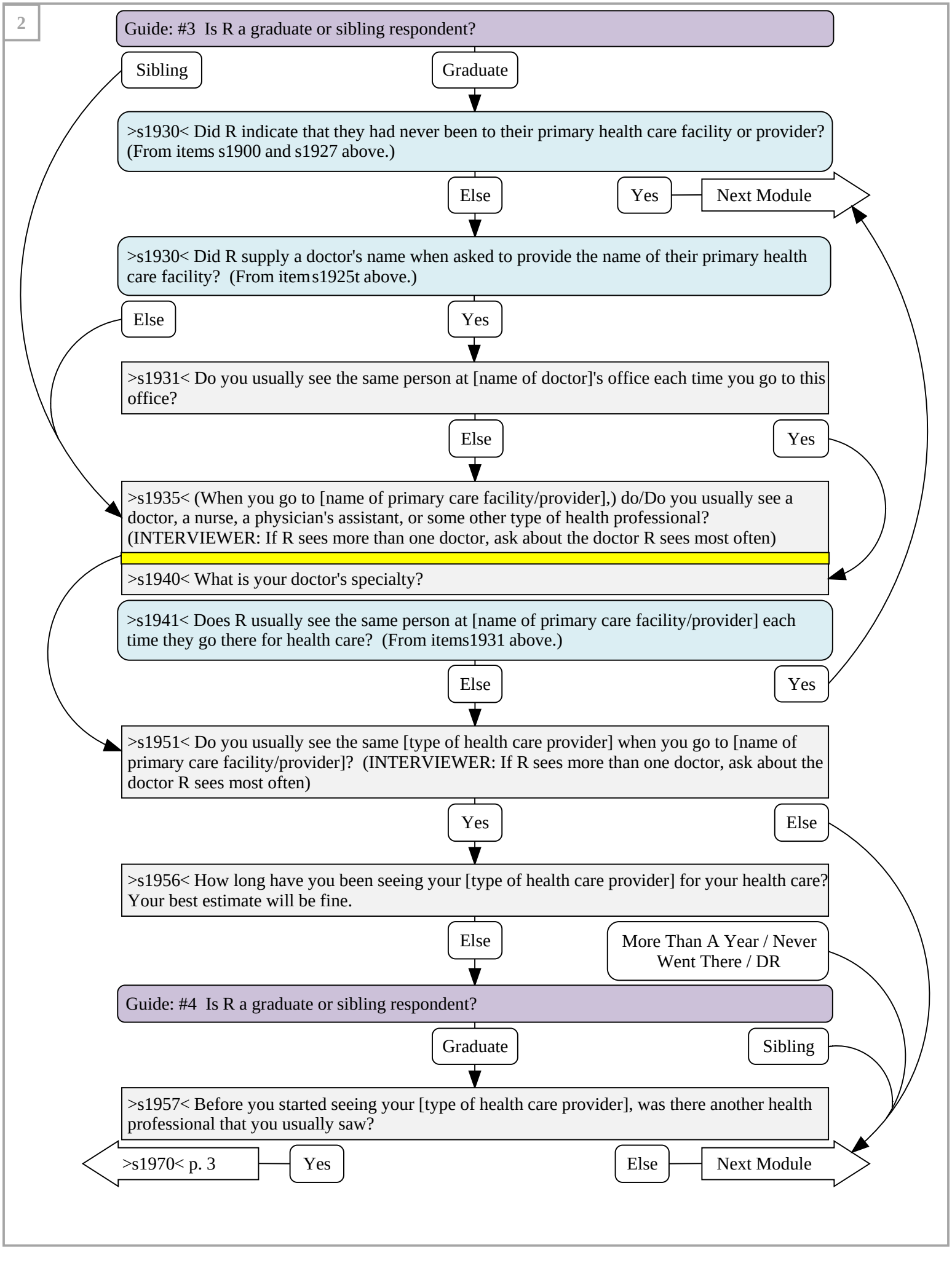

>s0498b< Do you have an annual deductible under this plan? (A deductible is the amount the plan requires you to pay each year for health care before it will start covering any of the costs.) (INTERVIEWER: This is the deductible for basic medical care, not specialized services)
Else
Yes
>s0498ba< How much do you pay?
>s0498c< For each doctor's visit, do you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, still code whether the amount they pay is a percentage or a fixed dollar amount.)
Else
Certain Percentage
Fixed Dollar Amount
>s0498ca< What percentage do you usually pay (for each doctor's visit)? (Coinsurance)
Else
Amount Changes Over Year
>s0498cb< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0498d< What dollar amount do you usually pay (for each doctor's visit)? (Copayment)
Else
Amount Changes Over Year
>s0498db< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum.)
>s0498e< For each prescription, do you pay a certain percentage of the cost, a fixed dollar amount, or nothing at all? (INTERVIEWER: If R answers that the amount they pay changes, still code whether the amount they pay is a percentage or a fixed dollar amount.)
>s0499< p. 35
Else
Certain Percentage
Fixed Dollar Amount
>s0498ea< What percentage do you usually pay (for each prescription)? (Coinsurance) (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0498eb< What percentage do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0498fa< What dollar amount do you usually pay (for each prescription)? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Pays Different Amount for Generic Or Brand-Name Prescriptions
>s0498fc< p. 35
Amount Changes Over Year
>s0498fb< p. 35


>s0498fb< What amount do you usually pay after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Pays Different Amount for Generic Or Brand-Name Prescriptions
>s0498fc< How much do you usually pay for each generic prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0498fca< What amount do you usually pay for each generic prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0498fd< How much do you usually pay for each brand-name prescription? (INTERVIEWER: If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
Else
Amount Changes Over Year
>s0498fda< What amount do you usually pay for each brand-name prescription after you've paid your annual deductible? (INTERVIEWER: This is the amount paid before reaching R's annual out-of-pocket maximum. If R says they pay different amounts for formulary and non-formulary drugs, record the amount R pays for formulary drugs (which cost less than non-formulary drugs))
>s0499< How much do you (or your family) pay each month towards the insurance premium for this policy?
PLAN CHARACTERISTICS: OTHER GOVERNMENT ASSISTANCE
>s0500< Did R report being covered by other government assistance programs that help pay for health care (e.g. Medicaid,HIRSP, various state health care programs, etc)? (From items00_10 on page 28)
Yes
Else
Next Module
>s0510< Now I am going to ask you about the government assistance plan you told me you were covered under. Are you signed up with an HMO through Medicaid of [state of residence]? (Health Maintenance Organization) (INTERVIEWER: Probe -- "With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency")
Yes
Else
>s0520< What is the name of the HMO plan? (INTERVIEWER: If R has difficulty recalling name, ask: "Do you have an insurance card or something else with the plan name on it?")
>splan8e< (NOTE: Upon entering the name of R's HMO plan, the interviewer will be presented with a comprehensive list of HMO's and numeric codes corresponding to them (compiled prior to the initiation of data collection). The interviewer will be instructed to match the HMO name given with its numeric code.) INTERVIEWER: Do not ask R for plan number. Type in the number that is located to the left of the plan name in the list above.


>s0560< Did you first enroll in this plan in the last 12 months? (INTERVIEWER: Code "no" if R stayed with the same plan during open enrollment or annual re-enrollment)
Else
Yes
>s0565< How many months ago did you enroll in this plan? (INTERVIEWER: If more than 12 months, back up to previous question and select "no")
Next Module
Else
More Than 13 Months Ago
END OF HEALTH INSURANCE MODULE

UTILIZATION OF HEALTH CARE

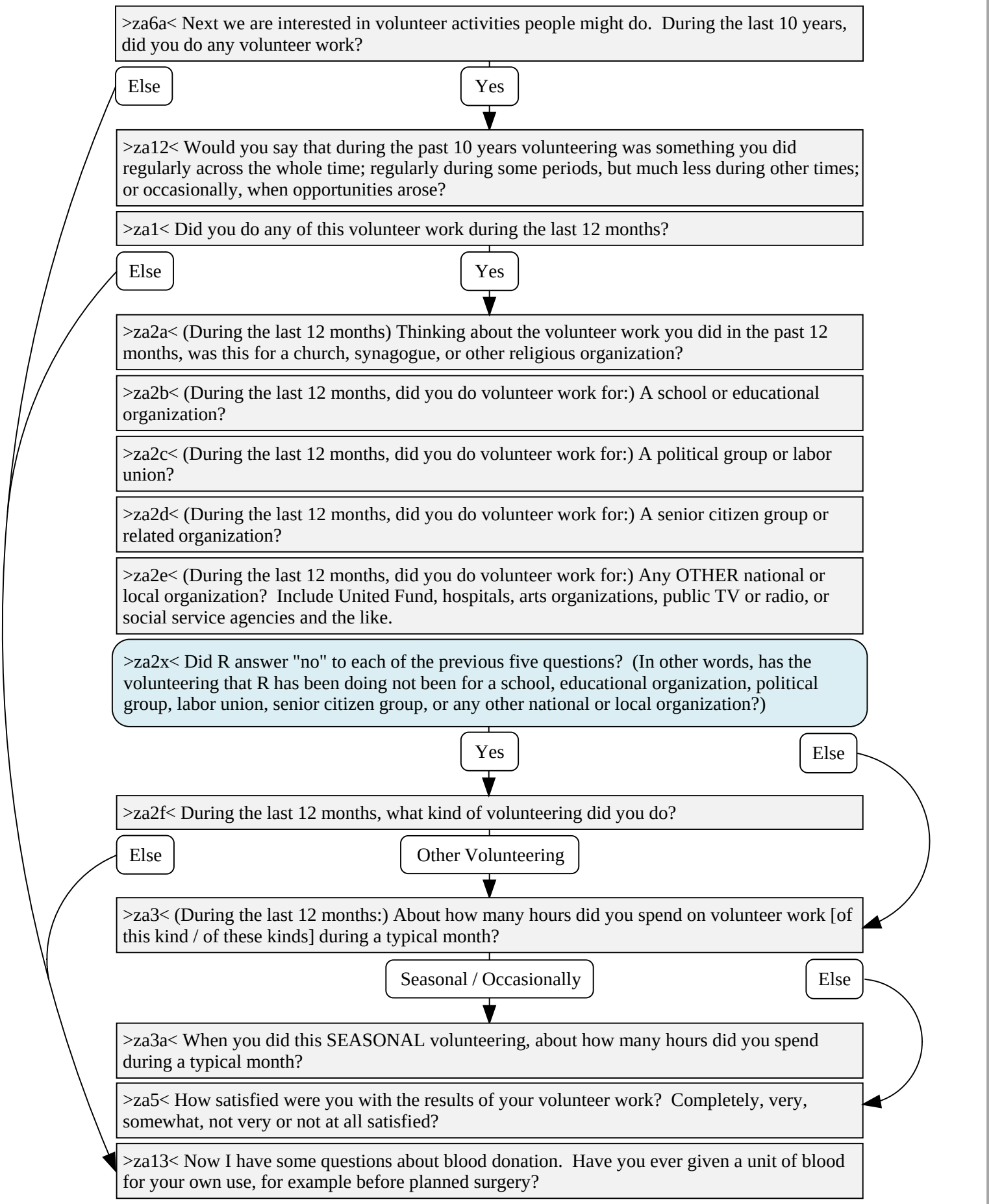


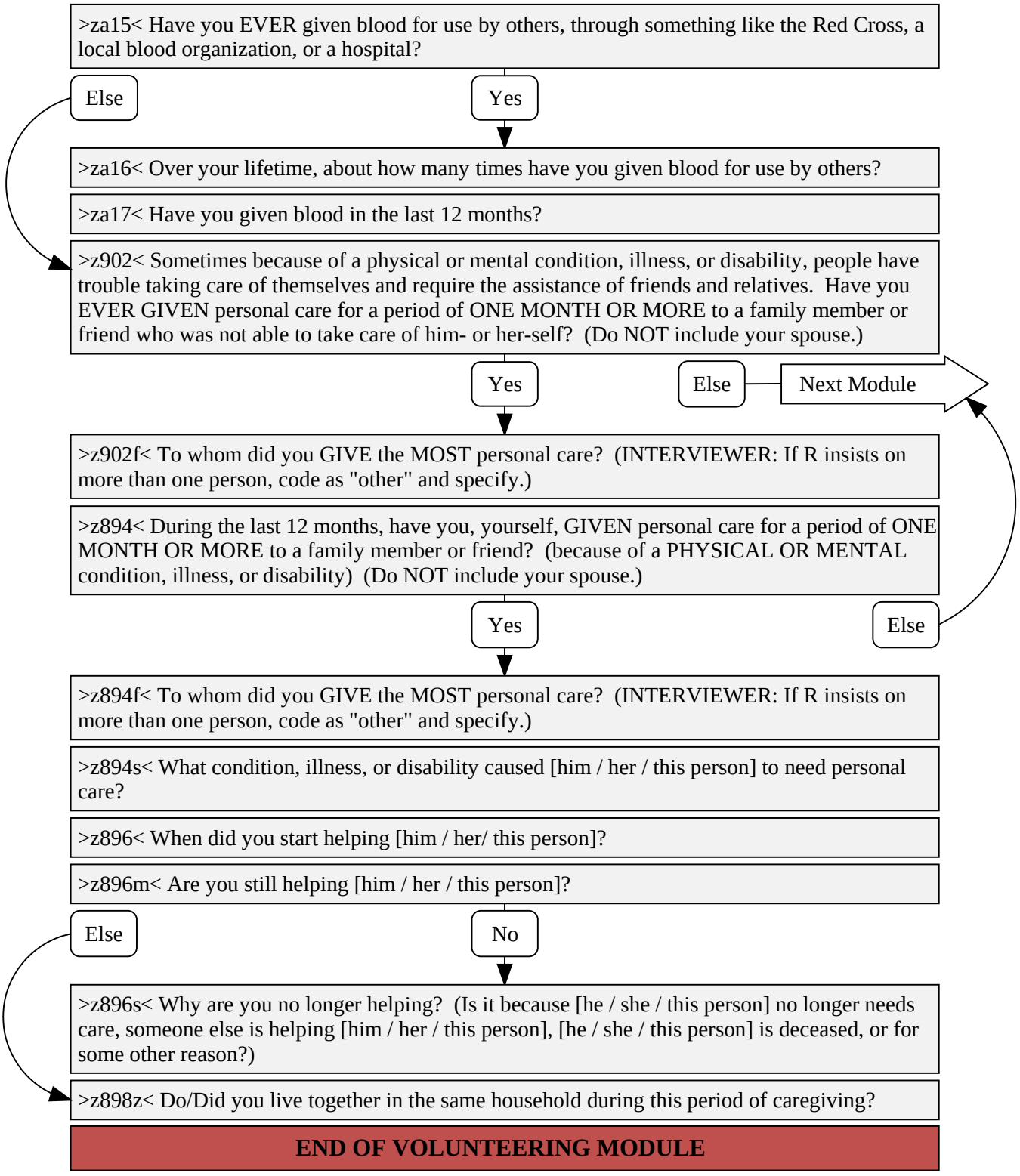

Guide: #3 Is R a graduate or sibling respondent?
Sibling
Graduate
>s1930< Did R indicate that they had never been to their primary health care facility or provider? (From items s1900 and s1927 above.)
Else
Yes
Next Module
>s1930< Did R supply a doctor's name when asked to provide the name of their primary health care facility? (From items1925t above.)
Else
Yes
>s1931< Do you usually see the same person at [name of doctor]'s office each time you go to this office?
Else
Yes
>s1935< (When you go to [name of primary care facility/provider],) do/Do you usually see a doctor, a nurse, a physician's assistant, or some other type of health professional? (INTERVIEWER: If R sees more than one doctor, ask about the doctor R sees most often)
>s1940< What is your doctor's specialty?
>s1941< Does R usually see the same person at [name of primary care facility/provider] each time they go there for health care? (From items1931 above.)
Else
Yes
>s1951< Do you usually see the same [type of health care provider] when you go to [name of primary care facility/provider]? (INTERVIEWER: If R sees more than one doctor, ask about the doctor R sees most often)
Yes
Else
>s1956< How long have you been seeing your [type of health care provider] for your health care? Your best estimate will be fine.
Else
More Than A Year / Never Went There / DR
Guide: #4 Is R a graduate or sibling respondent?
Graduate
Sibling
>s1957< Before you started seeing your [type of health care provider], was there another health professional that you usually saw?
>s1970< p. 3
Yes
Else
Next Module

>s1970< Why did you make that change? (INTERVIEWER: Do not read answer choices. Verify R's answer with one of the choices below or type answer under "other")

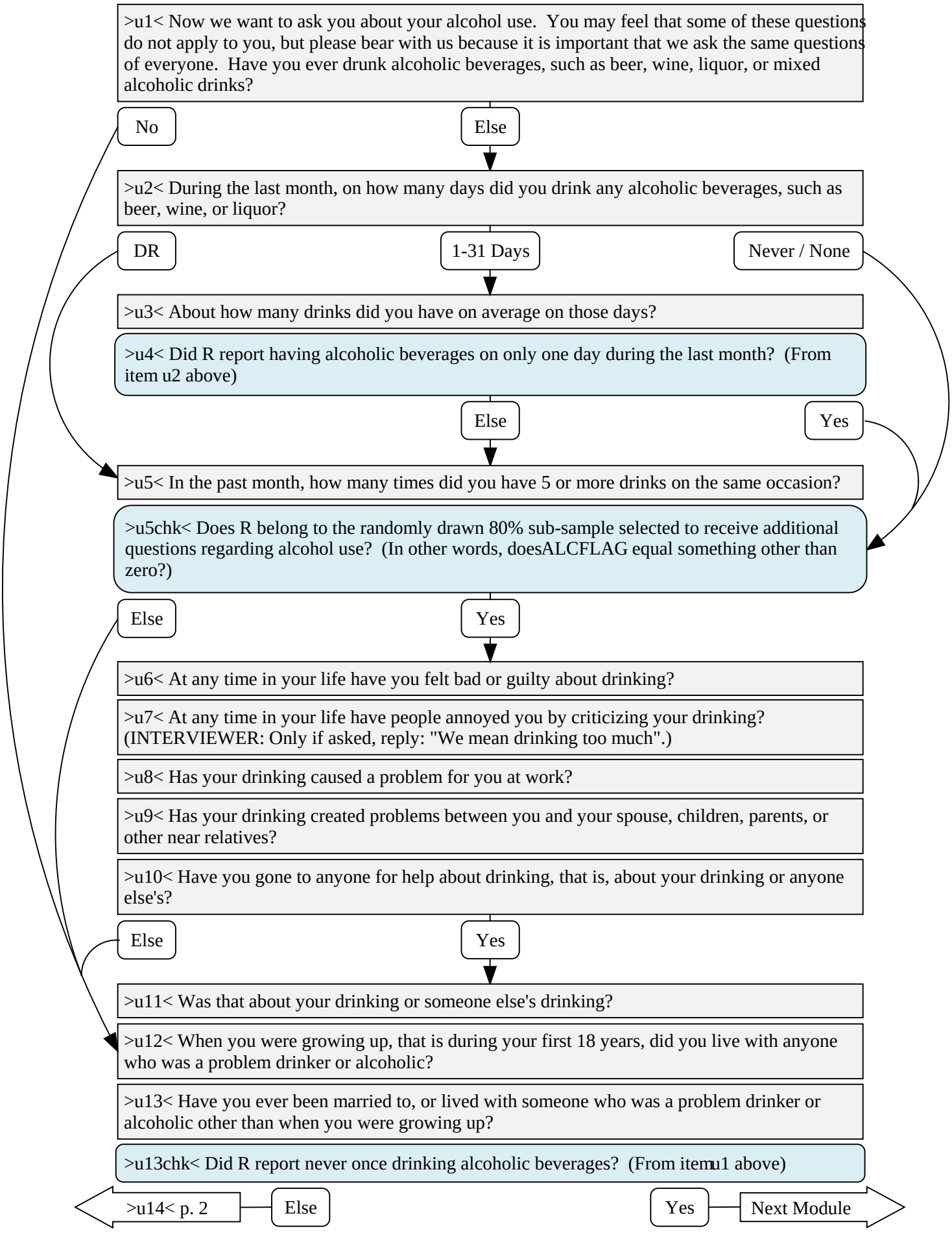
END OF UTILIZATION OF HEALTH CARE MODULE

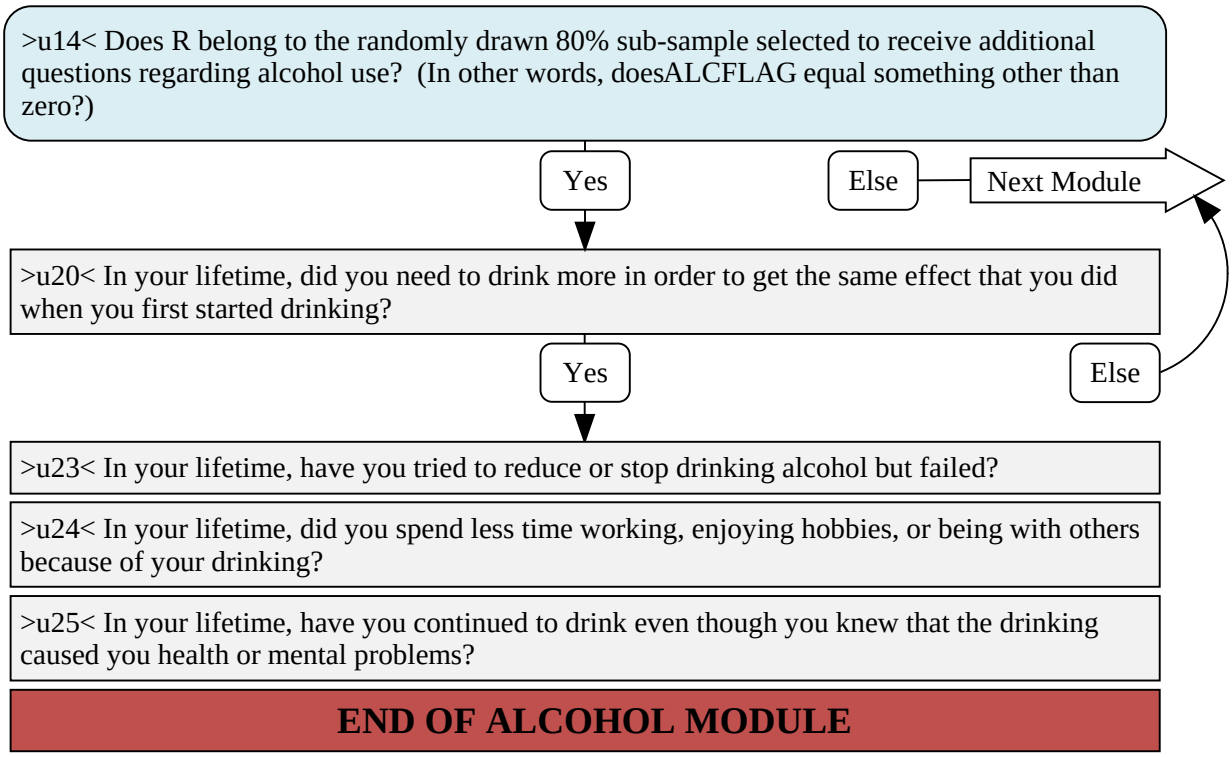
VOLUNTEERING



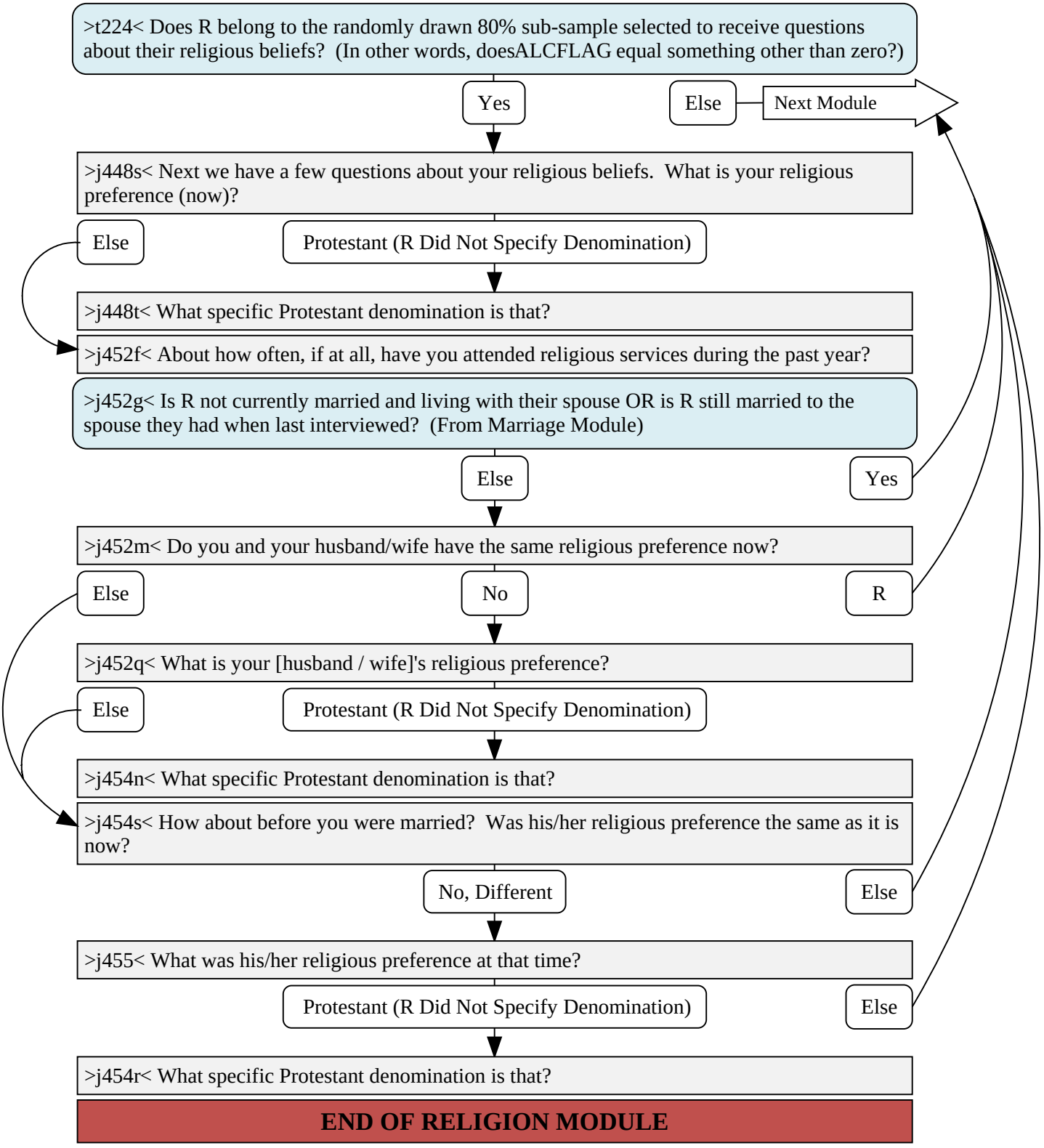

>za15< Have you EVER given blood for use by others, through something like the Red Cross, a local blood organization, or a hospital?
Else
Yes
>za16< Over your lifetime, about how many times have you given blood for use by others?
>za17< Have you given blood in the last 12 months?
>z902< Sometimes because of a physical or mental condition, illness, or disability, people have trouble taking care of themselves and require the assistance of friends and relatives. Have you EVER GIVEN personal care for a period of ONE MONTH OR MORE to a family member or friend who was not able to take care of him- or her-self? (Do NOT include your spouse.)
Yes
Else
Next Module
>z902f< To whom did you GIVE the MOST personal care? (INTERVIEWER: If R insists on more than one person, code as "other" and specify.)
>z894< During the last 12 months, have you, yourself, GIVEN personal care for a period of ONE MONTH OR MORE to a family member or friend? (because of a PHYSICAL OR MENTAL condition, illness, or disability) (Do NOT include your spouse.)
Yes
Else
>z894f< To whom did you GIVE the MOST personal care? (INTERVIEWER: If R insists on more than one person, code as "other" and specify.)
>z894s< What condition, illness, or disability caused [him / her / this person] to need personal care?
>z896< When did you start helping [him / her/ this person]?
>z896m< Are you still helping [him / her / this person]?
Else
No
>z896s< Why are you no longer helping? (Is it because [he / she / this person] no longer needs care, someone else is helping [him / her / this person], [he / she / this person] is deceased, or for some other reason?)
>z898z< Do/Did you live together in the same household during this period of caregiving?
END OF VOLUNTEERING MODULE

ALCOHOL


>u1< Now we want to ask you about your alcohol use. You may feel that some of these questions do not apply to you, but please bear with us because it is important that we ask the same questions of everyone. Have you ever drunk alcoholic beverages, such as beer, wine, liquor, or mixed alcoholic drinks?
No
Else
>u2< During the last month, on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor?
DR
1-31 Days
Never / None
>u3< About how many drinks did you have on average on those days?
>u4< Did R report having alcoholic beverages on only one day during the last month? (From item u2 above)
Else
Yes
>u5< In the past month, how many times did you have 5 or more drinks on the same occasion?
>u5chk< Does R belong to the randomly drawn 80% sub-sample selected to receive additional questions regarding alcohol use? (In other words, doesALCFLAG equal something other than zero?)
Else
Yes
>u6< At any time in your life have you felt bad or guilty about drinking?
>u7< At any time in your life have people annoyed you by criticizing your drinking? (INTERVIEWER: Only if asked, reply: "We mean drinking too much".)
>u8< Has your drinking caused a problem for you at work?
>u9< Has your drinking created problems between you and your spouse, children, parents, or other near relatives?
>u10< Have you gone to anyone for help about drinking, that is, about your drinking or anyone else's?
Else
Yes
>u11< Was that about your drinking or someone else's drinking?
>u12< When you were growing up, that is during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?
>u13< Have you ever been married to, or lived with someone who was a problem drinker or alcoholic other than when you were growing up?
>u13chk< Did R report never once drinking alcoholic beverages? (From item u1 above)
>u14< p. 2
Else
Yes
Next Module


>u14< Does R belong to the randomly drawn 80% sub-sample selected to receive additional questions regarding alcohol use? (In other words, doesALCFLAG equal something other than zero?)
Yes
Else
Next Module
>u20< In your lifetime, did you need to drink more in order to get the same effect that you did when you first started drinking?
Yes
Else
>u23< In your lifetime, have you tried to reduce or stop drinking alcohol but failed?
>u24< In your lifetime, did you spend less time working, enjoying hobbies, or being with others because of your drinking?
>u25< In your lifetime, have you continued to drink even though you knew that the drinking caused you health or mental problems?
END OF ALCOHOL MODULE

RELIGION


>t224< Does R belong to the randomly drawn 80% sub-sample selected to receive questions about their religious beliefs? (In other words, doesALCFLAG equal something other than zero?)
Yes
Else
Next Module
>j448s< Next we have a few questions about your religious beliefs. What is your religious preference (now)?
Else
Protestant (R Did Not Specify Denomination)
>j448t< What specific Protestant denomination is that?
>j452f< About how often, if at all, have you attended religious services during the past year?
>j452g< Is R not currently married and living with their spouse OR is R still married to the spouse they had when last interviewed? (From Marriage Module)
Else
Yes
>j452m< Do you and your husband/wife have the same religious preference now?
Else
No
R
>j452q< What is your [husband / wife]'s religious preference?
Else
Protestant (R Did Not Specify Denomination)
>j454n< What specific Protestant denomination is that?
>j454s< How about before you were married? Was his/her religious preference the same as it is now?
No, Different
Else
>j455< What was his/her religious preference at that time?
Protestant (R Did Not Specify Denomination)
Else
>j454r< What specific Protestant denomination is that?
END OF RELIGION MODULE

INTERNET USE

>z1< We would also like to ask you some questions about personal computers and the Internet. By personal computers we mean either desktop computers or laptop computers. Is there a computer in your household that someone uses? (INTERVIEWER: Count WebTV as having computer/Internet access)

Else

Yes → >z8< p. 2

>z2< Does R belong to the randomly drawn 50% sub-sample selected to receive additional questions about Internet use? (In other words, doesFLUFLAG equal something other than zero?)

Yes

Else → Next Module

>z2< In the last five years, has there been a computer in your household that someone used?

Yes

Else

The instrument will randomly administer one of the following two questions to respondents who have not had a computer in their household during the past five years. In both cases, the same information is sought; the questions, however, are phrased differently. Respondents randomly assigned a value of 1 will be asked itemz3a; respondents randomly assigned a value of 2 will be asked itemz3b.

>z3a< What would you say is the MAIN reason that your household does not have a computer? Would you say it is because you don't think you would find it useful, you think that it's too expensive, you don't think you would know how to use it, or you can use it somewhere else?

>z3b< What is the MAIN reason that your household does not have a computer? Is it because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, or you think that it's too expensive?

>z4< Did anyone in this household use this computer to connect to the Internet from home (for example, to use e-mail or the Web)?

>z5< Did you personally use this computer to connect to the Internet from home?

Else

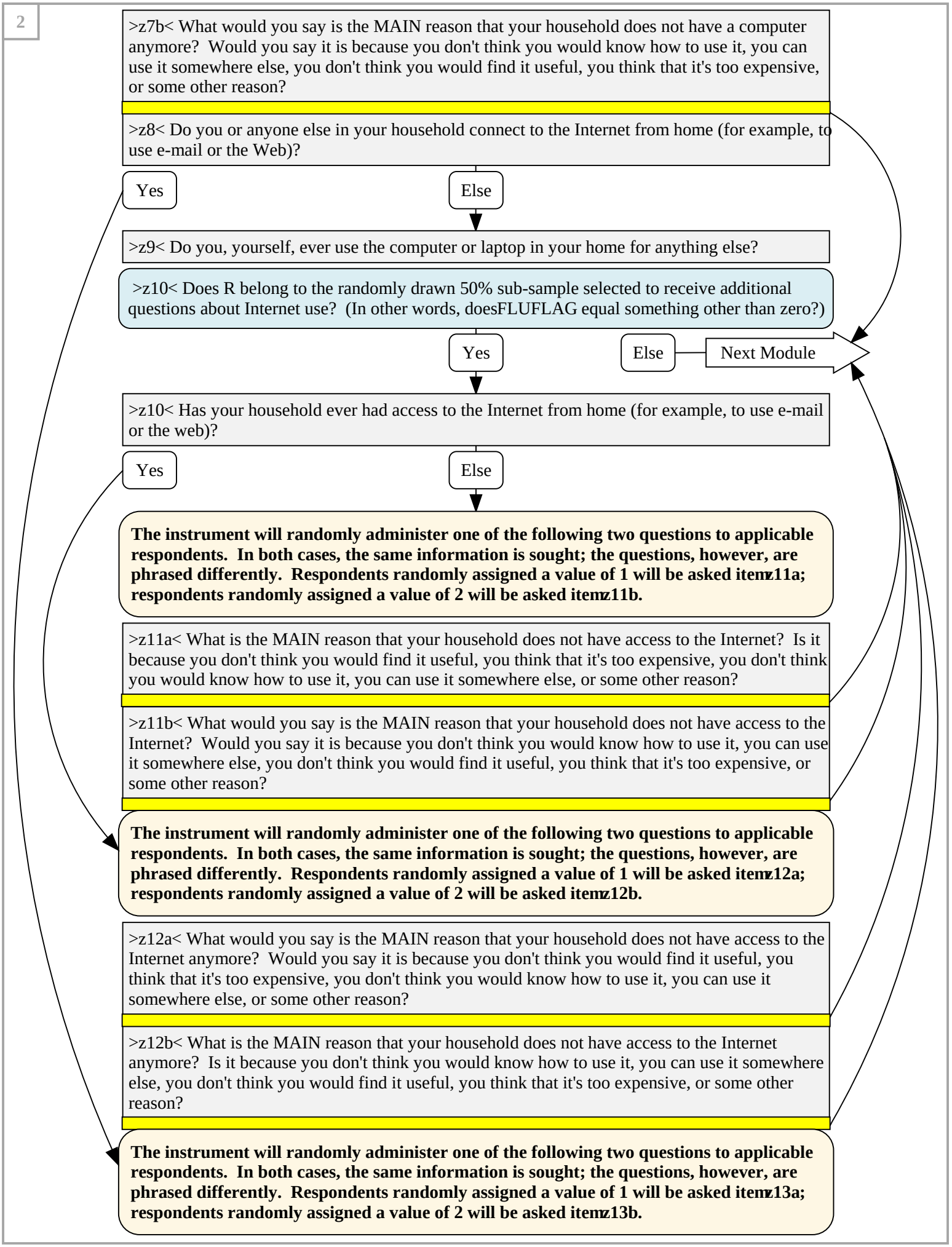
Yes

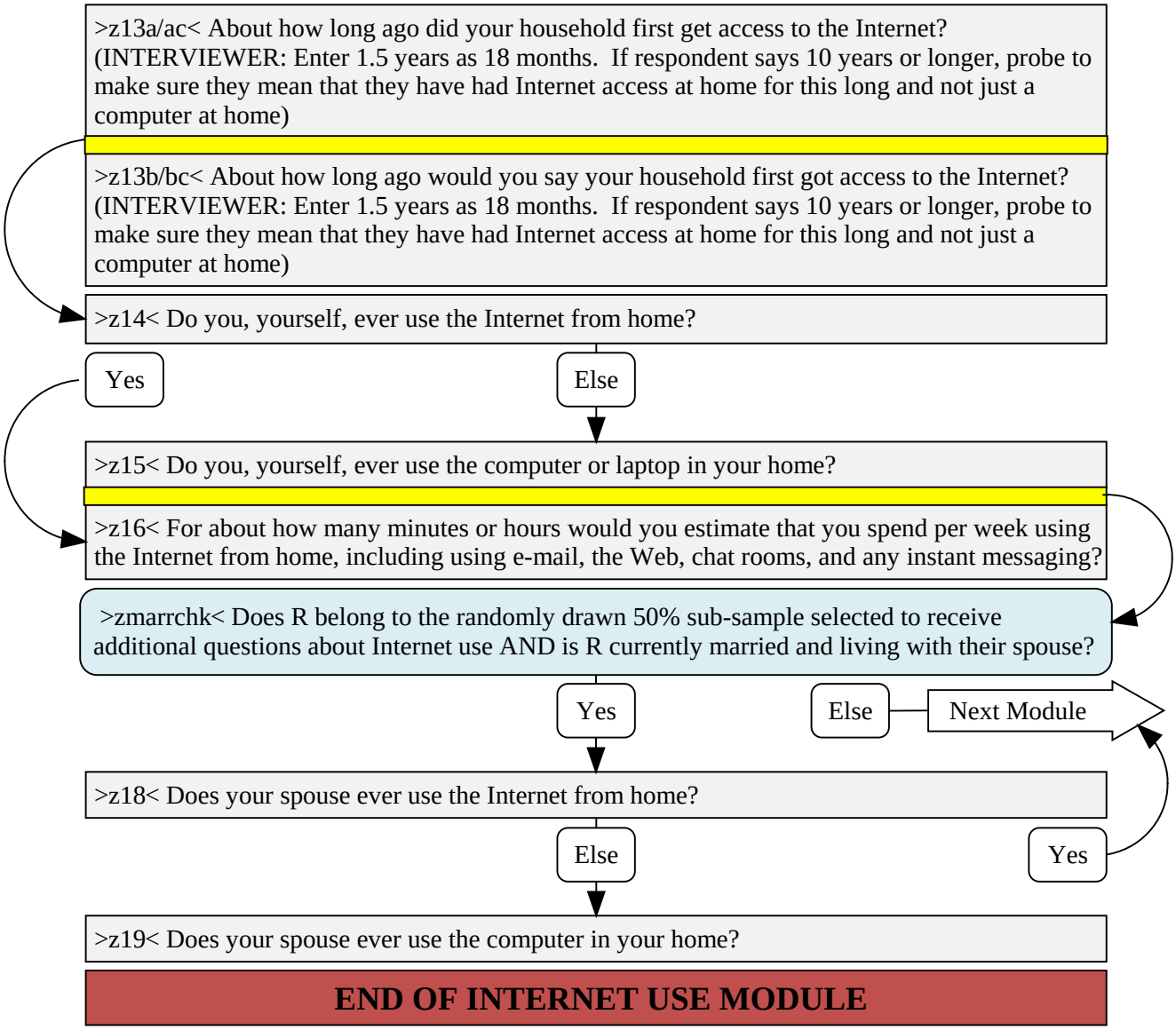
>z6< Did you personally use this computer to do anything else?

The instrument will randomly administer one of the following two questions to respondents who did not report currently having a computer in their home. In both cases, the same information is sought; the questions, however, are phrased differently. Respondents randomly assigned a value of 1 will be asked itemz7a; respondents randomly assigned a value of 2 will be asked itemz7b.

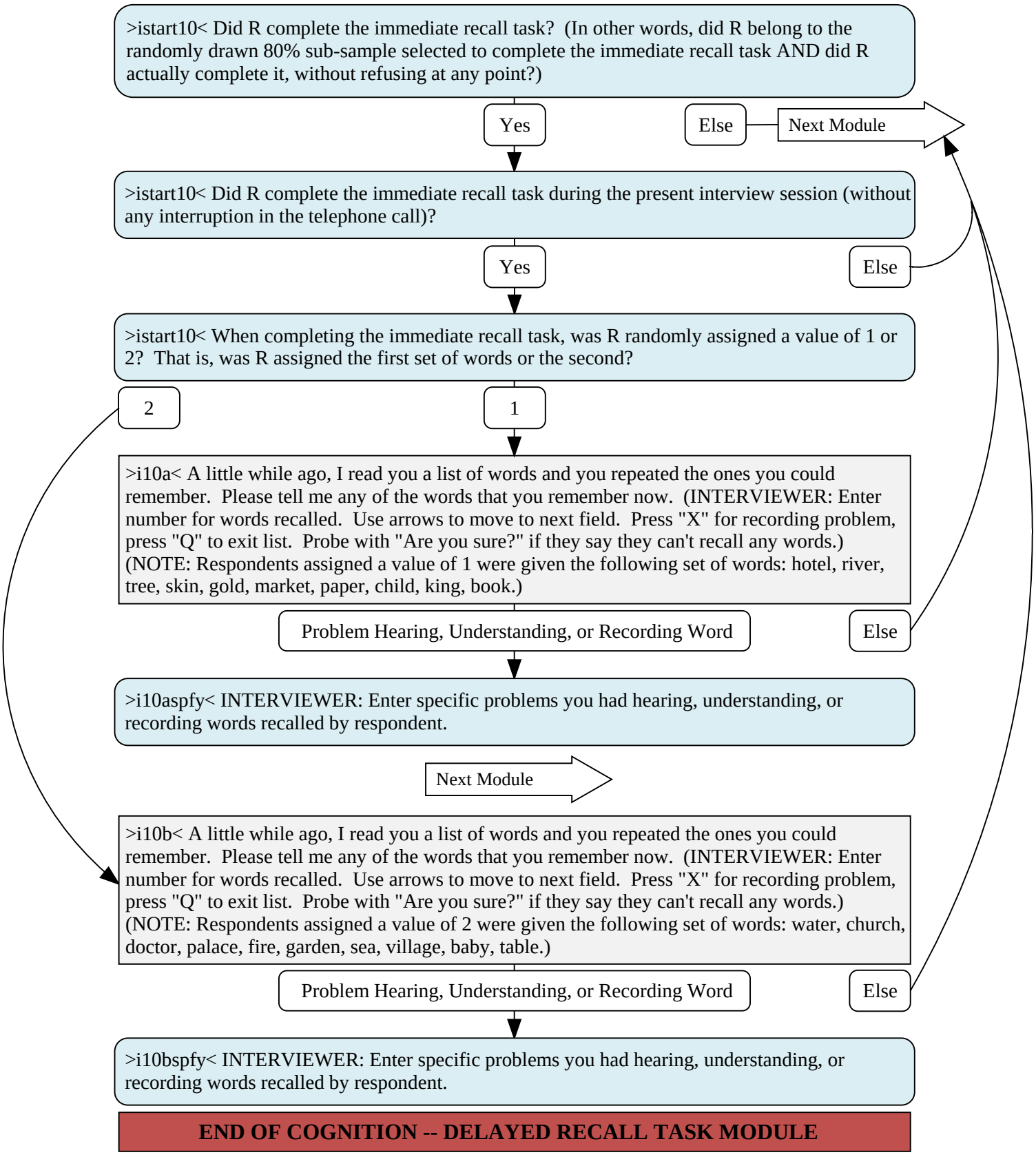
>z7a< What is the MAIN reason that your household does not have a computer anymore? Is it because you don't think you would find it useful, you think that it's too expensive, you don't think you would know how to use it, you can use it somewhere else, or some other reason?

Next Module

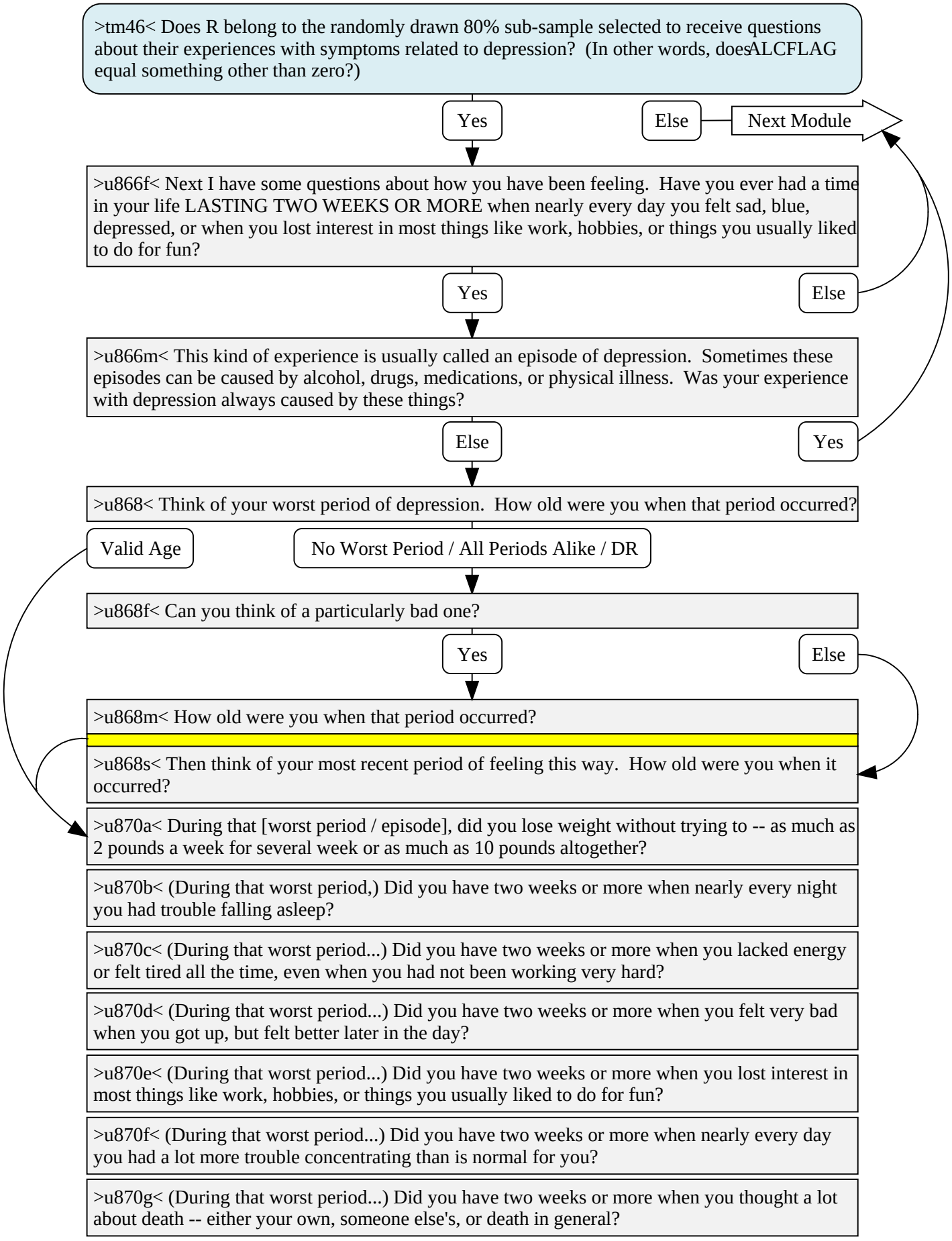

>z7b< What would you say is the MAIN reason that your household does not have a computer anymore? Would you say it is because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, you think that it's too expensive, or some other reason?
>z8< Do you or anyone else in your household connect to the Internet from home (for example, to use e-mail or the Web)?
Yes
Else
>z9< Do you, yourself, ever use the computer or laptop in your home for anything else?
>z10< Does R belong to the randomly drawn 50% sub-sample selected to receive additional questions about Internet use? (In other words, doesFLUFLAG equal something other than zero?)
Yes
Else
Next Module
>z10< Has your household ever had access to the Internet from home (for example, to use e-mail or the web)?
Yes
Else
The instrument will randomly administer one of the following two questions to applicable respondents. In both cases, the same information is sought; the questions, however, are phrased differently. Respondents randomly assigned a value of 1 will be asked itemz11a; respondents randomly assigned a value of 2 will be asked itemz11b.
>z11a< What is the MAIN reason that your household does not have access to the Internet? Is it because you don't think you would find it useful, you think that it's too expensive, you don't think you would know how to use it, you can use it somewhere else, or some other reason?
>z11b< What would you say is the MAIN reason that your household does not have access to the Internet? Would you say it is because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, you think that it's too expensive, or some other reason?
The instrument will randomly administer one of the following two questions to applicable respondents. In both cases, the same information is sought; the questions, however, are phrased differently. Respondents randomly assigned a value of 1 will be asked itemz12a; respondents randomly assigned a value of 2 will be asked itemz12b.
>z12a< What would you say is the MAIN reason that your household does not have access to the Internet anymore? Would you say it is because you don't think you would find it useful, you think that it's too expensive, you don't think you would know how to use it, you can use it somewhere else, or some other reason?
>z12b< What is the MAIN reason that your household does not have access to the Internet anymore? Is it because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, you think that it's too expensive, or some other reason?
The instrument will randomly administer one of the following two questions to applicable respondents. In both cases, the same information is sought; the questions, however, are phrased differently. Respondents randomly assigned a value of 1 will be asked itemz13a; respondents randomly assigned a value of 2 will be asked itemz13b.

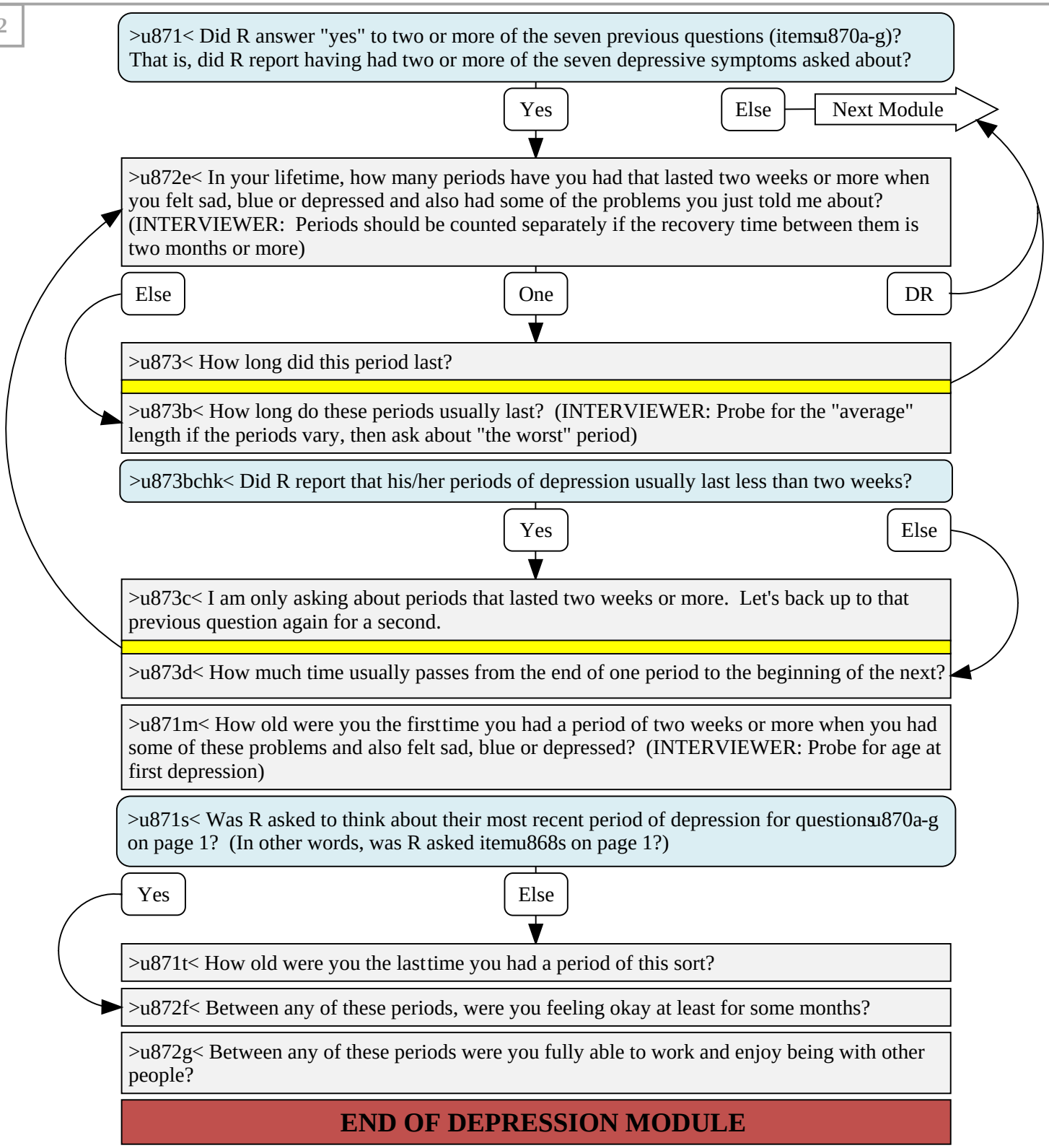

>z13a/ac< About how long ago did your household first get access to the Internet? (INTERVIEWER: Enter 1.5 years as 18 months. If respondent says 10 years or longer, probe to make sure they mean that they have had Internet access at home for this long and not just a computer at home)
>z13b/bc< About how long ago would you say your household first got access to the Internet? (INTERVIEWER: Enter 1.5 years as 18 months. If respondent says 10 years or longer, probe to make sure they mean that they have had Internet access at home for this long and not just a computer at home)
>z14< Do you, yourself, ever use the Internet from home?
Yes
Else
>z15< Do you, yourself, ever use the computer or laptop in your home?
>z16< For about how many minutes or hours would you estimate that you spend per week using the Internet from home, including using e-mail, the Web, chat rooms, and any instant messaging?
>zmarrchk< Does R belong to the randomly drawn 50% sub-sample selected to receive additional questions about Internet use AND is R currently married and living with their spouse?
Yes
Else
Next Module
>z18< Does your spouse ever use the Internet from home?
Else
Yes
>z19< Does your spouse ever use the computer in your home?
END OF INTERNET USE MODULE

COGNITION -- DELAYED RECALL TASK

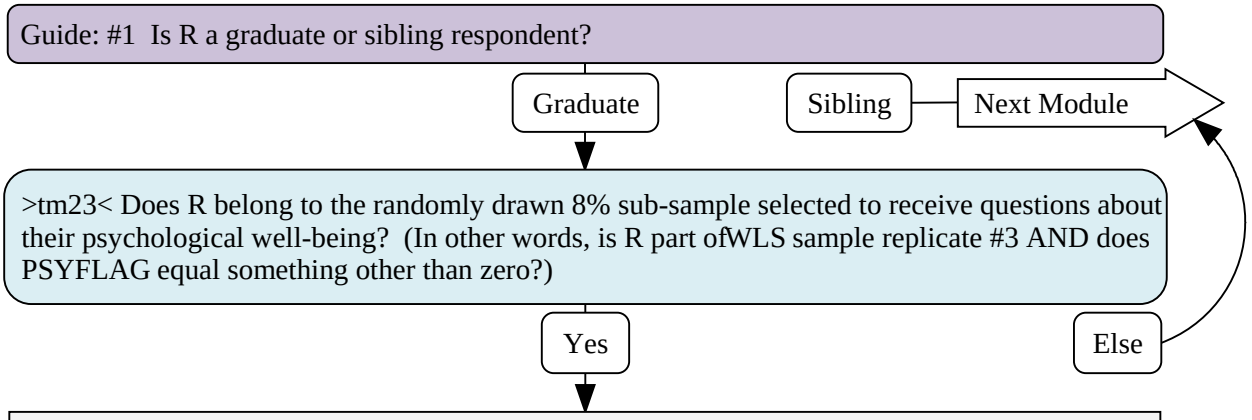


DEPRESSION


>tm46< Does R belong to the randomly drawn 80% sub-sample selected to receive questions about their experiences with symptoms related to depression? (In other words, does ALCFLAG equal something other than zero?)
Yes
Else
Next Module
>u866f< Next I have some questions about how you have been feeling. Have you ever had a time in your life LASTING TWO WEEKS OR MORE when nearly every day you felt sad, blue, depressed, or when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?
Yes
Else
>u866m< This kind of experience is usually called an episode of depression. Sometimes these episodes can be caused by alcohol, drugs, medications, or physical illness. Was your experience with depression always caused by these things?
Else
Yes
>u868< Think of your worst period of depression. How old were you when that period occurred?
Valid Age
No Worst Period / All Periods Alike / DR
>u868f< Can you think of a particularly bad one?
Yes
Else
>u868m< How old were you when that period occurred?
>u868s< Then think of your most recent period of feeling this way. How old were you when it occurred?
>u870a< During that [worst period / episode], did you lose weight without trying to -- as much as 2 pounds a week for several week or as much as 10 pounds altogether?
>u870b< (During that worst period,) Did you have two weeks or more when nearly every night you had trouble falling asleep?
>u870c< (During that worst period...) Did you have two weeks or more when you lacked energy or felt tired all the time, even when you had not been working very hard?
>u870d< (During that worst period...) Did you have two weeks or more when you felt very bad when you got up, but felt better later in the day?
>u870e< (During that worst period...) Did you have two weeks or more when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?
>u870f< (During that worst period...) Did you have two weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?
>u870g< (During that worst period...) Did you have two weeks or more when you thought a lot about death -- either your own, someone else's, or death in general?


>u871< Did R answer "yes" to two or more of the seven previous questions (items u870a-g)? That is, did R report having had two or more of the seven depressive symptoms asked about?
Yes
Else
Next Module
>u872e< In your lifetime, how many periods have you had that lasted two weeks or more when you felt sad, blue or depressed and also had some of the problems you just told me about? (INTERVIEWER: Periods should be counted separately if the recovery time between them is two months or more)
Else
One
DR
>u873< How long did this period last?
>u873b< How long do these periods usually last? (INTERVIEWER: Probe for the "average" length if the periods vary, then ask about "the worst" period)
>u873bchk< Did R report that his/her periods of depression usually last less than two weeks?
Yes
Else
>u873c< I am only asking about periods that lasted two weeks or more. Let's back up to that previous question again for a second.
>u873d< How much time usually passes from the end of one period to the beginning of the next?
>u871m< How old were you the first time you had a period of two weeks or more when you had some of these problems and also felt sad, blue or depressed? (INTERVIEWER: Probe for age at first depression)
>u871s< Was R asked to think about their most recent period of depression for questions u870a-g on page 1? (In other words, was R asked item u868s on page 1?)
Yes
Else
>u871t< How old were you the last time you had a period of this sort?
>u872f< Between any of these periods, were you feeling okay at least for some months?
>u872g< Between any of these periods were you fully able to work and enjoy being with other people?
END OF DEPRESSION MODULE

PSYCHOLOGICAL WELL-BEING



>n438s< The next section provides several statements that people might use to describe themselves. Please tell me whether you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly.

>n438s2< I tend to be influenced by people with strong opinions. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n440< In general, I feel I am in charge of the situation in which I live. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n440m< Maintaining close relationships has been difficult and frustrating for me. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n440s< Some people wander aimlessly through life but I am not one of them. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n442< When I look at the story of my life, I am pleased with how things have turned out. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n442m< The demands of everyday life often get me down. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n442s< For me, life has been a continuous process of learning, changing, and growing. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n488g< I have not experienced many warm and trusting relationships with others. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n488m< I live life one day at a time and don't really think about the future. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n490< I judge myself by what I think is important, not by what others think is important. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n490m< I gave up trying to make big improvements or changes in my life a long time ago. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n492f< I like most aspects of my personality. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n493a< I have confidence in my opinions even if they are contrary to the general consensus. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n493e< I sometimes feel as if I've done all there is to do in life. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n493b< I am quite good at managing the responsibilities of my daily life. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n493f< In many ways, I feel disappointed about my achievements in life. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n493c< I think it is important to have new experiences that challenge how I think about myself and the world. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

>n493d< People would describe me as a giving person, willing to share my time with others. (Do you agree strongly, agree moderately, agree slightly, disagree slightly, disagree moderately, or disagree strongly?)

END OF PSYCHOLOGICAL WELL-BEING MODULE

END OF LIFE PREPARATIONS

>wpafirst< Do any of the following conditions apply: R is currently a resident of La Crosse County, WI; R was a resident of La Crosse County, WI when interviewed during the 1992 round of data collection; or R belongs to the randomly drawn 70% sub-sample of non-La Crosse County residents?

Yes

Else → Next Module

>wpa1< Now I am going to ask some questions about the later years in life. Have you made plans about the types of medical treatment you want or don't want if you become seriously ill in the future?

>wpa4< Have you discussed your health care plans and preferences with anyone?

Else

Yes

>wpa4a< Who would the first person be?

DR

Else

>wpa4b< How well does this person understand your preferences and plans for future medical treatment? Extremely well, somewhat well, not very well, or not at all?

>wpa4c< Is there anyone else (with whom you've discussed these preferences and plans)?

No

Yes

>wpa4d< Who would the next person be?

DR

Else

>wpa4e< How well does this person understand your preferences and plans for future medical treatment? (Extremely well, somewhat well, not very well, or not at all?)

>wpa4f< Is there anyone else (with whom you've discussed these preferences and plans)?

No

Yes

>wpa4g< Who would the next person be?

DR

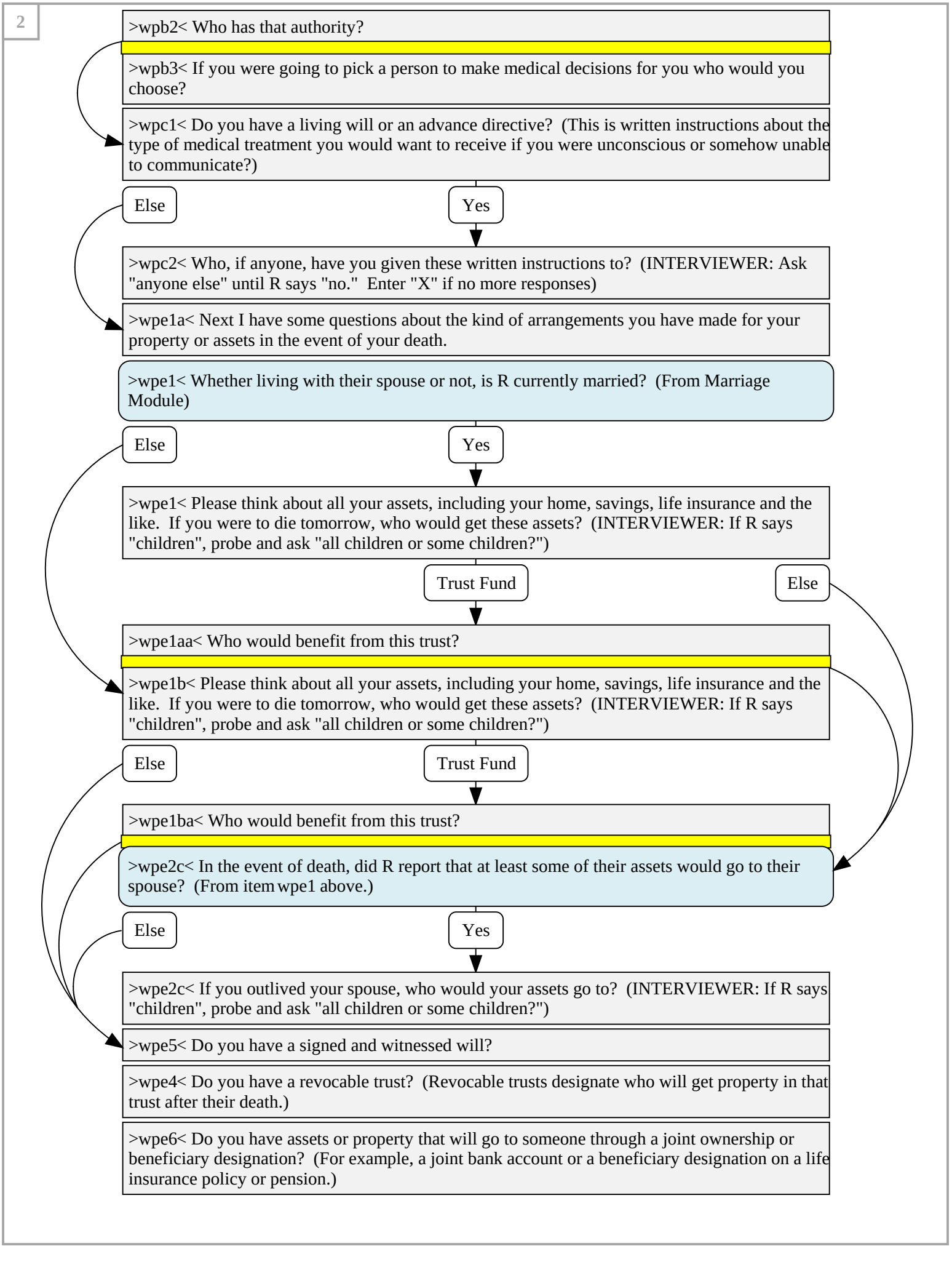
Else

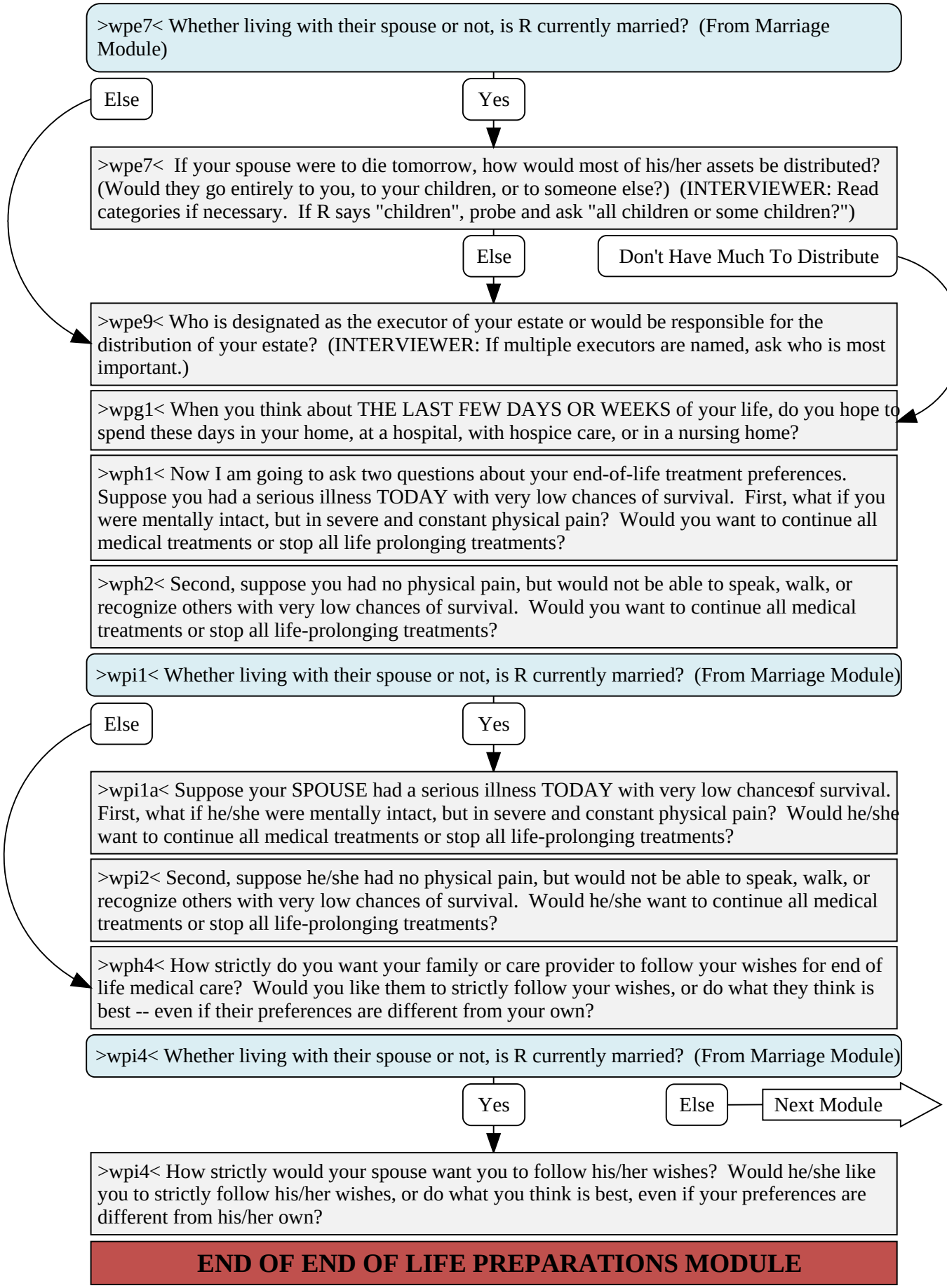
>wpa4h< How well does this person understand your preferences and plans for future medical treatment? (Extremely well, somewhat well, not very well, or not at all?)

>wpb1< Have you made any legal arrangements for someone to make decisions about your medical care if you become unable to make those decisions yourself? (This is sometimes called a Durable Power of Attorney for Health Care.)

>wpb3< p. 2 ← Else

Yes → >wpb2< p. 2


>wpb2< Who has that authority?
>wpb3< If you were going to pick a person to make medical decisions for you who would you choose?
>wpc1< Do you have a living will or an advance directive? (This is written instructions about the type of medical treatment you would want to receive if you were unconscious or somehow unable to communicate?)
Else
Yes
>wpc2< Who, if anyone, have you given these written instructions to? (INTERVIEWER: Ask "anyone else" until R says "no." Enter "X" if no more responses)
>wpe1a< Next I have some questions about the kind of arrangements you have made for your property or assets in the event of your death.
>wpe1< Whether living with their spouse or not, is R currently married? (From Marriage Module)
Else
Yes
>wpe1< Please think about all your assets, including your home, savings, life insurance and the like. If you were to die tomorrow, who would get these assets? (INTERVIEWER: If R says "children", probe and ask "all children or some children?")
Trust Fund
Else
>wpe1aa< Who would benefit from this trust?
>wpe1b< Please think about all your assets, including your home, savings, life insurance and the like. If you were to die tomorrow, who would get these assets? (INTERVIEWER: If R says "children", probe and ask "all children or some children?")
Else
Trust Fund
>wpe1ba< Who would benefit from this trust?
>wpe2c< In the event of death, did R report that at least some of their assets would go to their spouse? (From item wpe1 above.)
Else
Yes
>wpe2c< If you outlived your spouse, who would your assets go to? (INTERVIEWER: If R says "children", probe and ask "all children or some children?")
>wpe5< Do you have a signed and witnessed will?
>wpe4< Do you have a revocable trust? (Revocable trusts designate who will get property in that trust after their death.)
>wpe6< Do you have assets or property that will go to someone through a joint ownership or beneficiary designation? (For example, a joint bank account or a beneficiary designation on a life insurance policy or pension.)


>wpe7< Whether living with their spouse or not, is R currently married? (From Marriage Module)
Else
Yes
>wpe7< If your spouse were to die tomorrow, how would most of his/her assets be distributed? (Would they go entirely to you, to your children, or to someone else?) (INTERVIEWER: Read categories if necessary. If R says "children", probe and ask "all children or some children?")
Else
Don't Have Much To Distribute
>wpe9< Who is designated as the executor of your estate or would be responsible for the distribution of your estate? (INTERVIEWER: If multiple executors are named, ask who is most important.)
>wpg1< When you think about THE LAST FEW DAYS OR WEEKS of your life, do you hope to spend these days in your home, at a hospital, with hospice care, or in a nursing home?
>wph1< Now I am going to ask two questions about your end-of-life treatment preferences. Suppose you had a serious illness TODAY with very low chances of survival. First, what if you were mentally intact, but in severe and constant physical pain? Would you want to continue all medical treatments or stop all life prolonging treatments?
>wph2< Second, suppose you had no physical pain, but would not be able to speak, walk, or recognize others with very low chances of survival. Would you want to continue all medical treatments or stop all life-prolonging treatments?
>wpi1< Whether living with their spouse or not, is R currently married? (From Marriage Module)
Else
Yes
>wpi1a< Suppose your SPOUSE had a serious illness TODAY with very low chances of survival. First, what if he/she were mentally intact, but in severe and constant physical pain? Would he/she want to continue all medical treatments or stop all life-prolonging treatments?
>wpi2< Second, suppose he/she had no physical pain, but would not be able to speak, walk, or recognize others with very low chances of survival. Would he/she want to continue all medical treatments or stop all life-prolonging treatments?
>wph4< How strictly do you want your family or care provider to follow your wishes for end of life medical care? Would you like them to strictly follow your wishes, or do what they think is best -- even if their preferences are different from your own?
>wpi4< Whether living with their spouse or not, is R currently married? (From Marriage Module)
Yes
Else
Next Module
>wpi4< How strictly would your spouse want you to follow his/her wishes? Would he/she like you to strictly follow his/her wishes, or do what you think is best, even if your preferences are different from his/her own?
END OF END OF LIFE PREPARATIONS MODULE

END OF LIFE DEATH REACTION

>anydead< Does R satisfy any of the following criteria: R's mother died within the last 10 years; R's father died within the last 10 years; one or more of R's spouses died within the last 10 years?

Yes

Else → >parend< p. 4

>wskip< Did one or more of R's spouses die within the last 6-24 months? (NOTE: Spouses who died less than six months ago do not count.)

Yes

Else

>wskip< Did one or more of R's spouses die within the last 10 years? (NOTE: If R's spouse died within the last six months and they have had no other spouses that died within the last 10 years, the instrument will take the "Else" path.)

Else → >wap1< p. 3

Yes

REACTIONS TO SPOUSAL DEATH

>wa1aa< (INTERVIEWER: Ask about the spouse who died most recently if R has been widowed more than once.) Next, I'd like to talk with you about your feelings about your spouse's death...(INTERVIEWER: We're asking about spouse named [name of most recently deceased spouse].)

>wa1a< In the last month, how often have you found yourself longing to have your spouse with you? Would you say never, rarely, sometimes or often?

>wa2a< In the past month, how often have you felt resentful or bitter about your spouse's death?

>wa3a< In the past month, how often have you had difficulty falling asleep because thoughts about your spouse kept coming into your mind?

>wa1b< In the last month, how often have you had painful waves of missing your spouse?

>wa2b< In the past month, how often have you felt that the death of your spouse was unfair?

>wa3b< In the past month, how often have you tried to block out memories or thoughts of your spouse?

>wa1c< In the past month, how often have you experienced feelings of intense pain or grief over the loss of your spouse?

>wa2c< In the past month, how often have you felt anger towards God?

>wa3c< In the past month, how often have you been unable to get thoughts about your spouse out of your mind?

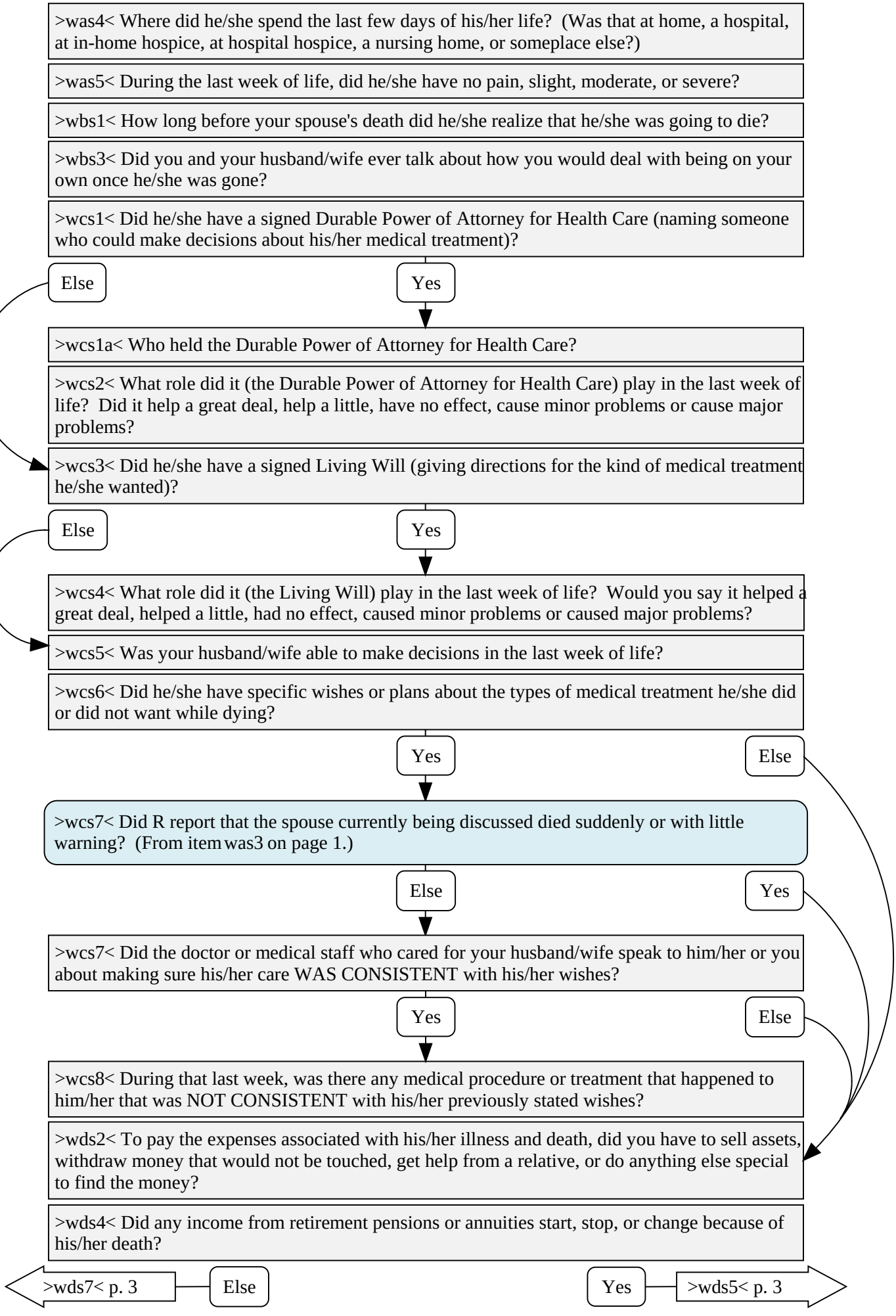
>wa1d< In the last month, how often have you experienced feelings of grief, loneliness, or missing your spouse?

>was1< (INTERVIEWER: Ask about the spouse who died most recently if R has been widowed more than once.) Now we would like to ask you a few questions about your [husband/wife]'s end of life. (INTERVIEWER: We're asking about spouse named [name of most recently deceased spouse].)

>was3< How long before your [husband/wife]'s death did YOU realize that he/she was SOON going to die?

>was5< p. 2 ← No Warning (Sudden Death) / DR

Else → >was4< p. 2


>was4< Where did he/she spend the last few days of his/her life? (Was that at home, a hospital, at in-home hospice, at hospital hospice, a nursing home, or someplace else?)
>was5< During the last week of life, did he/she have no pain, slight, moderate, or severe?
>wbs1< How long before your spouse's death did he/she realize that he/she was going to die?
>wbs3< Did you and your husband/wife ever talk about how you would deal with being on your own once he/she was gone?
>wcs1< Did he/she have a signed Durable Power of Attorney for Health Care (naming someone who could make decisions about his/her medical treatment)?
Else
Yes
>wcs1a< Who held the Durable Power of Attorney for Health Care?
>wcs2< What role did it (the Durable Power of Attorney for Health Care) play in the last week of life? Did it help a great deal, help a little, have no effect, cause minor problems or cause major problems?
>wcs3< Did he/she have a signed Living Will (giving directions for the kind of medical treatment he/she wanted)?
Else
Yes
>wcs4< What role did it (the Living Will) play in the last week of life? Would you say it helped a great deal, helped a little, had no effect, caused minor problems or caused major problems?
>wcs5< Was your husband/wife able to make decisions in the last week of life?
>wcs6< Did he/she have specific wishes or plans about the types of medical treatment he/she did or did not want while dying?
Yes
Else
>wcs7< Did R report that the spouse currently being discussed died suddenly or with little warning? (From item was3 on page 1.)
Else
Yes
>wcs7< Did the doctor or medical staff who cared for your husband/wife speak to him/her or you about making sure his/her care WAS CONSISTENT with his/her wishes?
Yes
Else
>wcs8< During that last week, was there any medical procedure or treatment that happened to him/her that was NOT CONSISTENT with his/her previously stated wishes?
>wds2< To pay the expenses associated with his/her illness and death, did you have to sell assets, withdraw money that would not be touched, get help from a relative, or do anything else special to find the money?
>wds4< Did any income from retirement pensions or annuities start, stop, or change because of his/her death?
>wds7< p. 3
Else
Yes
>wds5< p. 3

>wds5< Did the pension or annuity (combined amount) stop, start, increase or decrease?

DR / Else

>wds6< By how much did the (total) pension or annuity income increase/decrease?

>wds7< Did the type, cost, or coverage of your health insurance change as a result of your [husband/wife]'s death?

Else / Yes

>wds8< What changed about your health insurance? (NOTE: Here, the interviewer is allowed to select as many responses as apply.)

>wds9< When he/she died, was your husband/wife receiving or eligible to receive an employer provided pension? (Not including Social Security or Railroad Retirement.)

Else / Yes

>wds10< Did you receive a lump sum settlement or do you expect to receive a periodically paid survivor benefit from this pension?

>wds11< How much did/does it amount to?

>wds12< (Not counting survivor benefits from a pension) Did you receive a life insurance settlement?

Else / Yes

>wds13< How much did that amount to?

>wds14< After your spouse's death, financially, were you much worse off, somewhat worse off, about the same, somewhat better off, or much better off than you were when married?

>wds15< Was your financial position at that time about what you had expected, much worse, somewhat worse, somewhat better or much better?

>parend< p. 4

REACTIONS TO PARENTAL DEATH

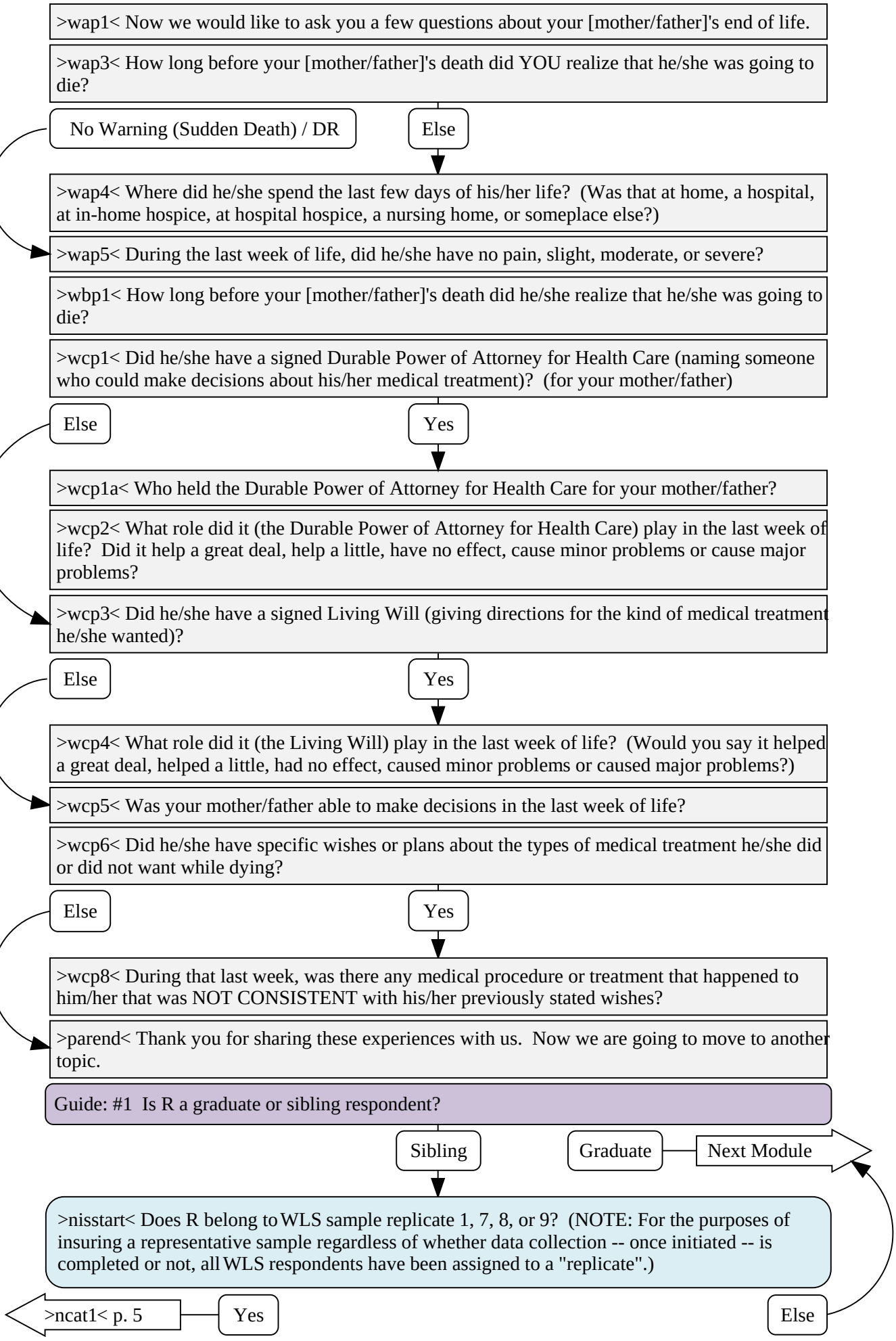
>wap1< Has at least one of R's parents died within the last 10 years? (From Parents Module)

Yes / Else → >parend< p. 4

>wap1< Was R already asked about their reactions to a spouse's death?

Else / Yes → >parend< p. 4

If both of R's parents are already deceased, the instrument will instruct the interviewer to focus on the parent who died more recently. If both parents died in the same month and year, the instrument will randomly select one of them to be the subject of further interviewing.


>wap1< Now we would like to ask you a few questions about your [mother/father]'s end of life.
>wap3< How long before your [mother/father]'s death did YOU realize that he/she was going to die?
No Warning (Sudden Death) / DR
Else
>wap4< Where did he/she spend the last few days of his/her life? (Was that at home, a hospital, at in-home hospice, at hospital hospice, a nursing home, or someplace else?)
>wap5< During the last week of life, did he/she have no pain, slight, moderate, or severe?
>wbp1< How long before your [mother/father]'s death did he/she realize that he/she was going to die?
>wcp1< Did he/she have a signed Durable Power of Attorney for Health Care (naming someone who could make decisions about his/her medical treatment)? (for your mother/father)
Else
Yes
>wcp1a< Who held the Durable Power of Attorney for Health Care for your mother/father?
>wcp2< What role did it (the Durable Power of Attorney for Health Care) play in the last week of life? Did it help a great deal, help a little, have no effect, cause minor problems or cause major problems?
>wcp3< Did he/she have a signed Living Will (giving directions for the kind of medical treatment he/she wanted)?
Else
Yes
>wcp4< What role did it (the Living Will) play in the last week of life? (Would you say it helped a great deal, helped a little, had no effect, caused minor problems or caused major problems?)
>wcp5< Was your mother/father able to make decisions in the last week of life?
>wcp6< Did he/she have specific wishes or plans about the types of medical treatment he/she did or did not want while dying?
Else
Yes
>wcp8< During that last week, was there any medical procedure or treatment that happened to him/her that was NOT CONSISTENT with his/her previously stated wishes?
>parend< Thank you for sharing these experiences with us. Now we are going to move to another topic.
Guide: #1 Is R a graduate or sibling respondent?
Sibling
Graduate
Next Module
>nisstart< Does R belong to WLS sample replicate 1, 7, 8, or 9? (NOTE: For the purposes of insuring a representative sample regardless of whether data collection -- once initiated -- is completed or not, all WLS respondents have been assigned to a "replicate".)
>ncat1< p. 5
Yes
Else

WORD PROCESSING TASK FOR SELECTED SIBLING RESPONDENTS

>ncat1< Now I am going to read you lists of three things. For each list I will ask you to indicate which two of the three are most closely related. There are no right or wrong answers; we are just interested in your judgments. Sky, Seagull, Dog. Which two of those seem to you to be most closely related? (INTERVIEWER: Repeat list if necessary)

>ncat2< Next, Black, White, Blue. Which two of those seem to you to be most closely related? (INTERVIEWER: Repeat list if necessary)

>ncat3< Next, Doctor, Teacher, Homework. Which two of those seem to you to be most closely related? (INTERVIEWER: Repeat list if necessary)

>ncat4< Shoes, Boots, Slippers. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat5< Train, Bus, Tracks. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat6< Computer monitor, Antenna, Television. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat7< Carrot, Eggplant, Rabbit. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat8< Cloud, Wind, Rain. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat9< Panda, Banana, Monkey. Which two of those seem to you to be most closely related? (INTERVIEWER: Repeat list if necessary)

>ncat10< Kite, Basketball, Tennis. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat11< Farmer, Corn, Bread. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat12< Shampoo, Hair, Beard. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

END OF END OF LIFE DEATH REACTIONS

INTER-TRANSFERS

INHERITANCES

>qup640< Next we would like to ask you about financial gifts that you may have given or received. Including inheritances, insurance settlements, trust funds, or shares in a family business or farm, did ANYONE EVER leave you (or your husband/wife) (at that time) a total of $10,000 or more in money, property or other assets when they died?

Else

No / DR → >p720chk< p. 2

>qup640a / qup640a2< (INTERVIEWER: This question may ask about a former spouse) In what year did you (or your husband/wife) (at that time) receive the (next) largest inheritance of that sort?

>qup640b / p712< About how much was the total value of that inheritance? (INTERVIEWER: Do not probe for a best estimate.)

Else

DR → RB Sequence p. 7

>qup640c< Does R belong to the randomly drawn 50% sub-sample selected to be surveyed in greater detail about retirement? (In other words, doesRETFLAG equal 1?)

Yes

Else

>qup640c< Did R report that the largest inheritance they (or their spouse) received was less than $100,000 in value? (From itemqup640b above.)

Else

Yes → >p720chk< p. 2

>qup640c / p713< From whom was that inheritance received, that is, what is their relationship to you?

Else

Parent(s) / Grandparent(s)

>qup640d / ptot2< Was one or more of R's siblings living at the time they received their (next) largest inheritance? (From Selected Sibling & Other Siblings Module)

Else

Yes

>qup640e / p715< Was your [father / mother / parent / grandparent]'s estate divided ABOUT EVENLY between you and your [brother(s) / sister(s) / brother(s) and sister(s)] or did someone receive more (than the others)?

Else

Someone Received More / Does Not Apply

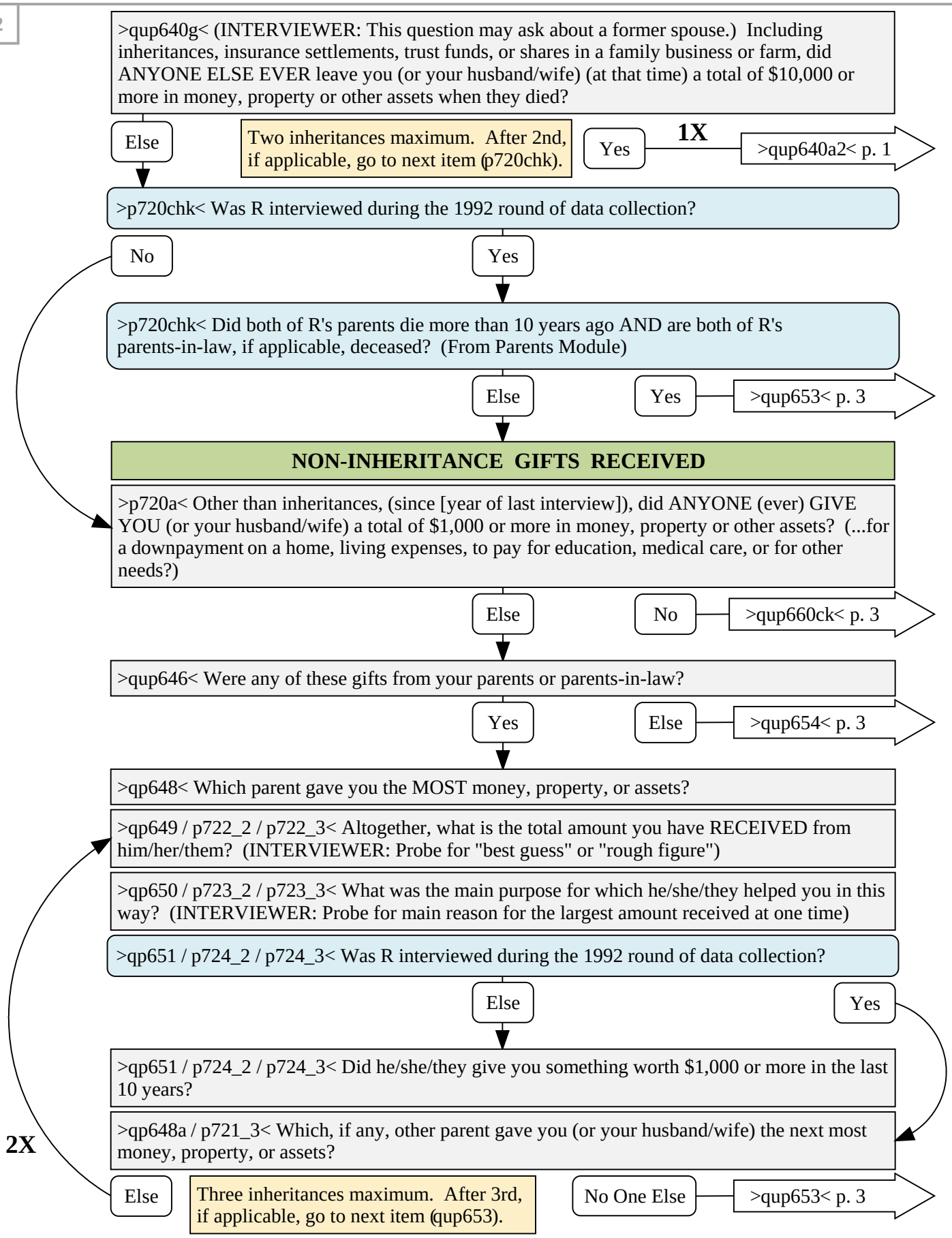
>qup640ea / p716< Which of you received more? (INTERVIEWER: Select all that apply.) (NOTE: Here, the interviewer is allowed to select up to 10 siblings who received more than R.)

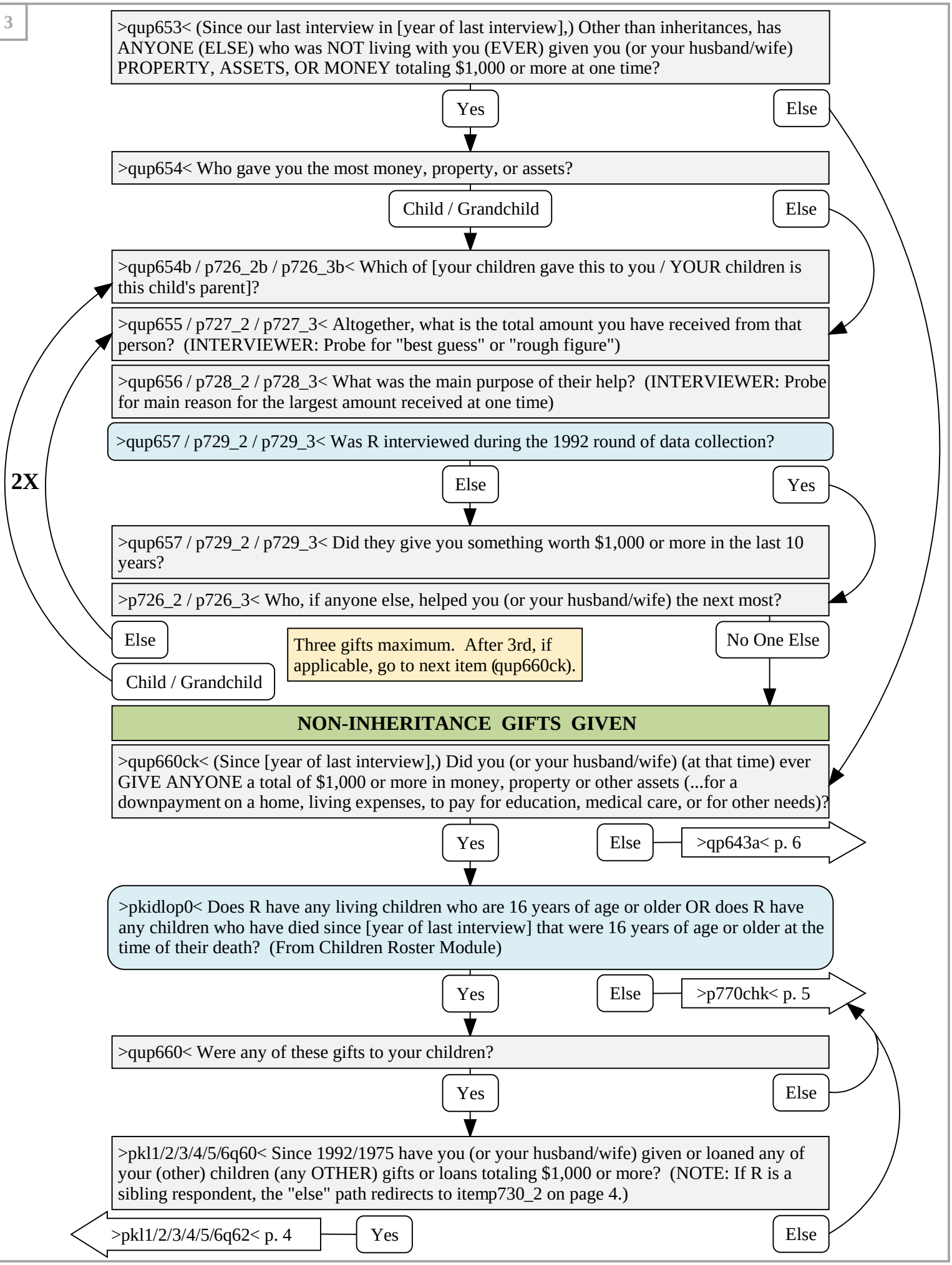
>qup640g< p. 2

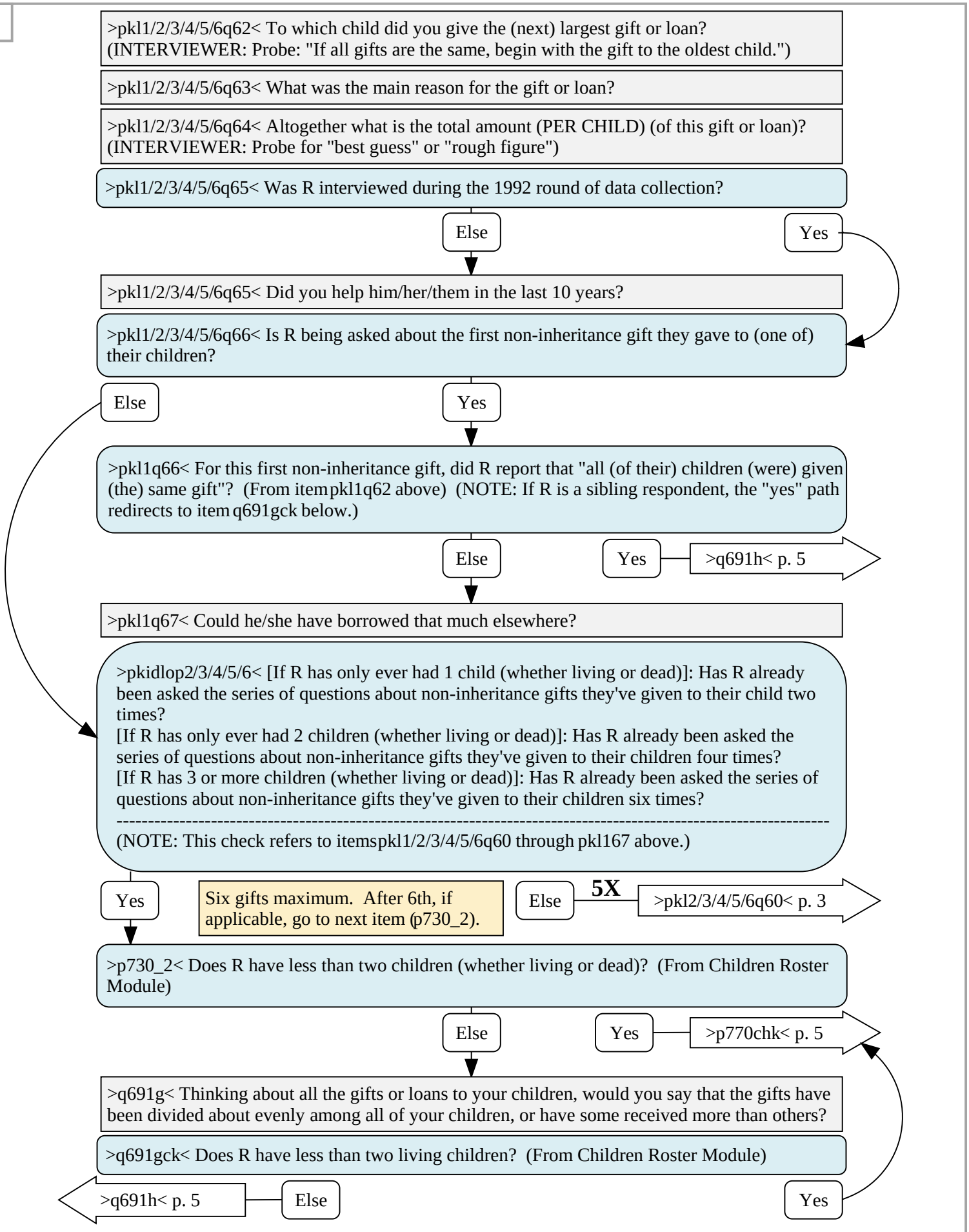
DR

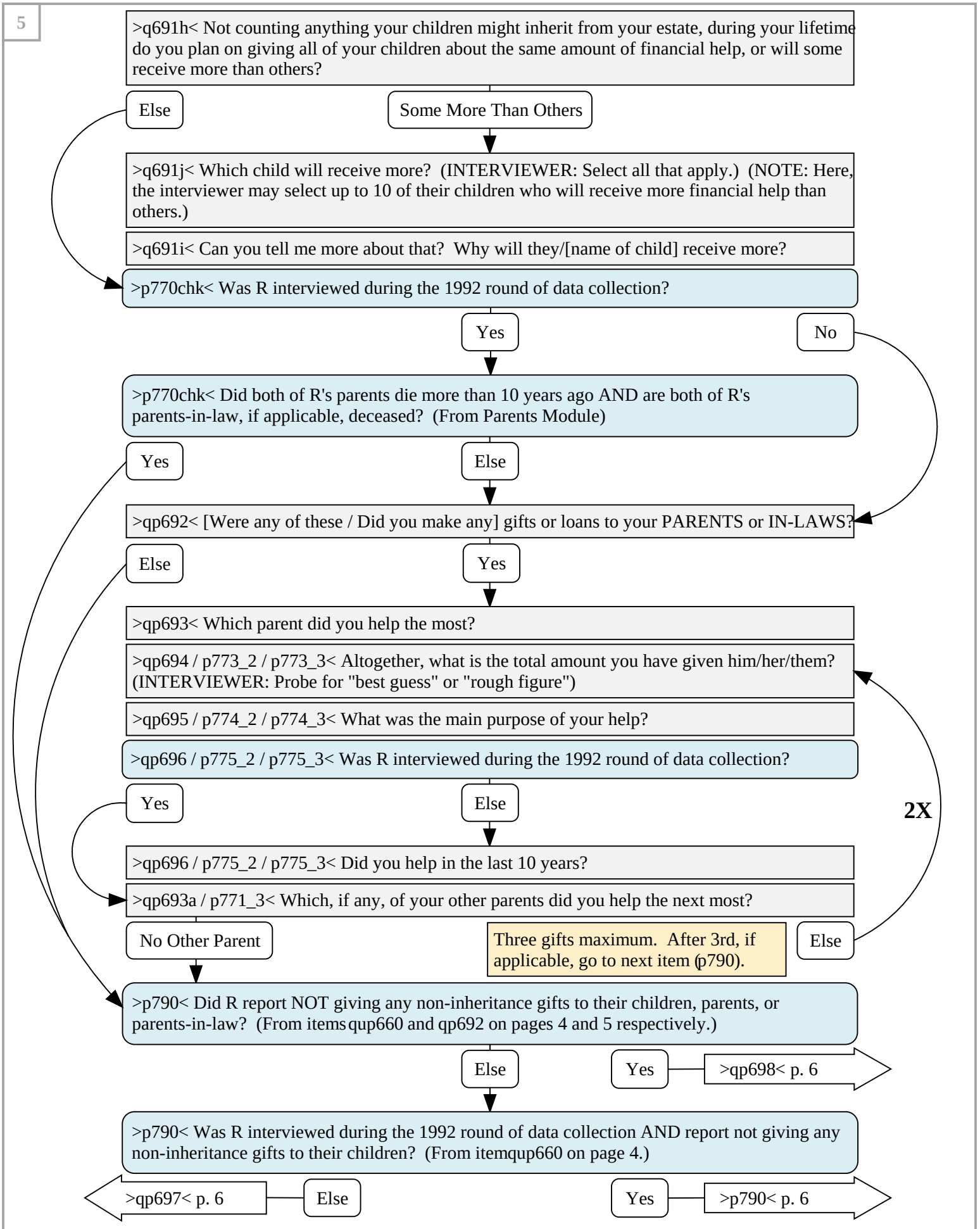
Else

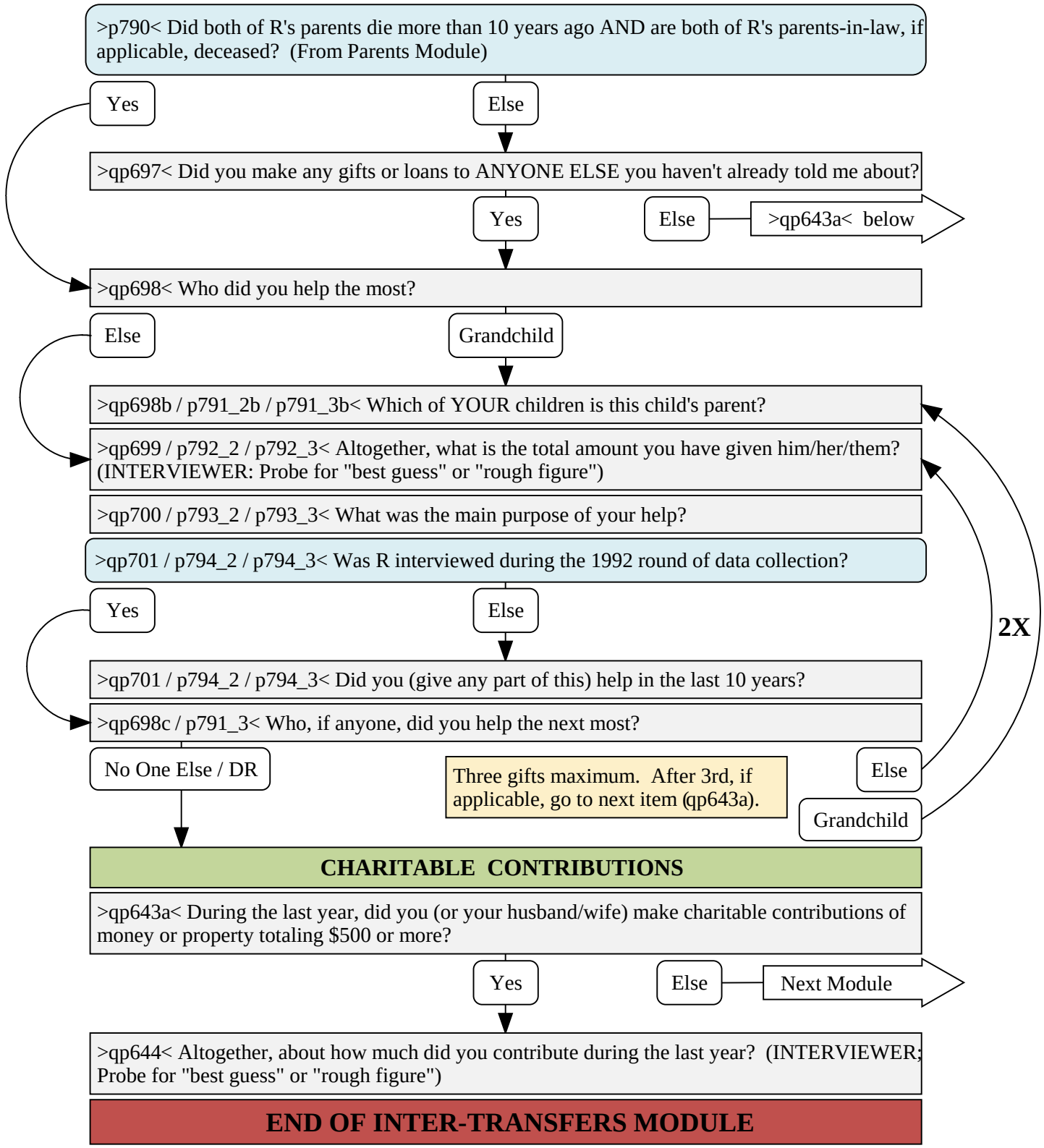
>qup640f / p717< Can you tell me more about that? Why did (you) (and) (he/she/they) receive more? (INTERVIEWER: Record response verbatim)


>qup640g< (INTERVIEWER: This question may ask about a former spouse.) Including inheritances, insurance settlements, trust funds, or shares in a family business or farm, did ANYONE ELSE EVER leave you (or your husband/wife) (at that time) a total of $10,000 or more in money, property or other assets when they died?
Else
Two inheritances maximum. After 2nd, if applicable, go to next item (p720chk).
Yes
1X
>qup640a2< p. 1
>p720chk< Was R interviewed during the 1992 round of data collection?
No
Yes
>p720chk< Did both of R's parents die more than 10 years ago AND are both of R's parents-in-law, if applicable, deceased? (From Parents Module)
Else
Yes
>qup653< p. 3
NON-INHERITANCE GIFTS RECEIVED
>p720a< Other than inheritances, (since [year of last interview]), did ANYONE (ever) GIVE YOU (or your husband/wife) a total of $1,000 or more in money, property or other assets? (...for a downpayment on a home, living expenses, to pay for education, medical care, or for other needs?)
Else
No
>qup660ck< p. 3
>qup646< Were any of these gifts from your parents or parents-in-law?
Yes
Else
>qup654< p. 3
>qp648< Which parent gave you the MOST money, property, or assets?
>qp649 / p722_2 / p722_3< Altogether, what is the total amount you have RECEIVED from him/her/them? (INTERVIEWER: Probe for "best guess" or "rough figure")
>qp650 / p723_2 / p723_3< What was the main purpose for which he/she/they helped you in this way? (INTERVIEWER: Probe for main reason for the largest amount received at one time)
>qp651 / p724_2 / p724_3< Was R interviewed during the 1992 round of data collection?
Else
Yes
>qp651 / p724_2 / p724_3< Did he/she/they give you something worth $1,000 or more in the last 10 years?
>qp648a / p721_3< Which, if any, other parent gave you (or your husband/wife) the next most money, property, or assets?
2X
Else
Three inheritances maximum. After 3rd, if applicable, go to next item (qup653).
No One Else
>qup653< p. 3


>qup653< (Since our last interview in [year of last interview],) Other than inheritances, has ANYONE (ELSE) who was NOT living with you (EVER) given you (or your husband/wife) PROPERTY, ASSETS, OR MONEY totaling $1,000 or more at one time?
Yes
Else
>qup654< Who gave you the most money, property, or assets?
Child / Grandchild
Else
>qup654b / p726_2b / p726_3b< Which of [your children gave this to you / YOUR children is this child's parent]?
>qup655 / p727_2 / p727_3< Altogether, what is the total amount you have received from that person? (INTERVIEWER: Probe for "best guess" or "rough figure")
>qup656 / p728_2 / p728_3< What was the main purpose of their help? (INTERVIEWER: Probe for main reason for the largest amount received at one time)
>qup657 / p729_2 / p729_3< Was R interviewed during the 1992 round of data collection?
Else
Yes
2X
>qup657 / p729_2 / p729_3< Did they give you something worth $1,000 or more in the last 10 years?
>p726_2 / p726_3< Who, if anyone else, helped you (or your husband/wife) the next most?
Else
Child / Grandchild
Three gifts maximum. After 3rd, if applicable, go to next item (qup660ck).
No One Else
NON-INHERITANCE GIFTS GIVEN
>qup660ck< (Since [year of last interview],) Did you (or your husband/wife) (at that time) ever GIVE ANYONE a total of $1,000 or more in money, property or other assets (...for a downpayment on a home, living expenses, to pay for education, medical care, or for other needs)?
Yes
Else
>qp643a< p. 6
>pkidlop0< Does R have any living children who are 16 years of age or older OR does R have any children who have died since [year of last interview] that were 16 years of age or older at the time of their death? (From Children Roster Module)
Yes
Else
>p770chk< p. 5
>qup660< Were any of these gifts to your children?
Yes
Else
>pkl1/2/3/4/5/6q60< Since 1992/1975 have you (or your husband/wife) given or loaned any of your (other) children (any OTHER) gifts or loans totaling $1,000 or more? (NOTE: If R is a sibling respondent, the "else" path redirects to itemp730_2 on page 4.)
>pkl1/2/3/4/5/6q62< p. 4
Yes
Else


>pkl1/2/3/4/5/6q62< To which child did you give the (next) largest gift or loan? (INTERVIEWER: Probe: "If all gifts are the same, begin with the gift to the oldest child.")
>pkl1/2/3/4/5/6q63< What was the main reason for the gift or loan?
>pkl1/2/3/4/5/6q64< Altogether what is the total amount (PER CHILD) (of this gift or loan)? (INTERVIEWER: Probe for "best guess" or "rough figure")
>pkl1/2/3/4/5/6q65< Was R interviewed during the 1992 round of data collection?
Else
Yes
>pkl1/2/3/4/5/6q65< Did you help him/her/them in the last 10 years?
>pkl1/2/3/4/5/6q66< Is R being asked about the first non-inheritance gift they gave to (one of) their children?
Else
Yes
>pkl1q66< For this first non-inheritance gift, did R report that "all (of their) children (were) given (the) same gift"? (From item pkl1q62 above) (NOTE: If R is a sibling respondent, the "yes" path redirects to item q691gck below.)
Else
Yes
>q691h< p. 5
>pkl1q67< Could he/she have borrowed that much elsewhere?
>pkidlop2/3/4/5/6< [If R has only ever had 1 child (whether living or dead)]: Has R already been asked the series of questions about non-inheritance gifts they've given to their child two times?
[If R has only ever had 2 children (whether living or dead)]: Has R already been asked the series of questions about non-inheritance gifts they've given to their children four times?
[If R has 3 or more children (whether living or dead)]: Has R already been asked the series of questions about non-inheritance gifts they've given to their children six times?
(NOTE: This check refers to items pkl1/2/3/4/5/6q60 through pkl167 above.)
Yes
Six gifts maximum. After 6th, if applicable, go to next item (p730_2).
Else
5X
>pkl2/3/4/5/6q60< p. 3
>p730_2< Does R have less than two children (whether living or dead)? (From Children Roster Module)
Else
Yes
>p770chk< p. 5
>q691g< Thinking about all the gifts or loans to your children, would you say that the gifts have been divided about evenly among all of your children, or have some received more than others?
>q691gck< Does R have less than two living children? (From Children Roster Module)
>q691h< p. 5
Else
Yes

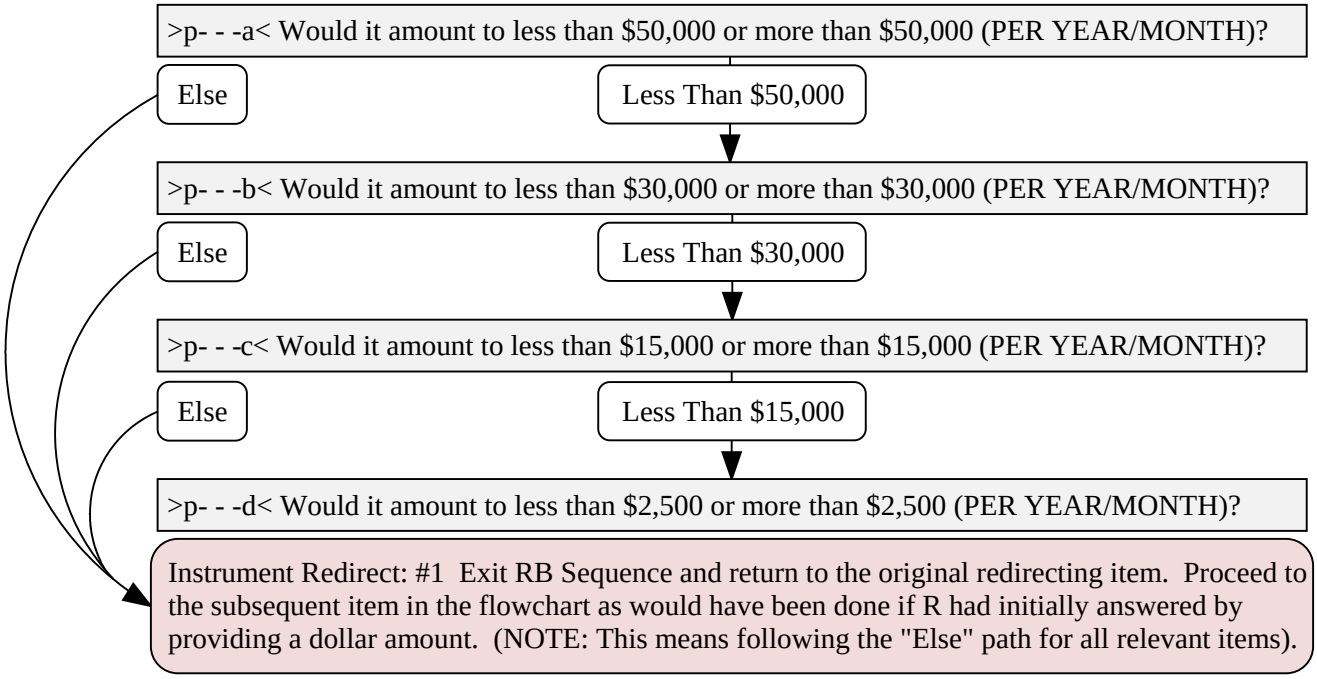

>q691h< Not counting anything your children might inherit from your estate, during your lifetime do you plan on giving all of your children about the same amount of financial help, or will some receive more than others?
Else
Some More Than Others
>q691j< Which child will receive more? (INTERVIEWER: Select all that apply.) (NOTE: Here, the interviewer may select up to 10 of their children who will receive more financial help than others.)
>q691i< Can you tell me more about that? Why will they/[name of child] receive more?
>p770chk< Was R interviewed during the 1992 round of data collection?
Yes
No
>p770chk< Did both of R's parents die more than 10 years ago AND are both of R's parents-in-law, if applicable, deceased? (From Parents Module)
Yes
Else
>qp692< [Were any of these / Did you make any] gifts or loans to your PARENTS or IN-LAWS?
Else
Yes
>qp693< Which parent did you help the most?
>qp694 / p773_2 / p773_3< Altogether, what is the total amount you have given him/her/them? (INTERVIEWER: Probe for "best guess" or "rough figure")
>qp695 / p774_2 / p774_3< What was the main purpose of your help?
>qp696 / p775_2 / p775_3< Was R interviewed during the 1992 round of data collection?
Yes
Else
2X
>qp696 / p775_2 / p775_3< Did you help in the last 10 years?
>qp693a / p771_3< Which, if any, of your other parents did you help the next most?
No Other Parent
Three gifts maximum. After 3rd, if applicable, go to next item (p790).
Else
>p790< Did R report NOT giving any non-inheritance gifts to their children, parents, or parents-in-law? (From items qup660 and qp692 on pages 4 and 5 respectively.)
Else
Yes
>qp698< p. 6
>p790< Was R interviewed during the 1992 round of data collection AND report not giving any non-inheritance gifts to their children? (From itemqup660 on page 4.)
>qp697< p. 6
Else
Yes
>p790< p. 6


>p790< Did both of R's parents die more than 10 years ago AND are both of R's parents-in-law, if applicable, deceased? (From Parents Module)
Yes
Else
>qp697< Did you make any gifts or loans to ANYONE ELSE you haven't already told me about?
Yes
Else
>qp643a< below
>qp698< Who did you help the most?
Else
Grandchild
>qp698b / p791_2b / p791_3b< Which of YOUR children is this child's parent?
>qp699 / p792_2 / p792_3< Altogether, what is the total amount you have given him/her/them? (INTERVIEWER: Probe for "best guess" or "rough figure")
>qp700 / p793_2 / p793_3< What was the main purpose of your help?
>qp701 / p794_2 / p794_3< Was R interviewed during the 1992 round of data collection?
Yes
Else
>qp701 / p794_2 / p794_3< Did you (give any part of this) help in the last 10 years?
>qp698c / p791_3< Who, if anyone, did you help the next most?
No One Else / DR
Three gifts maximum. After 3rd, if applicable, go to next item (qp643a).
Else
Grandchild
2X
CHARITABLE CONTRIBUTIONS
>qp643a< During the last year, did you (or your husband/wife) make charitable contributions of money or property totaling $500 or more?
Yes
Else
Next Module
>qp644< Altogether, about how much did you contribute during the last year? (INTERVIEWER; Probe for "best guess" or "rough figure")
END OF INTER-TRANSFERS MODULE

RANDOMIZED BRACKETING (RB) SEQUENCE

Consult for the following redirecting items:qup640b and p712.

To deal with D or R responses to questions calling for specific dollar amounts (of an inheritance), we enacted a system called randomized bracketing. Respondents unable to provide precise values will be asked a series of questions about the relative amounts of each respective transfer. Based on the context of the original question -- as well as demographic characteristics of respondents such as gender -- the instrument will randomly select a sequence of interval questions. Although the interval amounts and sequencing used will vary, all are engineered to bracket the value of a transfer within a discrete range and thereby approximate the answer to the question R was unable or unwilling to answer. To illustrate the logic behind randomized bracketing, the following sequence serves as an example of one possibility.



Instrument Redirect: #1 Exit RB Sequence and return to the original redirecting item. Proceed to the subsequent item in the flowchart as would have been done if R had initially answered by providing a dollar amount. (NOTE: This means following the "Else" path for all relevant items).

NON-NORMATIVE EXTENSION

The Non-Normative Extension Module will be administered to respondents who reported having living children diagnosed with targeted non-normative conditions (developmental disabilities or mental illnesses) in the Non-Normative Child Screener Module. Such children can be classified as "non-normative children". For respondents with multiple non-normative children, one of them was selected to be the subject of further interviewing in this module. Based on data collected in the screener, each selected non-normative child has been designated as being afflicted by a developmental disability (DD) and/or mental illness (MI); this classification dictates which questions are asked in the Extension.

>NONFILL< Does R have any living non-normative children?

Yes

No → Next Module

>NONFILL< Was one of these children selected to be the subject of further interviewing in the Non-Normative Extension?

Yes

Else → Next Module

>NONFILL< Did R report that this child has had symptoms related to mental illness (see item Du116upr in the Non-Normative Child Screener Module) OR consider the child to be below average in intelligence? (From Non-Normative Child Screener Module)

Else

Yes → >H005< p. 2

>NONFILL< Was the child flagged as being afflicted by a DD?

Yes

Else (MI) → >H003a< p. 2

>H001a< You mentioned that [name of child] had or has [DD identified in screener]. We are particularly interested in learning more about the well-being of persons with that condition. I would like to start by asking about other conditions that [name of child] may have. Some common developmental disabilities are Down syndrome, Autism, Mental Retardation, and Asperger's syndrome. You already said that [name of child] had or has [primary condition identified in screener]. Has a PROFESSIONALever diagnosed [name of child] with any other developmental disabilities?

Else → >H002a<

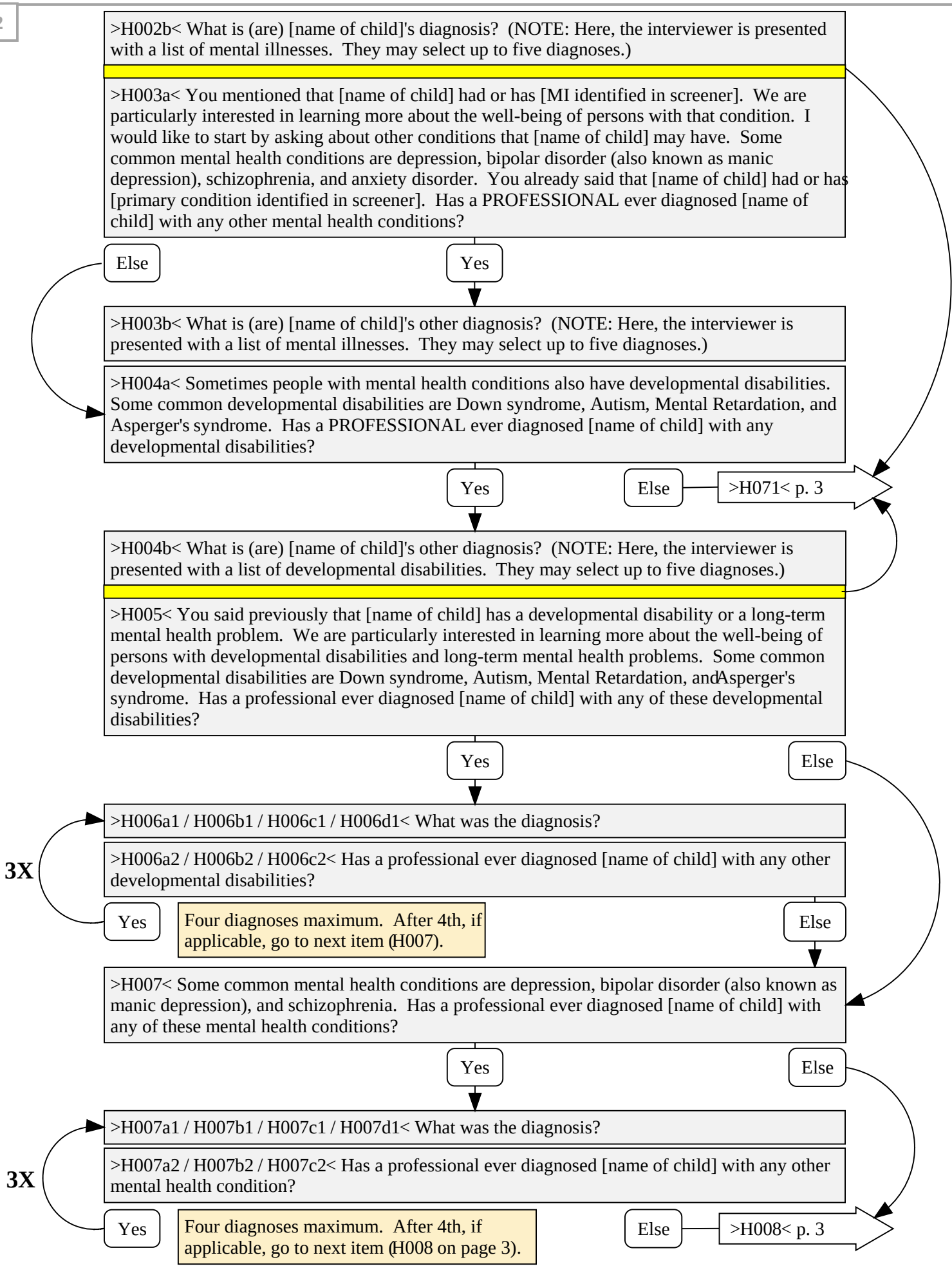
Yes

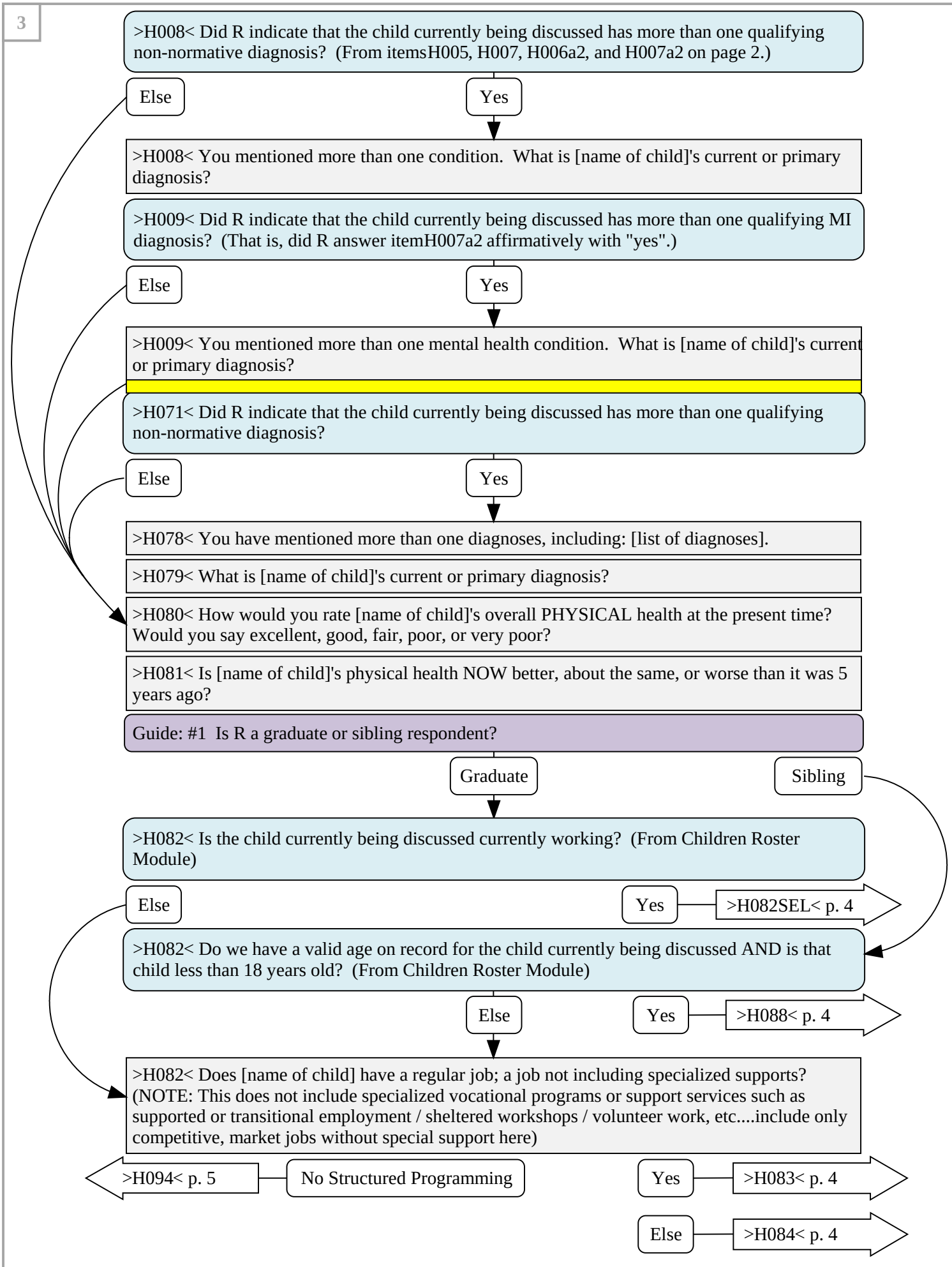
>H001b< INTERVIEWER: Has a PROFESSIONAL ever diagnosed [name of child] with any other developmental disabilities? (NOTE: Here, the interviewer is presented with a list of developmental disabilities. They may select up to five diagnoses in addition to the primary one identified in the screener.)

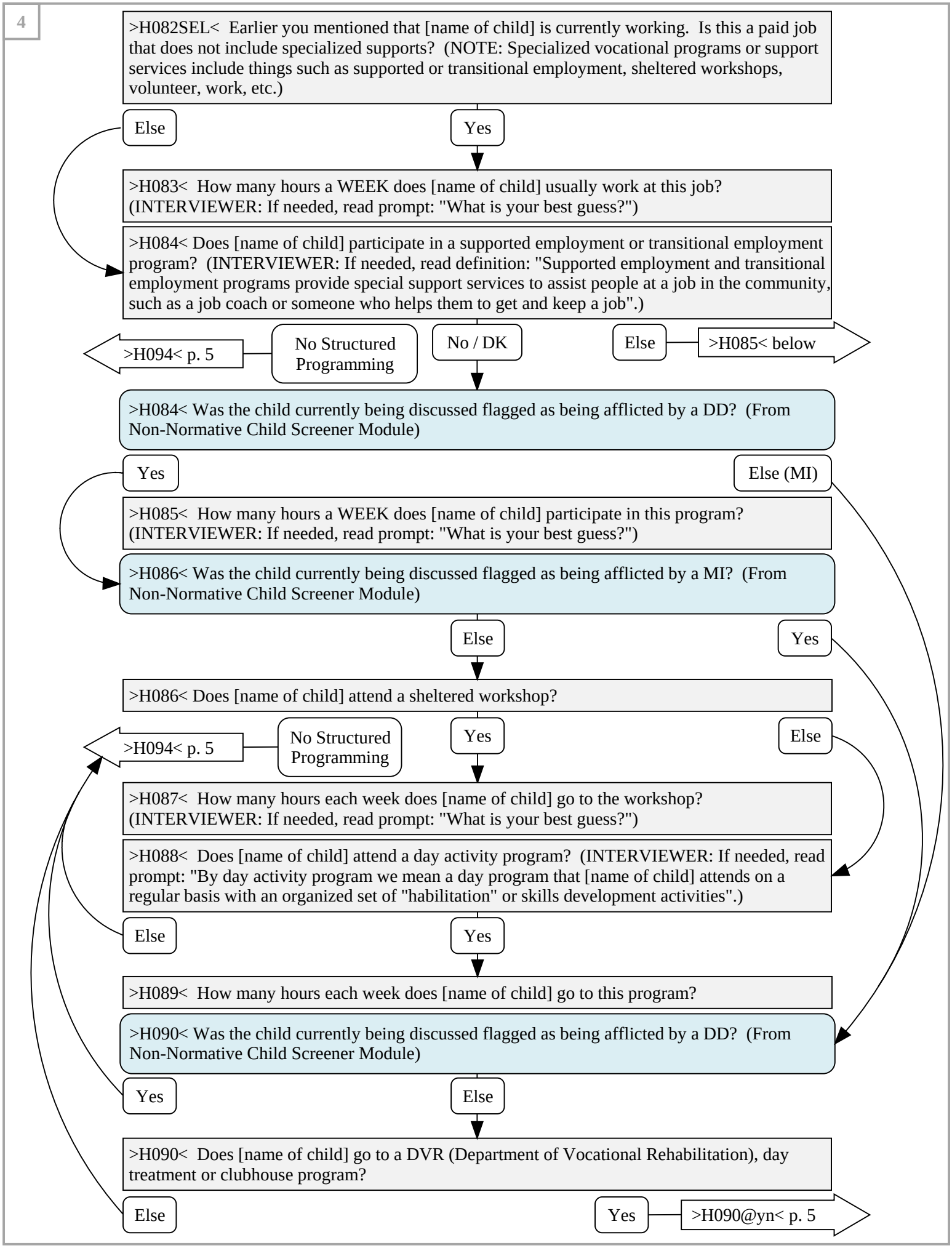
>H002a< Sometimes people with a developmental disability also have mental health conditions. Some common mental health conditions are depression, bipolar disorder (also known as manic depression), schizophrenia, and anxiety disorder. Has a PROFESSIONAL ever diagnosed [name of child] with any mental health conditions?

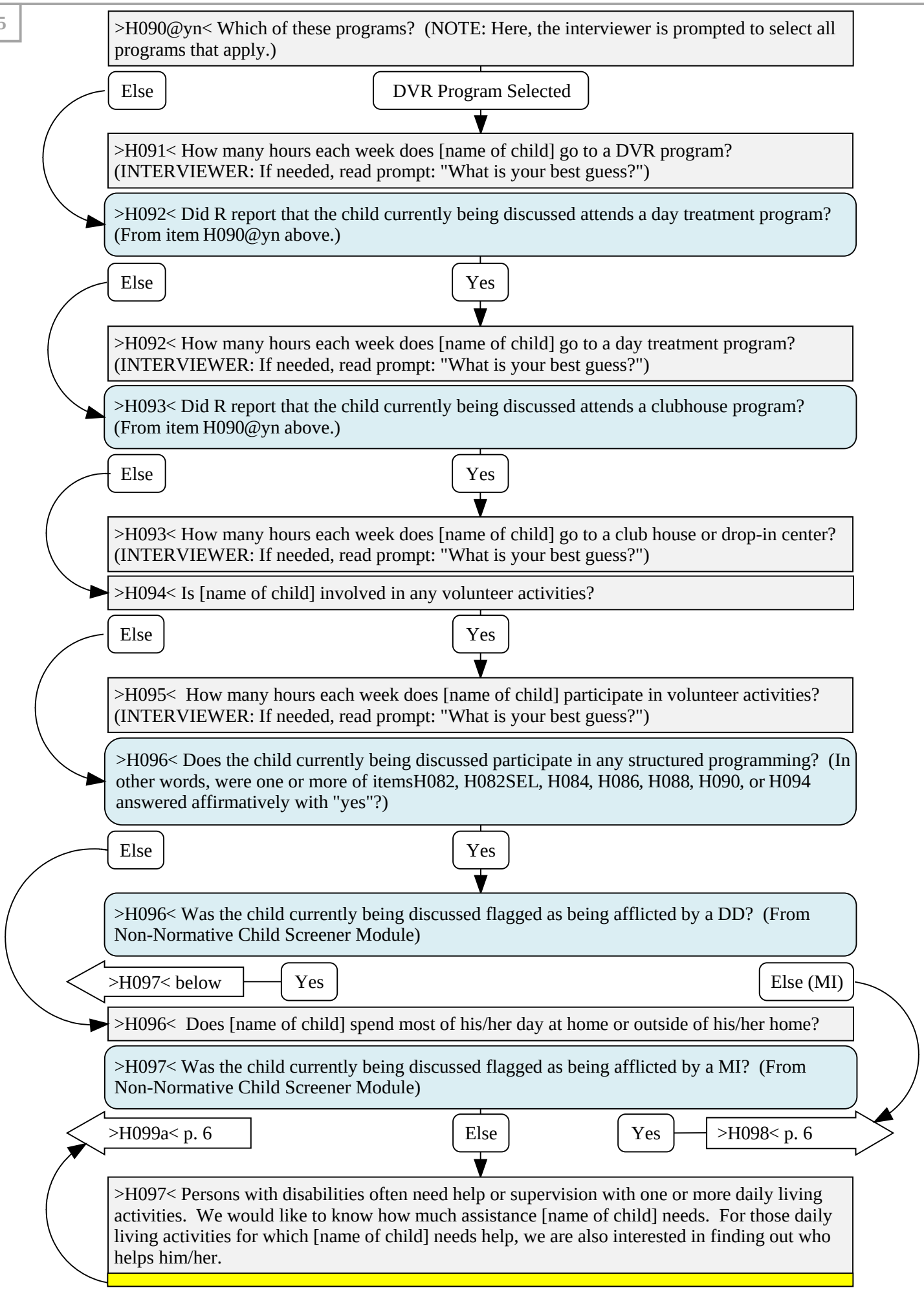
>H071< p. 3 ← Else

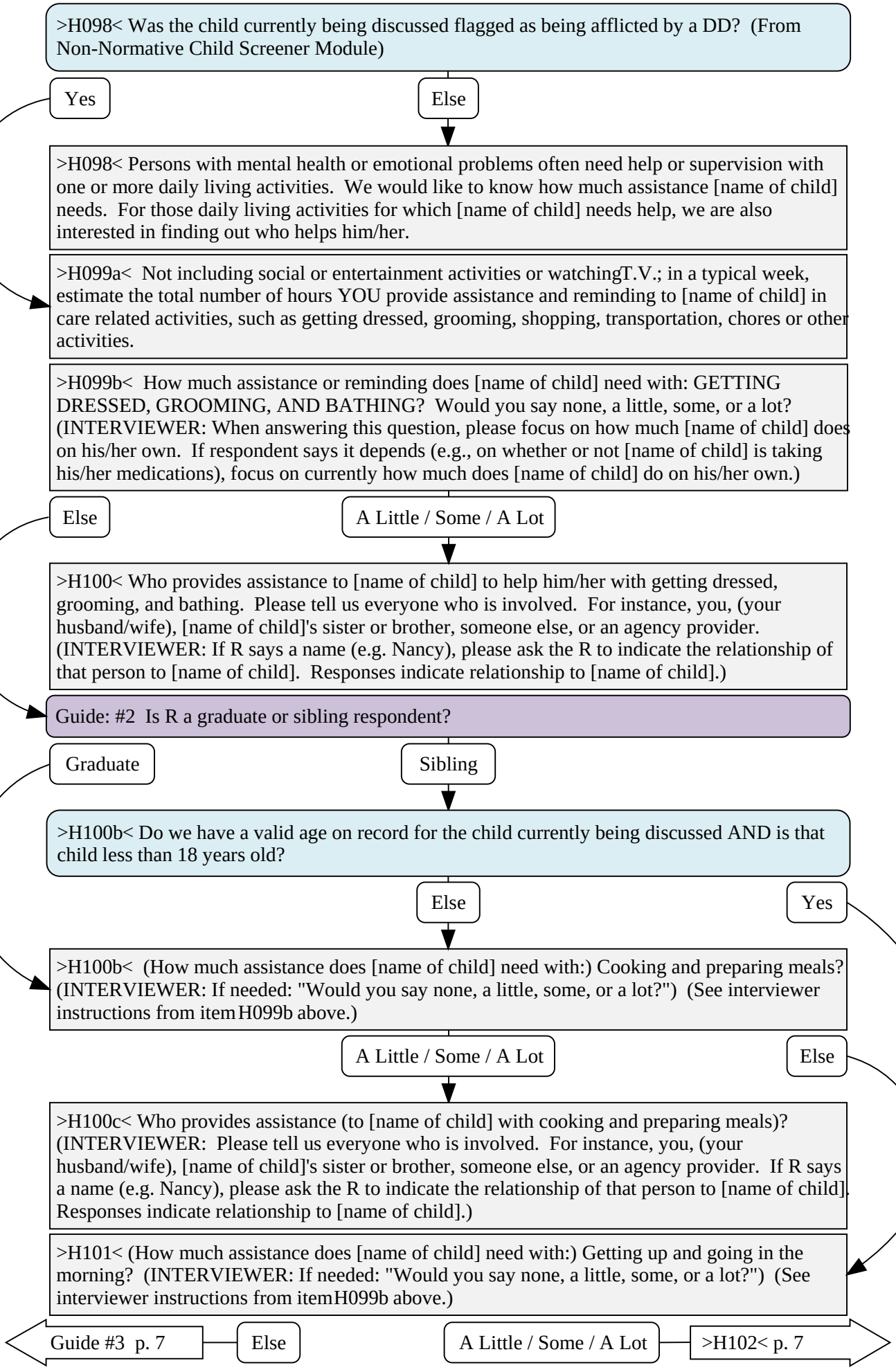
Yes → >H002b< p. 2

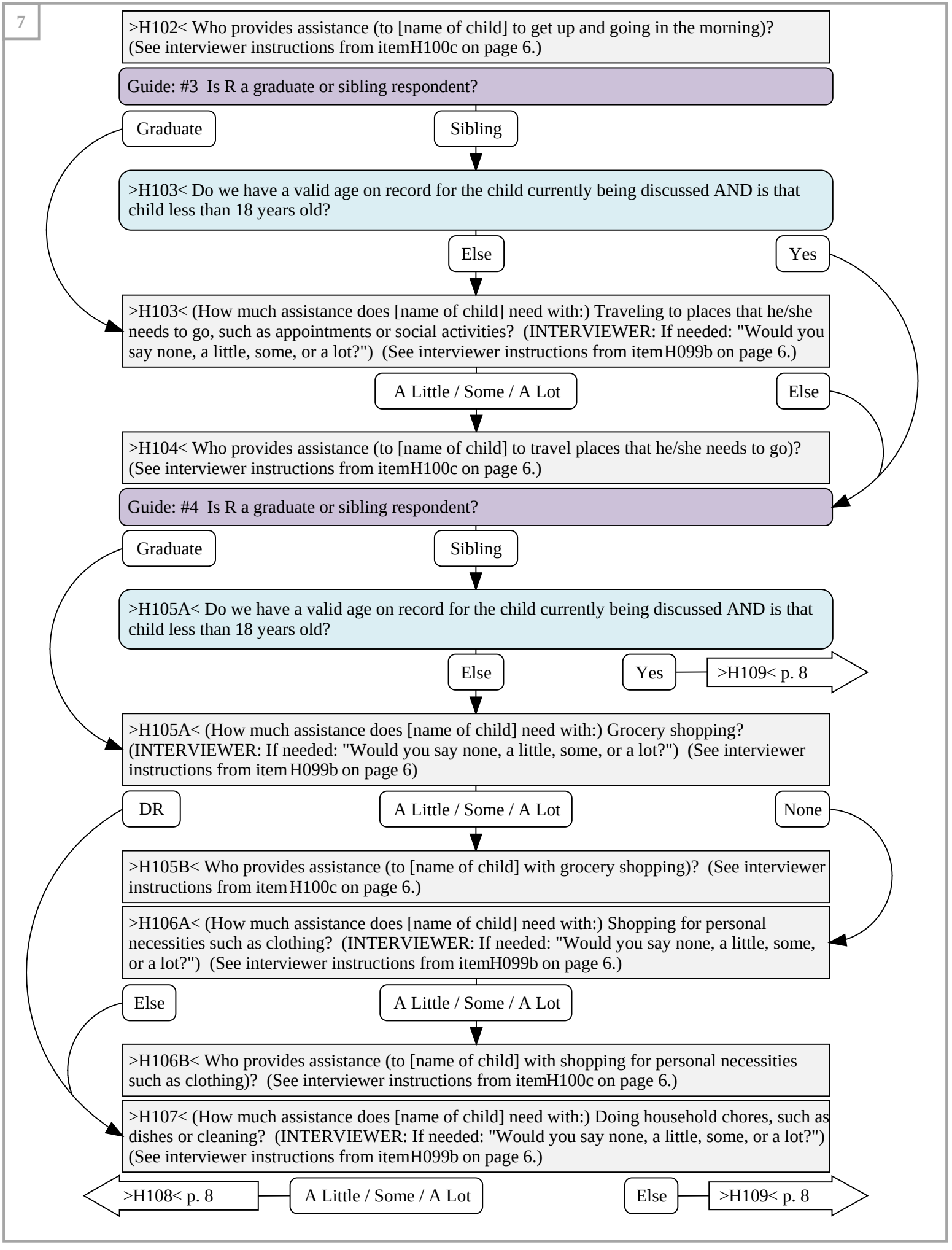

>H002b< What is (are) [name of child]'s diagnosis? (NOTE: Here, the interviewer is presented with a list of mental illnesses. They may select up to five diagnoses.)
>H003a< You mentioned that [name of child] had or has [MI identified in screener]. We are particularly interested in learning more about the well-being of persons with that condition. I would like to start by asking about other conditions that [name of child] may have. Some common mental health conditions are depression, bipolar disorder (also known as manic depression), schizophrenia, and anxiety disorder. You already said that [name of child] had or has [primary condition identified in screener]. Has a PROFESSIONAL ever diagnosed [name of child] with any other mental health conditions?
Else
Yes
>H003b< What is (are) [name of child]'s other diagnosis? (NOTE: Here, the interviewer is presented with a list of mental illnesses. They may select up to five diagnoses.)
>H004a< Sometimes people with mental health conditions also have developmental disabilities. Some common developmental disabilities are Down syndrome, Autism, Mental Retardation, and Asperger's syndrome. Has a PROFESSIONAL ever diagnosed [name of child] with any developmental disabilities?
Yes
Else
>H071< p. 3
>H004b< What is (are) [name of child]'s other diagnosis? (NOTE: Here, the interviewer is presented with a list of developmental disabilities. They may select up to five diagnoses.)
>H005< You said previously that [name of child] has a developmental disability or a long-term mental health problem. We are particularly interested in learning more about the well-being of persons with developmental disabilities and long-term mental health problems. Some common developmental disabilities are Down syndrome, Autism, Mental Retardation, and Asperger's syndrome. Has a professional ever diagnosed [name of child] with any of these developmental disabilities?
Yes
Else
>H006a1 / H006b1 / H006c1 / H006d1< What was the diagnosis?
3X
>H006a2 / H006b2 / H006c2< Has a professional ever diagnosed [name of child] with any other developmental disabilities?
Yes
Four diagnoses maximum. After 4th, if applicable, go to next item (H007).
Else
>H007< Some common mental health conditions are depression, bipolar disorder (also known as manic depression), and schizophrenia. Has a professional ever diagnosed [name of child] with any of these mental health conditions?
Yes
Else
>H007a1 / H007b1 / H007c1 / H007d1< What was the diagnosis?
3X
>H007a2 / H007b2 / H007c2< Has a professional ever diagnosed [name of child] with any other mental health condition?
Yes
Four diagnoses maximum. After 4th, if applicable, go to next item (H008 on page 3).
Else
>H008< p. 3

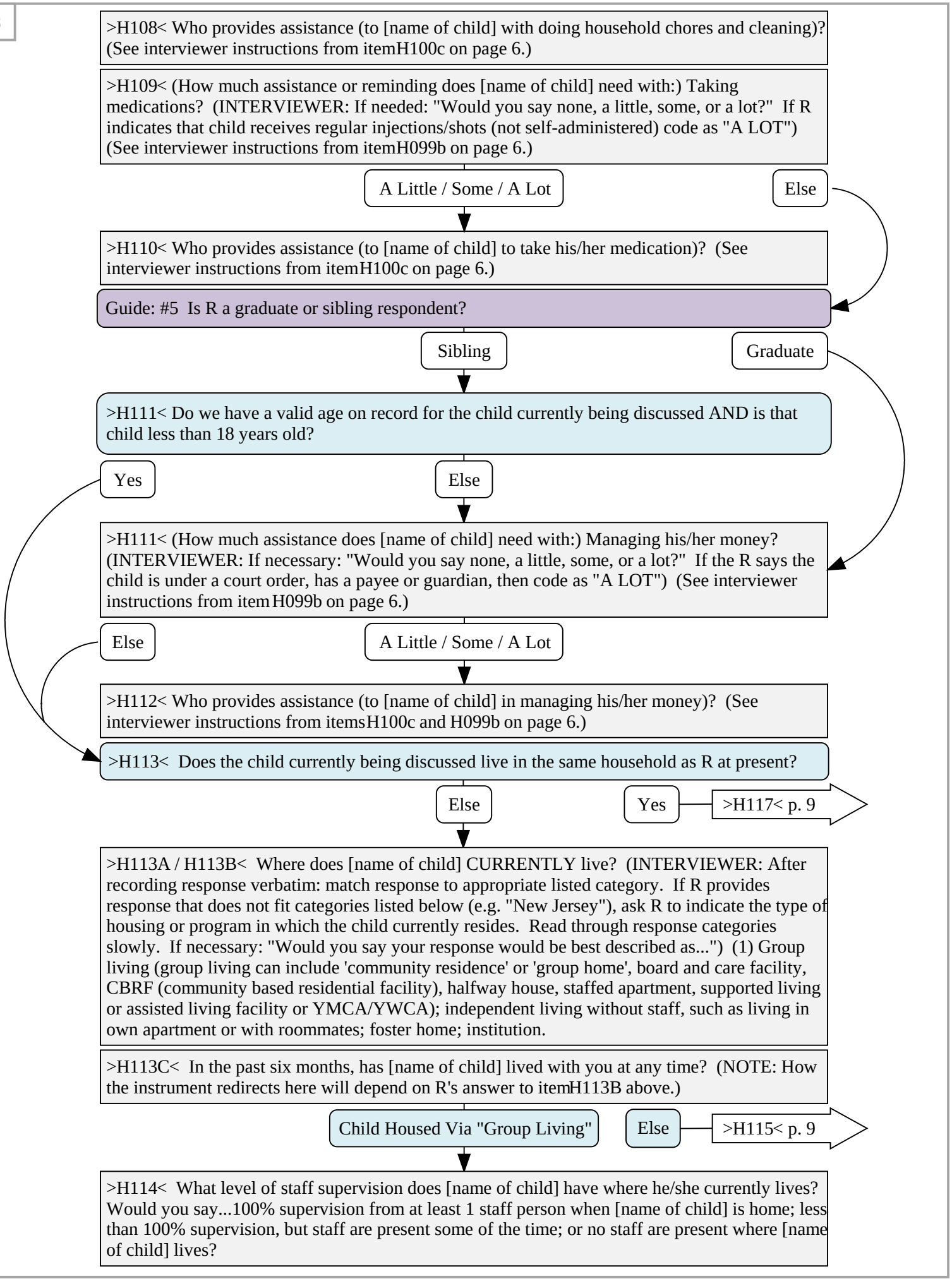

>H008< Did R indicate that the child currently being discussed has more than one qualifying non-normative diagnosis? (From itemsH005, H007, H006a2, and H007a2 on page 2.)
Else
Yes
>H008< You mentioned more than one condition. What is [name of child]'s current or primary diagnosis?
>H009< Did R indicate that the child currently being discussed has more than one qualifying MI diagnosis? (That is, did R answer itemH007a2 affirmatively with "yes".)
Else
Yes
>H009< You mentioned more than one mental health condition. What is [name of child]'s current or primary diagnosis?
>H071< Did R indicate that the child currently being discussed has more than one qualifying non-normative diagnosis?
Else
Yes
>H078< You have mentioned more than one diagnoses, including: [list of diagnoses].
>H079< What is [name of child]'s current or primary diagnosis?
>H080< How would you rate [name of child]'s overall PHYSICAL health at the present time? Would you say excellent, good, fair, poor, or very poor?
>H081< Is [name of child]'s physical health NOW better, about the same, or worse than it was 5 years ago?
Guide: #1 Is R a graduate or sibling respondent?
Graduate
Sibling
>H082< Is the child currently being discussed currently working? (From Children Roster Module)
Else
Yes
>H082SEL< p. 4
>H082< Do we have a valid age on record for the child currently being discussed AND is that child less than 18 years old? (From Children Roster Module)
Else
Yes
>H088< p. 4
>H082< Does [name of child] have a regular job; a job not including specialized supports? (NOTE: This does not include specialized vocational programs or support services such as supported or transitional employment / sheltered workshops / volunteer work, etc....include only competitive, market jobs without special support here)
>H094< p. 5
No Structured Programming
Yes
>H083< p. 4
Else
>H084< p. 4

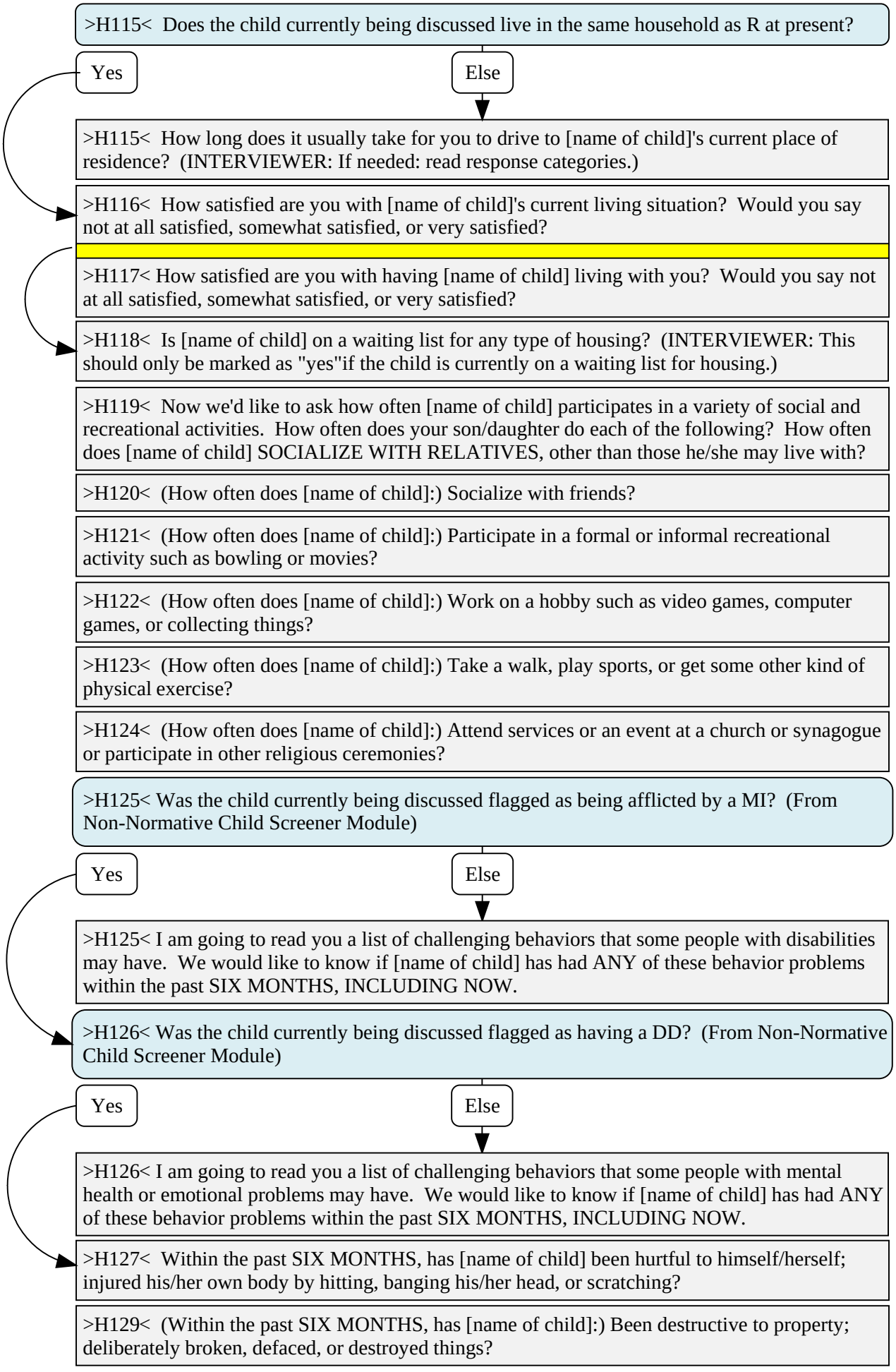

>H082SEL< Earlier you mentioned that [name of child] is currently working. Is this a paid job that does not include specialized supports? (NOTE: Specialized vocational programs or support services include things such as supported or transitional employment, sheltered workshops, volunteer, work, etc.)
Else
Yes
>H083< How many hours a WEEK does [name of child] usually work at this job? (INTERVIEWER: If needed, read prompt: "What is your best guess?")
>H084< Does [name of child] participate in a supported employment or transitional employment program? (INTERVIEWER: If needed, read definition: "Supported employment and transitional employment programs provide special support services to assist people at a job in the community, such as a job coach or someone who helps them to get and keep a job".)
>H094< p. 5
No Structured Programming
No / DK
Else
>H085< below
>H084< Was the child currently being discussed flagged as being afflicted by a DD? (From Non-Normative Child Screener Module)
Yes
Else (MI)
>H085< How many hours a WEEK does [name of child] participate in this program? (INTERVIEWER: If needed, read prompt: "What is your best guess?")
>H086< Was the child currently being discussed flagged as being afflicted by a MI? (From Non-Normative Child Screener Module)
Else
Yes
>H086< Does [name of child] attend a sheltered workshop?
>H094< p. 5
No Structured Programming
Yes
Else
>H087< How many hours each week does [name of child] go to the workshop? (INTERVIEWER: If needed, read prompt: "What is your best guess?")
>H088< Does [name of child] attend a day activity program? (INTERVIEWER: If needed, read prompt: "By day activity program we mean a day program that [name of child] attends on a regular basis with an organized set of "habilitation" or skills development activities".)
Else
Yes
>H089< How many hours each week does [name of child] go to this program?
>H090< Was the child currently being discussed flagged as being afflicted by a DD? (From Non-Normative Child Screener Module)
Yes
Else
>H090< Does [name of child] go to a DVR (Department of Vocational Rehabilitation), day treatment or clubhouse program?
Else
Yes
>H090@yn< p. 5


>H090@yn< Which of these programs? (NOTE: Here, the interviewer is prompted to select all programs that apply.)
Else
DVR Program Selected
>H091< How many hours each week does [name of child] go to a DVR program? (INTERVIEWER: If needed, read prompt: "What is your best guess?")
>H092< Did R report that the child currently being discussed attends a day treatment program? (From item H090@yn above.)
Else
Yes
>H092< How many hours each week does [name of child] go to a day treatment program? (INTERVIEWER: If needed, read prompt: "What is your best guess?")
>H093< Did R report that the child currently being discussed attends a clubhouse program? (From item H090@yn above.)
Else
Yes
>H093< How many hours each week does [name of child] go to a club house or drop-in center? (INTERVIEWER: If needed, read prompt: "What is your best guess?")
>H094< Is [name of child] involved in any volunteer activities?
Else
Yes
>H095< How many hours each week does [name of child] participate in volunteer activities? (INTERVIEWER: If needed, read prompt: "What is your best guess?")
>H096< Does the child currently being discussed participate in any structured programming? (In other words, were one or more of itemsH082, H082SEL, H084, H086, H088, H090, or H094 answered affirmatively with "yes"?)
Else
Yes
>H096< Was the child currently being discussed flagged as being afflicted by a DD? (From Non-Normative Child Screener Module)
>H097< below
Yes
Else (MI)
>H096< Does [name of child] spend most of his/her day at home or outside of his/her home?
>H097< Was the child currently being discussed flagged as being afflicted by a MI? (From Non-Normative Child Screener Module)
>H099a< p. 6
Else
Yes
>H098< p. 6
>H097< Persons with disabilities often need help or supervision with one or more daily living activities. We would like to know how much assistance [name of child] needs. For those daily living activities for which [name of child] needs help, we are also interested in finding out who helps him/her.


>H098< Was the child currently being discussed flagged as being afflicted by a DD? (From Non-Normative Child Screener Module)
Yes
Else
>H098< Persons with mental health or emotional problems often need help or supervision with one or more daily living activities. We would like to know how much assistance [name of child] needs. For those daily living activities for which [name of child] needs help, we are also interested in finding out who helps him/her.
>H099a< Not including social or entertainment activities or watchingT.V.; in a typical week, estimate the total number of hours YOU provide assistance and reminding to [name of child] in care related activities, such as getting dressed, grooming, shopping, transportation, chores or other activities.
>H099b< How much assistance or reminding does [name of child] need with: GETTING DRESSED, GROOMING, AND BATHING? Would you say none, a little, some, or a lot? (INTERVIEWER: When answering this question, please focus on how much [name of child] does on his/her own. If respondent says it depends (e.g., on whether or not [name of child] is taking his/her medications), focus on currently how much does [name of child] do on his/her own.)
Else
A Little / Some / A Lot
>H100< Who provides assistance to [name of child] to help him/her with getting dressed, grooming, and bathing. Please tell us everyone who is involved. For instance, you, (your husband/wife), [name of child]'s sister or brother, someone else, or an agency provider. (INTERVIEWER: If R says a name (e.g. Nancy), please ask the R to indicate the relationship of that person to [name of child]. Responses indicate relationship to [name of child].)
Guide: #2 Is R a graduate or sibling respondent?
Graduate
Sibling
>H100b< Do we have a valid age on record for the child currently being discussed AND is that child less than 18 years old?
Else
Yes
>H100b< (How much assistance does [name of child] need with:) Cooking and preparing meals? (INTERVIEWER: If needed: "Would you say none, a little, some, or a lot?") (See interviewer instructions from itemH099b above.)
A Little / Some / A Lot
Else
>H100c< Who provides assistance (to [name of child] with cooking and preparing meals)? (INTERVIEWER: Please tell us everyone who is involved. For instance, you, (your husband/wife), [name of child]'s sister or brother, someone else, or an agency provider. If R says a name (e.g. Nancy), please ask the R to indicate the relationship of that person to [name of child]. Responses indicate relationship to [name of child].)
>H101< (How much assistance does [name of child] need with:) Getting up and going in the morning? (INTERVIEWER: If needed: "Would you say none, a little, some, or a lot?") (See interviewer instructions from itemH099b above.)
Guide #3 p. 7
Else
A Little / Some / A Lot
>H102< p. 7


>H102< Who provides assistance (to [name of child] to get up and going in the morning)? (See interviewer instructions from itemH100c on page 6.)
Guide: #3 Is R a graduate or sibling respondent?
Graduate
Sibling
>H103< Do we have a valid age on record for the child currently being discussed AND is that child less than 18 years old?
Else
Yes
>H103< (How much assistance does [name of child] need with:) Traveling to places that he/she needs to go, such as appointments or social activities? (INTERVIEWER: If needed: "Would you say none, a little, some, or a lot?") (See interviewer instructions from itemH099b on page 6.)
A Little / Some / A Lot
Else
>H104< Who provides assistance (to [name of child] to travel places that he/she needs to go)? (See interviewer instructions from itemH100c on page 6.)
Guide: #4 Is R a graduate or sibling respondent?
Graduate
Sibling
>H105A< Do we have a valid age on record for the child currently being discussed AND is that child less than 18 years old?
Else
Yes
>H109< p. 8
>H105A< (How much assistance does [name of child] need with:) Grocery shopping? (INTERVIEWER: If needed: "Would you say none, a little, some, or a lot?") (See interviewer instructions from item H099b on page 6)
DR
A Little / Some / A Lot
None
>H105B< Who provides assistance (to [name of child] with grocery shopping)? (See interviewer instructions from item H100c on page 6.)
>H106A< (How much assistance does [name of child] need with:) Shopping for personal necessities such as clothing? (INTERVIEWER: If needed: "Would you say none, a little, some, or a lot?") (See interviewer instructions from itemH099b on page 6.)
Else
A Little / Some / A Lot
>H106B< Who provides assistance (to [name of child] with shopping for personal necessities such as clothing)? (See interviewer instructions from itemH100c on page 6.)
>H107< (How much assistance does [name of child] need with:) Doing household chores, such as dishes or cleaning? (INTERVIEWER: If needed: "Would you say none, a little, some, or a lot?") (See interviewer instructions from itemH099b on page 6.)
>H108< p. 8
A Little / Some / A Lot
Else
>H109< p. 8


>H108< Who provides assistance (to [name of child] with doing household chores and cleaning)? (See interviewer instructions from itemH100c on page 6.)
>H109< (How much assistance or reminding does [name of child] need with:) Taking medications? (INTERVIEWER: If needed: "Would you say none, a little, some, or a lot?" If R indicates that child receives regular injections/shots (not self-administered) code as "A LOT") (See interviewer instructions from itemH099b on page 6.)
A Little / Some / A Lot
Else
>H110< Who provides assistance (to [name of child] to take his/her medication)? (See interviewer instructions from itemH100c on page 6.)
Guide: #5 Is R a graduate or sibling respondent?
Sibling
Graduate
>H111< Do we have a valid age on record for the child currently being discussed AND is that child less than 18 years old?
Yes
Else
>H111< (How much assistance does [name of child] need with:) Managing his/her money? (INTERVIEWER: If necessary: "Would you say none, a little, some, or a lot?" If the R says the child is under a court order, has a payee or guardian, then code as "A LOT") (See interviewer instructions from item H099b on page 6.)
Else
A Little / Some / A Lot
>H112< Who provides assistance (to [name of child] in managing his/her money)? (See interviewer instructions from itemsH100c and H099b on page 6.)
>H113< Does the child currently being discussed live in the same household as R at present?
Else
Yes
>H117< p. 9
>H113A / H113B< Where does [name of child] CURRENTLY live? (INTERVIEWER: After recording response verbatim: match response to appropriate listed category. If R provides response that does not fit categories listed below (e.g. "New Jersey"), ask R to indicate the type of housing or program in which the child currently resides. Read through response categories slowly. If necessary: "Would you say your response would be best described as...") (1) Group living (group living can include 'community residence' or 'group home', board and care facility, CBRF (community based residential facility), halfway house, staffed apartment, supported living or assisted living facility or YMCA/YWCA); independent living without staff, such as living in own apartment or with roommates; foster home; institution.
>H113C< In the past six months, has [name of child] lived with you at any time? (NOTE: How the instrument redirects here will depend on R's answer to itemH113B above.)
Child Housed Via "Group Living"
Else
>H115< p. 9
>H114< What level of staff supervision does [name of child] have where he/she currently lives? Would you say...100% supervision from at least 1 staff person when [name of child] is home; less than 100% supervision, but staff are present some of the time; or no staff are present where [name of child] lives?


>H115< Does the child currently being discussed live in the same household as R at present?
Yes
Else
>H115< How long does it usually take for you to drive to [name of child]'s current place of residence? (INTERVIEWER: If needed: read response categories.)
>H116< How satisfied are you with [name of child]'s current living situation? Would you say not at all satisfied, somewhat satisfied, or very satisfied?
>H117< How satisfied are you with having [name of child] living with you? Would you say not at all satisfied, somewhat satisfied, or very satisfied?
>H118< Is [name of child] on a waiting list for any type of housing? (INTERVIEWER: This should only be marked as "yes"if the child is currently on a waiting list for housing.)
>H119< Now we'd like to ask how often [name of child] participates in a variety of social and recreational activities. How often does your son/daughter do each of the following? How often does [name of child] SOCIALIZE WITH RELATIVES, other than those he/she may live with?
>H120< (How often does [name of child]:) Socialize with friends?
>H121< (How often does [name of child]:) Participate in a formal or informal recreational activity such as bowling or movies?
>H122< (How often does [name of child]:) Work on a hobby such as video games, computer games, or collecting things?
>H123< (How often does [name of child]:) Take a walk, play sports, or get some other kind of physical exercise?
>H124< (How often does [name of child]:) Attend services or an event at a church or synagogue or participate in other religious ceremonies?
>H125< Was the child currently being discussed flagged as being afflicted by a MI? (From Non-Normative Child Screener Module)
Yes
Else
>H125< I am going to read you a list of challenging behaviors that some people with disabilities may have. We would like to know if [name of child] has had ANY of these behavior problems within the past SIX MONTHS, INCLUDING NOW.
>H126< Was the child currently being discussed flagged as having a DD? (From Non-Normative Child Screener Module)
Yes
Else
>H126< I am going to read you a list of challenging behaviors that some people with mental health or emotional problems may have. We would like to know if [name of child] has had ANY of these behavior problems within the past SIX MONTHS, INCLUDING NOW.
>H127< Within the past SIX MONTHS, has [name of child] been hurtful to himself/herself; injured his/her own body by hitting, banging his/her head, or scratching?
>H129< (Within the past SIX MONTHS, has [name of child]:) Been destructive to property; deliberately broken, defaced, or destroyed things?

>H130< (Within the past SIX MONTHS, has [name of child]:) Had disruptive behavior that interfered with the activity of others, for example by clinging, pestering, or teasing?

>H131< (Within the past SIX MONTHS, has [name of child]:) Had any unusual or repetitive habits, unusual behavior done over and over, such as pacing, rocking, twirling fingers, or talking to himself/herself?

>H132< (Within the past SIX MONTHS, has [name of child]:) Had any socially offensive behavior; such as talking too loud, swearing, touching others too much, or belching?

>H133< (Within the past SIX MONTHS, has [name of child]:) Had withdrawn or inattentive behavior, for example having difficulty being around others or paying attention?

>H134< (Within the past SIX MONTHS, has [name of child]:) Had uncooperative behavior, such as refusing to obey or refusing to go to school or work?

>H128< (Within the past SIX MONTHS, has [name of child]:) Been destructive or hurtful to you or others; caused physical pain to people or to animals?

Else / Yes

>H139< (Within the past SIX MONTHS:) Has [name of child] shoved, hit, or PHYSICALLY hurt you or someone in your household?

Else / Yes

>H140< (Within the past SIX MONTHS:) How often has [name of child] shoved, hit, or PHYSICALLY hurt you or someone in your household?

>H137< (Within the past SIX MONTHS:) Has [name of child] THREATENED to physically hurt you or someone in your household?

Yes / Else

>H138< (Within the past SIX MONTHS:) How often has [name of child] THREATENED to physically hurt you or someone in your household?

>H135< (Within the past SIX MONTHS:) Has [name of child] been VERBALLY abusive to you or someone in your household?

Else / Yes

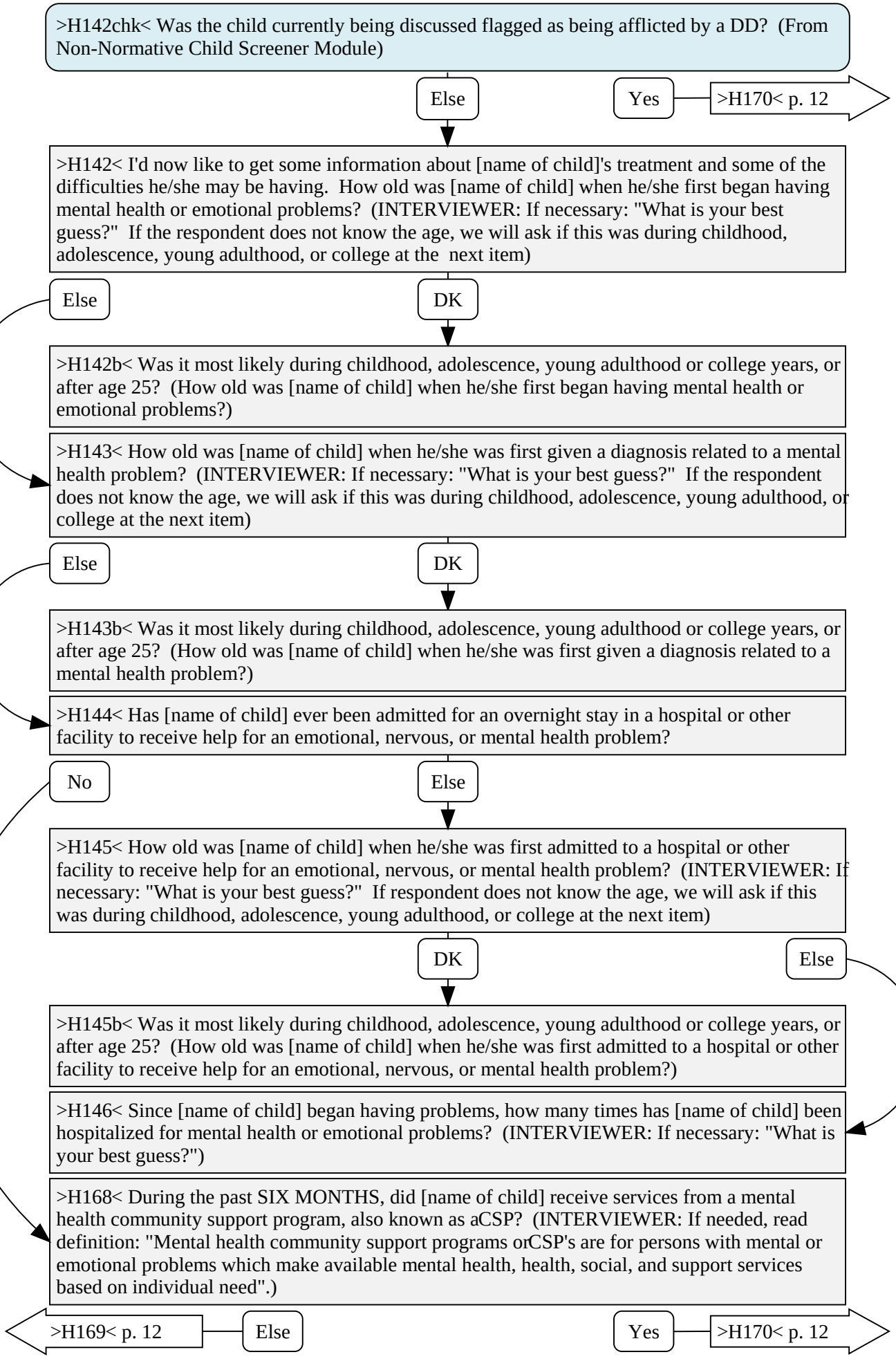
>H136< (Within the past SIX MONTHS:) How often has [name of child] been VERBALLY abusive to you or someone in your household?

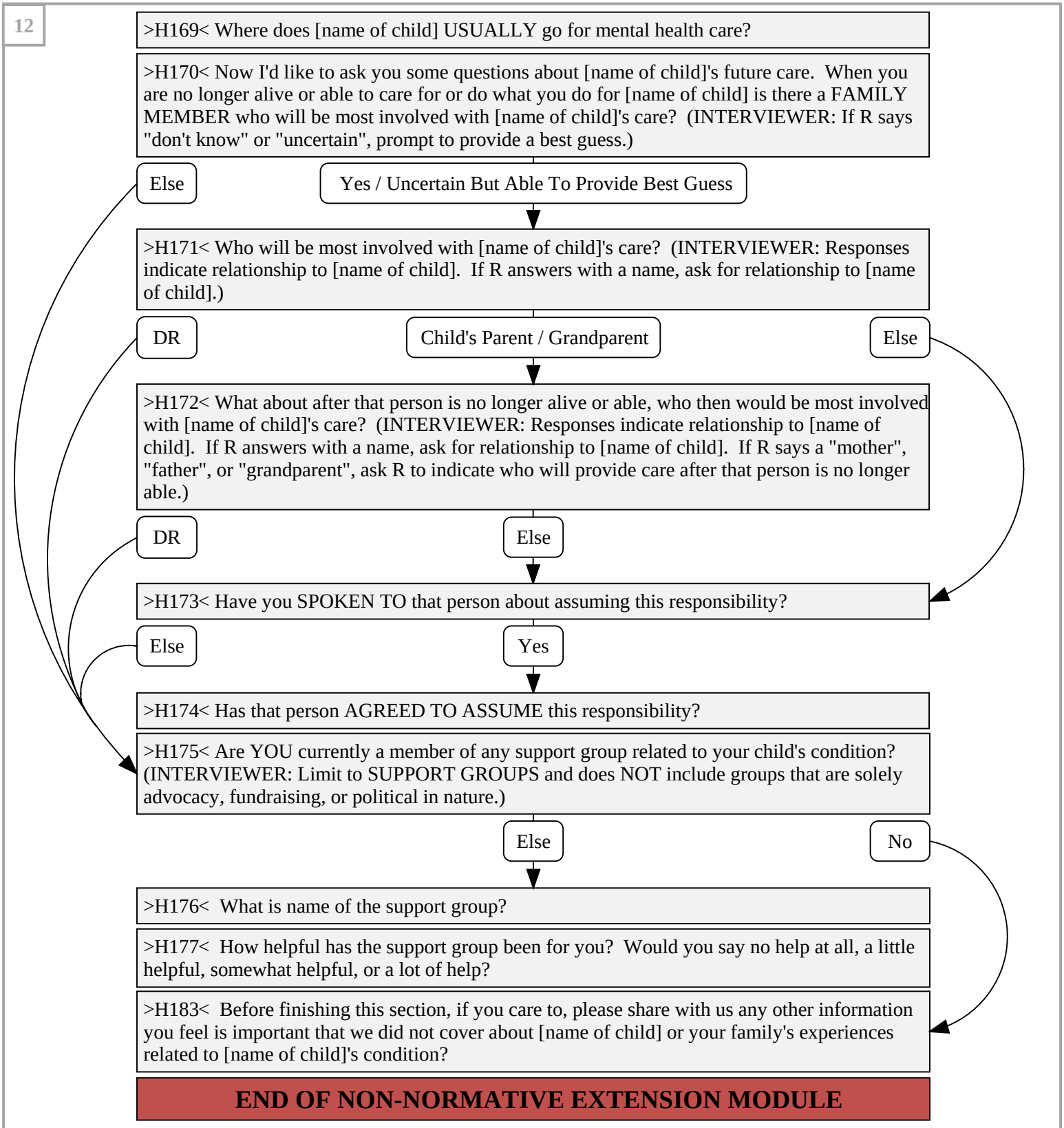
>H141< To what extent is your family socially isolated because of [name of child]'s behavior? Would you say not at all socially isolated, only a little isolated, somewhat isolated, or extremely socially isolated?

>H142chk< Did R report that the child currently being discussed has been diagnosed with bipolar disorder (manic depressive disorder),cyclothymia, delusional disorder, schizophrenia/schizoaffective/schizophreniform disorder, OR psychotic disorder/psychosis? (From Non-Normative Child Screener Module)

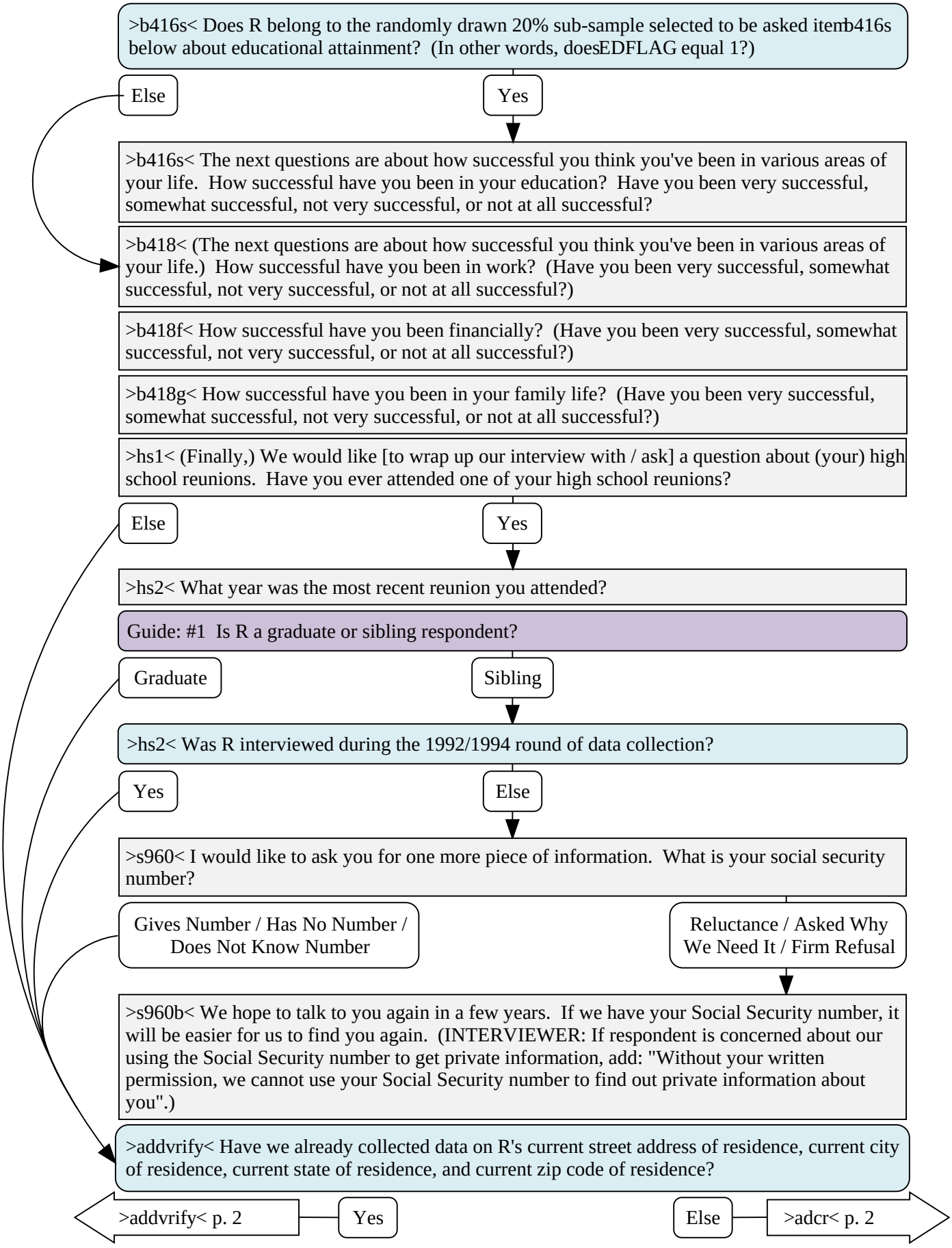
Else → >H142chk< p. 11

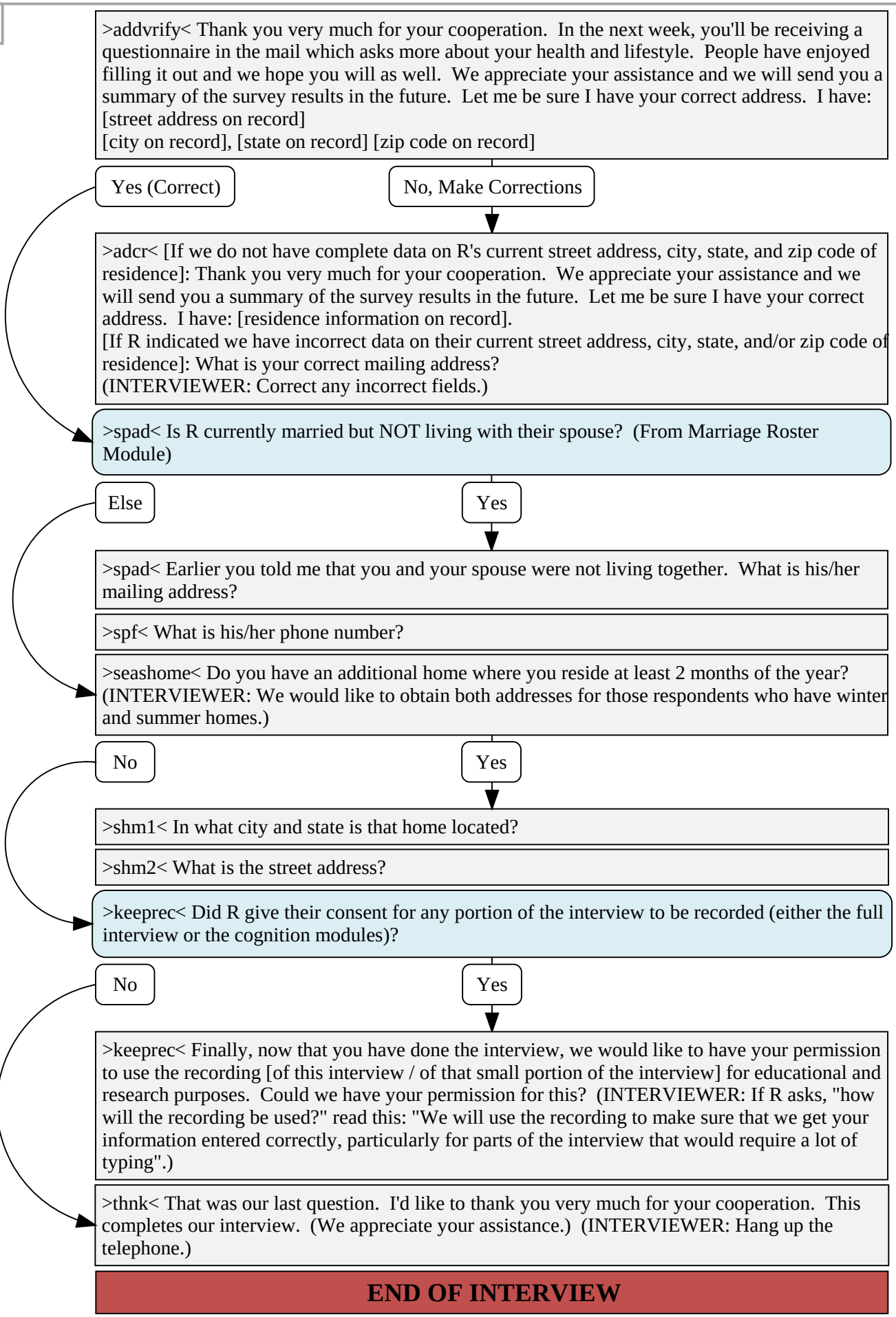
Yes → >H142< p. 11


>H142chk< Was the child currently being discussed flagged as being afflicted by a DD? (From Non-Normative Child Screener Module)
Else
Yes
>H170< p. 12
>H142< I'd now like to get some information about [name of child]'s treatment and some of the difficulties he/she may be having. How old was [name of child] when he/she first began having mental health or emotional problems? (INTERVIEWER: If necessary: "What is your best guess?" If the respondent does not know the age, we will ask if this was during childhood, adolescence, young adulthood, or college at the next item)
Else
DK
>H142b< Was it most likely during childhood, adolescence, young adulthood or college years, or after age 25? (How old was [name of child] when he/she first began having mental health or emotional problems?)
>H143< How old was [name of child] when he/she was first given a diagnosis related to a mental health problem? (INTERVIEWER: If necessary: "What is your best guess?" If the respondent does not know the age, we will ask if this was during childhood, adolescence, young adulthood, or college at the next item)
Else
DK
>H143b< Was it most likely during childhood, adolescence, young adulthood or college years, or after age 25? (How old was [name of child] when he/she was first given a diagnosis related to a mental health problem?)
>H144< Has [name of child] ever been admitted for an overnight stay in a hospital or other facility to receive help for an emotional, nervous, or mental health problem?
No
Else
>H145< How old was [name of child] when he/she was first admitted to a hospital or other facility to receive help for an emotional, nervous, or mental health problem? (INTERVIEWER: If necessary: "What is your best guess?" If respondent does not know the age, we will ask if this was during childhood, adolescence, young adulthood, or college at the next item)
DK
Else
>H145b< Was it most likely during childhood, adolescence, young adulthood or college years, or after age 25? (How old was [name of child] when he/she was first admitted to a hospital or other facility to receive help for an emotional, nervous, or mental health problem?)
>H146< Since [name of child] began having problems, how many times has [name of child] been hospitalized for mental health or emotional problems? (INTERVIEWER: If necessary: "What is your best guess?")
>H168< During the past SIX MONTHS, did [name of child] receive services from a mental health community support program, also known as aCSP? (INTERVIEWER: If needed, read definition: "Mental health community support programs orCSP's are for persons with mental or emotional problems which make available mental health, health, social, and support services based on individual need".)
>H169< p. 12
Else
Yes
>H170< p. 12


>H169< Where does [name of child] USUALLY go for mental health care?
>H170< Now I'd like to ask you some questions about [name of child]'s future care. When you are no longer alive or able to care for or do what you do for [name of child] is there a FAMILY MEMBER who will be most involved with [name of child]'s care? (INTERVIEWER: If R says "don't know" or "uncertain", prompt to provide a best guess.)
Else
Yes / Uncertain But Able To Provide Best Guess
>H171< Who will be most involved with [name of child]'s care? (INTERVIEWER: Responses indicate relationship to [name of child]. If R answers with a name, ask for relationship to [name of child].)
DR
Child's Parent / Grandparent
Else
>H172< What about after that person is no longer alive or able, who then would be most involved with [name of child]'s care? (INTERVIEWER: Responses indicate relationship to [name of child]. If R answers with a name, ask for relationship to [name of child]. If R says a "mother", "father", or "grandparent", ask R to indicate who will provide care after that person is no longer able.)
DR
Else
>H173< Have you SPOKEN TO that person about assuming this responsibility?
Else
Yes
>H174< Has that person AGREED TO ASSUME this responsibility?
>H175< Are YOU currently a member of any support group related to your child's condition? (INTERVIEWER: Limit to SUPPORT GROUPS and does NOT include groups that are solely advocacy, fundraising, or political in nature.)
Else
No
>H176< What is name of the support group?
>H177< How helpful has the support group been for you? Would you say no help at all, a little helpful, somewhat helpful, or a lot of help?
>H183< Before finishing this section, if you care to, please share with us any other information you feel is important that we did not cover about [name of child] or your family's experiences related to [name of child]'s condition?
END OF NON-NORMATIVE EXTENSION MODULE

CLOSING QUESTIONS



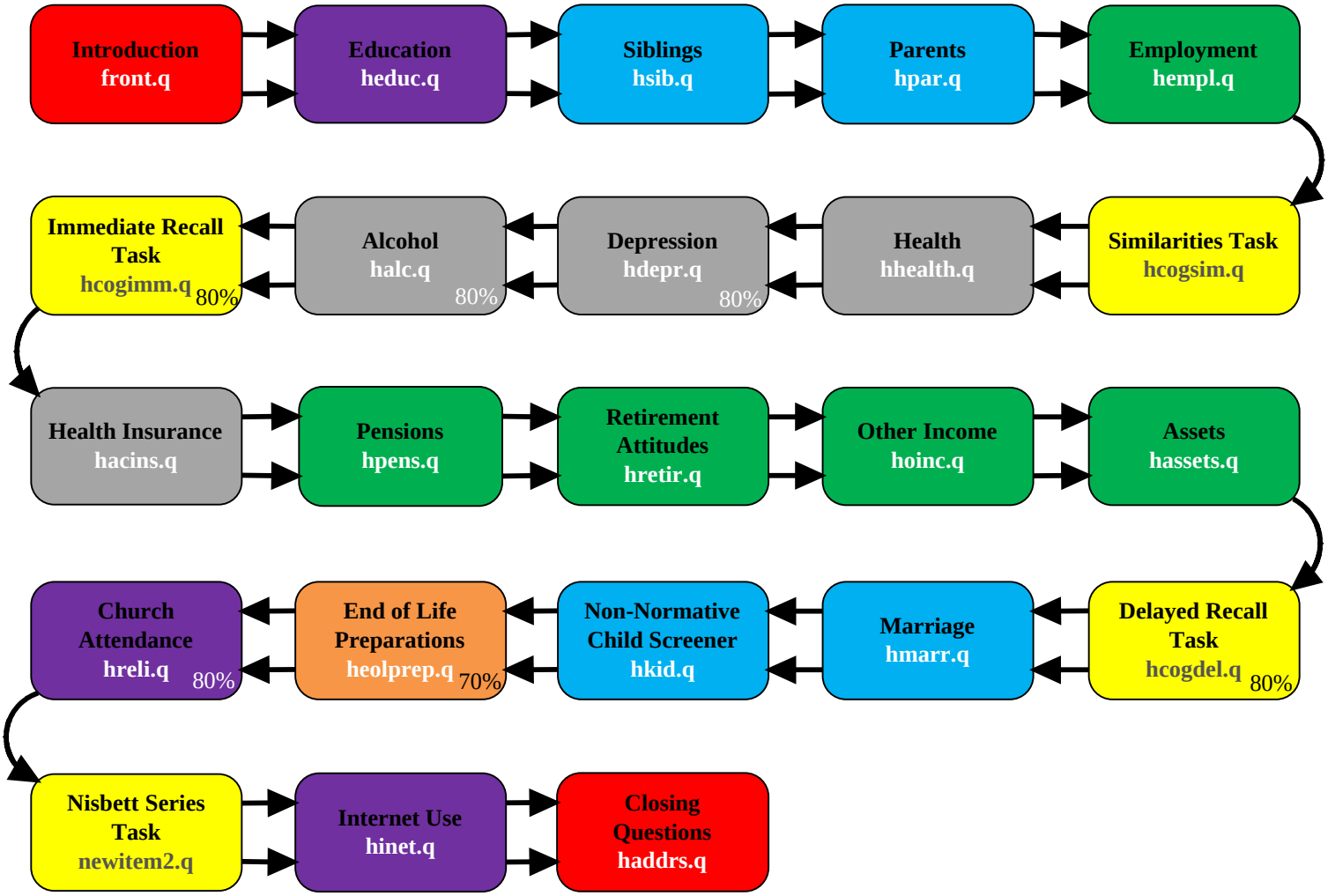

>addvrify< Thank you very much for your cooperation. In the next week, you'll be receiving a questionnaire in the mail which asks more about your health and lifestyle. People have enjoyed filling it out and we hope you will as well. We appreciate your assistance and we will send you a summary of the survey results in the future. Let me be sure I have your correct address. I have:
[street address on record]
[city on record], [state on record] [zip code on record]
Yes (Correct)
No, Make Corrections
>adcr< [If we do not have complete data on R's current street address, city, state, and zip code of residence]: Thank you very much for your cooperation. We appreciate your assistance and we will send you a summary of the survey results in the future. Let me be sure I have your correct address. I have: [residence information on record].
[If R indicated we have incorrect data on their current street address, city, state, and/or zip code of residence]: What is your correct mailing address?
(INTERVIEWER: Correct any incorrect fields.)
>spad< Is R currently married but NOT living with their spouse? (From Marriage Roster Module)
Else
Yes
>spad< Earlier you told me that you and your spouse were not living together. What is his/her mailing address?
>spf< What is his/her phone number?
>seashome< Do you have an additional home where you reside at least 2 months of the year? (INTERVIEWER: We would like to obtain both addresses for those respondents who have winter and summer homes.)
No
Yes
>shm1< In what city and state is that home located?
>shm2< What is the street address?
>keeprec< Did R give their consent for any portion of the interview to be recorded (either the full interview or the cognition modules)?
No
Yes
>keeprec< Finally, now that you have done the interview, we would like to have your permission to use the recording [of this interview / of that small portion of the interview] for educational and research purposes. Could we have your permission for this? (INTERVIEWER: If R asks, "how will the recording be used?" read this: "We will use the recording to make sure that we get your information entered correctly, particularly for parts of the interview that would require a lot of typing".)
>thnk< That was our last question. I'd like to thank you very much for your cooperation. This completes our interview. (We appreciate your assistance.) (INTERVIEWER: Hang up the telephone.)
END OF INTERVIEW

CATI Flowcharts for Survey of Spouses of Graduates & Siblings

Return to Tab 7

2005 Spouse CATI Flow

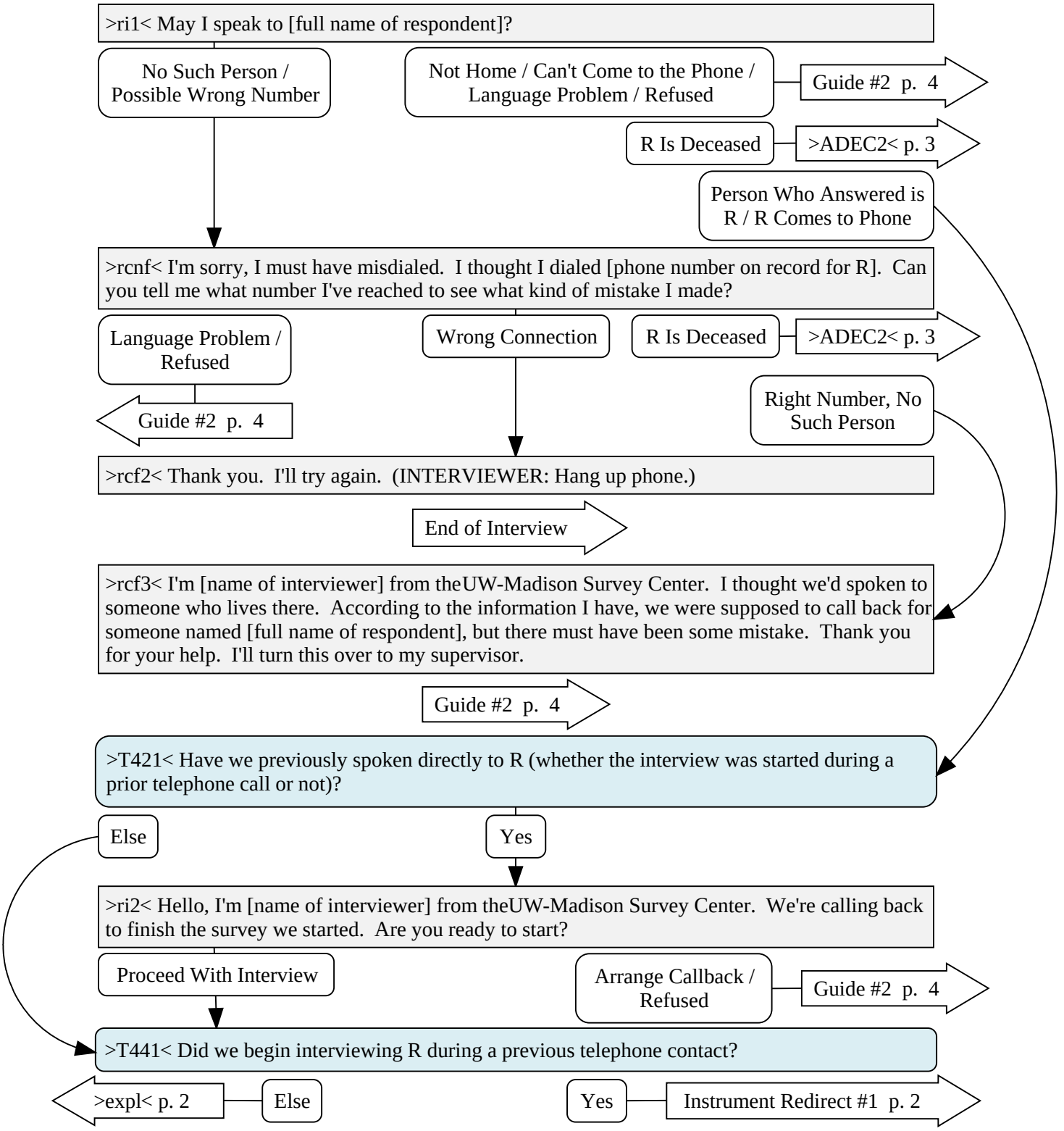
Click Box to Jump to Module



Return to Tab 7

INTRODUCTION

The 2003-2007 spouse interview was administered to the spouses of all graduate and selected sibling respondents who reported being currently married during the same collection wave. Our documentation begins with screened telephone interview attempts that resulted in the interviewer actually speaking with a real person; there are additional protocols - not shown here - for interview attempts wherein no one answered, the line was busy, the line was not in service or disconnected, a mechanical answering device was reached, the number had not been previously screened, and so forth.



Instrument Redirect: #1 Since R was partially interviewed (began the interview) previously, the instrument will now proceed to the module and item number they left off on -- to the point in the survey where the interview was interrupted or ended.

Resume Interview

>expl< (Hello. My name is [name of interviewer]. I'm calling from the University of Wisconsin Survey Center (on behalf of the Wisconsin Longitudinal Study).)
[If spouse is married to a graduate respondent]: Is this the [full name of spouse respondent] who is married to [full name of graduate respondent] who was enrolled at [name of school] (High School) in 1957? As you probably recall from our recent letter, we are doing a study of the husbands and wives of 1957 Wisconsin high school seniors. We'd like to interview you now for this important study.
[If spouse is married to a sibling respondent]: Is this the [full name of spouse respondent] who is married to [full name of sibling respondent]? As you probably recall from our recent letter, we're doing a study of the families of 1957 Wisconsin high school seniors. We'd like to interview you now for this important study.

R Willing To Start

R Is Deceased → >ADEC2< p. 3

Not Able To Start Now / Call Back Another Time / Refuses To Do Interview → Guide #2 p. 4

INITIATION OF NEW INTERVIEW

>cnfd< (In order to complete our research, we would like to ask you just a few questions about Mr./Ms. [last name of respondent].) During this interview, please keep in mind that your participation is completely voluntary. If you prefer not to answer any question, just tell me so, and I will go on to the next question. All of your answers will be kept completely confidential. They are saved in computer code, and at no time will your name or other identifying information be attached to the survey results. Also, we have obtained a certificate of confidentiality from the Federal Government. This certificate will protect your privacy: No one can require us to disclose any information about you without your written consent.

Ready To Start

Refused / Callback

>hearing< First I would like to be sure that you can hear what I am saying clearly: please repeat these numbers after me. (INTERVIEWER: Please read the following list of digits ONE-BY-ONE, to be sure that they can hear you: 2, 8, 3.) Good. Could you hear me clearly? (INTERVIEWER: If there appears to be a problem, ask if it would be helpful to call back at another time using different equipment.)

Ready To Start

Difficulty Hearing / Refuses To Do Interview / Callback

>rsexcnf< Do we have R's full name AND sex on record from prior data collection?

Yes

Else

>rsexcnf< INTERVIEWER: Enter the sex of the person you are interviewing. (If unclear, ask: "What is your sex?") (NOTE: The sex entered by the interviewer must match any sex data already on record for the instrument to proceed without an inconsistency.)

>recprm< For research purposes, we would like to record this interview. Again, this will only be used for research and never released to the public. May I have your permission to record this interview?

>rtrain< Now, let me explain more about how this will work. I will be reading questions exactly as they are worded so that everyone we talk with answers the same questions. Sometimes, you will be asked to answer questions in your own words, and I'll record what you say word for word. Other times, I will say a list of answers and ask you to choose the one that fits best. If you are ever not clear about what is wanted, be sure to ask me.

Guide: #1 Is R deceased?

Yes → >ADEC5A< p. 4

No → Next Module

RESPONDENT MORTALITY STATUS VERIFICATION

>ADEC2< I'm sorry to hear about Mr./Ms. [last name of respondent]'s death.
[If spouse of a graduate respondent]: Just to make sure our records are correct, was Mr./Ms. [last name of respondent] married to [full name of graduate respondent] who graduated from [name of school] (High School) in 1957?
[If spouse of a sibling respondent]: Just to make sure our records are correct, was Mr./Ms. [last name of respondent] married to [full name of sibling respondent], who is the brother/sister of [full name of graduate respondent]?
(INTERVIEWER: Explain if needed: "When [name of graduate respondent] was a senior, he/she completed a questionnaire about his/her high school experiences and educational, occupational, and marriage plans for the future".)

Else

Yes → >cnfd< p. 2

>ADEC3< What was his/her full name (in 1957)? (INTERVIEWER: Graduate/Sibling R's name from database is [full name of graduate/sibling respondent (in 1957)]. Compare R's response to name in database. Do these names match?)

No Match

Match / Unsure / Potential Match

>ADEC4< [If spouse of a graduate respondent]: Was he/she born in about 1939 or would he/she be about 63 years old?
[If spouse of a sibling respondent]: Was his/her brother/sister born in about 1939 or would he/she be about 63 years old?

>ADEC5< INTERVIEWER: Do you think this is the correct person?

Else

Yes → >cnfd< p. 2

>T390< Do we have R's full name on record from prior data collection?

Yes

Else

>rnm4< May I have just his/her first name in case my supervisor needs to verify?

>prob< Those are all the questions I have. Thank you for your time. (INTERVIEWER: Hang up the telephone.)

Since we have apparently failed to contact the correct R, the interviewer will now go through a protocol designed to record the nature of the problematic contact attempt ("R reported deceased but we don't believe this is correct R") and then refer it to a supervisor.

End of Interview

ARRANGING CALLBACKS AND RESPONSES TO REFUSALS

Guide: #2 Has R or the informant refused to be interviewed?

Else

Yes

Instrument Key: #1 The interviewer will now enter a protocol designed to convince R or the informant to agree to be interviewed; if R or the informant provides reasons for not participating in the interview, the content of the responses will be directed towards them. These attempts to persuade R or the informant to participate will continue until they agree to be interviewed or it becomes clear that no further encouragement is possible.

Guide: #3 Has R or the informant agreed to be interviewed?

Else

Yes → >expl< p. 2

>ref< INTERVIEWER: This case is being referred to a supervisor as a refusal. Say "thank you" and "goodbye" as appropriate and hang up the telephone.

End of Interview

Guide: #4 Is R or the informant speaking a foreign language OR has the informant claimed that R does not live at the telephone number we have on record for them?

Else

Yes

>prob< Those are all the questions I have. Thank you for your time. (INTERVIEWER: Hang up the telephone.)

Since we apparently have an incorrect telephone number for R on record or are unable to communicate with R or the informant due to a language barrier, the interviewer will now go through a protocol designed to record the nature of the problematic contact attempt ("language problem/too ill/incapable/away for duration/inaccessible") and then refer it to a supervisor.

End of Interview

The interviewer will now go through a protocol designed to schedule an appointment to conduct or complete the interview at a time that is more convenient for either R or the informant. If R or the informant prefers to call the interviewer back instead, that also will be noted.

>thnx< Thank you for your trouble. (INTERVIEWER: Hang up the telephone.)

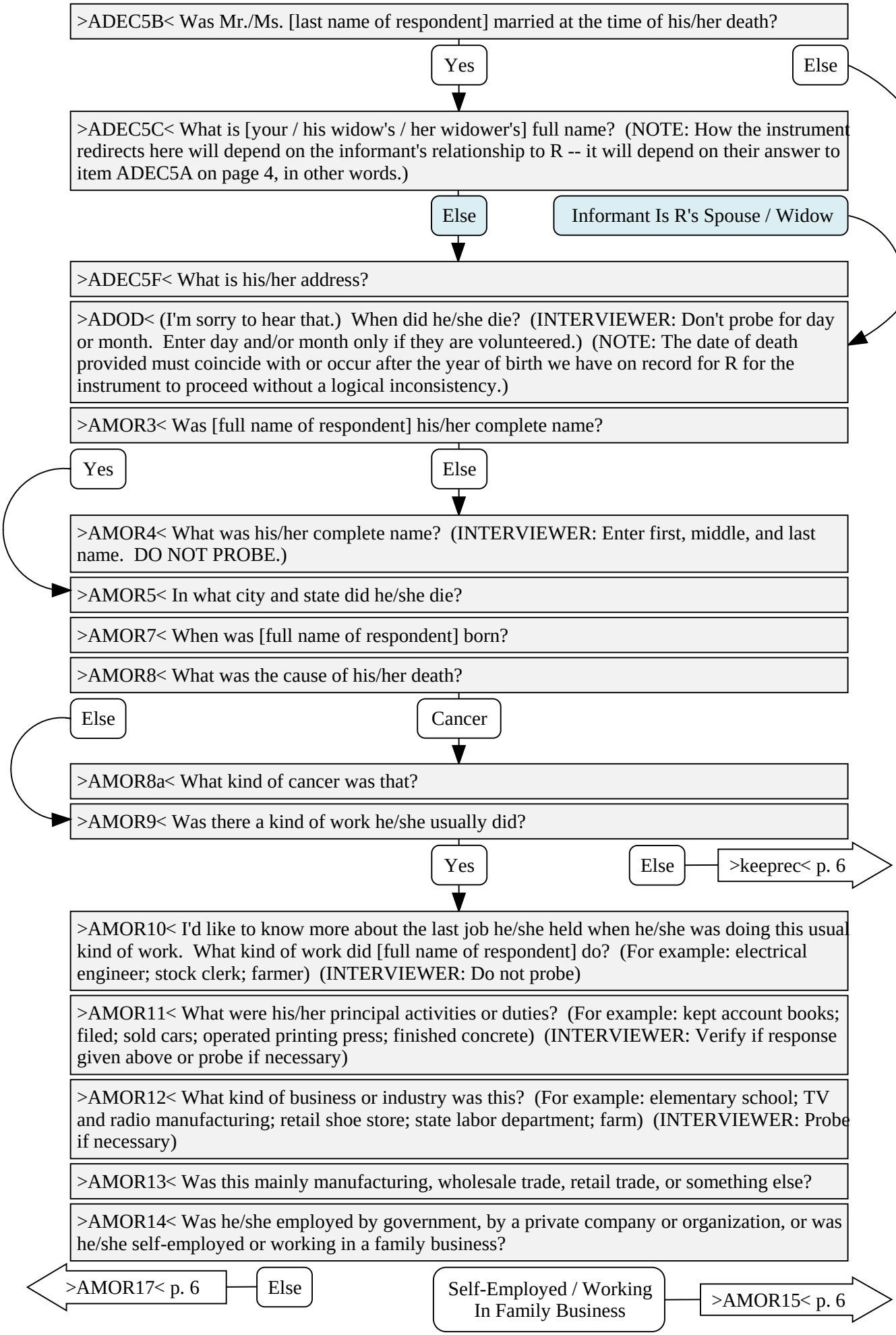
End of Interview

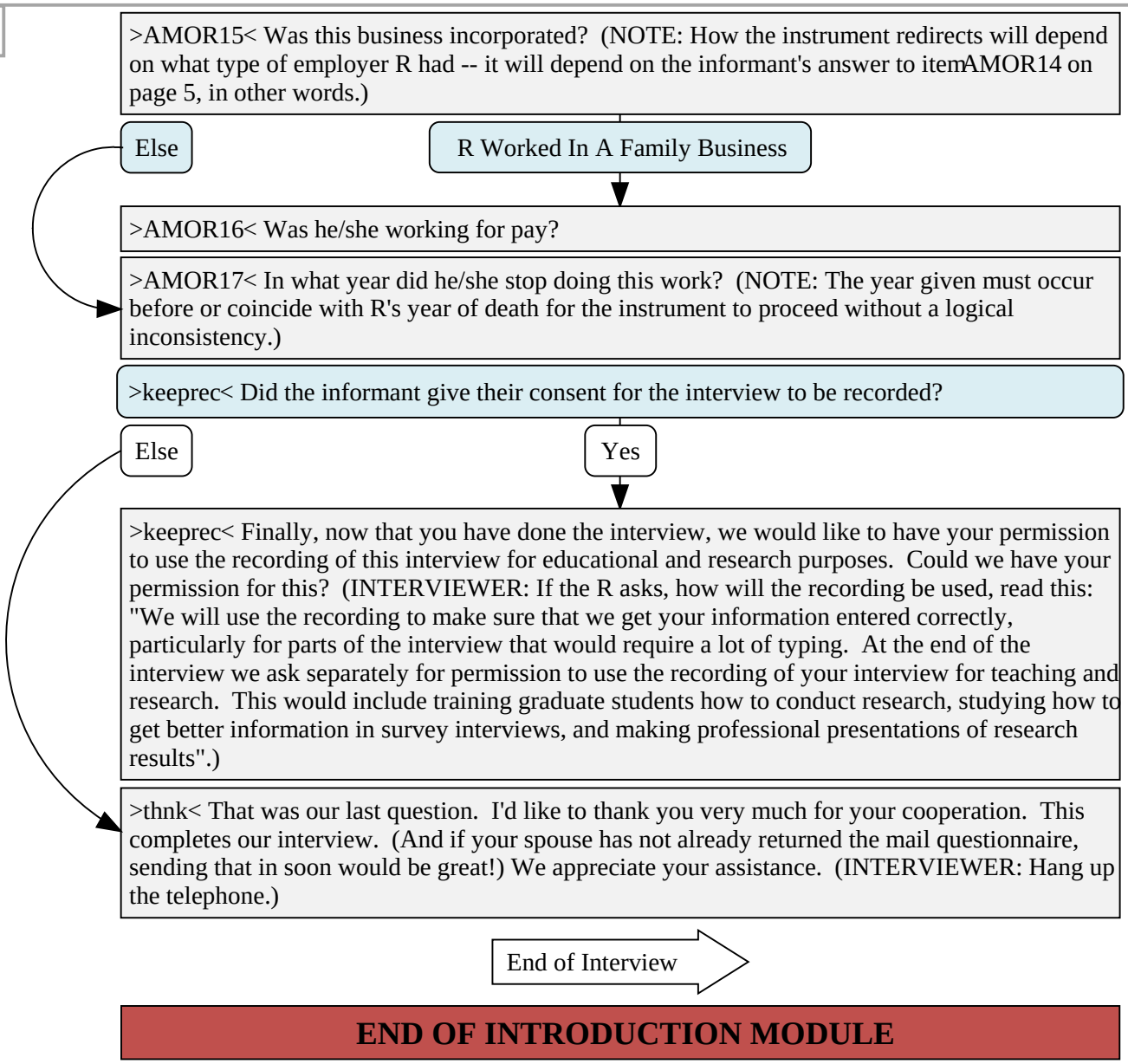
RESPONDENT MORTALITY CLOSEOUT

>ADEC5A< What is your relationship to Mr./Ms. [last name of respondent]?

>ADEC5B< p. 5 ← Else

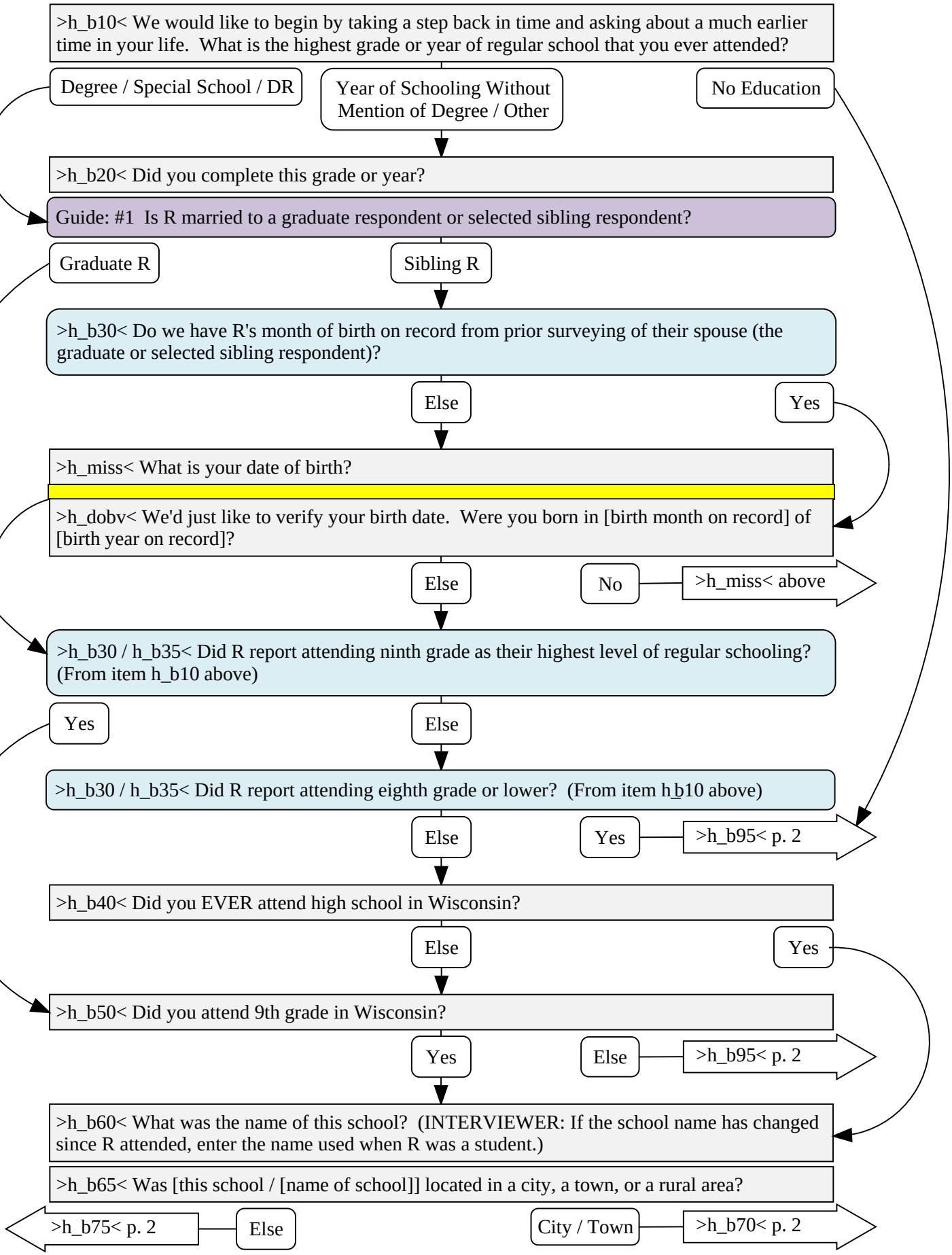
Spouse / Widow(er) → >ADEC5C< p. 5

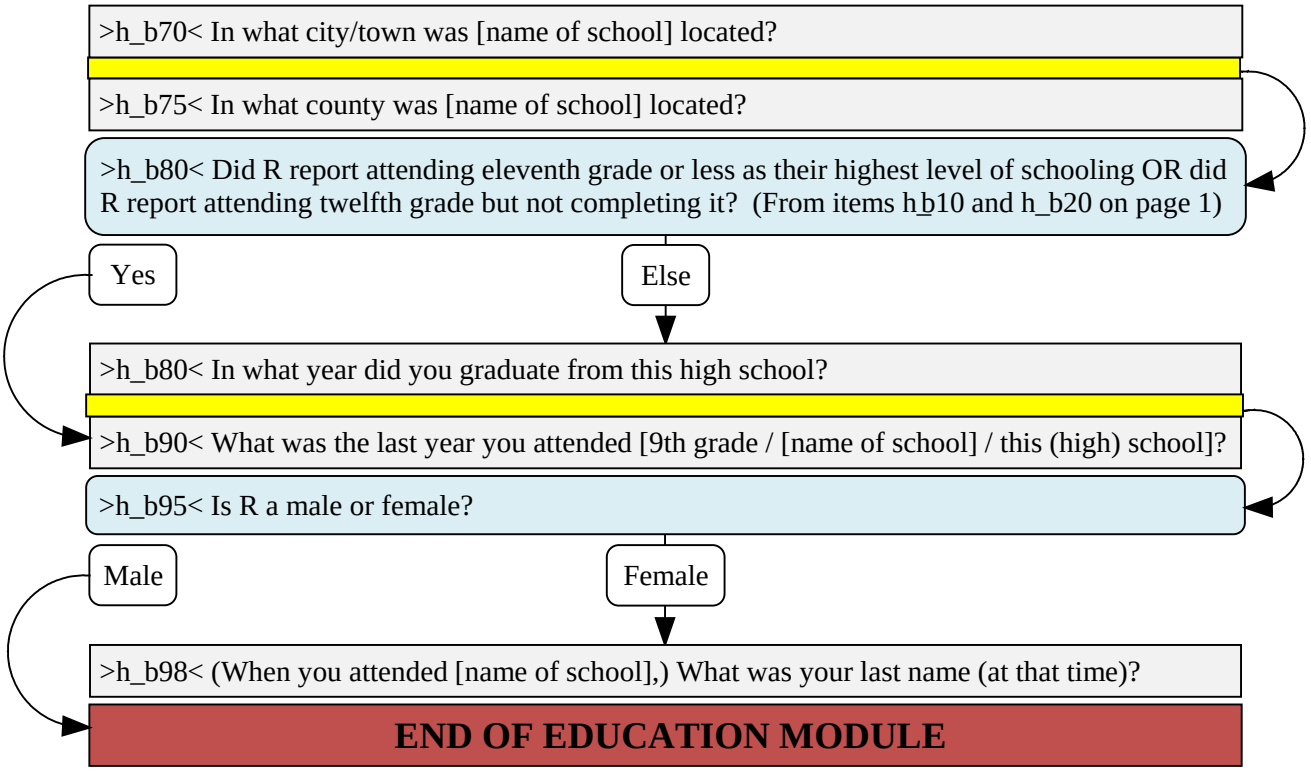

>ADEC5B< Was Mr./Ms. [last name of respondent] married at the time of his/her death?
Yes
Else
>ADEC5C< What is [your / his widow's / her widower's] full name? (NOTE: How the instrument redirects here will depend on the informant's relationship to R -- it will depend on their answer to item ADEC5A on page 4, in other words.)
Else
Informant Is R's Spouse / Widow
>ADEC5F< What is his/her address?
>ADOD< (I'm sorry to hear that.) When did he/she die? (INTERVIEWER: Don't probe for day or month. Enter day and/or month only if they are volunteered.) (NOTE: The date of death provided must coincide with or occur after the year of birth we have on record for R for the instrument to proceed without a logical inconsistency.)
>AMOR3< Was [full name of respondent] his/her complete name?
Yes
Else
>AMOR4< What was his/her complete name? (INTERVIEWER: Enter first, middle, and last name. DO NOT PROBE.)
>AMOR5< In what city and state did he/she die?
>AMOR7< When was [full name of respondent] born?
>AMOR8< What was the cause of his/her death?
Else
Cancer
>AMOR8a< What kind of cancer was that?
>AMOR9< Was there a kind of work he/she usually did?
Yes
Else
>keeprec< p. 6
>AMOR10< I'd like to know more about the last job he/she held when he/she was doing this usual kind of work. What kind of work did [full name of respondent] do? (For example: electrical engineer; stock clerk; farmer) (INTERVIEWER: Do not probe)
>AMOR11< What were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete) (INTERVIEWER: Verify if response given above or probe if necessary)
>AMOR12< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm) (INTERVIEWER: Probe if necessary)
>AMOR13< Was this mainly manufacturing, wholesale trade, retail trade, or something else?
>AMOR14< Was he/she employed by government, by a private company or organization, or was he/she self-employed or working in a family business?
>AMOR17< p. 6
Else
Self-Employed / Working In Family Business
>AMOR15< p. 6



END OF INTRODUCTION MODULE

EDUCATION


>h_b10< We would like to begin by taking a step back in time and asking about a much earlier time in your life. What is the highest grade or year of regular school that you ever attended?
Degree / Special School / DR
Year of Schooling Without Mention of Degree / Other
No Education
>h_b20< Did you complete this grade or year?
Guide: #1 Is R married to a graduate respondent or selected sibling respondent?
Graduate R
Sibling R
>h_b30< Do we have R's month of birth on record from prior surveying of their spouse (the graduate or selected sibling respondent)?
Else
Yes
>h_miss< What is your date of birth?
>h_dobv< We'd just like to verify your birth date. Were you born in [birth month on record] of [birth year on record]?
Else
No
>h_miss< above
>h_b30 / h_b35< Did R report attending ninth grade as their highest level of regular schooling? (From item h_b10 above)
Yes
Else
>h_b30 / h_b35< Did R report attending eighth grade or lower? (From item h_b10 above)
Else
Yes
>h_b95< p. 2
>h_b40< Did you EVER attend high school in Wisconsin?
Else
Yes
>h_b50< Did you attend 9th grade in Wisconsin?
Yes
Else
>h_b95< p. 2
>h_b60< What was the name of this school? (INTERVIEWER: If the school name has changed since R attended, enter the name used when R was a student.)
>h_b65< Was [this school / [name of school]] located in a city, a town, or a rural area?
>h_b75< p. 2
Else
City / Town
>h_b70< p. 2


>h_b70< In what city/town was [name of school] located?
>h_b75< In what county was [name of school] located?
>h_b80< Did R report attending eleventh grade or less as their highest level of schooling OR did R report attending twelfth grade but not completing it? (From items h_b10 and h_b20 on page 1)
Yes
Else
>h_b80< In what year did you graduate from this high school?
>h_b90< What was the last year you attended [9th grade / [name of school] / this (high) school]?
>h_b95< Is R a male or female?
Male
Female
>h_b98< (When you attended [name of school],) What was your last name (at that time)?
END OF EDUCATION MODULE

SIBLINGS

>hkint< Now we would like to turn to another part of your family life -- your brothers and sisters. We are interested in those brothers and sisters with whom you grew up.

>h_ktot< Including those who are no longer living, how many brothers and sisters did you have?

None / DR

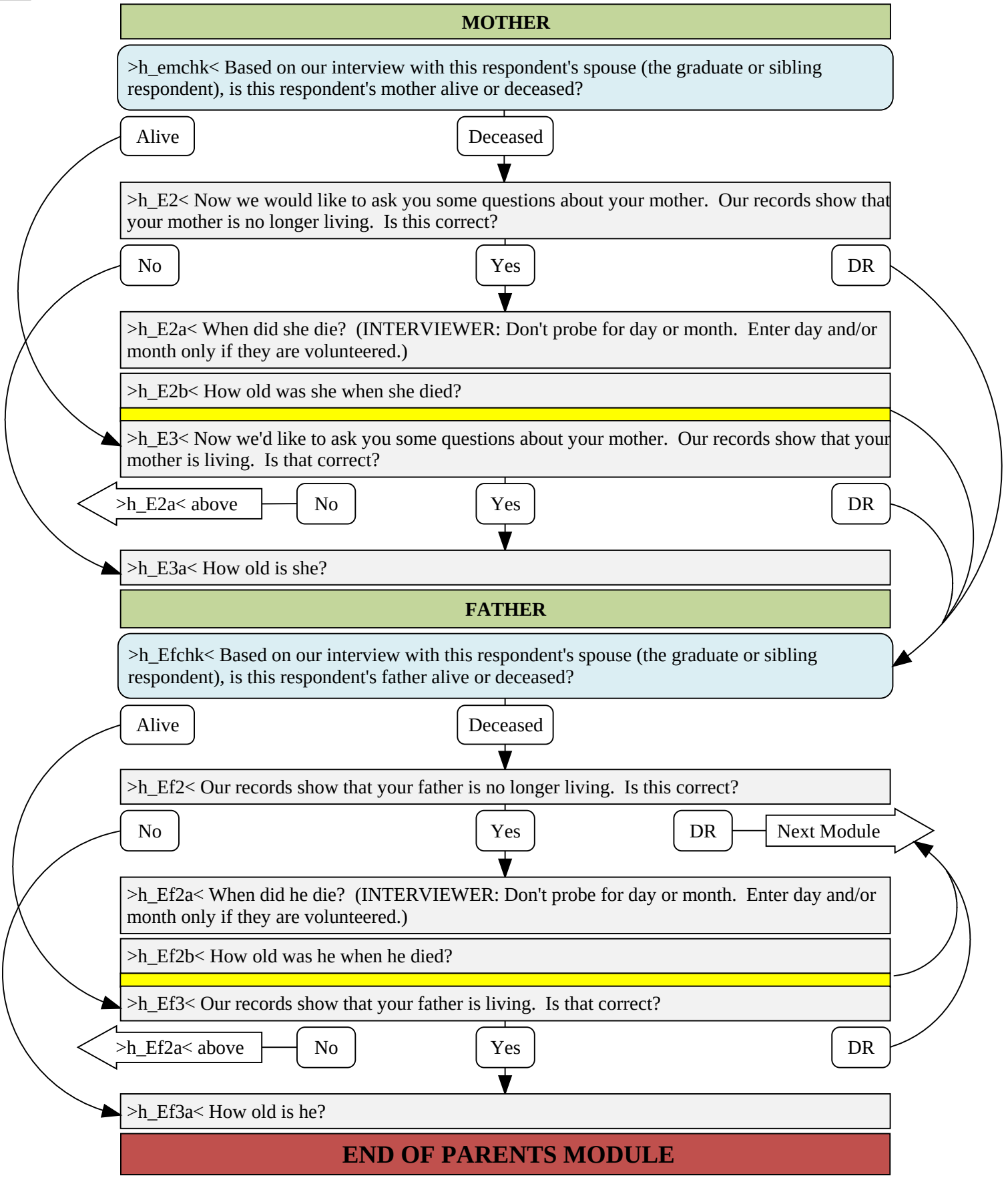
Else

>h_ktot1< How many of them are still living? (NOTE: The number of living siblings reported here must be less than or equal to the number of total siblings reported at item hktot above for the instrument to proceed without a logical inconsistency.)

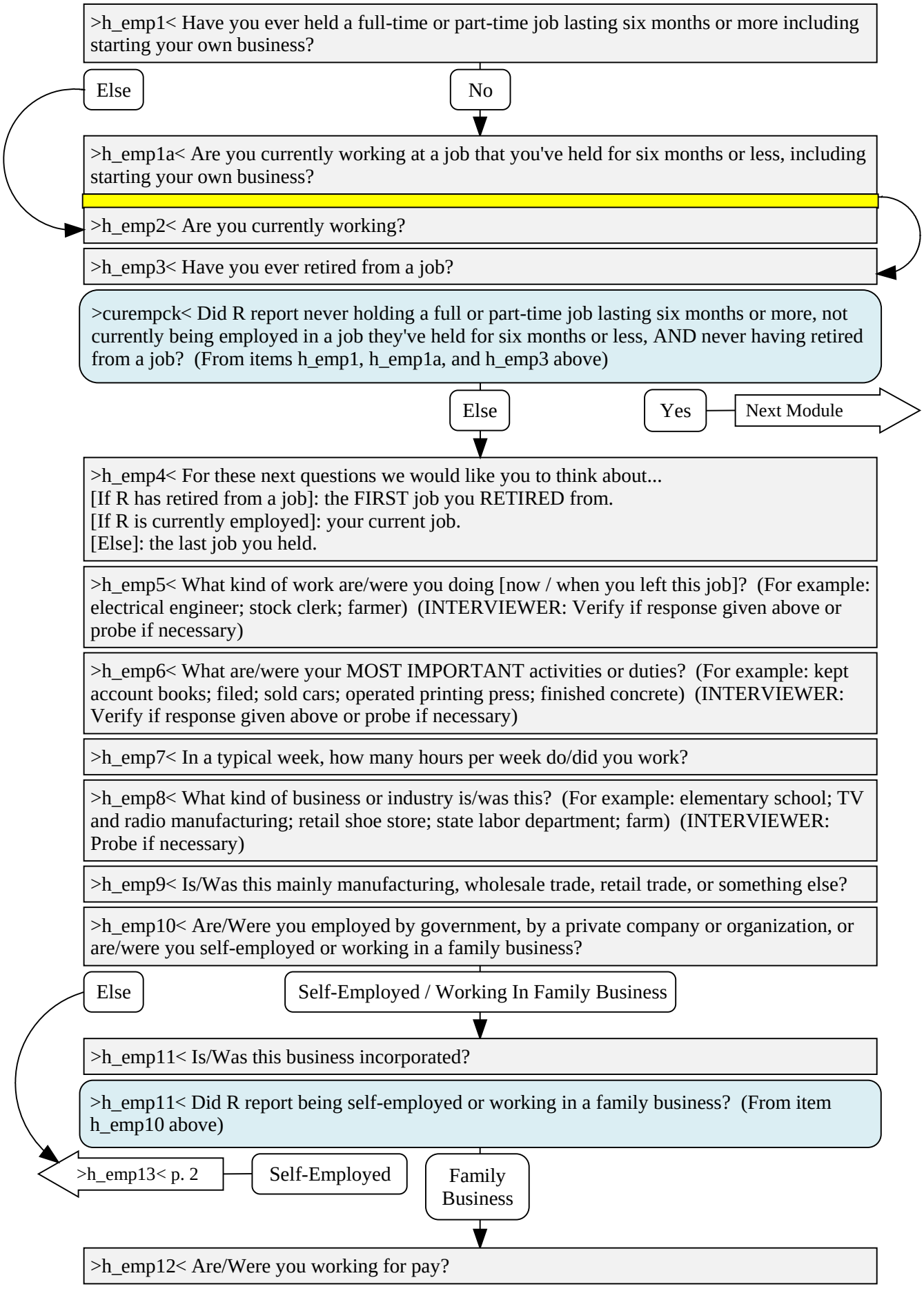
>h_k1< [If all of R's sibling have died]: How many of these brothers and sisters were older than you? If you have a twin, please include your twin here.
[If one or more of R's siblings are still living]: Including those who are no longer living, how many of your brothers and sisters are older than you? If you have a twin, please include your twin here.
(NOTE: The number of siblings reported to be older than R must be less than or equal to the number of total siblings reported at item h_ktot above for the instrument to proceed without a logical inconsistency.)

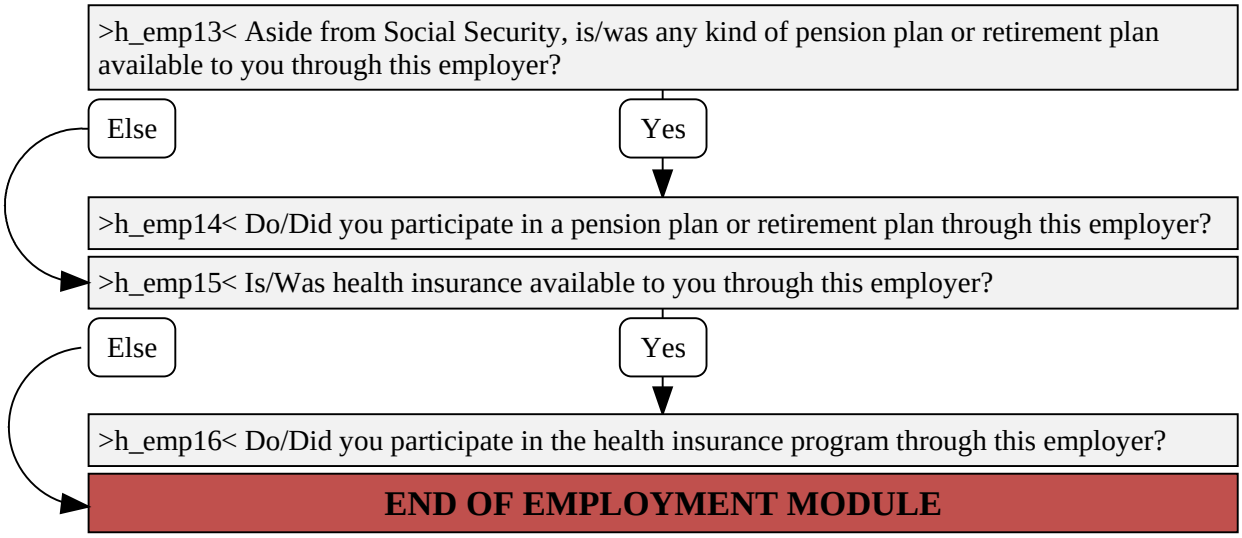
END OF SIBLINGS MODULE

PARENTS


MOTHER
>h_emchk< Based on our interview with this respondent's spouse (the graduate or sibling respondent), is this respondent's mother alive or deceased?
Alive
Deceased
>h_E2< Now we would like to ask you some questions about your mother. Our records show that your mother is no longer living. Is this correct?
No
Yes
DR
>h_E2a< When did she die? (INTERVIEWER: Don't probe for day or month. Enter day and/or month only if they are volunteered.)
>h_E2b< How old was she when she died?
>h_E3< Now we'd like to ask you some questions about your mother. Our records show that your mother is living. Is that correct?
>h_E2a< above
No
Yes
DR
>h_E3a< How old is she?
FATHER
>h_Efchk< Based on our interview with this respondent's spouse (the graduate or sibling respondent), is this respondent's father alive or deceased?
Alive
Deceased
>h_Ef2< Our records show that your father is no longer living. Is this correct?
No
Yes
DR
Next Module
>h_Ef2a< When did he die? (INTERVIEWER: Don't probe for day or month. Enter day and/or month only if they are volunteered.)
>h_Ef2b< How old was he when he died?
>h_Ef3< Our records show that your father is living. Is that correct?
>h_Ef2a< above
No
Yes
DR
>h_Ef3a< How old is he?
END OF PARENTS MODULE

EMPLOYMENT


>h_emp1< Have you ever held a full-time or part-time job lasting six months or more including starting your own business?
Else
No
>h_emp1a< Are you currently working at a job that you've held for six months or less, including starting your own business?
>h_emp2< Are you currently working?
>h_emp3< Have you ever retired from a job?
>curempck< Did R report never holding a full or part-time job lasting six months or more, not currently being employed in a job they've held for six months or less, AND never having retired from a job? (From items h_emp1, h_emp1a, and h_emp3 above)
Else
Yes
Next Module
>h_emp4< For these next questions we would like you to think about...
[If R has retired from a job]: the FIRST job you RETIRED from.
[If R is currently employed]: your current job.
[Else]: the last job you held.
>h_emp5< What kind of work are/were you doing [now / when you left this job]? (For example: electrical engineer; stock clerk; farmer) (INTERVIEWER: Verify if response given above or probe if necessary)
>h_emp6< What are/were your MOST IMPORTANT activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete) (INTERVIEWER: Verify if response given above or probe if necessary)
>h_emp7< In a typical week, how many hours per week do/did you work?
>h_emp8< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm) (INTERVIEWER: Probe if necessary)
>h_emp9< Is/Was this mainly manufacturing, wholesale trade, retail trade, or something else?
>h_emp10< Are/Were you employed by government, by a private company or organization, or are/were you self-employed or working in a family business?
Else
Self-Employed / Working In Family Business
>h_emp11< Is/Was this business incorporated?
>h_emp11< Did R report being self-employed or working in a family business? (From item h_emp10 above)
>h_emp13< p. 2
Self-Employed
Family Business
>h_emp12< Are/Were you working for pay?


>h_emp13< Aside from Social Security, is/was any kind of pension plan or retirement plan available to you through this employer?
Else
Yes
>h_emp14< Do/Did you participate in a pension plan or retirement plan through this employer?
>h_emp15< Is/Was health insurance available to you through this employer?
Else
Yes
>h_emp16< Do/Did you participate in the health insurance program through this employer?
END OF EMPLOYMENT MODULE

COGNITION -- SIMILARITIES TASK

>h_irctst< Has R already given us permission to record the interview?

Yes

Else

>h_ircprm< I have not recorded this interview because you told me earlier that you did not want it recorded. However, it is important to the study that we know your exact answers to the next few questions. May I turn on the recorder now, and then turn it off again after these questions? (INTERVIEWER: Try to convert R who refused to beaudiotaped before to give consent to be recorded only for this section.)

R will now be asked a series of questions about how various sets of items are related. If R has given us permission, their responses will be recorded; otherwise, the interviewer will enter them manually.

>h_i520 / h_i620< Now we're going to do a different task, that involves reasoning. What I'd like you to do is tell me how 2 things are alike. In what way are an orange and a banana alike?

>h_i530 / h_i630< INSTRUCTIONS FOR INTERVIEWER: If R says "fruit" as part of response, indicate that this is right and continue. If R says answer that says something that an orange and banana do have in common, but is not "fruit", indicate that they are also both fruit. If R says they don't know or says an answer that is not something an orange and banana have in common, indicate that they are both fruit.

>h_i540 / h_i640< In what way are an eye and an ear alike?

>h_i550 / h_i650< In what way are an egg and a seed alike?

>h_i560 / h_i660< In what way are a table and a chair alike?

>h_i570 / h_i670< In what way are a fly and a tree alike?

>h_i580 / h_i680< In what way are praise and punishment alike? (INTERVIEWER: When they finish tell them "That was the last one" and offer positive feedback. For example, "You did well on that!" or "Some of those were hard, but you did just fine!")

>h_i690< Did R give us permission to record this module ONLY?

Else

Yes

>h_i690< This concludes the portion of the interview that was critical for us to record. Your continued permission to record the remainder of the interview will benefit our research effort and all your responses will remain confidential. May I have your permission to keep recording our conversation?

END OF COGNITION - SIMILARITIES TASK MODULE

HEALTH

>h_x10< Now we want to ask you about your health. You may feel that some of these questions do not apply to you, but please bear with us because it is important that we ask the same questions of everyone. In general, would you say your health is: excellent, very good, good, fair, or poor?

HEALTH UTILITIES -- VISION

>h_x20< During the past four weeks, have you been able to see well enough to read ordinary newsprint without glasses or contact lenses?

Else

Yes

>h_x30< (Have you been able to see well enough to read ordinary newsprint...) What about with glasses or contact lenses?

Else

Yes

>h_x40< (During the past four weeks:) Have you been able to see at all?

No

Else

>h_x50< (During the past four weeks:) Have you been able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

Yes

Else

>h_x60< (Have you been able to see well enough to recognize a friend on the other side of the street) What about with glasses or contact lenses?

HEALTH UTILITIES -- HEARING

>h_x70< (During the past four weeks:) Without a hearing aid and while in a group conversation with at least three other people, have you been able to hear what is said?

Yes

Else

>h_x80< (Have you been able to hear what is said in a group conversation with at least three other people) What about with a hearing aid?

>h_x90< (During the past four weeks:) Without a hearing aid, in a conversation with one other person in a quiet room, have you been able to hear what is said?

Yes

Else

>h_x100< (Have you been able to hear what is said in a conversation with one other person in a quiet room) What about with a hearing aid?

HEALTH UTILITIES -- SPEECH

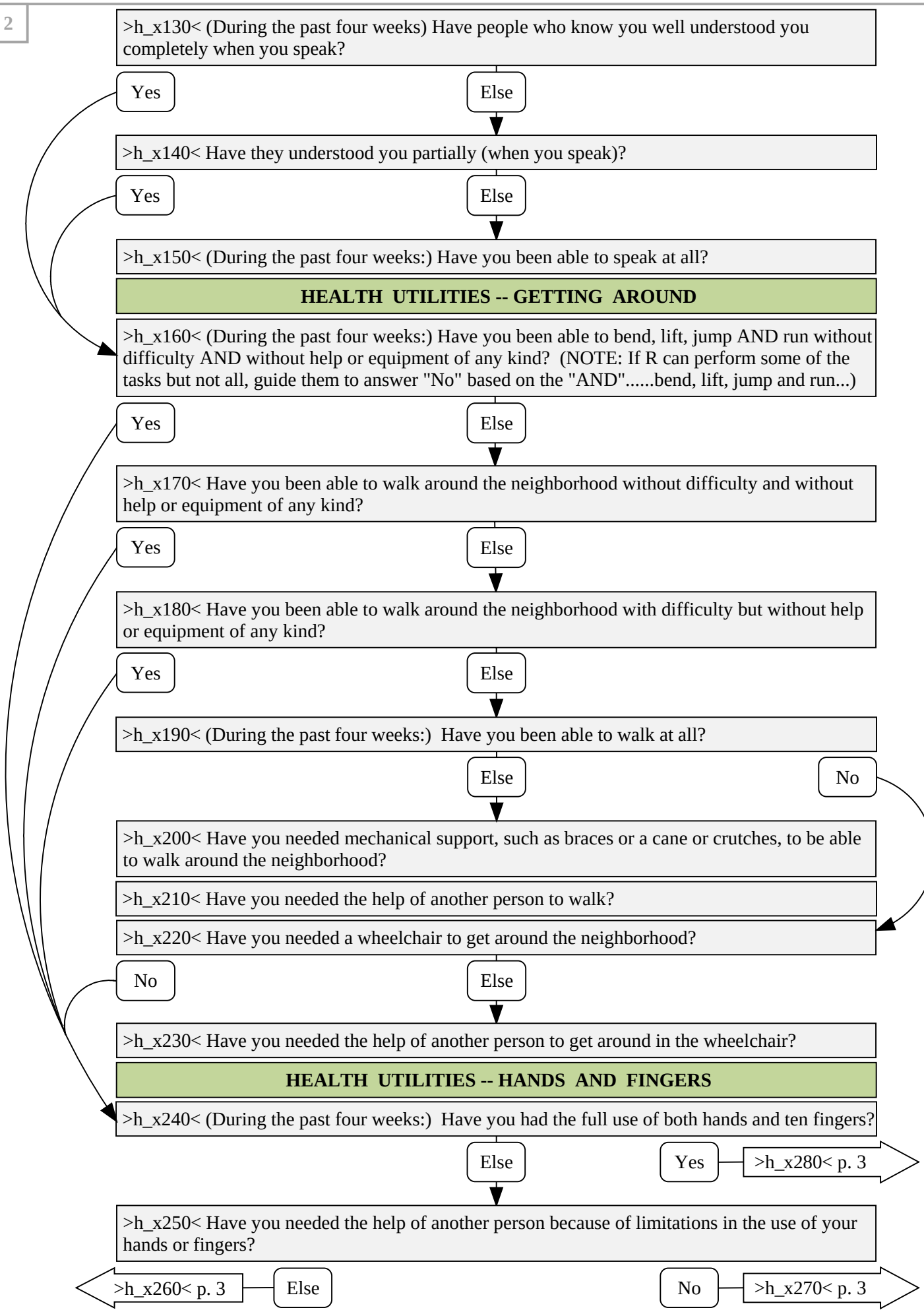
>h_x110< (During the past four weeks,) Have people who do NOT know you understood you completely when you speak?

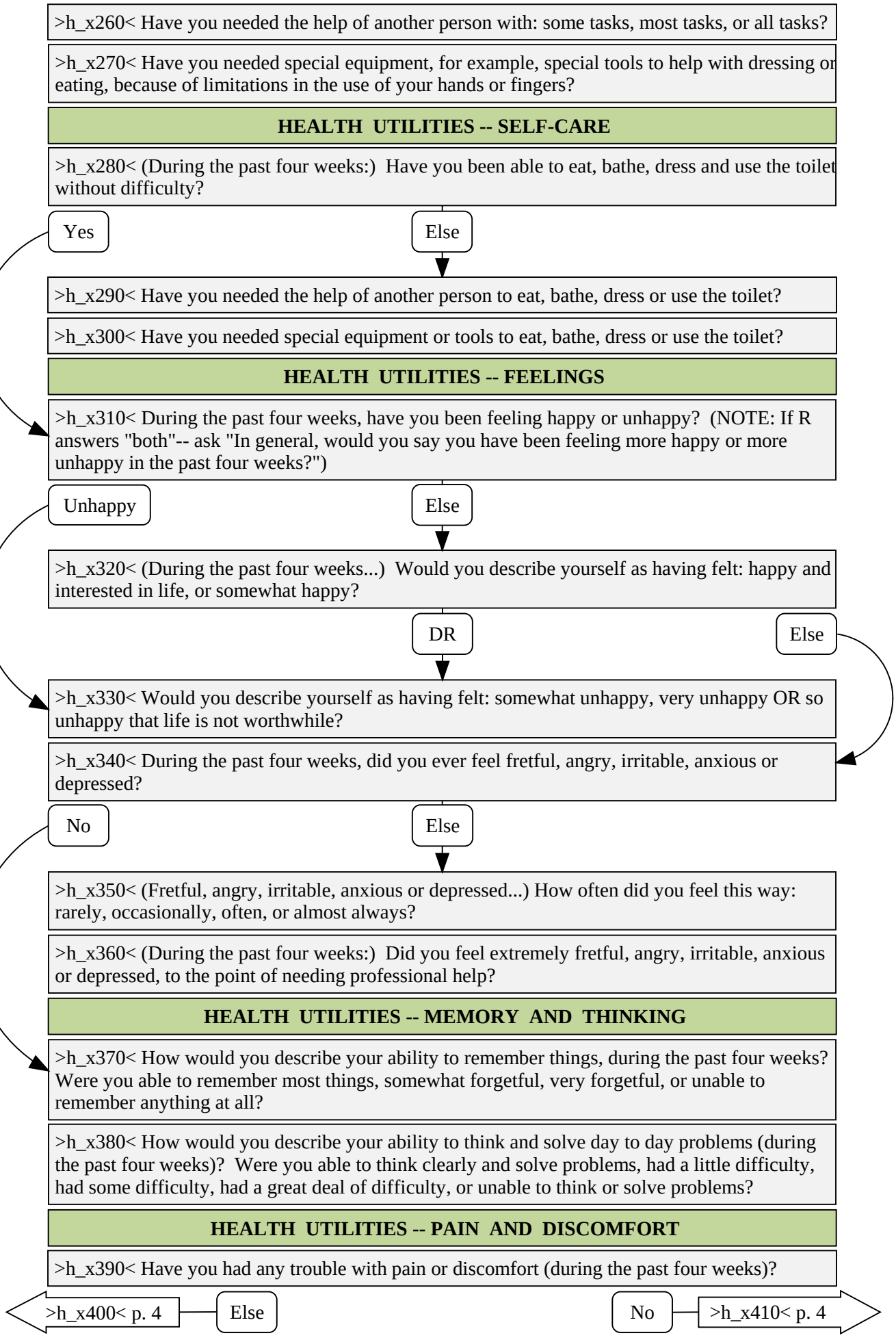
Else

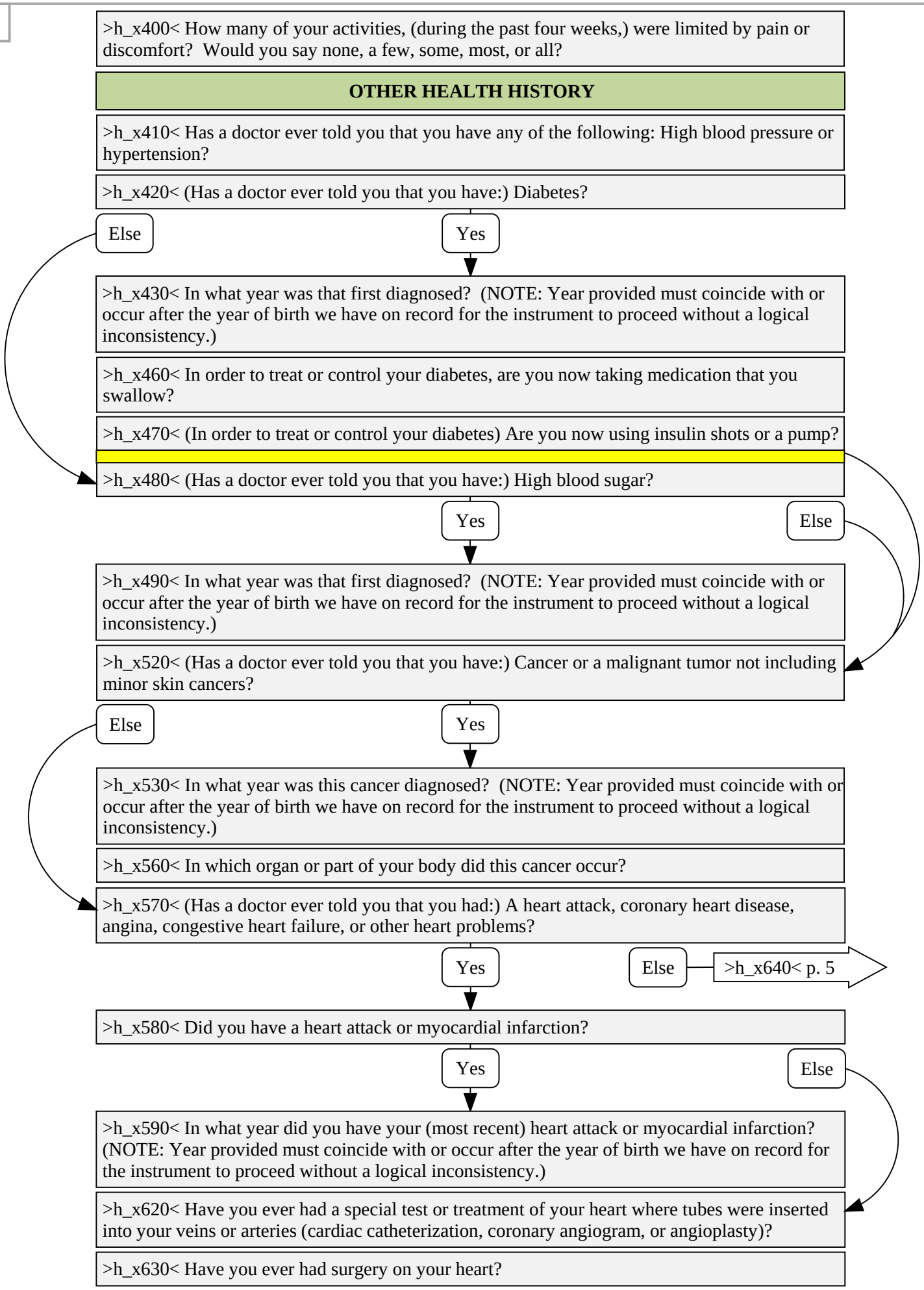
Yes

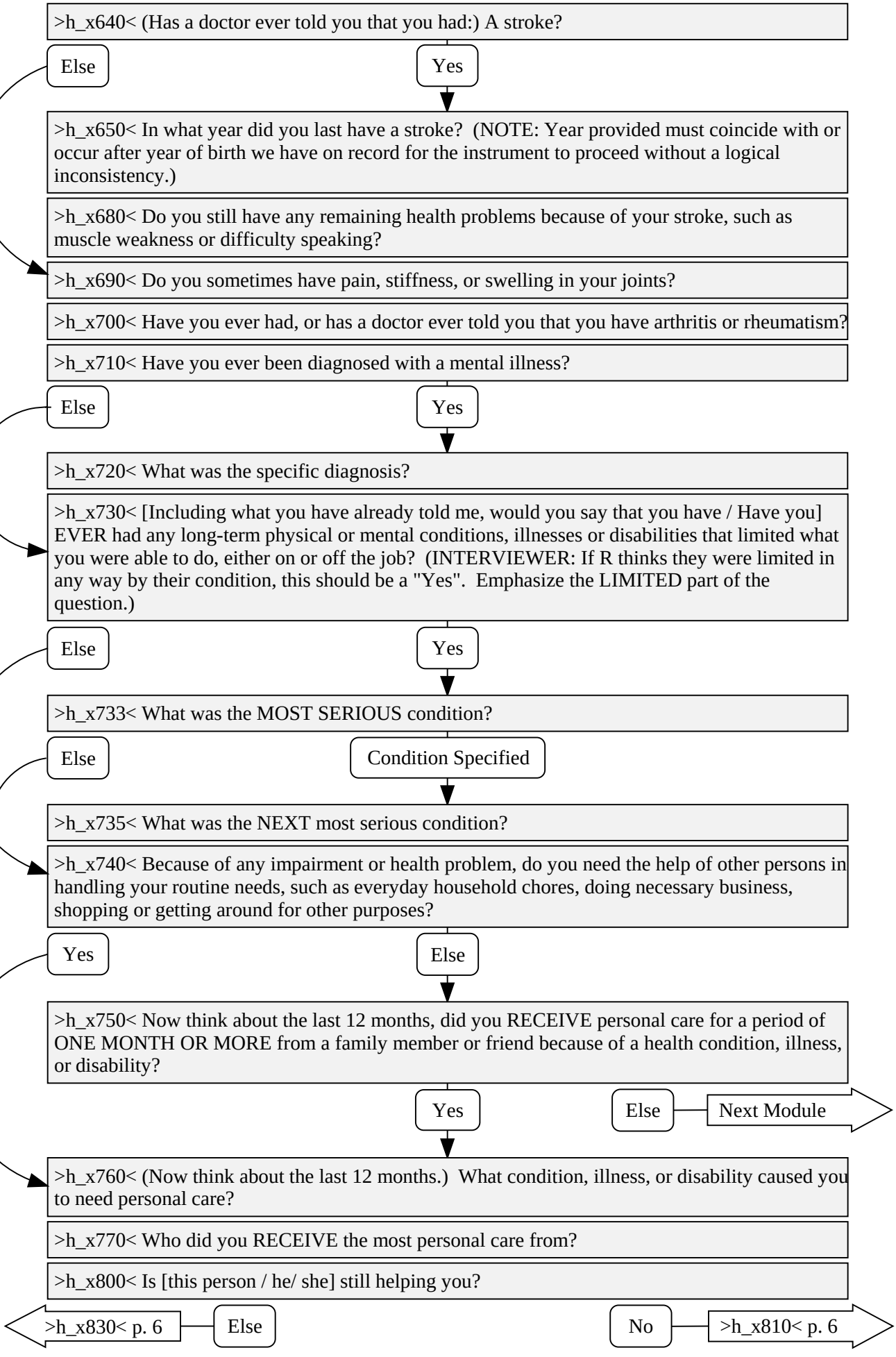
>h_x160< p. 2

>h_x120< Have they understood you partially (when you speak)? (INTERVIEWER: This question is still referring to people who do NOT know the R.)


>h_x130< (During the past four weeks) Have people who know you well understood you completely when you speak?
Yes
Else
>h_x140< Have they understood you partially (when you speak)?
Yes
Else
>h_x150< (During the past four weeks:) Have you been able to speak at all?
HEALTH UTILITIES -- GETTING AROUND
>h_x160< (During the past four weeks:) Have you been able to bend, lift, jump AND run without difficulty AND without help or equipment of any kind? (NOTE: If R can perform some of the tasks but not all, guide them to answer "No" based on the "AND".....bend, lift, jump and run...)
Yes
Else
>h_x170< Have you been able to walk around the neighborhood without difficulty and without help or equipment of any kind?
Yes
Else
>h_x180< Have you been able to walk around the neighborhood with difficulty but without help or equipment of any kind?
Yes
Else
>h_x190< (During the past four weeks:) Have you been able to walk at all?
Else
No
>h_x200< Have you needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?
>h_x210< Have you needed the help of another person to walk?
>h_x220< Have you needed a wheelchair to get around the neighborhood?
No
Else
>h_x230< Have you needed the help of another person to get around in the wheelchair?
HEALTH UTILITIES -- HANDS AND FINGERS
>h_x240< (During the past four weeks:) Have you had the full use of both hands and ten fingers?
Else
Yes
>h_x280< p. 3
>h_x250< Have you needed the help of another person because of limitations in the use of your hands or fingers?
>h_x260< p. 3
Else
No
>h_x270< p. 3


>h_x260< Have you needed the help of another person with: some tasks, most tasks, or all tasks?
>h_x270< Have you needed special equipment, for example, special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?
HEALTH UTILITIES -- SELF-CARE
>h_x280< (During the past four weeks:) Have you been able to eat, bathe, dress and use the toilet without difficulty?
Yes
Else
>h_x290< Have you needed the help of another person to eat, bathe, dress or use the toilet?
>h_x300< Have you needed special equipment or tools to eat, bathe, dress or use the toilet?
HEALTH UTILITIES -- FEELINGS
>h_x310< During the past four weeks, have you been feeling happy or unhappy? (NOTE: If R answers "both"-- ask "In general, would you say you have been feeling more happy or more unhappy in the past four weeks?")
Unhappy
Else
>h_x320< (During the past four weeks...) Would you describe yourself as having felt: happy and interested in life, or somewhat happy?
DR
Else
>h_x330< Would you describe yourself as having felt: somewhat unhappy, very unhappy OR so unhappy that life is not worthwhile?
>h_x340< During the past four weeks, did you ever feel fretful, angry, irritable, anxious or depressed?
No
Else
>h_x350< (Fretful, angry, irritable, anxious or depressed...) How often did you feel this way: rarely, occasionally, often, or almost always?
>h_x360< (During the past four weeks:) Did you feel extremely fretful, angry, irritable, anxious or depressed, to the point of needing professional help?
HEALTH UTILITIES -- MEMORY AND THINKING
>h_x370< How would you describe your ability to remember things, during the past four weeks? Were you able to remember most things, somewhat forgetful, very forgetful, or unable to remember anything at all?
>h_x380< How would you describe your ability to think and solve day to day problems (during the past four weeks)? Were you able to think clearly and solve problems, had a little difficulty, had some difficulty, had a great deal of difficulty, or unable to think or solve problems?
HEALTH UTILITIES -- PAIN AND DISCOMFORT
>h_x390< Have you had any trouble with pain or discomfort (during the past four weeks)?
>h_x400< p. 4
Else
No
>h_x410< p. 4


>h_x400< How many of your activities, (during the past four weeks,) were limited by pain or discomfort? Would you say none, a few, some, most, or all?
OTHER HEALTH HISTORY
>h_x410< Has a doctor ever told you that you have any of the following: High blood pressure or hypertension?
>h_x420< (Has a doctor ever told you that you have:) Diabetes?
Else
Yes
>h_x430< In what year was that first diagnosed? (NOTE: Year provided must coincide with or occur after the year of birth we have on record for the instrument to proceed without a logical inconsistency.)
>h_x460< In order to treat or control your diabetes, are you now taking medication that you swallow?
>h_x470< (In order to treat or control your diabetes) Are you now using insulin shots or a pump?
>h_x480< (Has a doctor ever told you that you have:) High blood sugar?
Yes
Else
>h_x490< In what year was that first diagnosed? (NOTE: Year provided must coincide with or occur after the year of birth we have on record for the instrument to proceed without a logical inconsistency.)
>h_x520< (Has a doctor ever told you that you have:) Cancer or a malignant tumor not including minor skin cancers?
Else
Yes
>h_x530< In what year was this cancer diagnosed? (NOTE: Year provided must coincide with or occur after the year of birth we have on record for the instrument to proceed without a logical inconsistency.)
>h_x560< In which organ or part of your body did this cancer occur?
>h_x570< (Has a doctor ever told you that you had:) A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?
Yes
Else
>h_x640< p. 5
>h_x580< Did you have a heart attack or myocardial infarction?
Yes
Else
>h_x590< In what year did you have your (most recent) heart attack or myocardial infarction? (NOTE: Year provided must coincide with or occur after the year of birth we have on record for the instrument to proceed without a logical inconsistency.)
>h_x620< Have you ever had a special test or treatment of your heart where tubes were inserted into your veins or arteries (cardiac catheterization, coronary angiogram, or angioplasty)?
>h_x630< Have you ever had surgery on your heart?


>h_x640< (Has a doctor ever told you that you had:) A stroke?
Else
Yes
>h_x650< In what year did you last have a stroke? (NOTE: Year provided must coincide with or occur after year of birth we have on record for the instrument to proceed without a logical inconsistency.)
>h_x680< Do you still have any remaining health problems because of your stroke, such as muscle weakness or difficulty speaking?
>h_x690< Do you sometimes have pain, stiffness, or swelling in your joints?
>h_x700< Have you ever had, or has a doctor ever told you that you have arthritis or rheumatism?
>h_x710< Have you ever been diagnosed with a mental illness?
Else
Yes
>h_x720< What was the specific diagnosis?
>h_x730< [Including what you have already told me, would you say that you have / Have you] EVER had any long-term physical or mental conditions, illnesses or disabilities that limited what you were able to do, either on or off the job? (INTERVIEWER: If R thinks they were limited in any way by their condition, this should be a "Yes". Emphasize the LIMITED part of the question.)
Else
Yes
>h_x733< What was the MOST SERIOUS condition?
Else
Condition Specified
>h_x735< What was the NEXT most serious condition?
>h_x740< Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes?
Yes
Else
>h_x750< Now think about the last 12 months, did you RECEIVE personal care for a period of ONE MONTH OR MORE from a family member or friend because of a health condition, illness, or disability?
Yes
Else
Next Module
>h_x760< (Now think about the last 12 months.) What condition, illness, or disability caused you to need personal care?
>h_x770< Who did you RECEIVE the most personal care from?
>h_x800< Is [this person / he/ she] still helping you?
>h_x830< p. 6
Else
No
>h_x810< p. 6

>h_x810< Why is [this person / he /she] no longer helping you? Is it because you no longer need care, someone else is helping you, or for some other reason?

>h_x830< During this period of receiving care did/does [this person / he /she] live with you?

>h_x840< Because of your limitations did/does [this person / he / she] help you with: Bathing, dressing, eating or going to the bathroom?

>h_x850< (Because of your limitations did/does [this person / he / she] help you with:) Getting around inside the house or getting outside?

>h_x860< (Because of your limitations did/does [this person / he / she] help you with:) Shopping, cooking, housework or laundry?

>h_x870< (Because of your limitations did/does [this person / he / she] help you with:) Managing money, making phone calls, or taking medications?

>h_x880< In how many different weeks during the past 12 months did you receive personal care from [this person / him / her]?

>h_x890< During those weeks, about how many hours per week, on the average, did [this person / he / she] help you?

Guide: #1 Is R married to a graduate respondent or selected sibling respondent?

Sibling R

Graduate R → Next Module

HEALTH VIGNETTES FOR SIBLING-SPOUSE RESPONDENTS

>vigntro< Earlier we asked you to rate your own health overall. We are interested in how you would use these same categories to rate the health of other people your age. Now I am going to describe the health of some people your age. Then I am going to ask you to rate their health using the same categories you used to rate your own health.

Items vina, vinb, and vinc below will be asked to R in a randomized order. The severity of each hypothetical example will also be determined randomly such that R encounters examples from 3 of the 4 possible severity levels (1 = least severe; 4 = most severe). For male R's, the hypothetical names accompanying each example will vary between David, Tom, and William; for female R's, the hypothetical names will vary between Karen, Joan, and Nancy.

>vina< [Severity Level #1]: [Name] is energetic and has little trouble with bending, lifting, and climbing stairs. He/She rarely experiences pain, except for minor headaches. In the past year [name] spent one day in bed due to illness.
[Severity Level #2]: [Name] is usually energetic but occasionally feels fatigued. He/She has some trouble bending, lifting, and climbing stairs. His/Her occasional pain does not affect his/her daily activities. In the past year [name] spent a few days in bed due to illness.
[Severity Level #3]: About once a week [name] has no energy. He/She has some trouble bending, lifting, and climbing stairs and each week experiences pain that limits some of his/her daily activities. In the past year [name] spent a week in bed due to illness.
[Severity Level #4]: [Name} feels exhausted several days a week. He/She has trouble bending, lifting, and climbing stairs and every day experiences pain that limits many of his/her daily activities. In the past year [name] spent a few nights in a hospital and over a week in bed due to illness.

In general would you say [name]'s health is excellent, very good, good, fair or poor?

>vinb< [Severity Level #1]: [Name]'s doctor says [name] has good blood pressure, and that his/her heart is in good health. He/She is energetic and has little trouble with bending, lifting, and climbing stairs. He/She rarely experiences pain, except for minor headaches. In the past year [name] spent one day in bed due to illness.
[Severity Level #2]: [Name]'s doctor says [name] has borderline high blood pressure and high cholesterol, but does not need medication for them. He/She is usually energetic but occasionally feels fatigued. He/She has some trouble bending, lifting, and climbing stairs. His/Her occasional pain does not affect his/her daily activities. In the past year, [name] spent a few days in bed due to illness.
[Severity Level #3]: [Name] has high blood pressure and high cholesterol. He/She once underwent angioplasty to unblock an artery, and takes medication for these problems. About once a week he/she has no energy. He/She has some trouble bending, lifting, and climbing stairs and each week experiences pain that limits some of his/her daily activities. In the past year [name] spent a week in bed due to illness.
[Severity Level #4]: [Name] has very high blood pressure and cholesterol. He/She once had a heart attack, and subsequently had successful bypass surgery. He/She feels exhausted several days a week. He/She has trouble bending, lifting, and climbing stairs and every day experiences pain that limits many of his/her daily activities. In the past year [name] spent a few nights in a hospital and over a week in bed due to illness.

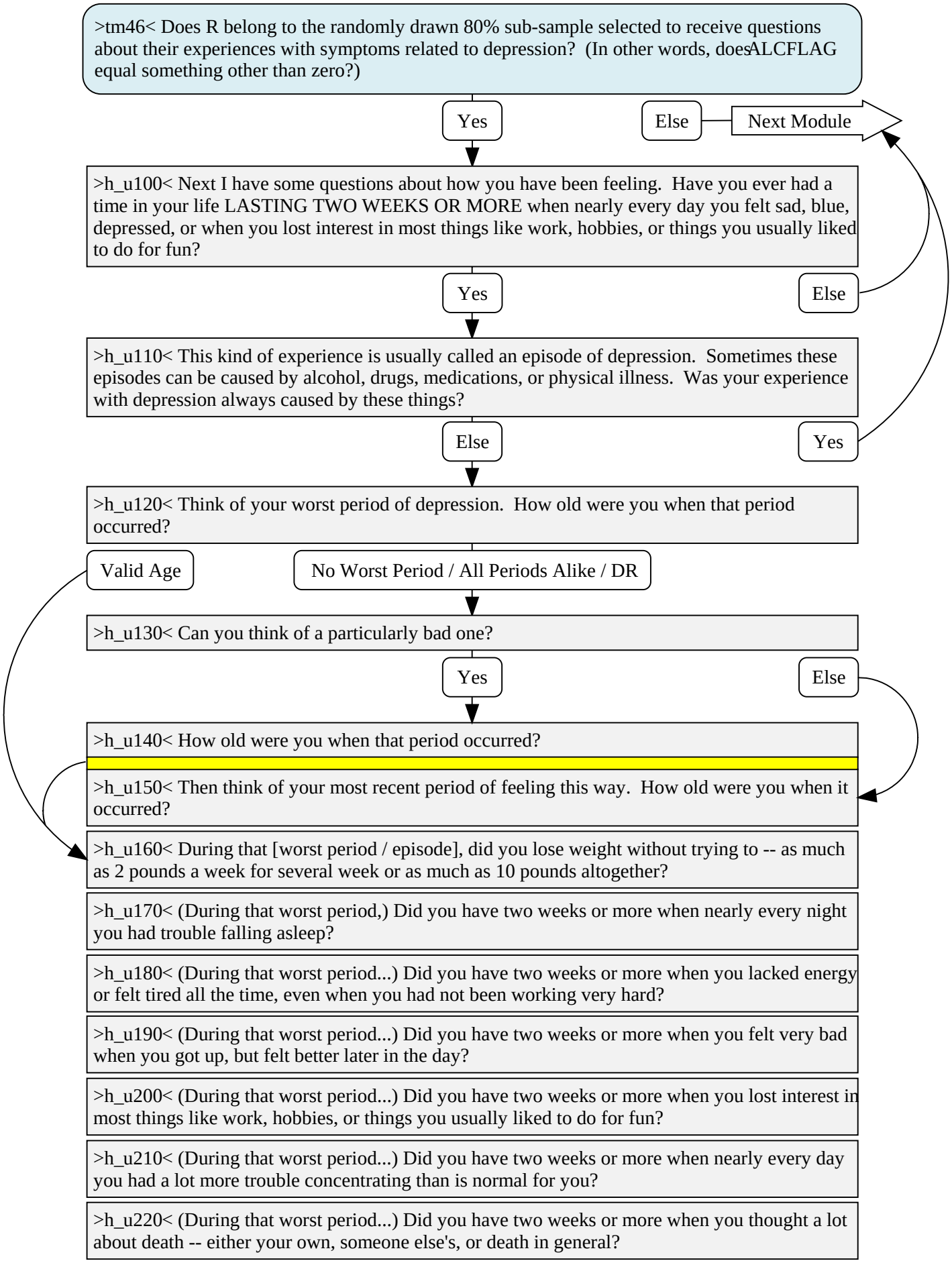
In general would you say [name]'s health is excellent, very good, good, fair or poor?

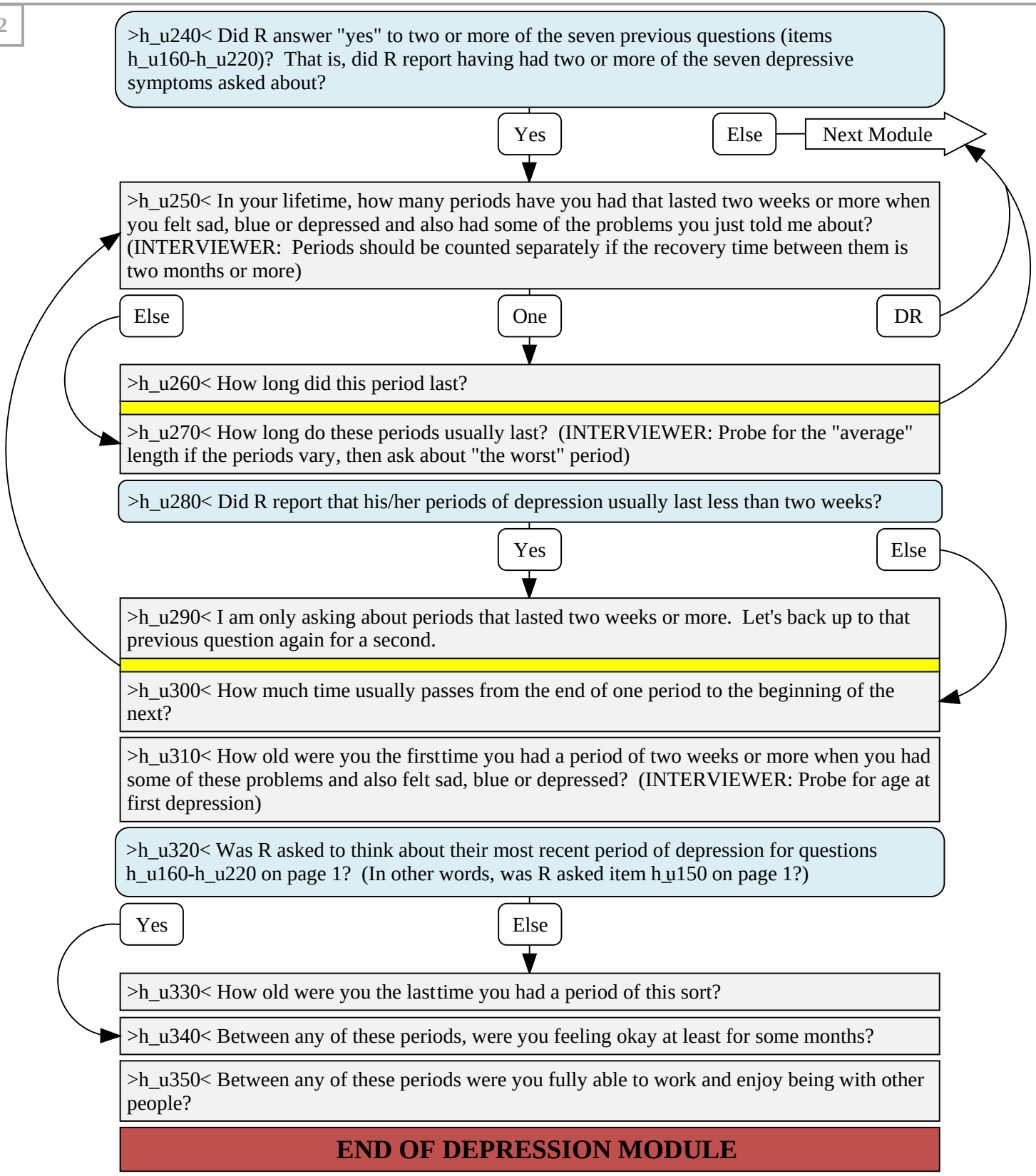
>vinc< [Severity Level #1]: [Name]'s doctor says [name] has healthy blood sugar levels. He/She is energetic and has little trouble with bending, lifting, and climbing stairs. He/She rarely experiences pain, except for minor headaches. In the past year [name] spent one day in bed due to illness.
[Severity Level #2]: [Name]'s doctor says [name] must lower his/her blood sugar levels to avoid getting diabetes. He/She is usually energetic but occasionally feels fatigued. He/She has some trouble bending, lifting, and climbing stairs. His/Her occasional pain does not affect his/her daily activities. In the past year [name] spent a few days in bed due to illness.
[Severity Level #3]: [Name] has diabetes, and controls it by managing his/her diet. About once a week he/she has no energy. He/She has some trouble bending, lifting, and climbing stairs and each week experiences pain that limits some of his/her daily activities. In the past year [name] spent a week in bed due to illness.
[Severity Level #4]: [Name] has diabetes that requires him/her to take daily insulin injections and is experiencing some diabetes-related complications. He/She feels exhausted several days a week. He/She has trouble bending, lifting, and climbing stairs and every day experiences pain that limits many of his/her daily activities. In the past year [name] spent a few nights in a hospital and over a week in bed due to illness.

In general would you say [name]'s health is excellent, very good, good, fair or poor?

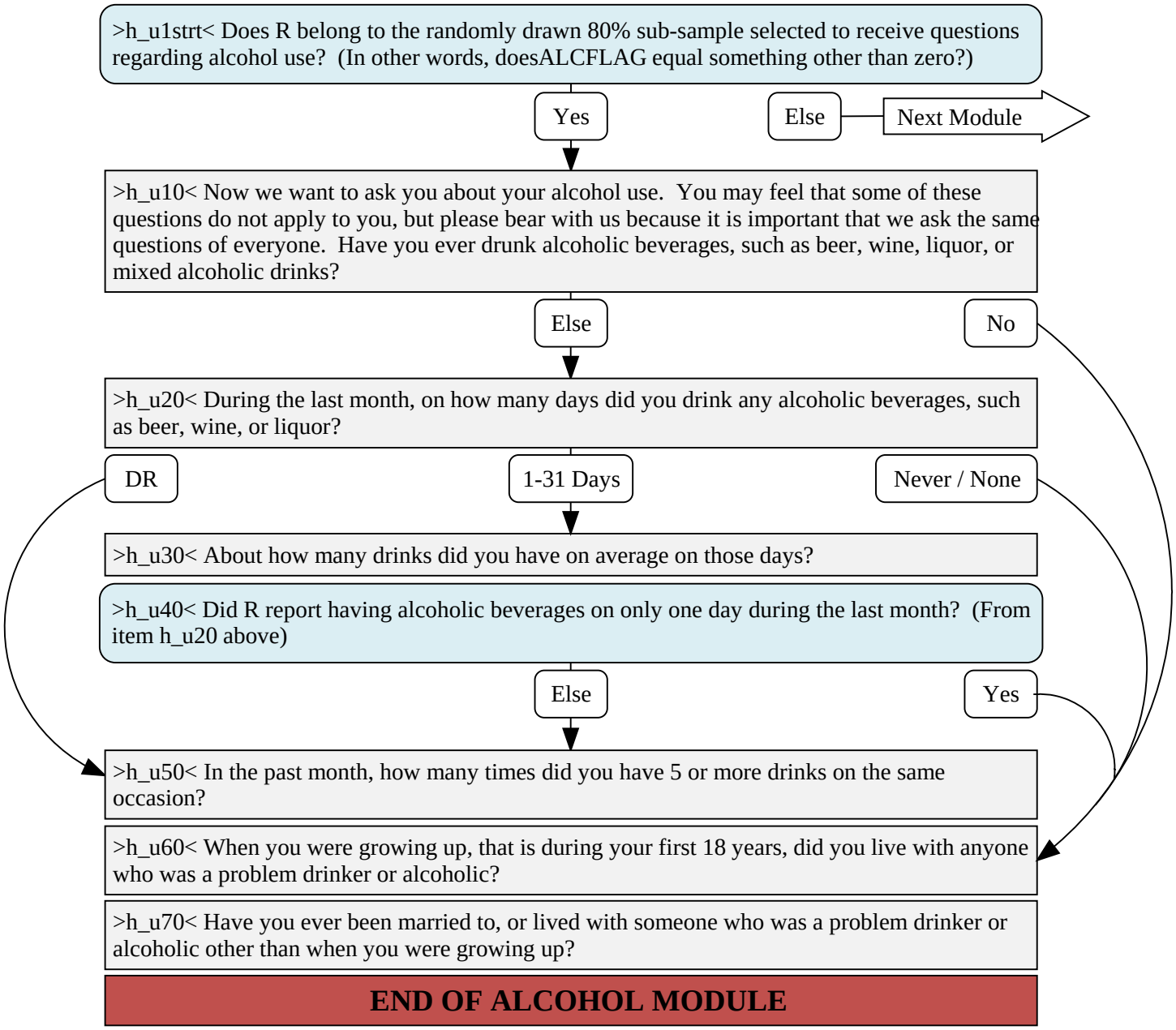
END OF HEALTH MODULE

DEPRESSION

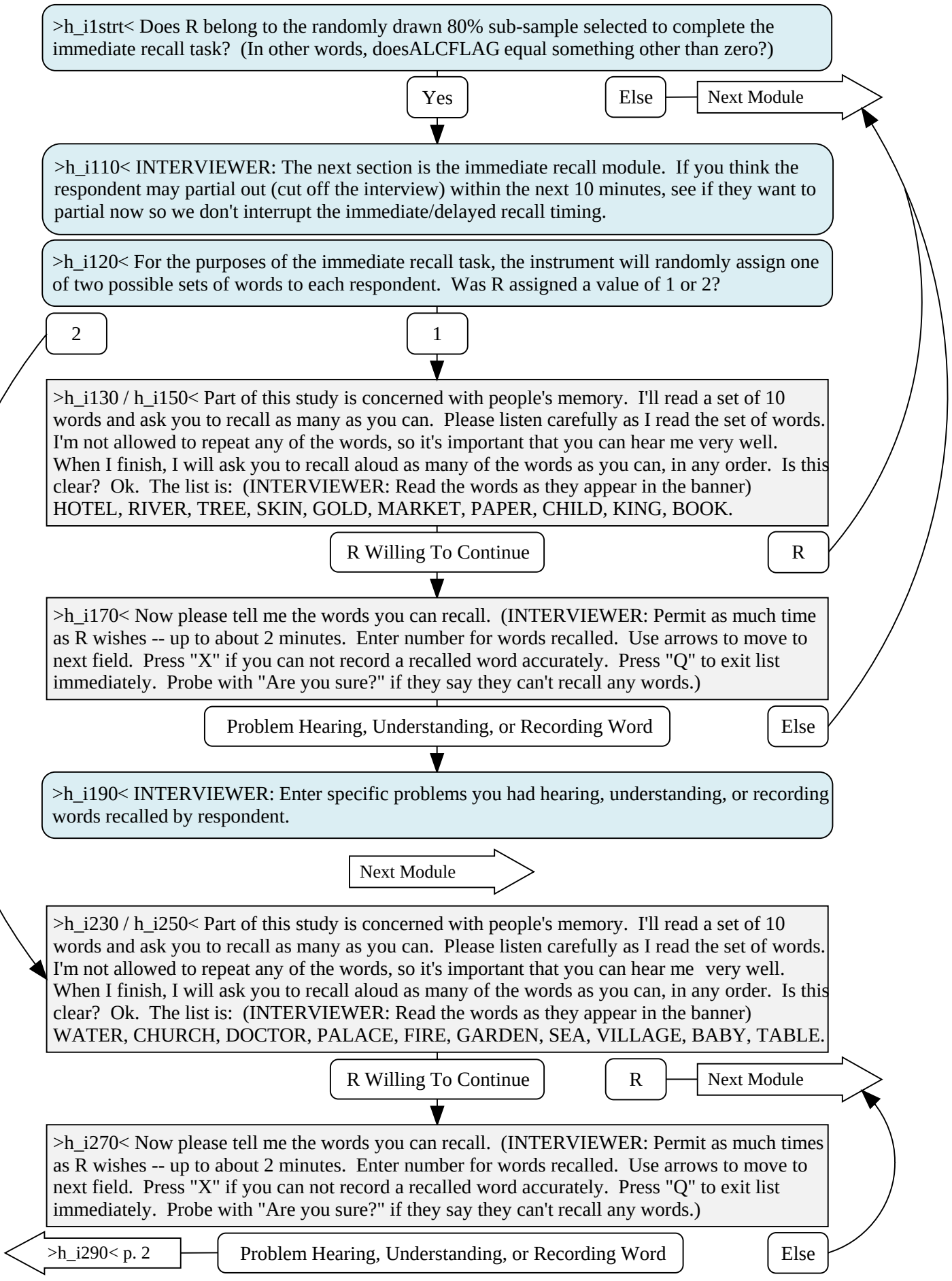

>tm46< Does R belong to the randomly drawn 80% sub-sample selected to receive questions about their experiences with symptoms related to depression? (In other words, does ALCFLAG equal something other than zero?)
Yes
Else
Next Module
>h_u100< Next I have some questions about how you have been feeling. Have you ever had a time in your life LASTING TWO WEEKS OR MORE when nearly every day you felt sad, blue, depressed, or when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?
Yes
Else
>h_u110< This kind of experience is usually called an episode of depression. Sometimes these episodes can be caused by alcohol, drugs, medications, or physical illness. Was your experience with depression always caused by these things?
Else
Yes
>h_u120< Think of your worst period of depression. How old were you when that period occurred?
Valid Age
No Worst Period / All Periods Alike / DR
>h_u130< Can you think of a particularly bad one?
Yes
Else
>h_u140< How old were you when that period occurred?
>h_u150< Then think of your most recent period of feeling this way. How old were you when it occurred?
>h_u160< During that [worst period / episode], did you lose weight without trying to -- as much as 2 pounds a week for several week or as much as 10 pounds altogether?
>h_u170< (During that worst period,) Did you have two weeks or more when nearly every night you had trouble falling asleep?
>h_u180< (During that worst period...) Did you have two weeks or more when you lacked energy or felt tired all the time, even when you had not been working very hard?
>h_u190< (During that worst period...) Did you have two weeks or more when you felt very bad when you got up, but felt better later in the day?
>h_u200< (During that worst period...) Did you have two weeks or more when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?
>h_u210< (During that worst period...) Did you have two weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?
>h_u220< (During that worst period...) Did you have two weeks or more when you thought a lot about death -- either your own, someone else's, or death in general?


>h_u240< Did R answer "yes" to two or more of the seven previous questions (items h_u160-h_u220)? That is, did R report having had two or more of the seven depressive symptoms asked about?
Yes
Else
Next Module
>h_u250< In your lifetime, how many periods have you had that lasted two weeks or more when you felt sad, blue or depressed and also had some of the problems you just told me about? (INTERVIEWER: Periods should be counted separately if the recovery time between them is two months or more)
Else
One
DR
>h_u260< How long did this period last?
>h_u270< How long do these periods usually last? (INTERVIEWER: Probe for the "average" length if the periods vary, then ask about "the worst" period)
>h_u280< Did R report that his/her periods of depression usually last less than two weeks?
Yes
Else
>h_u290< I am only asking about periods that lasted two weeks or more. Let's back up to that previous question again for a second.
>h_u300< How much time usually passes from the end of one period to the beginning of the next?
>h_u310< How old were you the firsttime you had a period of two weeks or more when you had some of these problems and also felt sad, blue or depressed? (INTERVIEWER: Probe for age at first depression)
>h_u320< Was R asked to think about their most recent period of depression for questions h_u160-h_u220 on page 1? (In other words, was R asked item h_u150 on page 1?)
Yes
Else
>h_u330< How old were you the lasttime you had a period of this sort?
>h_u340< Between any of these periods, were you feeling okay at least for some months?
>h_u350< Between any of these periods were you fully able to work and enjoy being with other people?
END OF DEPRESSION MODULE

ALCOHOL


>h_u1strt< Does R belong to the randomly drawn 80% sub-sample selected to receive questions regarding alcohol use? (In other words, doesALCFLAG equal something other than zero?)
Yes
Else
Next Module
>h_u10< Now we want to ask you about your alcohol use. You may feel that some of these questions do not apply to you, but please bear with us because it is important that we ask the same questions of everyone. Have you ever drunk alcoholic beverages, such as beer, wine, liquor, or mixed alcoholic drinks?
Else
No
>h_u20< During the last month, on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor?
DR
1-31 Days
Never / None
>h_u30< About how many drinks did you have on average on those days?
>h_u40< Did R report having alcoholic beverages on only one day during the last month? (From item h_u20 above)
Else
Yes
>h_u50< In the past month, how many times did you have 5 or more drinks on the same occasion?
>h_u60< When you were growing up, that is during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?
>h_u70< Have you ever been married to, or lived with someone who was a problem drinker or alcoholic other than when you were growing up?
END OF ALCOHOL MODULE

COGNITION -- IMMEDIATE RECALL TASK



>h_i290< INTERVIEWER: Enter specific problems you had hearing, understanding, or recording words recalled by respondent.

END OF COGNITION -- IMMEDIATE RECALL TASK MODULE

HEALTH INSURANCE

>h_s10< We are interested in health insurance people may have. (Including the employer provided plan you already told me about,) How many insurance plans - either public or private - are you currently covered by?

Else

R → Next Module

>h_s20< (Including the employer provided plan you already told me about,) How many health insurance plans do you have that you either purchased privately, obtained through a labor union, or obtained through your employer or someone else's? Please do not include any military plans. (INTERVIEWER: DO include Medicare Supplemental Plans. DO NOT include plans that only provide extra cash while you are in the hospital or that pay for only one type of service (dental care, drug benefits, vision care, long-term care, or accidents). Do not include accumulated sick leave that can be used for health expenses.)

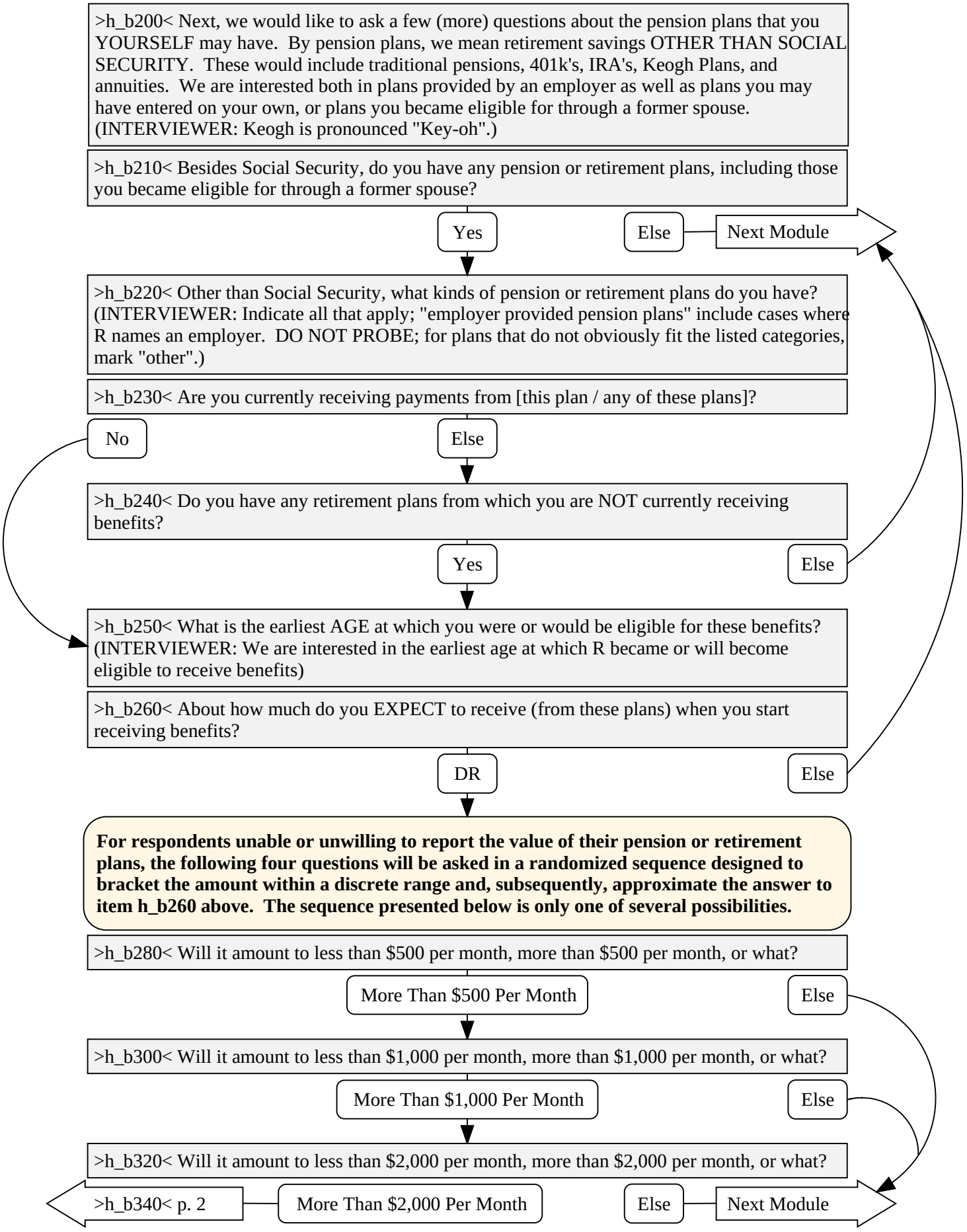
>h_s30< Are you covered by Medicare? (INTERVIEWER: MEDICARE is the health insurance plan for people 65 years old and older or persons with certain disabilities)

>h_s40< Including MEDICARE, how many public or government health insurance programs are you covered by? (INTERVIEWER: These also include Medicaid and Military programs. (1) We are referring to government plans NOT provided through employer; (2) MEDICARE is the health insurance plan for people 65 years old and older or persons with certain disabilities; (3) MILITARY or veterans administration (V.A.) plans include TRICARE, CHAMPUS, and CHAMP-V.A.)

The instrument will now check whether the sum of the private and public plans R reported (items h_s20 and h_s40) equals the total plans R reported having (item h_s10); the instrument cannot proceed until the sum of the private and public plans equals the total plans reported by R (or until the interviewer elects to override the programming and continue).

END OF HEALTH INSURANCE MODULE

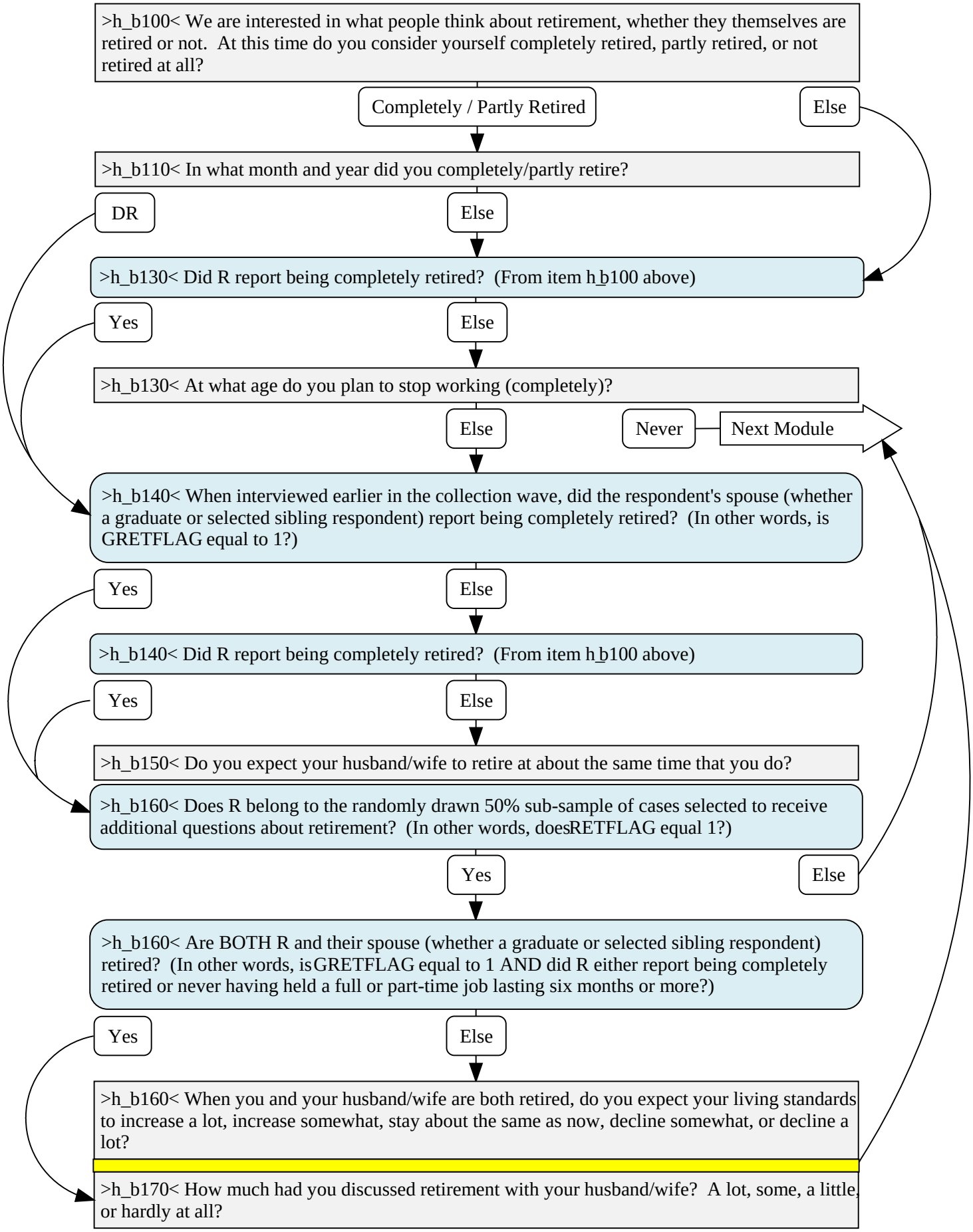
PENSIONS

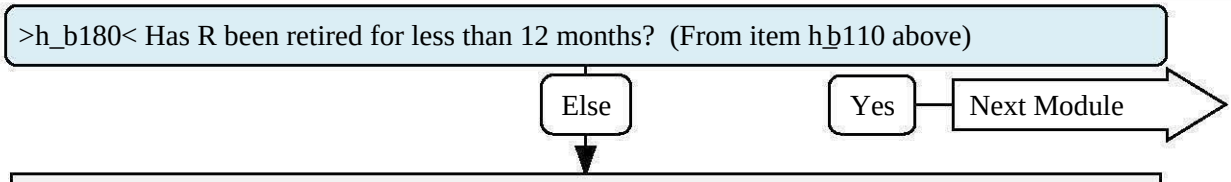

>h_b200< Next, we would like to ask a few (more) questions about the pension plans that you YOURSELF may have. By pension plans, we mean retirement savings OTHER THAN SOCIAL SECURITY. These would include traditional pensions, 401k's, IRA's, Keogh Plans, and annuities. We are interested both in plans provided by an employer as well as plans you may have entered on your own, or plans you became eligible for through a former spouse. (INTERVIEWER: Keogh is pronounced "Key-oh".)
>h_b210< Besides Social Security, do you have any pension or retirement plans, including those you became eligible for through a former spouse?
Yes
Else
Next Module
>h_b220< Other than Social Security, what kinds of pension or retirement plans do you have? (INTERVIEWER: Indicate all that apply; "employer provided pension plans" include cases where R names an employer. DO NOT PROBE; for plans that do not obviously fit the listed categories, mark "other".)
>h_b230< Are you currently receiving payments from [this plan / any of these plans]?
No
Else
>h_b240< Do you have any retirement plans from which you are NOT currently receiving benefits?
Yes
Else
>h_b250< What is the earliest AGE at which you were or would be eligible for these benefits? (INTERVIEWER: We are interested in the earliest age at which R became or will become eligible to receive benefits)
>h_b260< About how much do you EXPECT to receive (from these plans) when you start receiving benefits?
DR
Else
For respondents unable or unwilling to report the value of their pension or retirement plans, the following four questions will be asked in a randomized sequence designed to bracket the amount within a discrete range and, subsequently, approximate the answer to item h_b260 above. The sequence presented below is only one of several possibilities.
>h_b280< Will it amount to less than $500 per month, more than $500 per month, or what?
More Than $500 Per Month
Else
>h_b300< Will it amount to less than $1,000 per month, more than $1,000 per month, or what?
More Than $1,000 Per Month
Else
>h_b320< Will it amount to less than $2,000 per month, more than $2,000 per month, or what?
>h_b340< p. 2
More Than $2,000 Per Month
Else
Next Module

>h_b340< Will it amount to less than $4,000 per month, more than $4,000 per month, or what?

END OF PENSIONS MODULE

RETIREMENT ATTITUDES





>h_b190< Thinking about your retirement years compared to the years just before you retired, would you say that your living standards are better, about the same, or not as good?

>h_b199< Thinking about your retirement years compared to the years just before you retired, would you say that your relationship with your husband/wife has been better, about the same, or not as good?

END OF RETIREMENT ATTITUDES MODULE

OTHER INCOME

>h_p100< Now we would like to ask you some questions about income that you may have received over the past 12 months.

After some questions involving a fund or other form of income (whether inquiring about its mere presence or actual value), the instrument will ask the interviewer to verify that R understood what was being asked and answered correctly. If the interviewer confirms as much, the interview will proceed; if not, the interviewer will be instructed to make appropriate corrections. For simplicity of presentation, these checks have not been included in the flowchart.

INCOME FROM WAGES AND SALARIES

>h_p110< In the last 12 months, have you, yourself, received MORE than 500 dollars in WAGES, SALARIES, COMMISSIONS, AND TIPS before taxes and other deductions?

Else

Yes

>h_p120< About how much did you receive? (This would be all your own income in the last 12 months from WAGES, SALARIES, COMMISSIONS, AND TIPS before taxes and other deductions.) (INTERVIEWER: Enter wage and salary income before taxes and other deductions. For self-employed R's, enter ONLY their salary, if applicable. DO NOT PROBE.)

Else

DR — RB Sequence p. 4

INCOME FROM A BUSINESS OR FARM

>h_p140< In the last 12 months, have you, yourself, received any NET INCOME from your own business, professional practice, partnership, or farm other than wages or salaries that you have already told us about?

Else

Yes

>h_p150< How much did you receive? (This would be any NET INCOME from your business, professional practice, partnership, or farm, after all expenses, but before taxes. DO NOT PROBE.)

Else

DR

SOCIAL SECURITY INCOME

>h_p170< Did you receive SOCIAL SECURITY income in the last 12 months?

Else

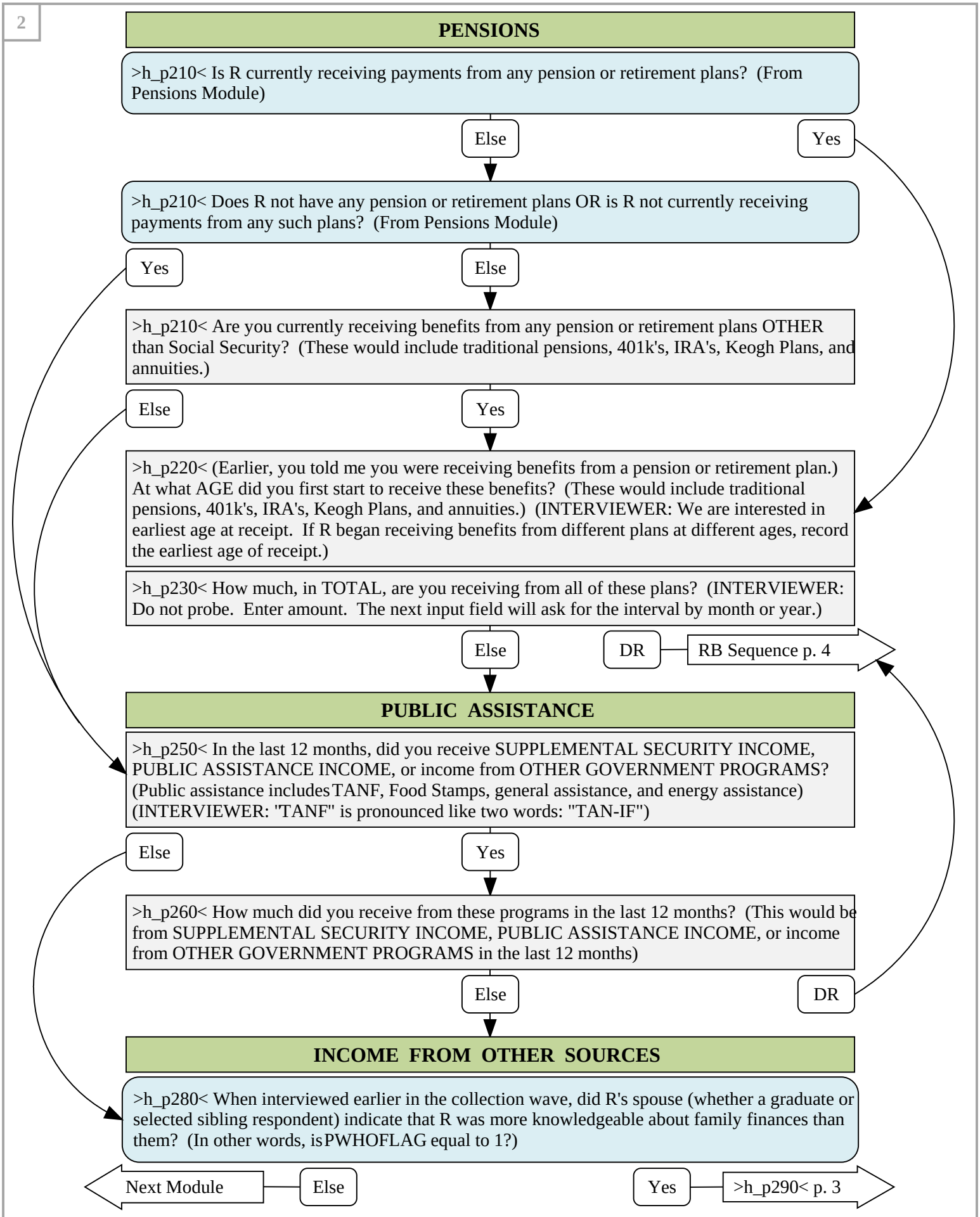
Yes

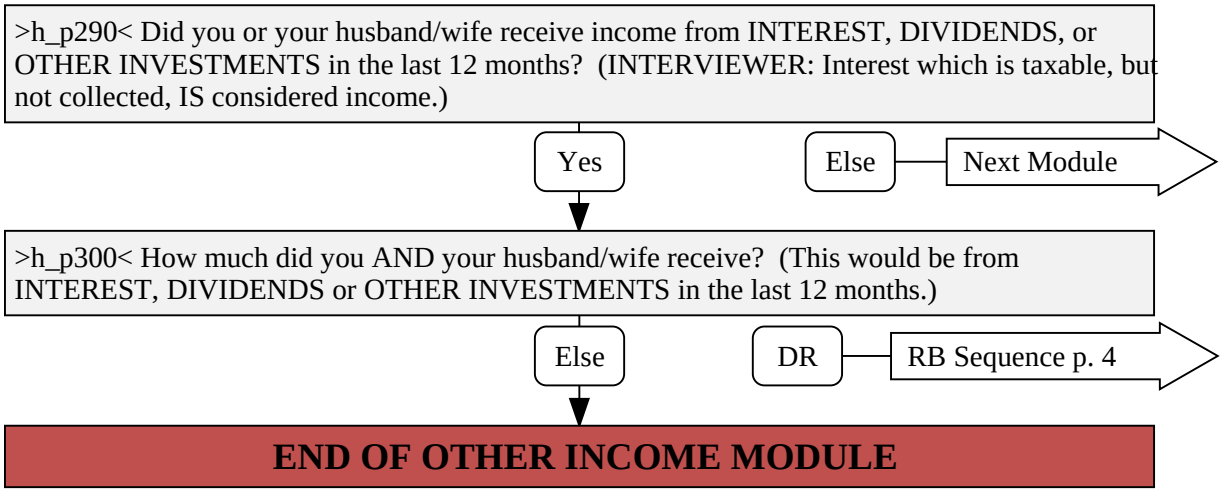
>h_p180< How old were you when you started receiving Social Security benefits?

>h_p190< How much did you receiving in SOCIAL SECURITY income LAST MONTH? (INTERVIEWER: Here we want amount received per month. DO NOT PROBE.)

>h_p210< p. 2 — Else

DR

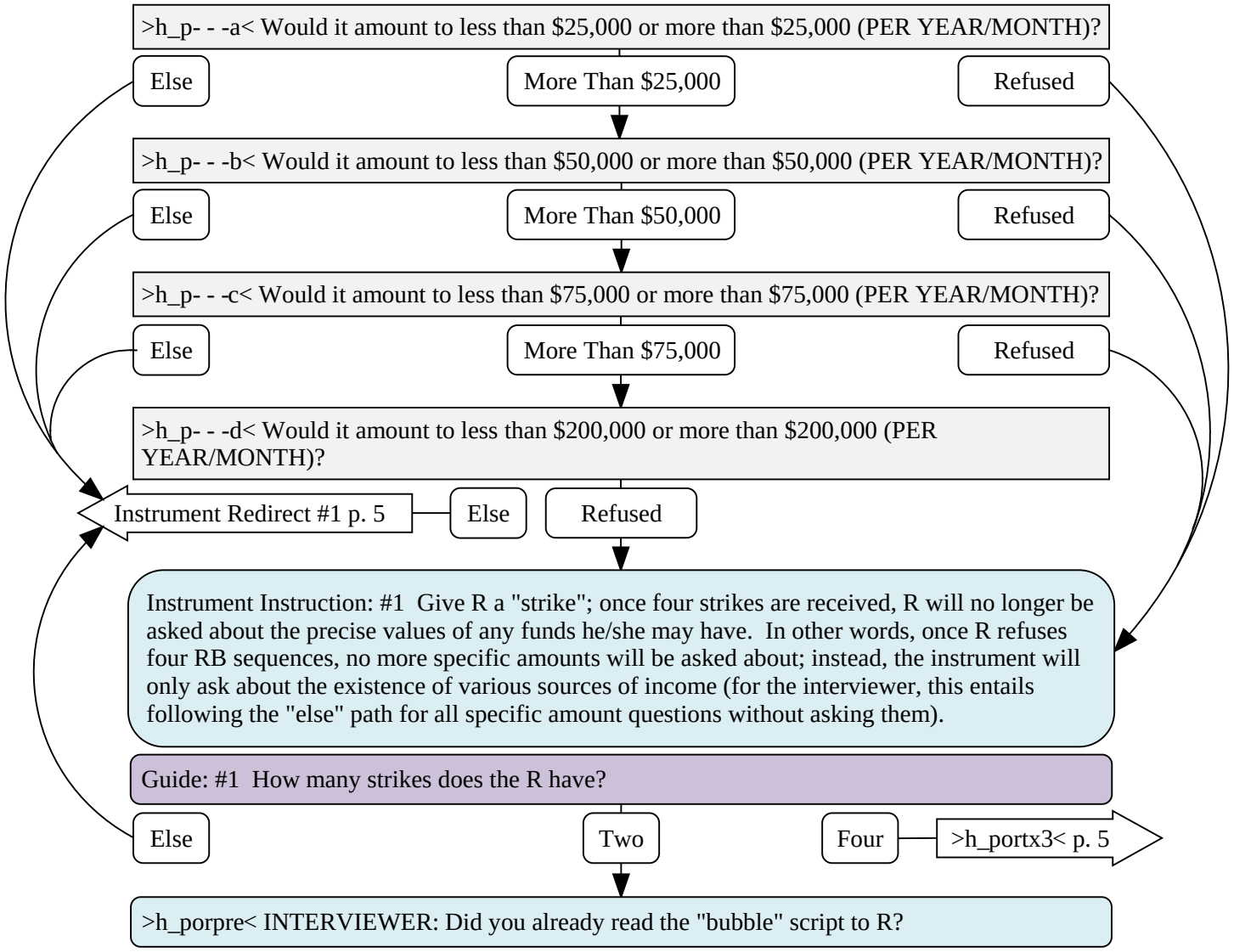

PENSIONS
>h_p210< Is R currently receiving payments from any pension or retirement plans? (From Pensions Module)
Else
Yes
>h_p210< Does R not have any pension or retirement plans OR is R not currently receiving payments from any such plans? (From Pensions Module)
Yes
Else
>h_p210< Are you currently receiving benefits from any pension or retirement plans OTHER than Social Security? (These would include traditional pensions, 401k's, IRA's, Keogh Plans, and annuities.)
Else
Yes
>h_p220< (Earlier, you told me you were receiving benefits from a pension or retirement plan.) At what AGE did you first start to receive these benefits? (These would include traditional pensions, 401k's, IRA's, Keogh Plans, and annuities.) (INTERVIEWER: We are interested in earliest age at receipt. If R began receiving benefits from different plans at different ages, record the earliest age of receipt.)
>h_p230< How much, in TOTAL, are you receiving from all of these plans? (INTERVIEWER: Do not probe. Enter amount. The next input field will ask for the interval by month or year.)
Else
DR
RB Sequence p. 4
PUBLIC ASSISTANCE
>h_p250< In the last 12 months, did you receive SUPPLEMENTAL SECURITY INCOME, PUBLIC ASSISTANCE INCOME, or income from OTHER GOVERNMENT PROGRAMS? (Public assistance includes TANF, Food Stamps, general assistance, and energy assistance) (INTERVIEWER: "TANF" is pronounced like two words: "TAN-IF")
Else
Yes
>h_p260< How much did you receive from these programs in the last 12 months? (This would be from SUPPLEMENTAL SECURITY INCOME, PUBLIC ASSISTANCE INCOME, or income from OTHER GOVERNMENT PROGRAMS in the last 12 months)
Else
DR
INCOME FROM OTHER SOURCES
>h_p280< When interviewed earlier in the collection wave, did R's spouse (whether a graduate or selected sibling respondent) indicate that R was more knowledgeable about family finances than them? (In other words, is PWHOFLAG equal to 1?)
Next Module
Else
Yes
>h_p290< p. 3


>h_p290< Did you or your husband/wife receive income from INTEREST, DIVIDENDS, or OTHER INVESTMENTS in the last 12 months? (INTERVIEWER: Interest which is taxable, but not collected, IS considered income.)
Yes
Else
Next Module
>h_p300< How much did you AND your husband/wife receive? (This would be from INTEREST, DIVIDENDS or OTHER INVESTMENTS in the last 12 months.)
Else
DR
RB Sequence p. 4
END OF OTHER INCOME MODULE

RANDOMIZED BRACKETING (RB) SEQUENCE

Consult for the following redirecting items: h_p120; h_p150; h_p190; h_p230; h_p260; h_p300.

To deal with D or R responses to questions calling for specific dollar amounts (of a wage, annuity, retirement plan, or otherwise), we enacted a system called randomized bracketing. Respondents unable to provide precise values will be asked a series of questions about the relative amounts of each respective fund. Based on the context of the original question -- as well as demographic characteristics of respondents such as gender -- the instrument will randomly select a sequence of interval questions. Although the interval amounts and sequencing used will vary, all are engineered to bracket the value of a fund within a discrete range and thereby approximate the answer to the question R was unable or unwilling to answer. To illustrate the logic behind randomized bracketing, the following sequence serves as an example of one possibility.



Instrument Instruction: #1 Give R a "strike"; once four strikes are received, R will no longer be asked about the precise values of any funds he/she may have. In other words, once R refuses four RB sequences, no more specific amounts will be asked about; instead, the instrument will only ask about the existence of various sources of income (for the interviewer, this entails following the "else" path for all specific amount questions without asking them).

Guide: #1 How many strikes does the R have?

Else | Two | Four → >h_portx3< p. 5

>h_porpre< INTERVIEWER: Did you already read the "bubble" script to R?

>h_portx< [If the "bubble" script has been read to R]: I understand your reluctance to answer these questions, and we respect your right to privacy.

[If the "bubble" script has not been read to R and R is married to a graduate respondent]: We certainly understand your reluctance to answer these questions, and you have every right to do so. Let me assure you again that all information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers. Your [husband / wife]'s class of 1957 has been participating in our study for nearly 50 years. Researchers have learned a tremendous amount from this study and other longitudinal studies like it. One of the purposes of this study is to learn how families prepare financially for retirement. Specifically, we are interested in how families allocate their assets, how much they rely on Social Security for their retirement, and how they are affected by the stock market. Your [husband / wife]'s class of 1957 is about 10 years older than most of the baby boom generation, which has strained public resources and social institutions at each stage of life. For this reason, information you provide will give policy makers an early indication of the trends and problems that will become important as the baby boomers enter their sixties. Your answers will help researchers achieve these goals.

[If the "bubble" script has not been read to R and R is married to a selected sibling respondent]: We certainly understand your reluctance to answer these questions, and you have every right to do so. Let me assure you again that all information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers. One of the purposes of this study is to learn how people prepare financially for retirement. Specifically, we are interested in how people allocate their assets, how much they rely on Social Security for their retirement, and how they are affected by the stock market. The information you provide will give policy makers an early indication of the trends and problems that will become even more important as the baby boom generation enters their sixties. That is, your answers will help as more people enter the retirement years.

Would you be willing to answer the remainder of the questions in this section that ask for approximate dollar amounts?

Yes

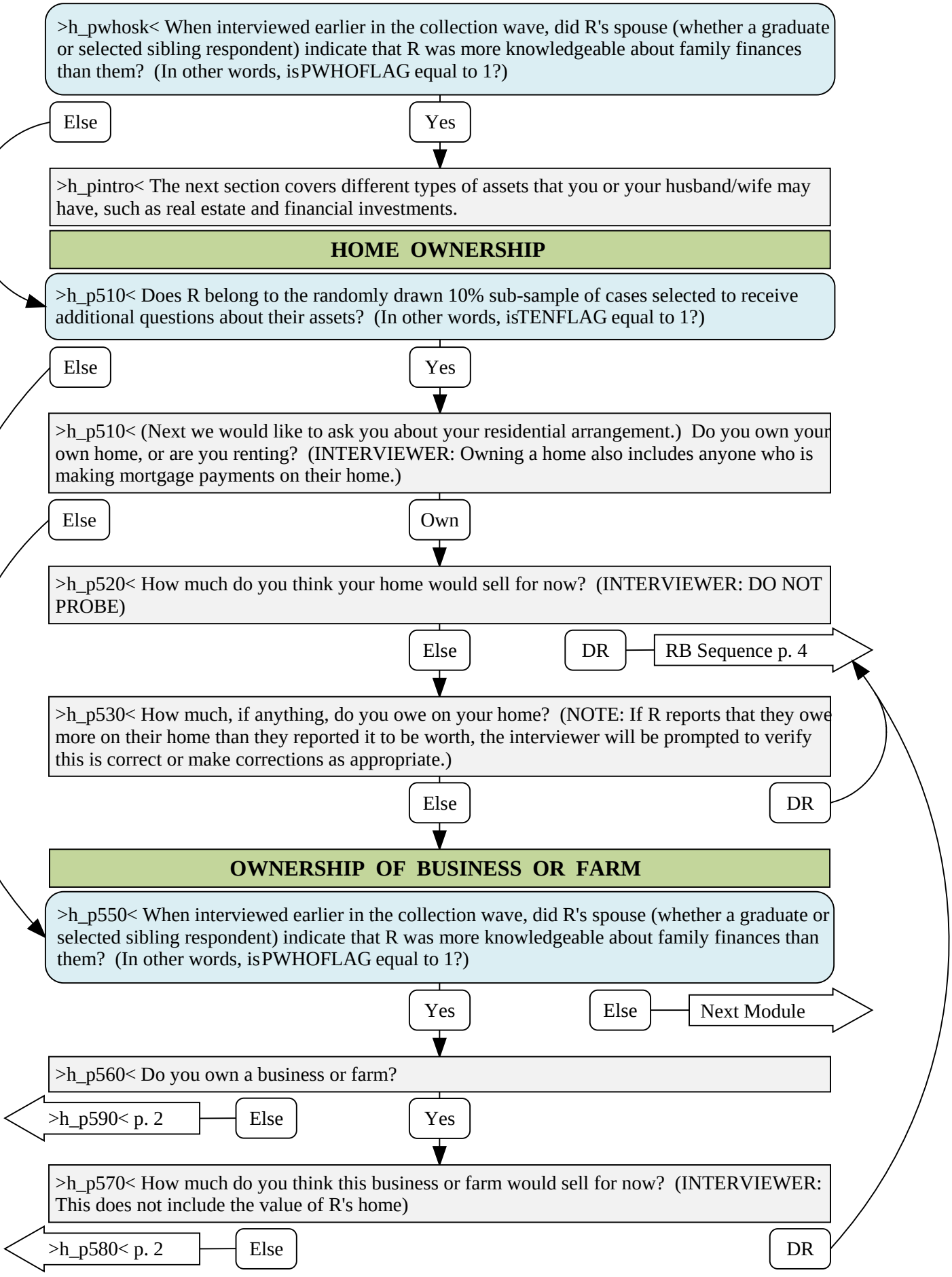
No

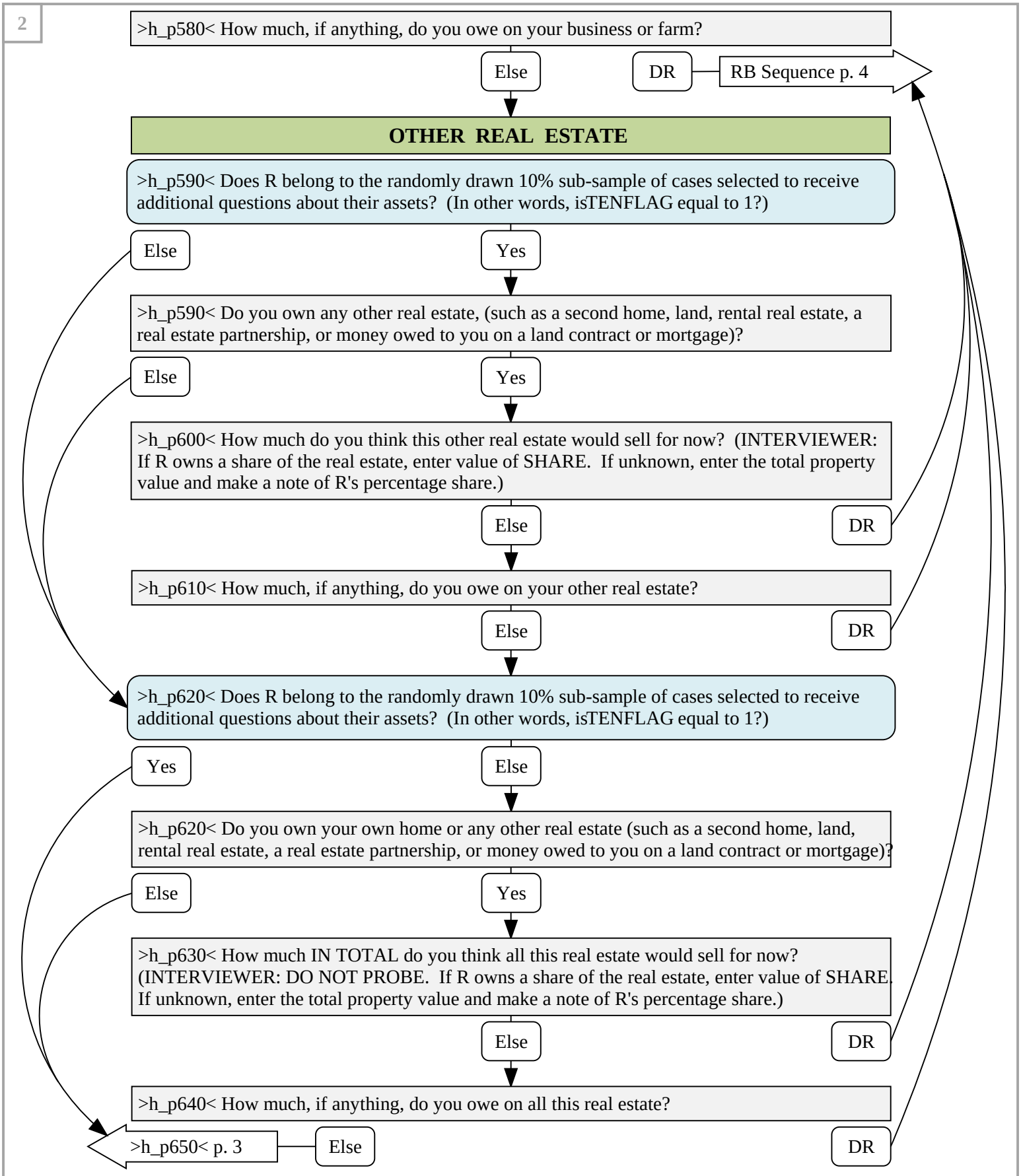
>h_portx2< (OK, that's fine.) I understand, and we respect your right to privacy. I am going to continue to ask you about the TYPES of income you are receiving, but will not ask you for any more AMOUNTS in this section.

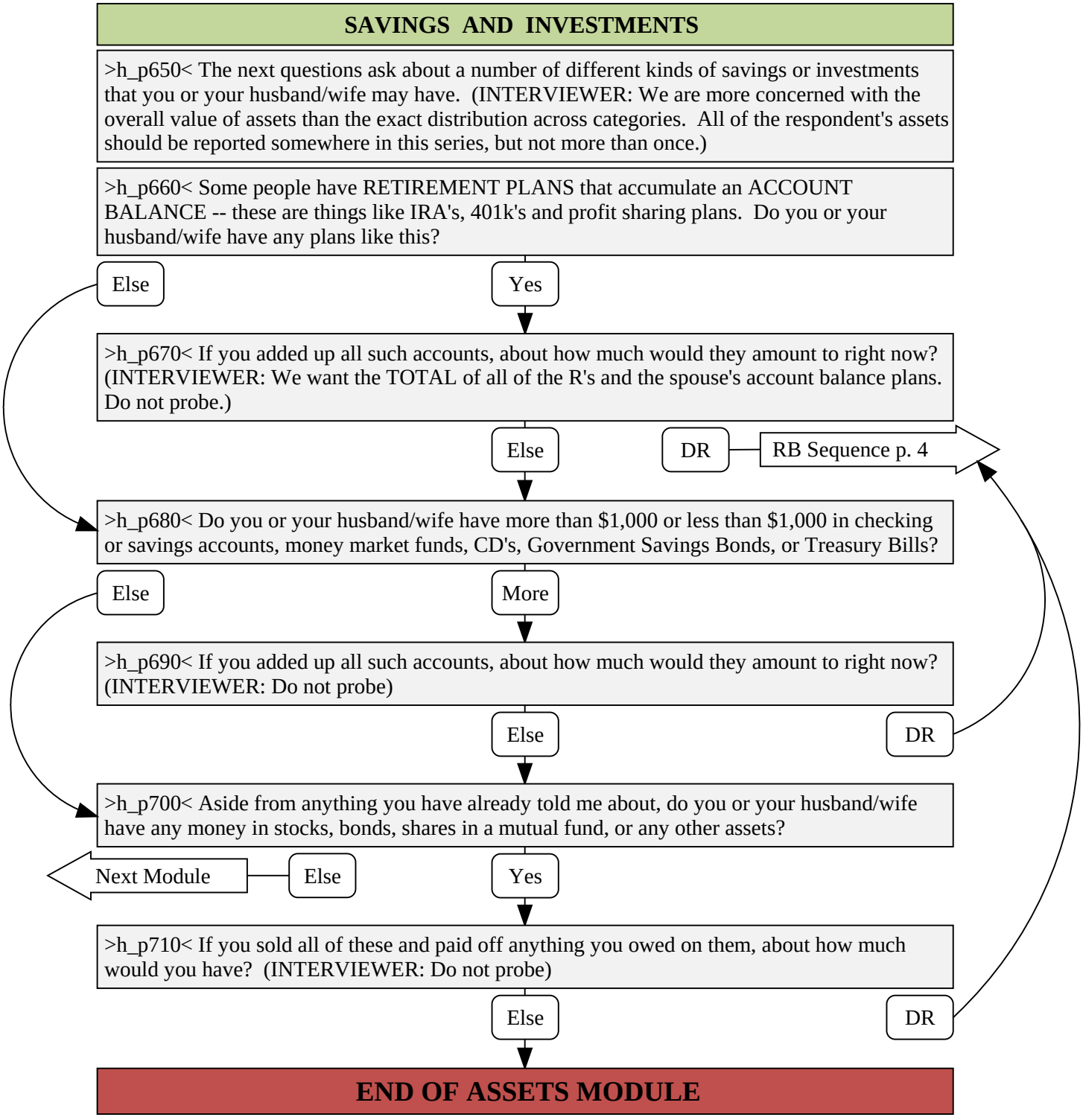
>h_portx3< I understand your reluctance to answer these questions, and we respect your right to privacy. I am going to continue to ask you about the TYPES of income you are receiving, but will not ask you for any more AMOUNTS in this section.

Instrument Redirect: #1 Exit RB Sequence and return to the original redirecting item. Proceed to the subsequent item in the flowchart as would have been done if R had initially answered by providing a dollar amount. (NOTE: This means following the "Else" path for all relevant items). If R has already reached four strikes -- or indicated they were unwilling to answer the remaining questions about dollar values -- the instrument will skip all subsequent items asking about specific amounts (by following the "Else" path in such cases).

ASSETS


>h_pwhosk< When interviewed earlier in the collection wave, did R's spouse (whether a graduate or selected sibling respondent) indicate that R was more knowledgeable about family finances than them? (In other words, is PWHOFLAG equal to 1?)
Else
Yes
>h_pintro< The next section covers different types of assets that you or your husband/wife may have, such as real estate and financial investments.
HOME OWNERSHIP
>h_p510< Does R belong to the randomly drawn 10% sub-sample of cases selected to receive additional questions about their assets? (In other words, is TENFLAG equal to 1?)
Else
Yes
>h_p510< (Next we would like to ask you about your residential arrangement.) Do you own your own home, or are you renting? (INTERVIEWER: Owning a home also includes anyone who is making mortgage payments on their home.)
Else
Own
>h_p520< How much do you think your home would sell for now? (INTERVIEWER: DO NOT PROBE)
Else
DR
RB Sequence p. 4
>h_p530< How much, if anything, do you owe on your home? (NOTE: If R reports that they owe more on their home than they reported it to be worth, the interviewer will be prompted to verify this is correct or make corrections as appropriate.)
Else
DR
OWNERSHIP OF BUSINESS OR FARM
>h_p550< When interviewed earlier in the collection wave, did R's spouse (whether a graduate or selected sibling respondent) indicate that R was more knowledgeable about family finances than them? (In other words, is PWHOFLAG equal to 1?)
Yes
Else
Next Module
>h_p560< Do you own a business or farm?
>h_p590< p. 2
Else
Yes
>h_p570< How much do you think this business or farm would sell for now? (INTERVIEWER: This does not include the value of R's home)
>h_p580< p. 2
Else
DR

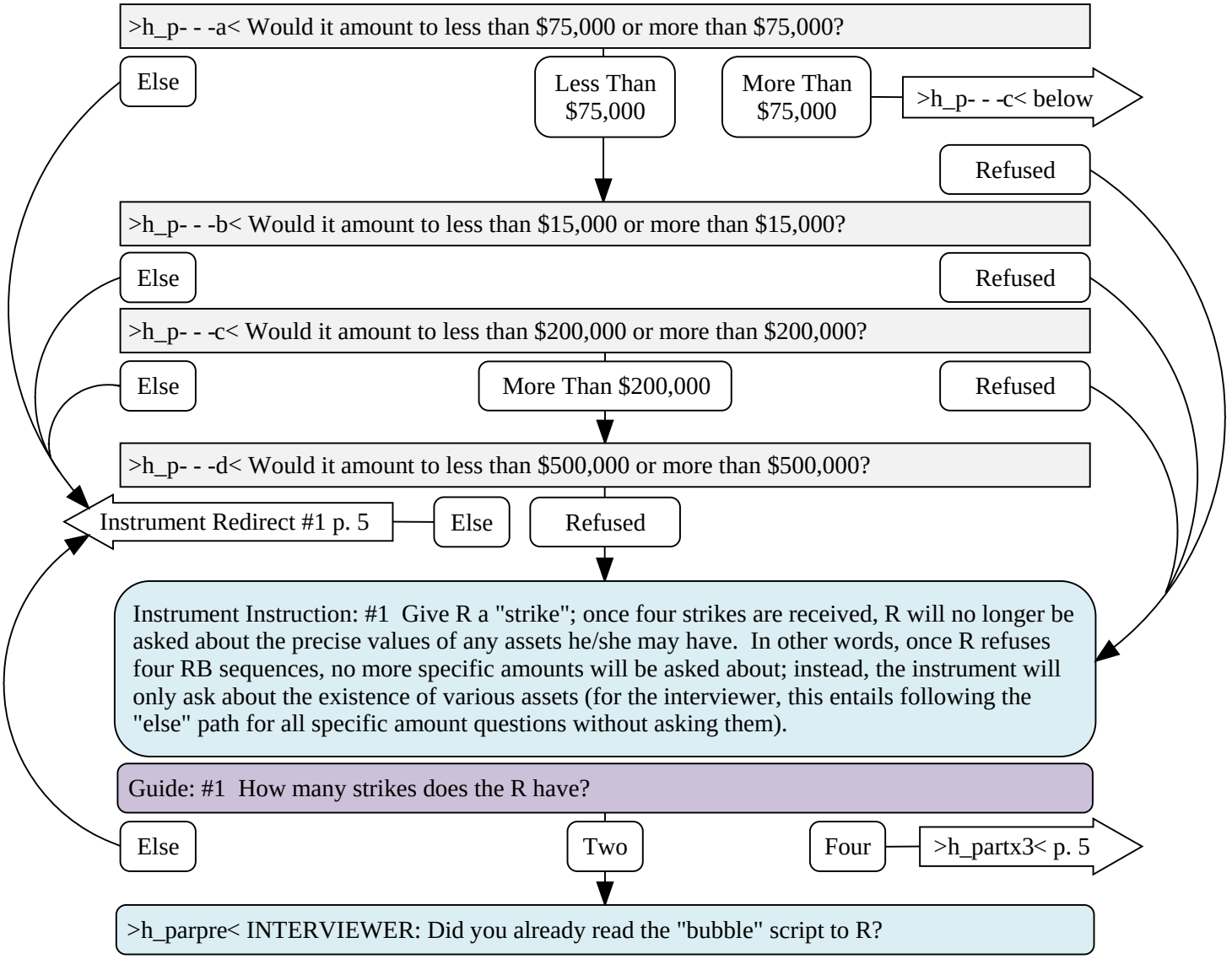

>h_p580< How much, if anything, do you owe on your business or farm?
Else
DR
RB Sequence p. 4
OTHER REAL ESTATE
>h_p590< Does R belong to the randomly drawn 10% sub-sample of cases selected to receive additional questions about their assets? (In other words, isTENFLAG equal to 1?)
Else
Yes
>h_p590< Do you own any other real estate, (such as a second home, land, rental real estate, a real estate partnership, or money owed to you on a land contract or mortgage)?
Else
Yes
>h_p600< How much do you think this other real estate would sell for now? (INTERVIEWER: If R owns a share of the real estate, enter value of SHARE. If unknown, enter the total property value and make a note of R's percentage share.)
Else
DR
>h_p610< How much, if anything, do you owe on your other real estate?
Else
DR
>h_p620< Does R belong to the randomly drawn 10% sub-sample of cases selected to receive additional questions about their assets? (In other words, isTENFLAG equal to 1?)
Yes
Else
>h_p620< Do you own your own home or any other real estate (such as a second home, land, rental real estate, a real estate partnership, or money owed to you on a land contract or mortgage)?
Else
Yes
>h_p630< How much IN TOTAL do you think all this real estate would sell for now? (INTERVIEWER: DO NOT PROBE. If R owns a share of the real estate, enter value of SHARE. If unknown, enter the total property value and make a note of R's percentage share.)
Else
DR
>h_p640< How much, if anything, do you owe on all this real estate?
>h_p650< p. 3
Else
DR


SAVINGS AND INVESTMENTS
>h_p650< The next questions ask about a number of different kinds of savings or investments that you or your husband/wife may have. (INTERVIEWER: We are more concerned with the overall value of assets than the exact distribution across categories. All of the respondent's assets should be reported somewhere in this series, but not more than once.)
>h_p660< Some people have RETIREMENT PLANS that accumulate an ACCOUNT BALANCE -- these are things like IRA's, 401k's and profit sharing plans. Do you or your husband/wife have any plans like this?
Else
Yes
>h_p670< If you added up all such accounts, about how much would they amount to right now? (INTERVIEWER: We want the TOTAL of all of the R's and the spouse's account balance plans. Do not probe.)
Else
DR
RB Sequence p. 4
>h_p680< Do you or your husband/wife have more than $1,000 or less than $1,000 in checking or savings accounts, money market funds, CD's, Government Savings Bonds, or Treasury Bills?
Else
More
>h_p690< If you added up all such accounts, about how much would they amount to right now? (INTERVIEWER: Do not probe)
Else
DR
>h_p700< Aside from anything you have already told me about, do you or your husband/wife have any money in stocks, bonds, shares in a mutual fund, or any other assets?
Next Module
Else
Yes
>h_p710< If you sold all of these and paid off anything you owed on them, about how much would you have? (INTERVIEWER: Do not probe)
Else
DR
END OF ASSETS MODULE

RANDOMIZED BRACKETING (RB) SEQUENCE

Consult for the following redirecting items: h_p520; h_p530; h_p570; h_p580; h_p600; h_p610; h_p630; h_p640; h_p670; h_p690; h_p710.

To deal with D or R responses to questions calling for specific dollar amounts (of an asset), we enacted a system called randomized bracketing. Respondents unable to provide precise values will be asked a series of questions about the relative amounts of each respective asset. Based on the context of the original question -- as well as demographic characteristics of respondents such as gender -- the instrument will randomly select a sequence of interval questions. Although the interval amounts and sequencing used will vary, all are engineered to bracket the value of an asset within a discrete range and thereby approximate the answer to the question R was unable or unwilling to answer. To illustrate the logic behind randomized bracketing, the following sequence serves as an example of one possibility.



Instrument Instruction: #1 Give R a "strike"; once four strikes are received, R will no longer be asked about the precise values of any assets he/she may have. In other words, once R refuses four RB sequences, no more specific amounts will be asked about; instead, the instrument will only ask about the existence of various assets (for the interviewer, this entails following the "else" path for all specific amount questions without asking them).

Guide: #1 How many strikes does the R have?

Else

Two

Four

>h_partx3< p. 5

>h_parpre< INTERVIEWER: Did you already read the "bubble" script to R?

>h_partx1< [If the "bubble" script has been read to R]: I understand your reluctance to answer these questions, and we respect your right to privacy.

[If the "bubble" script has not been read to R and R is married to a graduate respondent]: We certainly understand your reluctance to answer these questions, and you have every right to do so. Let me assure you again that all information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers. Your [husband / wife]'s class of 1957 has been participating in our study for nearly 50 years. Researchers have learned a tremendous amount from this study and other longitudinal studies like it. One of the purposes of this study is to learn how families prepare financially for retirement. Specifically, we are interested in how families allocate their assets, how much they rely on Social Security for their retirement, and how they are affected by the stock market. Your [husband / wife]'s class of 1957 is about 10 years older than most of the baby boom generation, which has strained public resources and social institutions at each stage of life. For this reason, information you provide will give policy makers an early indication of the trends and problems that will become important as the baby boomers enter their sixties. Your answers will help researchers achieve these goals.

[If the "bubble" script has not been read to R and R is married to a selected sibling respondent]: We certainly understand your reluctance to answer these questions, and you have every right to do so. Let me assure you again that all information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers. One of the purposes of this study is to learn how people prepare financially for retirement. Specifically, we are interested in how people allocate their assets, how much they rely on Social Security for their retirement, and how they are affected by the stock market. The information you provide will give policy makers an early indication of the trends and problems that will become even more important as the baby boom generation enters their sixties. That is, your answers will help as more people enter the retirement years.

Would you be willing to answer the remainder of the questions in this section that ask for approximate dollar amounts?

Yes

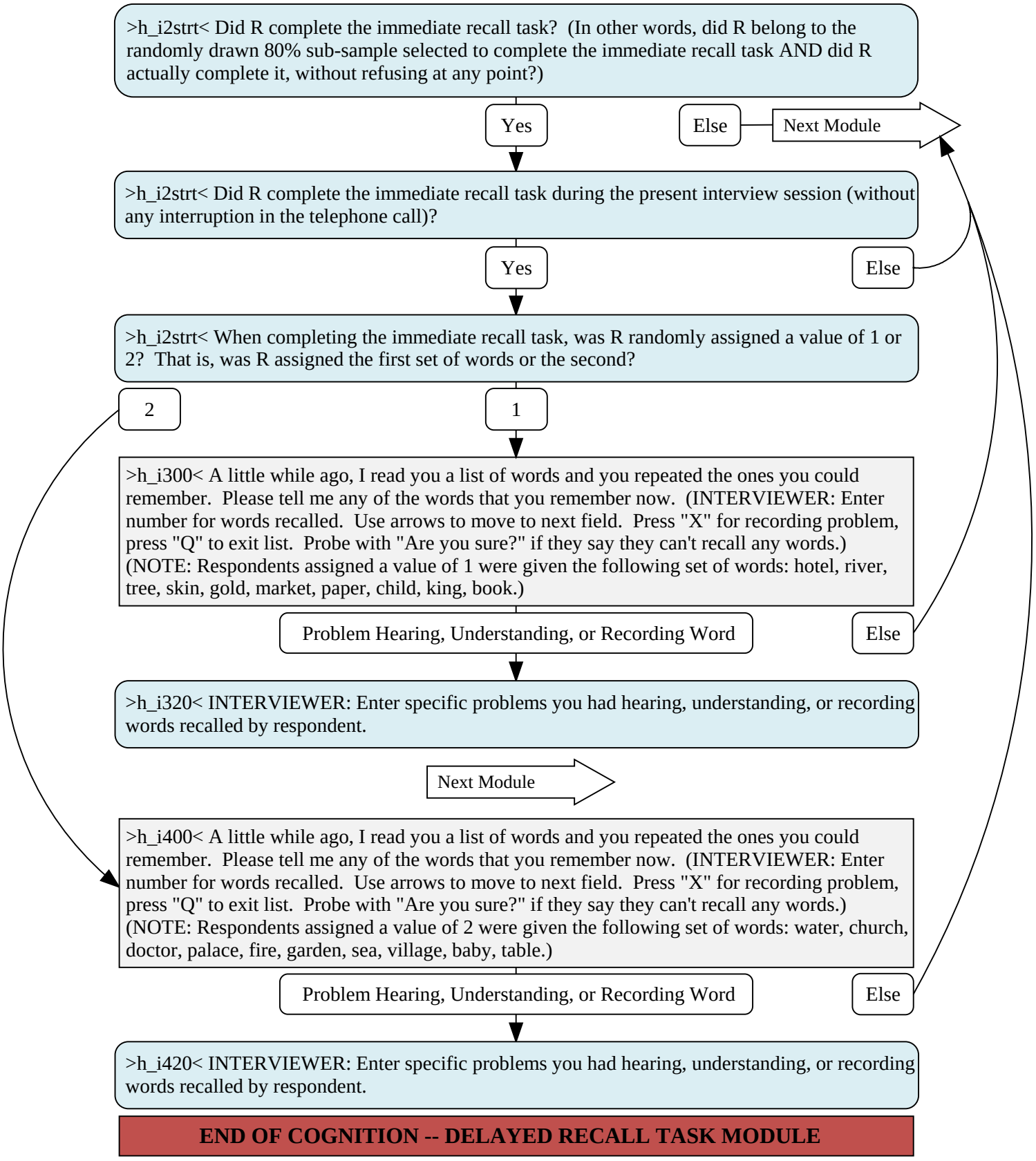
No

>h_partx2< (OK, that's fine.) I understand (your reluctance to answer these questions), and we respect your right to privacy. I am going to continue to ask you about the TYPES of assets you have, but will not ask you for any more AMOUNTS in this section.

>h_partx3< I understand your reluctance to answer these questions, and we respect your right to privacy. I am going to continue to ask you about the TYPES of assets you have, but will not ask you for any more AMOUNTS in this section.

Instrument Redirect: #1 Exit RB Sequence and return to the original redirecting item. Proceed to the subsequent item in the flowchart as would have been done if R had initially answered by providing a dollar amount. (NOTE: This means following the "Else" path for all relevant items). If R has already reached four strikes -- or indicated they were unwilling to answer the remaining questions about dollar values -- the instrument will skip all subsequent items asking about specific amounts (by following the "Else" path in such cases).

COGNITION -- DELAYED RECALL TASK



MARRIAGE

>hcintro< Next we'd like to ask you some questions about your husband/wife.

>hc76f< How would you describe his/her health? Would you say it is excellent, very good, good, fair, or poor?

Else

Deceased

Guide: #1 Is R married to a graduate respondent or selected sibling respondent?

Graduate R

Sibling R

>hcDOD< (I'm sorry to hear that.) When did he/she die? (INTERVIEWER: Don't probe for day or month. Enter day and/or month only if they are volunteered.) (NOTE: Year of death provided must occur after year of birth on record for the instrument to proceed without a logical inconsistency.)

>hcMOR5< In what city and state did he/she die?

>hcMOR8< What was the cause of his/her death?

Cancer

Else

Next Module

>hcMOR8a< What kind of cancer was that?

>hc78< Does he/she have any long-term condition, illness, or disability that limits any activities now or is likely to limit his/her activities in the future?

Else

Yes

>hc79< What is the most serious condition that he/she has?

>hc76f1< Part of this study is concerned with people's memory and ability to think about things. First, how would you rate [name of spouse]'s memory at the present time? Would you say it is excellent, very good, good, fair, or poor?

>hc76f2< Compared to two years ago, would you say his/her memory is better now, about the same, or worse now than it was then?

>hc76f3< How would you rate him/her in making judgments and decisions? Would you say he/she is excellent, very good, good, fair, or poor?

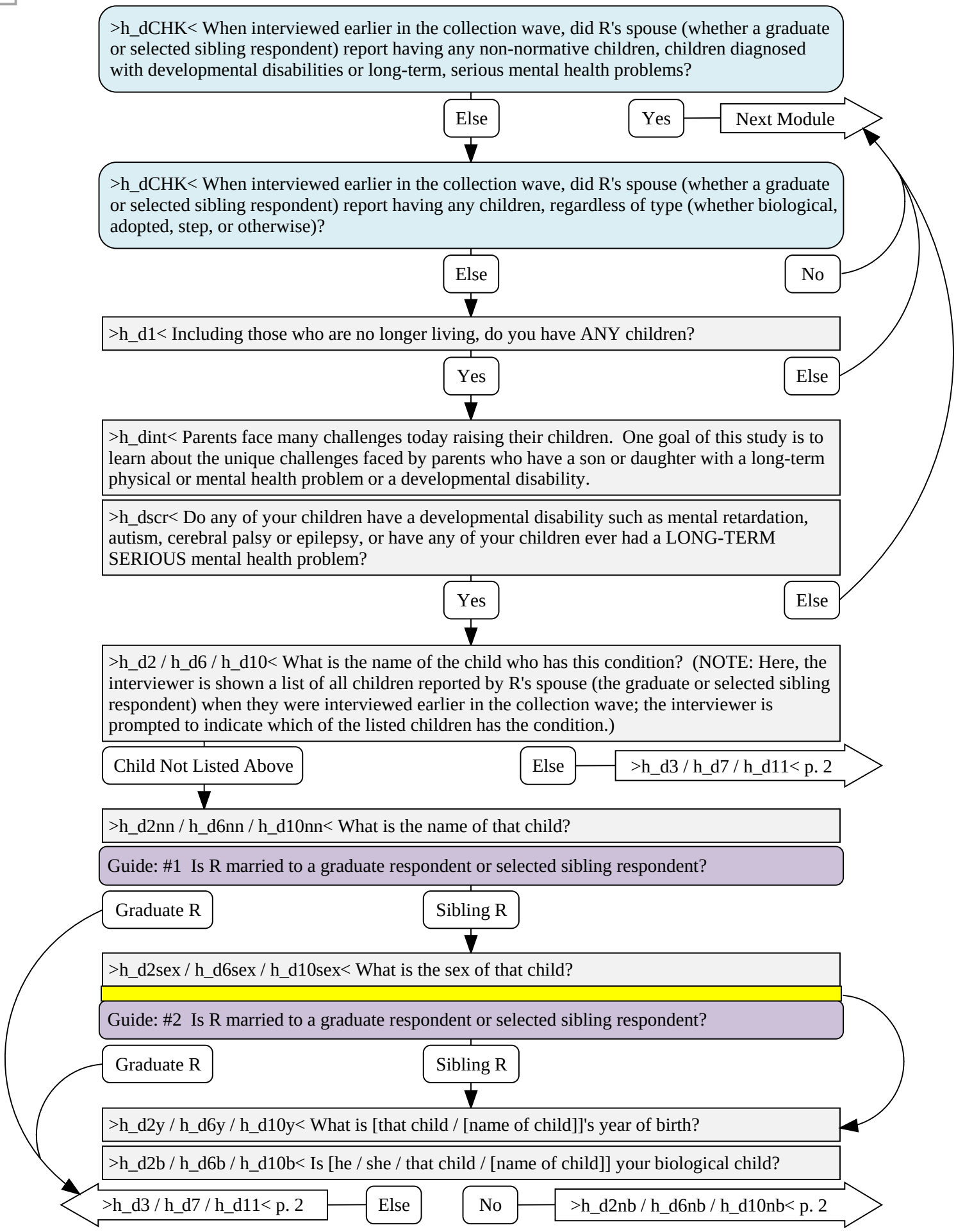
>hc76f4< How would you rate [name of spouse]'s ability to organize his/her daily activities? Would you say he/she is excellent, very good, good, fair, or poor?

>hc76h< In terms of your outlook on life, would you say you and your husband/wife share very similar views, somewhat similar views, not very similar views, or not at all similar views?

>hc76i< How close would you say you are to your husband/wife? Are you very close, somewhat close, not very close, or not at all close?

END OF MARRIAGE MODULE

NON-NORMATIVE CHILD SCREENER



>h_d2nb / h_d6nb / h_d10nb< Is [he / she / that child / [name of child]] your adopted, step child or does [he / she / that child / [name of child]] have some other relationship to you?

>h_d3 / h_d7 / h_d11< What type of developmental disability or serious mental health problem does [that child / [name of child]] have?

>h_d4 / h_d8 / h_d12< How old was [that child / [name of child]] when this condition began?

>h_d5 / h_d9< Are there any other children with a challenging condition?

Yes

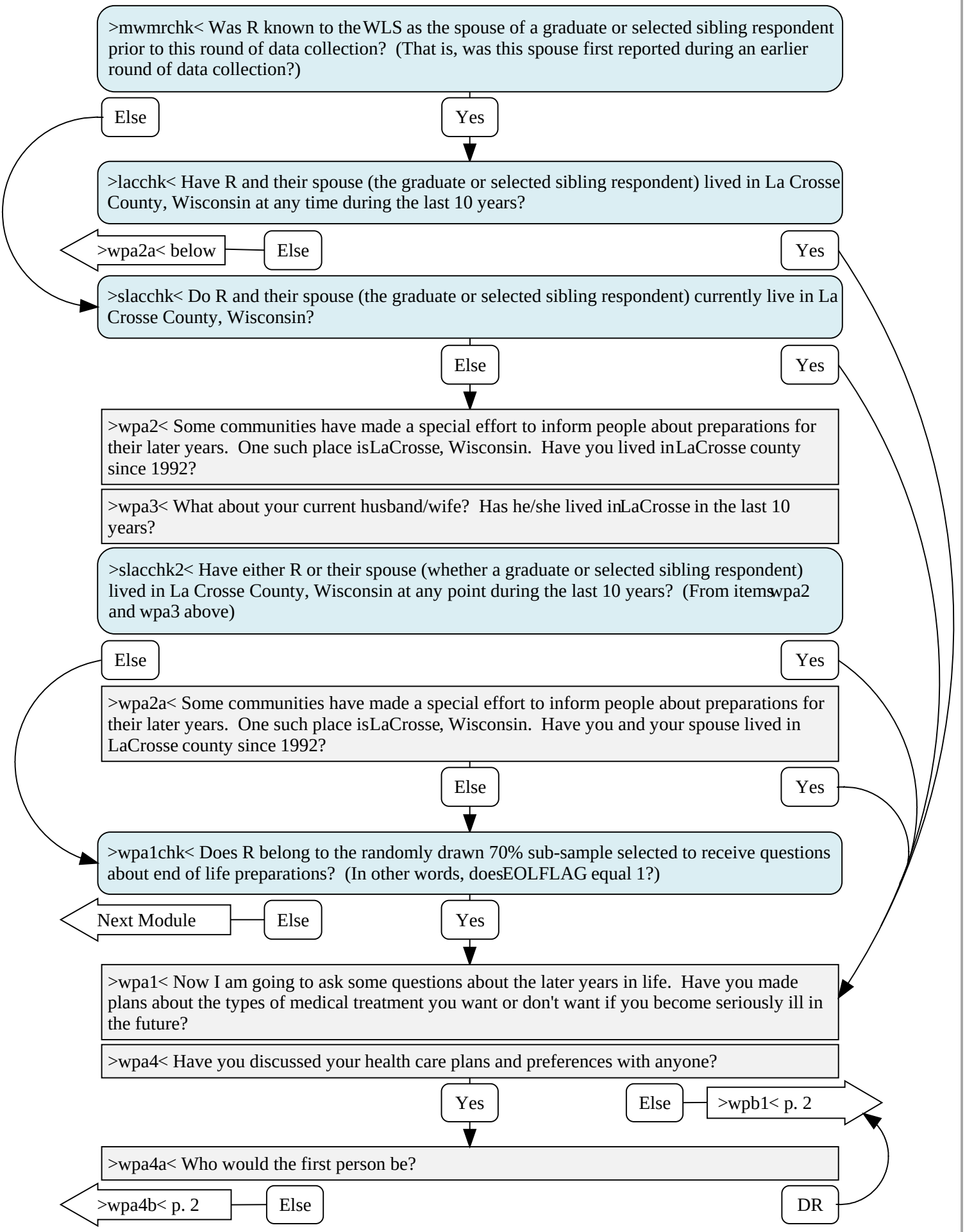
3 children maximum; after 3rd child, if applicable, go to Next Module.

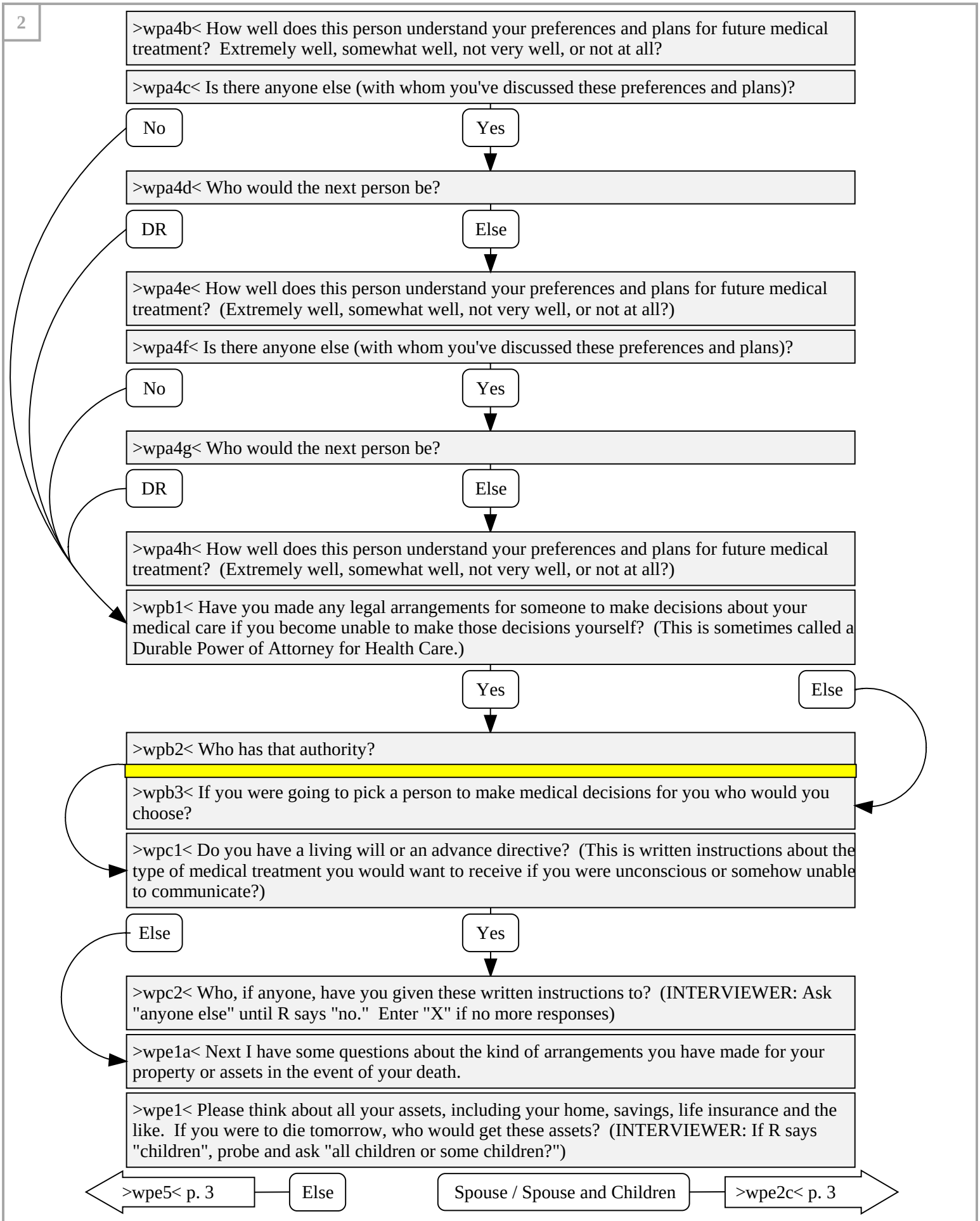
Else → Next Module

>h_d6 / h_d10< p. 1 **2X**

END OF NON-NORMATIVE CHILD SCREENER MODULE

END OF LIFE PREPARATIONS




>wpa4b< How well does this person understand your preferences and plans for future medical treatment? Extremely well, somewhat well, not very well, or not at all?
>wpa4c< Is there anyone else (with whom you've discussed these preferences and plans)?
No
Yes
>wpa4d< Who would the next person be?
DR
Else
>wpa4e< How well does this person understand your preferences and plans for future medical treatment? (Extremely well, somewhat well, not very well, or not at all?)
>wpa4f< Is there anyone else (with whom you've discussed these preferences and plans)?
No
Yes
>wpa4g< Who would the next person be?
DR
Else
>wpa4h< How well does this person understand your preferences and plans for future medical treatment? (Extremely well, somewhat well, not very well, or not at all?)
>wpb1< Have you made any legal arrangements for someone to make decisions about your medical care if you become unable to make those decisions yourself? (This is sometimes called a Durable Power of Attorney for Health Care.)
Yes
Else
>wpb2< Who has that authority?
>wpb3< If you were going to pick a person to make medical decisions for you who would you choose?
>wpc1< Do you have a living will or an advance directive? (This is written instructions about the type of medical treatment you would want to receive if you were unconscious or somehow unable to communicate?)
Else
Yes
>wpc2< Who, if anyone, have you given these written instructions to? (INTERVIEWER: Ask "anyone else" until R says "no." Enter "X" if no more responses)
>wpe1a< Next I have some questions about the kind of arrangements you have made for your property or assets in the event of your death.
>wpe1< Please think about all your assets, including your home, savings, life insurance and the like. If you were to die tomorrow, who would get these assets? (INTERVIEWER: If R says "children", probe and ask "all children or some children?")
>wpe5< p. 3
Else
Spouse / Spouse and Children
>wpe2c< p. 3

>wpe2c< If you outlived your spouse, who would your assets go to? (INTERVIEWER: If R says "children", probe and ask "all children or some children?")

>wpe5< Do you have a signed and witnessed will?

>wpe4< Do you have a revocable trust? (Revocable trusts designate who will get property in that trust after their death.)

>wpe6< Do you have assets or property that will go to someone through a joint ownership or beneficiary designation? (For example, a joint bank account or a beneficiary designation on a life insurance policy or pension.)

>wpe7< If your spouse were to die tomorrow, how would most of his/her assets be distributed? (Would they go entirely to you, to your children, or to someone else?) (INTERVIEWER: Read categories if necessary. If R says "children", probe and ask "all children or some children?")

Else

Don't Have Much To Distribute

>wpe9< Who is designated as the executor of your estate or would be responsible for the distribution of your estate? (INTERVIEWER: If multiple executors are named, ask who is most important.)

>wpg1< When you think about THE LAST FEW DAYS OR WEEKS of your life, do you hope to spend these days in your home, at a hospital, with hospice care, or in a nursing home?

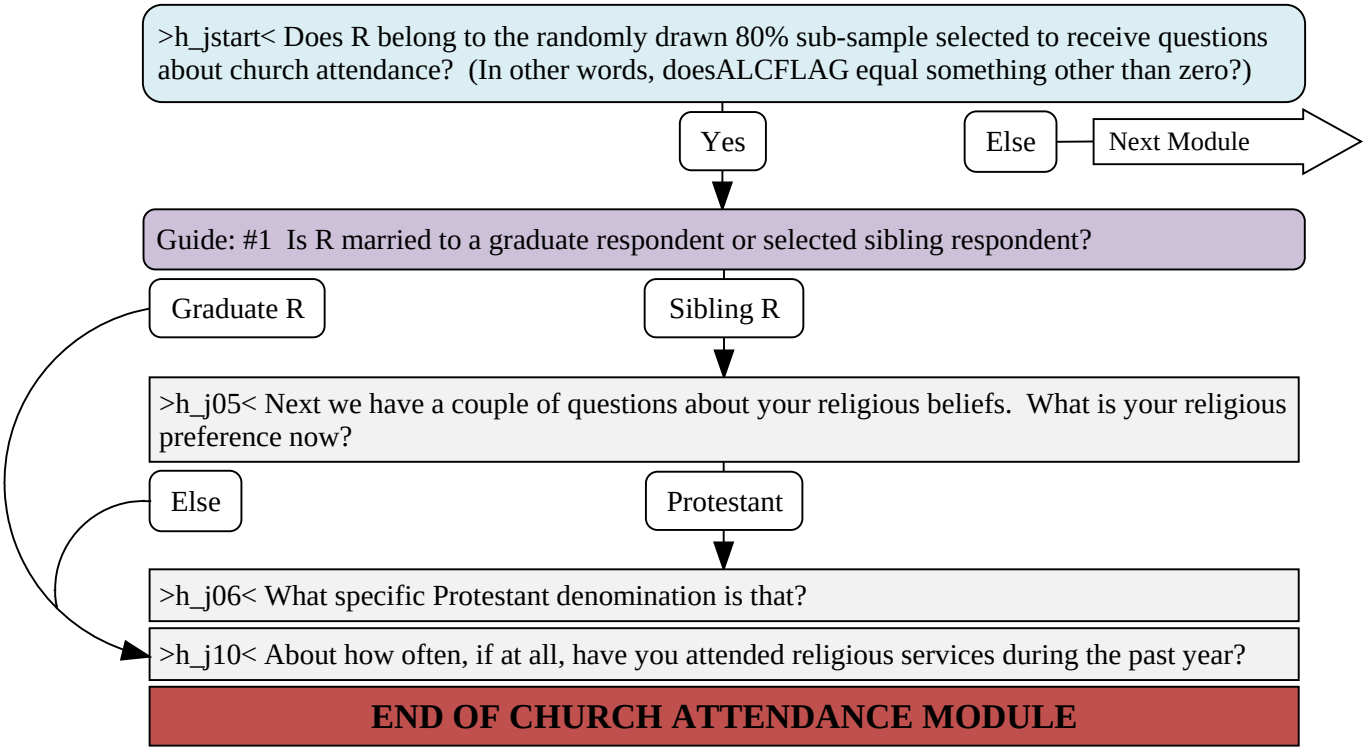
>wph1< Now I am going to ask two questions about your end-of-life treatment preferences. Suppose you had a serious illness TODAY with very low chances of survival. First, what if you were mentally intact, but in severe and constant physical pain? Would you want to continue all medical treatments or stop all life prolonging treatments?

>wph2< Second, suppose you had no physical pain, but would not be able to speak, walk, or recognize others with very low chances of survival. Would you want to continue all medical treatments or stop all life-prolonging treatments?

>wph4< How strictly do you want your family or care provider to follow your wishes for end of life medical care? Would you like them to strictly follow your wishes, or do what they think is best -- even if their preferences are different from your own?

END OF END OF LIFE PREPARATIONS MODULE

CHURCH ATTENDANCE



COGNITION -- NISBETT SERIES TASK

Guide: #1 Is R married to a graduate respondent or selected sibling respondent?

Sibling R

Graduate R → Next Module

>ncat1< Now I am going to read you lists of three things. For each list I will ask you to indicate which two of the three are most closely related. There are no right or wrong answers; we are just interested in your judgments. Sky, Seagull, Dog. Which two of those seem to you to be most closely related? (INTERVIEWER: Repeat list if necessary)

>ncat2< Next, Black, White, Blue. Which two of those seem to you to be most closely related? (INTERVIEWER: Repeat list if necessary)

>ncat3< Next, Doctor, Teacher, Homework. Which two of those seem to you to be most closely related? (INTERVIEWER: Repeat list if necessary)

>ncat4< Shoes, Boots, Slippers. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat5< Train, Bus, Tracks. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat6< Computer monitor, Antenna, Television. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat7< Carrot, Eggplant, Rabbit. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat8< Cloud, Wind, Rain. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat9< Panda, Banana, Monkey. Which two of those seem to you to be most closely related? (INTERVIEWER: Repeat list if necessary)

>ncat10< Kite, Basketball, Tennis. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat11< Farmer, Corn, Bread. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

>ncat12< Shampoo, Hair, Beard. (Which two of those seem to you to be most closely related?) (INTERVIEWER: Repeat list if necessary)

END OF COGNITION --NISBETT SERIES TASK MODULE

INTERNET USE

>h_z100< We would also like to ask you some questions about personal computers and the Internet. By personal computers we mean either desktop computers or laptop computers. Is there a computer in your household that someone uses? (INTERVIEWER: Count WebTV as having computer/Internet access)

Else

Yes → >h_z210< p. 2

>h_z110< Does R belong to the randomly drawn 50% sub-sample selected to receive additional questions about Internet use? (In other words, doesFLUFLAG equal something other than zero?)

Yes

Else → Next Module

>h_z110< In the last five years, has there been a computer in your household that someone used?

Yes

Else

The instrument will randomly administer one of the following two questions to respondents who have not had a computer in their household during the past five years. In both cases, the same information is sought; the questions, however, are phrased differently. Respondents randomly assigned a value of 1 will be asked item h_z130; respondents randomly assigned a value of 2 will be asked item h_z140.

>h_z130< What would you say is the MAIN reason that your household does not have a computer? Would you say it is because you don't think you would find it useful, you think that it's too expensive, you don't think you would know how to use it, or you can use it somewhere else?

>h_z140< What is the MAIN reason that your household does not have a computer? Is it because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, or you think that it's too expensive?

>h_z150< Did anyone in this household use this computer to connect to the Internet from home (for example, to use e-mail or the Web)?

>h_z160< Did you personally use this computer to connect to the Internet from home?

Else

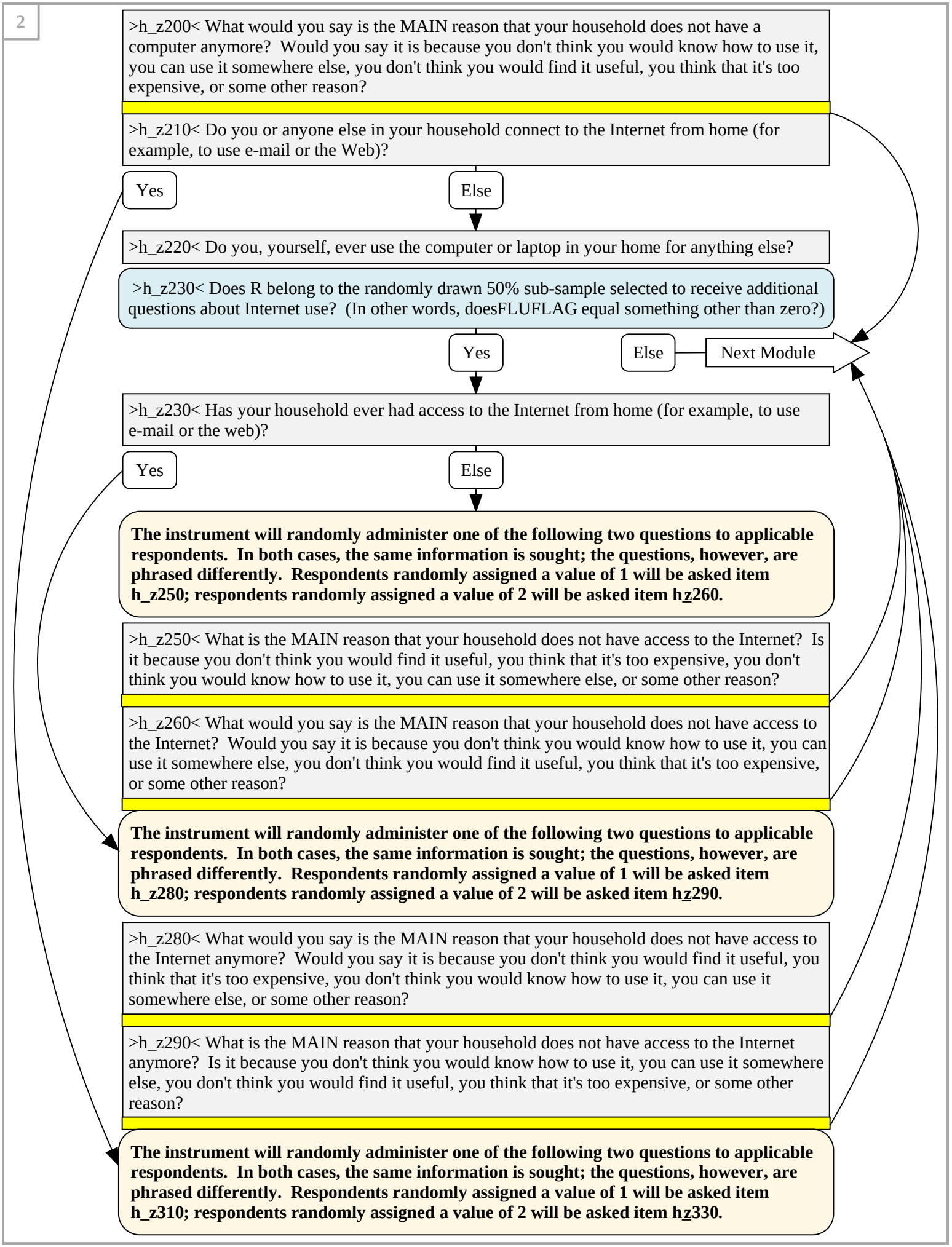
Yes

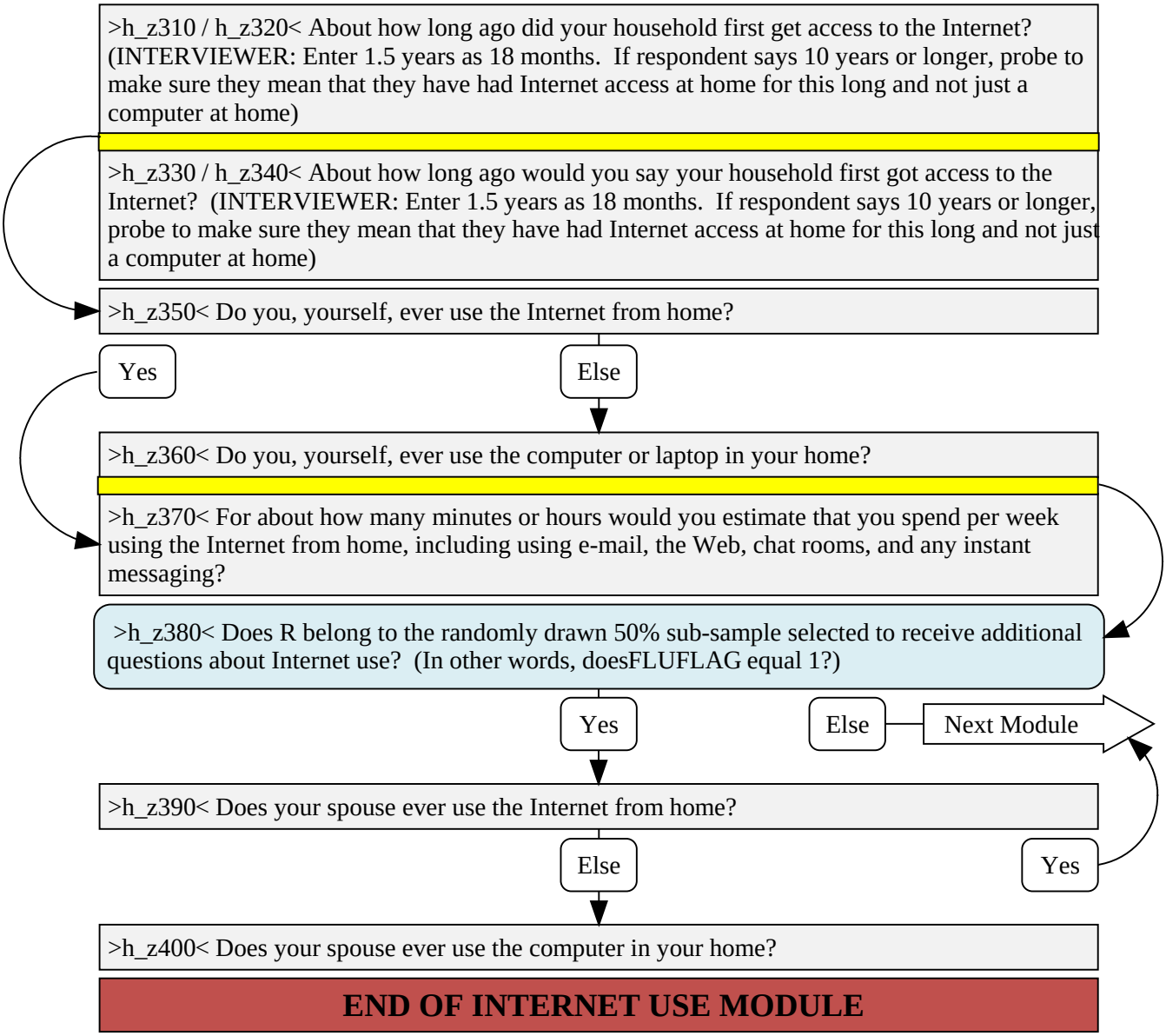
>h_z170< Did you personally use this computer to do anything else?

The instrument will randomly administer one of the following two questions to respondents who did not report currently having a computer in their home. In both cases, the same information is sought; the questions, however, are phrased differently. Respondents randomly assigned a value of 1 will be asked item h_z190; respondents randomly assigned a value of 2 will be asked item h_z200.

>h_z190< What is the MAIN reason that your household does not have a computer anymore? Is it because you don't think you would find it useful, you think that it's too expensive, you don't think you would know how to use it, you can use it somewhere else, or some other reason?

Next Module


>h_z200< What would you say is the MAIN reason that your household does not have a computer anymore? Would you say it is because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, you think that it's too expensive, or some other reason?
>h_z210< Do you or anyone else in your household connect to the Internet from home (for example, to use e-mail or the Web)?
Yes
Else
>h_z220< Do you, yourself, ever use the computer or laptop in your home for anything else?
>h_z230< Does R belong to the randomly drawn 50% sub-sample selected to receive additional questions about Internet use? (In other words, doesFLUFLAG equal something other than zero?)
Yes
Else
Next Module
>h_z230< Has your household ever had access to the Internet from home (for example, to use e-mail or the web)?
Yes
Else
The instrument will randomly administer one of the following two questions to applicable respondents. In both cases, the same information is sought; the questions, however, are phrased differently. Respondents randomly assigned a value of 1 will be asked item h_z250; respondents randomly assigned a value of 2 will be asked item hz260.
>h_z250< What is the MAIN reason that your household does not have access to the Internet? Is it because you don't think you would find it useful, you think that it's too expensive, you don't think you would know how to use it, you can use it somewhere else, or some other reason?
>h_z260< What would you say is the MAIN reason that your household does not have access to the Internet? Would you say it is because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, you think that it's too expensive, or some other reason?
The instrument will randomly administer one of the following two questions to applicable respondents. In both cases, the same information is sought; the questions, however, are phrased differently. Respondents randomly assigned a value of 1 will be asked item h_z280; respondents randomly assigned a value of 2 will be asked item hz290.
>h_z280< What would you say is the MAIN reason that your household does not have access to the Internet anymore? Would you say it is because you don't think you would find it useful, you think that it's too expensive, you don't think you would know how to use it, you can use it somewhere else, or some other reason?
>h_z290< What is the MAIN reason that your household does not have access to the Internet anymore? Is it because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, you think that it's too expensive, or some other reason?
The instrument will randomly administer one of the following two questions to applicable respondents. In both cases, the same information is sought; the questions, however, are phrased differently. Respondents randomly assigned a value of 1 will be asked item h_z310; respondents randomly assigned a value of 2 will be asked item hz330.


>h_z310 / h_z320< About how long ago did your household first get access to the Internet? (INTERVIEWER: Enter 1.5 years as 18 months. If respondent says 10 years or longer, probe to make sure they mean that they have had Internet access at home for this long and not just a computer at home)
>h_z330 / h_z340< About how long ago would you say your household first got access to the Internet? (INTERVIEWER: Enter 1.5 years as 18 months. If respondent says 10 years or longer, probe to make sure they mean that they have had Internet access at home for this long and not just a computer at home)
>h_z350< Do you, yourself, ever use the Internet from home?
Yes
Else
>h_z360< Do you, yourself, ever use the computer or laptop in your home?
>h_z370< For about how many minutes or hours would you estimate that you spend per week using the Internet from home, including using e-mail, the Web, chat rooms, and any instant messaging?
>h_z380< Does R belong to the randomly drawn 50% sub-sample selected to receive additional questions about Internet use? (In other words, doesFLUFLAG equal 1?)
Yes
Else
Next Module
>h_z390< Does your spouse ever use the Internet from home?
Else
Yes
>h_z400< Does your spouse ever use the computer in your home?
END OF INTERNET USE MODULE

CLOSING QUESTIONS

>b416s< The next questions are about how successful you think you've been in various areas of your life. How successful have you been in your education? Have you been very successful, somewhat successful, not very successful, or not at all successful?

>b418< How successful have you been in work? (Have you been very successful, somewhat successful, not very successful, or not at all successful?)

>b418f< How successful have you been financially? (Have you been very successful, somewhat successful, not very successful, or not at all successful?)

>b418g< How successful have you been in your family life? (Have you been very successful, somewhat successful, not very successful, or not at all successful?)

>keeprec< Did R give their consent for any portion of the interview to be recorded (either the full interview or the cognition modules)?

No

Yes

>keeprec< Finally, now that you have done the interview, we would like to have your permission to use the recording [of this interview / of that small portion of the interview] for educational and research purposes. Could we have your permission for this? (INTERVIEWER: If R asks, "how will the recording be used?" read the following: "We will use the recording to make sure that we get your information entered correctly, particularly for parts of the interview that would require a lot of typing. At the end of the interview we ask separately for permission to use the recording of your interview for teaching and research. This would include training graduate students how to conduct research, studying how to get better information in survey interviews, and making professional presentations of research results".)

>thnk< That was our last question. I'd like to thank you very much for your cooperation. This completes our interview. (And if your spouse has not already returned the mail questionnaire, sending that in soon would be great!) (INTERVIEWER: Hang up the telephone.)

END OF INTERVIEW

Mailed SAQ for Male Graduate Respondents

Return to Tab 7

I. Health

We would like to begin the questionnaire with some general questions about your health.

1. How would you rate your health...

Circle one number for each question.		Very Poor	Poor	Fair	Good	Excellent
a.	at the present time?	1	2	3	4	5
b.	compared with other people your age and sex?	1	2	3	4	5

2. Compared with 10 years ago...

Circle one number for each question.		Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a.	how would you rate your health?	1	2	3	4	5
b.	how would you rate your appearance?	1	2	3	4	5

Now we have some questions about your health during the period when you were growing up, through age 16.

3. Would you say that your health as a child was excellent, very good, good, fair or poor?

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

4.	**Please indicate whether you had any of the following illnesses or treatments as a child or young adult.**		
Circle one number for each question.		Yes	No
a.	Asthma	1	2
b.	Frequent ear infections	1	2
c.	Removal of tonsils and/or adenoids	1	2
d.	Chronic Bronchitis	1	2
e.	Whooping cough (Pertussis)	1	2
f.	Polio	1	2
g.	Diphtheria	1	2
h.	Hepatitis	1	2
i.	Pneumonia	1	2
j.	Meningitis	1	2
k.	Mono (Infectious mononucleosis)	1	2

5.	**While you were growing up, through age 16...**	Yes	No
a.	because of a health condition, did you ever miss school for one month or more?	1	2
b.	because of a health condition, were you ever confined to bed or home for one month or more?	1	2
c.	because of a health condition, were your sports or physical activities ever restricted for 3 months or more?	1	2

d. If yes, what was the most serious health condition that caused these problems?

*Please specify:*_____

6. **<u>During the last year</u>, how many days, if any, did you stay in bed for more than half of the day because of illness or injury?** *Write the number of days or check none.*

_____ # of Day(s) ❑ None

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

Circle one number for each question.		Yes, limited a lot	Yes, limited a little	No, not limited at all
a.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
b.	Climbing several flights of stairs	1	2	3

8.	**Do you have any difficulty...**	Yes	No
a.	lifting and carrying something as heavy as 10 lbs - such as a bag of groceries?	1	2
b.	lifting and carrying something as heavy as 25 lbs - such as a bag of pet food?	1	2
c.	pushing and pulling large objects such as a living room chair?	1	2
d.	standing or being on your feet for one hour?	1	2
e.	sitting for one hour?	1	2
f.	stooping, crouching or kneeling?	1	2
g.	reaching over your head?	1	2

h. If yes, what condition is the main reason for your difficulty?

Please specify: _____

9. During the past four weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?

a. Accomplished less than you would like ❑ Yes ❑ No

b. Were limited in the kind of work or other activities ❑ Yes ❑ No

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

a. Accomplished less than you would like ❑ Yes ❑ No

b. Did work or other activities less carefully than usual ❑ Yes ❑ No

11. During the <u>past four weeks</u>, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)?

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

12. These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. 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 <u>past 4 weeks</u>...		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
a.	have you felt calm and peaceful?	1	2	3	4	5	6
b.	did you have a lot of energy?	1	2	3	4	5	6
c.	have you felt downhearted and blue?	1	2	3	4	5	6

13. During the <u>past four weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting friends, relatives, etc.)?

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

14. In the last 12 months, have you... *Circle one number for each question.*		Yes	No
a.	had a complete health exam or physical?	1	2
b.	had a routine dental check-up?	1	2
c.	had a heart or exercise stress test?	1	2
d.	had a cholesterol test?	1	2
e.	had a blood pressure check?	1	2
f.	had a flu shot?	1	2
g.	visited a chiropractor?	1	2
Items h-j concern women's health issues and appear only on questionnaires sent to women.			
k.	had a prostate exam?	1	2

14A. IF YOU ARE MARRIED, would you say that your SPOUSE'S health is excellent, very good, good, fair or poor?

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor
- ❑ Not Married

15. The following is a list of physical symptoms that people sometimes experience.	**15a. How <u>often</u> have you had this symptom in the <u>past six months</u>?** *Circle ONE number for each symptom.*				**15b. How much <u>discomfort</u> has this symptom caused you in the <u>past six months</u>?** *Circle ONE number for each symptom you experienced.*			
	Have not had	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Aching muscles	1	2	3	4	1	2	3	4
b. Back pain/strain	1	2	3	4	1	2	3	4
c. Bone pains	1	2	3	4	1	2	3	4
d. Chest pain	1	2	3	4	1	2	3	4
e. Constipation	1	2	3	4	1	2	3	4
f. Coughing/wheezing	1	2	3	4	1	2	3	4
g. Diarrhea	1	2	3	4	1	2	3	4
h. Difficulties with or painful sexual intercourse	1	2	3	4	1	2	3	4
i. Dizziness/faintness	1	2	3	4	1	2	3	4
j. Excessive sweating	1	2	3	4	1	2	3	4
k. Fatigue/exhaustion	1	2	3	4	1	2	3	4
l. Headache	1	2	3	4	1	2	3	4
m. Lack of energy	1	2	3	4	1	2	3	4
n. Neck and/or shoulder pain	1	2	3	4	1	2	3	4
o. Numbness	1	2	3	4	1	2	3	4
p. Pain in your hands/wrists	1	2	3	4	1	2	3	4
q. Pain in your ankles/knees	1	2	3	4	1	2	3	4
r. Palpitations (feeling your heart pound or race)	1	2	3	4	1	2	3	4
s. Ringing in ears	1	2	3	4	1	2	3	4
t. Shortness of breath	1	2	3	4	1	2	3	4
u. Skin problems	1	2	3	4	1	2	3	4
v. Stiff/swollen joints	1	2	3	4	1	2	3	4
w. Trouble sleeping	1	2	3	4	1	2	3	4
x. Upset stomach	1	2	3	4	1	2	3	4
y. Urination problems	1	2	3	4	1	2	3	4

16. Has a medical professional ever said you have any of the illnesses or conditions listed below?			**16a. How old were you when first diagnosed with this illness or condition?**	**16b. How much does each of your illnesses or conditions currently interfere with what you like to do?** *Circle one only for each of your illnesses or conditions.*				
Circle one for each illness or condition.	Yes	No	*At what age?*	Not at all	Very little	Some	Quite a bit	A great deal
a. Allergies: *Please specify*_____	1	2	_____	1	2	3	4	5
b. Asthma	1	2	_____	1	2	3	4	5
c. Chronic bronchitis/Emphysema	1	2	_____	1	2	3	4	5
d. Chronic sinus problems	1	2	_____	1	2	3	4	5
e. Circulation problems	1	2	_____	1	2	3	4	5
f. Fibromyalgia	1	2	_____	1	2	3	4	5
g. High cholesterol	1	2	_____	1	2	3	4	5
h. Irritable bowel syndrome	1	2	_____	1	2	3	4	5
i. Kidney/bladder problems	1	2	_____	1	2	3	4	5
j. Multiple sclerosis	1	2	_____	1	2	3	4	5
k. Osteoporosis	1	2	_____	1	2	3	4	5
l. Serious back trouble	1	2	_____	1	2	3	4	5
m. Ulcer	1	2	_____	1	2	3	4	5
n Prostate problems	1	2	_____	1	2	3	4	5

17. Have you ever had... *Circle one number for each question.*	Yes	No
a. cataract surgery?	1	2
b. an angiogram, angioplasty or cardiac catheterization?	1	2
c. colonoscopy, sigmoidoscopy or endoscopy?	1	2
d. a joint replaced? *Please specify which joint was replaced* _____	1	2

18A. Have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?

❑ **Yes** ❑ **No**

18. Including living and deceased persons, have any of the following biological relatives had any of the following diseases?

Check all that apply and specify the type(s) of cancer.

	My mother	My father	Any of my brothers	Any of my sisters
a. Don't know about this person's health/No such relative	❑	❑	❑	❑
b. High blood pressure (or hypertension)	❑	❑	❑	❑
c. High blood cholesterol	❑	❑	❑	❑
d. Stroke before age 65	❑	❑	❑	❑
e. Stroke age 65 or older	❑	❑	❑	❑
f. Heart attack before age 55	❑	❑	❑	❑
g. Heart attack age 55 or older	❑	❑	❑	❑
h. Diabetes (or high blood sugar)	❑	❑	❑	❑
i. Alzheimer's disease	❑	❑	❑	❑
j. Asthma	❑	❑	❑	❑
k. Osteoporosis	❑	❑	❑	❑
l. Cancer:	❑	❑	❑	❑
Please use the lines in each column to indicate the name of the organ or system of the body where the cancer occurred.	_____ _____	_____ _____	_____ _____	_____ _____

19. Overall in the last 30 days....	None	Mild	Moderate	Severe	Extreme
a. How much of a problem did you have with moving around?	1	2	3	4	5
b. How much difficulty did you have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5
c. How much of a problem did you have with feeling sad, low or depressed?	1	2	3	4	5
d. How much of a problem did you have with worry or anxiety?	1	2	3	4	5

Imagine that the people described below are the same age that you are. Using the same scale that you used on the preceding page when talking about aspects of your own health, **how would you rate the health of these people**?

Circle one response for each question.	None	Mild	Moderate	Severe	Extreme
20. James enjoys his work and social activities and is generally satisfied with his life. He gets depressed every 3 weeks for a day or two and loses interest in what he usually enjoys but is able to carry on with his day-to-day activities.					
a. How much of a problem does James have with feeling sad, low or depressed?	1	2	3	4	5
b. How much of a problem does James have with worry or anxiety?	1	2	3	4	5
21. Robert does not exercise. He cannot climb stairs or do other physical activities because he is obese. He is able to carry the groceries and do some light household work.					
a. Overall, how much of a problem does Robert have with moving around?	1	2	3	4	5
b. How much difficulty does Robert have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5
22. John feels depressed most of the time. He weeps frequently and feels hopeless about the future. He feels that he has become a burden on others and that he would be better dead.					
a. How much of a problem does John have with feeling sad, low or depressed?	1	2	3	4	5
b. How much of a problem does John have with worry or anxiety?	1	2	3	4	5
23. Richard has a lot of swelling in his legs due to his health condition. He has to make an effort to walk around his home as his legs feel heavy.					
a. Overall, how much of a problem does Richard have with moving around?	1	2	3	4	5
b. How much difficulty does Richard have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5

24. How often do you have your eyes examined?

- ❑ Every year or more often
- ❑ Every 1 to 2 years
- ❑ Less often than every 2 years
- ❑ Never

25. Which type of vision correction do you regularly use? *(Check ALL that apply.)*

- ❑ Prescription glasses
- ❑ Prescription contact lenses
- ❑ Non-Prescription magnifying glasses
- ❑ No vision corrections

26. Have you had your hearing checked in the past 5 years?

❑ Yes ❑ No

27. Do people that live with you or are close to you ask you whether you think that you should have your hearing checked?

❑ Yes ❑ No

28. Which of the following best describes your use of hearing aids?

- ❑ I have hearing aids for one or both ears and use them regularly
- ❑ I have hearing aids for one or both ears but do **not** use them regularly
- ❑ I do not own hearing aids

Do you find that any of the following problems have INCREASED for you in the last 12 months or last 5 years?

29. Have you experienced increased problems with... *Circle one response for each question.*	Problems increased in last 12 months? *Circle Yes or No*	Problems increased in last 5 years? *Circle Yes or No*
a. hearing conversations in person?	Yes No	Yes No
b. hearing conversations on the phone?	Yes No	Yes No
c. understanding spoken instructions from your doctor, employer or other person?	Yes No	Yes No
d. reading small print on medicine bottles or other places?	Yes No	Yes No
e. understanding written instructions?	Yes No	Yes No

III. Social Background

1. **In what city, county and state were you born?** _____ (City) _____ (County) _____ (State)

2. **How much did you weigh at birth?** *(If you do not remember and could look in your personal or family records, we would appreciate it.)*
_____lbs _____ oz

3. **What is your race or origin?** *Please mark one or more boxes to indicate what you consider yourself to be.*

❑ White ❑ Black, African-American or Negro ❑ Asian; *Please Specify* _____

❑ Indian (American) or Alaska Native: *Please print name of enrolled or principal tribe*_____

❑ Pacific Islander; *Please Specify* _____ ❑ Hispanic, Latino or Spanish Origin ❑ Some other race; *Please Specify*_____

IV. Values and Attitudes

This section lists a number of statements that you may or may not agree with. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

1A. *Circle one number for each question.*		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a.	It is important for a man to have a male friend he can confide in.	1	2	3	4	5
b.	When a husband and wife make decisions about buying major things for the home, the husband should have final say.	1	2	3	4	5
c.	A man should always try to project an air of confidence even if he really doesn't feel confident inside.	1	2	3	4	5
d.	A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.	1	2	3	4	5
e.	It bothers me when a man does something that I consider "feminine."	1	2	3	4	5
f.	A husband whose wife is working full-time should spend just as many hours doing housework as his wife.	1	2	3	4	5
g.	Men have greater sexual needs than women.	1	2	3	4	5
h.	When a man is feeling pain he should not let it show.	1	2	3	4	5
i.	In some kinds of situations a man should be ready to use his fists.	1	2	3	4	5
j.	It is important for a woman to have a female friend she can confide in.	1	2	3	4	5
k.	Being larger, stronger-looking, and more muscular makes men more attractive to women.	1	2	3	4	5

This section lists a number of characteristics that may or may not apply to you. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

1.	**I see myself as someone who...**	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	is talkative.	1	2	3	4	5	6
b.	tends to find fault with others.	1	2	3	4	5	6
c.	does a thorough job.	1	2	3	4	5	6
d.	is reserved.	1	2	3	4	5	6
e.	prefers the conventional, traditional.	1	2	3	4	5	6
f.	is full of energy.	1	2	3	4	5	6
g.	prefers work that is routine and simple.	1	2	3	4	5	6
h.	is a reliable worker.	1	2	3	4	5	6
i.	can be tense.	1	2	3	4	5	6
j.	tends to be quiet.	1	2	3	4	5	6
k.	values artistic, aesthetic experiences.	1	2	3	4	5	6
l.	tends to be disorganized.	1	2	3	4	5	6
m.	is emotionally stable, not easily upset.	1	2	3	4	5	6
n.	has an active imagination.	1	2	3	4	5	6
o.	is sometimes rude to others.	1	2	3	4	5	6
p.	is generally trusting.	1	2	3	4	5	6
q.	is lazy at times.	1	2	3	4	5	6
r.	worries a lot.	1	2	3	4	5	6
s.	wants things to be simple and clear-cut.	1	2	3	4	5	6
t.	is sometimes shy, inhibited.	1	2	3	4	5	6
u.	does things efficiently.	1	2	3	4	5	6
v.	generates a lot of enthusiasm.	1	2	3	4	5	6
w.	can be cold and aloof.	1	2	3	4	5	6
x.	remains calm in tense situations.	1	2	3	4	5	6
y.	is considerate to almost everyone.	1	2	3	4	5	6
z.	gets nervous easily.	1	2	3	4	5	6
aa.	is sophisticated in art, music or literature.	1	2	3	4	5	6
bb.	likes to cooperate with others.	1	2	3	4	5	6
cc.	is easily distracted.	1	2	3	4	5	6

2. The following questions ask about your general feelings or attitudes. Please indicate how much you agree with each statement.

Circle one number for each question.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. In uncertain times, I usually expect the best.	1	2	3	4
b. If something can go wrong for me, it will.	1	2	3	4
c. I'm always optimistic about my future.	1	2	3	4
d. I hardly ever expect things to go my way.	1	2	3	4
e. I rarely count on good things happening to me.	1	2	3	4
f. Overall, I expect more good things to happen to me than bad.	1	2	3	4

3. Please read each item and indicate to what extent you agree or disagree.

Circle one number for each question.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. People tend to rely on me for support.	1	2	3	4	5
b. For whatever reason, it is hard for me to get people's attention.	1	2	3	4	5
c. Whatever else may happen, people do not ignore me.	1	2	3	4	5
d. For better or worse, people generally know when I am around.	1	2	3	4	5
e. People are usually aware of my presence.	1	2	3	4	5
f. People count on me to be there in times of need.	1	2	3	4	5

4. Please rate how important each of the following social identities are to you.

Circle one number for each question.	Not Important						Very Important
a. Your work identity	1	2	3	4	5	6	7
b. Your religious identity	1	2	3	4	5	6	7
c. Your most important family identity (e.g., father, wife)	1	2	3	4	5	6	7
d. Your volunteer identity	1	2	3	4	5	6	7
e. Your organization/group identity (e.g., union member, Rotary)	1	2	3	4	5	6	7
f. Your political identity (e.g., Independent)	1	2	3	4	5	6	7
g. Your ethnic group/nationality identity	1	2	3	4	5	6	7

5. Please read the statements below and decide the extent to which each statement describes you.							
Circle the number that best describes your agreement or disagreement with each statement.		Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
b.	In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
c.	For me, life has been a continuous process of learning, changing and growing.	1	2	3	4	5	6
d.	Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
e.	I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
f.	When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
g.	I judge myself by what I think is important, not by what others think is important.	1	2	3	4	5	6
h.	The demands of everyday life often get me down.	1	2	3	4	5	6
i.	I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
j.	I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
k.	Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
l.	I like most aspects of my personality.	1	2	3	4	5	6
m.	I have confidence in my opinions even if they are contrary to the general consensus.	1	2	3	4	5	6
n.	I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
o.	I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5	6
p.	People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6

Continued on next page...

5. Please read the statements below and decide the extent to which each statement describes you.							
Circle the number that best describes your agreement or disagreement with each statement.		Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
q.	I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
r.	In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
s.	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
t.	I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
u.	I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
v.	I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
w.	I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
x.	In general, I feel confident and positive about myself.	1	2	3	4	5	6
y.	It's difficult for me to voice my opinions on controversial matters.	1	2	3	4	5	6
z.	I have been able to create a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
aa.	When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
bb.	It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
cc.	I used to set goals for myself, but now that seems like a waste of time.	1	2	3	4	5	6
dd.	When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
ee.	I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
ff.	I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6

V. Work and Family

1. Here are two ladders. There are ten stairs in total from the bottom to the top.

a. Think of this ladder as representing where people stand in America.

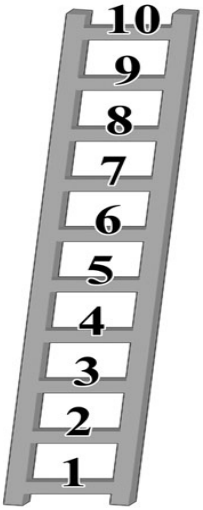
At the top of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs.

At the bottom are the people who are the worst off – who have the least money, least education and the least respected jobs or no jobs.

The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

If you consider your current situation and compare it with all other people <u>in America</u>, where would you place yourself on this ladder?

Please circle the number that applies to you in <u>America</u>.



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b. Now think of this ladder as representing where people stand in their communities, that is, where they live and the surrounding area.

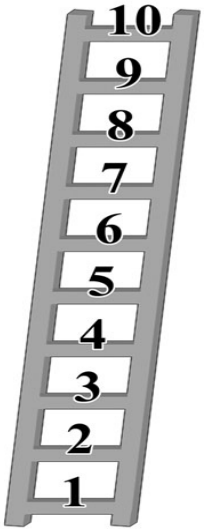
At the top of the ladder are the people who have the highest standing in their community.

At the bottom are the people who have the lowest standing in their community.

The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

If you consider your current situation and compare it with all other people <u>in your community</u>, where would you place yourself on this ladder?

Please circle the number that applies to you <u>in your community</u>.



2. Please compare the importance of each of the following job characteristics with the IMPORTANCE OF HIGH PAY.							
Circle the number that best describes the IMPORTANCE of each characteristic COMPARED TO HIGH PAY.	**Much more** important than high pay	**Moderately more** important than high pay	**Slightly more** important than high pay	**Same** importance as high pay	**Slightly less** important than high pay	**Moderately less** important than high pay	**Much less** important than high pay
a. Having the opportunity to get on-the-job training.	1	2	3	4	5	6	7
b. Being able to do different things rather than the same things over and over.	1	2	3	4	5	6	7
c. Having a low risk of losing your job.	1	2	3	4	5	6	7
d. Being able to decide what time to come to work and when to leave.	1	2	3	4	5	6	7
e. Being able to work without frequent checking by a supervisor.	1	2	3	4	5	6	7
f. Being able to avoid getting dirty on the job.	1	2	3	4	5	6	7
g. Having a job that other people regard highly.	1	2	3	4	5	6	7
h. Having a job that provides health insurance.	1	2	3	4	5	6	7
i. Having a job that provides a pension plan.	1	2	3	4	5	6	7

3. Have you ever been employed, including self-employment?

❑ Yes **(Please go to Question 4 on the next page)** ❑ No **(Please go to Question 1 on Page 22)**

4. Have you retired from ANY job since 1992, even if you later returned to work?

❑ **Yes, have retired** - Name of employer from which you **FIRST** retired since 1992_____

❑ **No, have not retired** - Name of your current or last employer _____

The next questions are about the job you have just listed. If you are not working or retired now, please answer these questions anyway, thinking back to when you were working at this job.

5.	**The following statements have to do with the way family life and work life can influence each other.**					
	For each statement, please circle the number that best describes your situation when you worked for this employer.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a.	I can do good work on the job because I am so happy at home.	1	2	3	4	5
b.	My job reduces the amount of time I can spend with the family.	1	2	3	4	5
c.	The things I do at work help me deal with personal and practical issues at home.	1	2	3	4	5
d.	Family worries or problems distract me from my work.	1	2	3	4	5
e.	Family responsibilities make me work harder on the job.	1	2	3	4	5
f.	I can devote a lot of time to my job because of the support I get on the homefront.	1	2	3	4	5
g.	My job takes so much energy I don't feel up to doing things that need attention at home.	1	2	3	4	5
h.	The things I do at work make me a more interesting person at home.	1	2	3	4	5
i.	It is much better for everyone if the man earns the main living and the woman takes care of the home and family.	1	2	3	4	5
j.	Family activities stop me from getting the amount of sleep I need to do my job well.	1	2	3	4	5
k.	The love and respect I get at home make me feel confident about myself at work.	1	2	3	4	5
l.	Job worries or problems distract me when I am at home.	1	2	3	4	5
m.	The skills I use on my job are useful for things I have to do at home.	1	2	3	4	5
n.	Stress at home makes me irritable at work.	1	2	3	4	5
o.	If I didn't have to work to make a living, I would want to work anyway.	1	2	3	4	5

If you have NEVER been employed, skip to Page 22

6.	**The following questions concern the work that you do or did when you worked for the employer named above. How often do you...**					
Circle the response that best describes your situation.		Never	Rarely	Sometimes	Often	Very Often
a.	have to lift, pull or carry heavy loads?	1	2	3	4	5
b.	have to work in an awkward posture?	1	2	3	4	5
c.	have to stand for prolonged periods of time?	1	2	3	4	5
d.	have to kneel or squat for prolonged periods of time?	1	2	3	4	5
e.	do repeated lifting, pushing, pulling or bending?	1	2	3	4	5
f.	perform repetitive or forceful hand movements?	1	2	3	4	5

		My immediate boss or supervisor					**Other people at work**				
For each statement, please circle the response that best describes your situation when you worked for the employer named above.		Not at all	A little	Somewhat	Very much	Don't have any such person	Not at all	A little	Somewhat	Very much	Don't have any such person
7.	How much do each of these people go out of their way to do things to make your life easier for you?	1	2	3	4	5	1	2	3	4	5
8.	How easy is it to talk with each of these people?	1	2	3	4	5	1	2	3	4	5
9.	How much can each of these people be relied on when things get tough at work?	1	2	3	4	5	1	2	3	4	5
10.	How much are each of these people willing to listen to your personal problems?	1	2	3	4	5	1	2	3	4	5

If you have NEVER been employed, skip to Page 22

11.	**Please indicate the degree to which you agree or disagree with the following statements about your job with the employer named above.** *For each statement, please circle the response that best describes your situation.*	Strongly Agree	Slightly Agree	Slightly Disagree	Strongly Disagree
a.	My job requires working very fast.	1	2	3	4
b.	My job allows me to make a lot of decisions on my own.	1	2	3	4
c.	My job requires that I learn new things.	1	2	3	4
d.	My job requires working very hard.	1	2	3	4
e.	On my job, I have very little freedom to decide how I do my work.	1	2	3	4
f.	My job involves a lot of repetitive work.	1	2	3	4
g.	I am not asked to do an excessive amount of work.	1	2	3	4
h.	I have a lot of say about what happens on my job.	1	2	3	4
i.	My job requires me to be creative.	1	2	3	4
j.	I have enough time to get the job done.	1	2	3	4
k.	I can determine the order in which my work is to be done.	1	2	3	4
l.	My job requires a high level of skill.	1	2	3	4
m.	I am free from conflicting demands that others make.	1	2	3	4
n.	I can determine when a task is to be done.	1	2	3	4
o.	My job requires long periods of intense concentration.	1	2	3	4
p.	I can easily leave the workplace for a brief period.	1	2	3	4
q.	I get to do a variety of different things on my job.	1	2	3	4
r.	My tasks are often interrupted before they can be completed, requiring attention at a later time.	1	2	3	4
s.	I can interrupt my work if I so desire.	1	2	3	4
t.	My job is very hectic.	1	2	3	4
u.	I have an opportunity to develop my own special abilities.	1	2	3	4
v.	I can determine my own work rate.	1	2	3	4
w.	Waiting on work from other people or departments often slows me down on my job.	1	2	3	4
x.	I have too much work to do everything well.	1	2	3	4
y.	The safety and health conditions where I work are good.	1	2	3	4

<u>If you have NEVER been employed, skip to Page 22</u>

The things people do at their jobs can involve reading and writing, working with their hands and dealing with people, or *sometimes all three at the same time*. For the following questions, please think about an average week at the job you named above. (If you do more than one of these things at the same time it is all right if your hours add up to more than your total time at work.)

12. How many hours per week do or did you spend reading, writing and dealing with written materials?

_____ hours

13. How many hours per week do or did you spend working with your hands, tools or equipment?

_____ hours

14. How many hours per week do or did you spend dealing with people about work—not just passing the time of day?

_____ hours

15. How many hours per week do or did you do the same things over and over?

_____ hours

VI. Dealing with Problems

1. The following questions are about experiences you may have had. We would like you to tell us how old you were the FIRST (or ONLY) time this ever happened, and how old you were the LAST or most recent time this happened. If you have never had such an experience, please indicate that it never happened.

		FIRST or ONLY time this happened Age?	LAST time this happened Age?	Never
a.	A close friend died.	_____	_____	❑
b.	My parent drank or used drugs so much or so regularly it caused problems for the family.	_____	_____	❑
c.	A brother or sister treated me in a way that some would think of as physical abuse.	_____	_____	❑
d.	I experienced a life-threatening flood, fire, storm or some other disaster.	_____	_____	❑
e.	I served in a war or combat.	_____	_____	❑
f.	I witnessed the severe injury or death of another person.	_____	_____	❑
g.	I went deeply into debt or suffered substantial financial loss.	_____	_____	❑
h.	I had serious legal difficulties.	_____	_____	❑
i.	I was in jail or prison.	_____	_____	❑
j.	My spouse (or romantic partner) treated me in a way that some would think of as physical abuse.	_____	_____	❑
k.	One of my children was divorced.	_____	_____	❑
l.	My child had a life-threatening illness or accident.	_____	_____	❑
m.	My adult child moved back into my home.	_____	_____	❑
n.	I had increased responsibility for the care of grandchildren.	_____	_____	❑
o.	My aging parent or in-law moved into my home.	_____	_____	❑
p.	I placed my aging spouse, in-law or parent into a nursing home.	_____	_____	❑
q.	I seriously thought about taking my own life.	_____	_____	❑

2. We are interested in how people respond when they face difficult or stressful events in their lives. The following questions ask you to indicate what you generally do and feel when you experience stressful events. Please answer every item. There are no "right" or "wrong" answers, so circle the most accurate answer for you--not what you think "most people" would say or do.

Generally, when I experience a difficult or stressful event... *Circle one number for each question.*	I usually **do not do this at all**	I usually **do this a little bit**	I usually **do this a medium amount**	I usually **do this a lot**
a. I turn to work or other activities to take my mind off things.	1	2	3	4
b. I concentrate my efforts on doing something about the situation I'm in.	1	2	3	4
c. I say to myself "this isn't real."	1	2	3	4
d. I give up trying to deal with it.	1	2	3	4
e. I take action to try to make the situation better.	1	2	3	4
f. I refuse to believe that it has happened.	1	2	3	4
g. I say things to let my unpleasant feelings escape.	1	2	3	4
h. I try to see it in a different light, to make it seem more positive.	1	2	3	4
i. I criticize myself.	1	2	3	4
j. I try to come up with a strategy about what to do.	1	2	3	4
k. I give up the attempt to cope.	1	2	3	4
l. I look for something good in what is happening.	1	2	3	4
m. I do something to think about it less, such as going to the movies, watching TV, reading, daydreaming, sleeping or shopping.	1	2	3	4
n. I accept the reality of the fact that it has happened.	1	2	3	4
o. I express my negative feelings.	1	2	3	4
p. I learn to live with it.	1	2	3	4
q. I think hard about what steps to take.	1	2	3	4
r. I blame myself for things that happened.	1	2	3	4

VII. Religion and Spirituality

1. The following questions are about being religious and being spiritual.

Please think about what these words mean to you and answer the questions with those meanings in mind.

Circle one number for each question.		Not at all	Not Very	Somewhat	Very	Extremely
a.	How religious are you?	1	2	3	4	5
b.	How spiritual are you?	1	2	3	4	5
c.	How important is religion in your life?	1	2	3	4	5
d.	How important is spirituality in your life?	1	2	3	4	5
e.	How important was it for you – or would it have been if you had children – to send your children for religious or spiritual instruction?	1	2	3	4	5
f.	How closely do you identify with being a member of a religious group?	1	2	3	4	5
g.	How important is it for you to be with other people who are the same religion as you?	1	2	3	4	5
h.	How important do you think it is for people of your religion to marry other people who are the same religion?	1	2	3	4	5
i.	How strongly do you believe that one should stick to a particular faith?	1	2	3	4	5
j.	How important was religion in your home when you were growing up?	1	2	3	4	5
k.	When you have important decisions to make in your life, how much do you rely on your religious or spiritual beliefs?	1	2	3	4	5
l.	How much would your spiritual or religious beliefs influence your medical decisions if you were to become gravely ill?	1	2	3	4	5

2. When you have problems or difficulties in your family, work or personal life, how often do you seek comfort through any of the following religious or spiritual means?				
Circle one number for each question.	Never	Rarely	Sometimes	Often
a. Praying	1	2	3	4
b. Meditating	1	2	3	4
c. Attend a religious or spiritual service	1	2	3	4
d. Talk to a religious or spiritual advisor	1	2	3	4

3. Please indicate how much you agree or disagree with the following statements.					
Circle one number for each question.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
a. The Bible is God's word and everything happened or will happen exactly as it says.	1	2	3	4	5
b. The Bible is the answer to all important human problems.	1	2	3	4	5

VIII. How You've Felt This Past Week

1. Next is a list of the ways you might have felt or behaved during the past week.

	On how many days during the past week did you...	*Circle the **number of days** in the past week you experienced each feeling.*							
a.	feel you could not shake off the blues even with help from your family and friends?	0	1	2	3	4	5	6	7
b.	feel bothered by things that usually don't bother you?	0	1	2	3	4	5	6	7
c.	think your life had been a failure?	0	1	2	3	4	5	6	7
d.	feel happy?	0	1	2	3	4	5	6	7
e.	feel that people were unfriendly?	0	1	2	3	4	5	6	7
f.	feel lonely?	0	1	2	3	4	5	6	7
g.	enjoy life?	0	1	2	3	4	5	6	7
h.	have crying spells?	0	1	2	3	4	5	6	7
i.	feel that people disliked you?	0	1	2	3	4	5	6	7
j.	feel sad?	0	1	2	3	4	5	6	7
k	feel depressed?	0	1	2	3	4	5	6	7
l.	have trouble keeping your mind on what you were doing?	0	1	2	3	4	5	6	7
m.	not feel like eating, your appetite was poor?	0	1	2	3	4	5	6	7
n.	feel you were just as good as other people?	0	1	2	3	4	5	6	7
o.	feel everything you did was an effort?	0	1	2	3	4	5	6	7
p.	feel hopeful about the future?	0	1	2	3	4	5	6	7
q.	feel fearful?	0	1	2	3	4	5	6	7
r.	sleep restlessly?	0	1	2	3	4	5	6	7
s.	talk less than usual?	0	1	2	3	4	5	6	7
t.	feel you could not "get going"?	0	1	2	3	4	5	6	7
u.	feel irritable, or likely to fight or argue?	0	1	2	3	4	5	6	7
v.	feel like telling someone off?	0	1	2	3	4	5	6	7
w.	feel angry or hostile for several hours at a time?	0	1	2	3	4	5	6	7

2. Next is a list of ways you might have felt or behaved during the past week.

On how many days <u>in the past week</u> did you...		*Circle the **number of days** in the past week you experienced each feeling.*							
a.	feel calm?	0	1	2	3	4	5	6	7
b.	feel furious?	0	1	2	3	4	5	6	7
c.	feel tense?	0	1	2	3	4	5	6	7
d.	feel like banging on the table?	0	1	2	3	4	5	6	7
e.	feel at ease?	0	1	2	3	4	5	6	7
f.	feel angry?	0	1	2	3	4	5	6	7
g.	worry over possible misfortune?	0	1	2	3	4	5	6	7
h.	feel like yelling at somebody?	0	1	2	3	4	5	6	7
i.	feel nervous?	0	1	2	3	4	5	6	7
j.	feel like breaking things?	0	1	2	3	4	5	6	7
k.	feel jittery?	0	1	2	3	4	5	6	7
l.	feel mad?	0	1	2	3	4	5	6	7
m.	feel relaxed?	0	1	2	3	4	5	6	7
n.	feel irritated?	0	1	2	3	4	5	6	7

IX. How You Feel During a Typical Week

In this section, we are interested in learning about the types of feelings you experience during a typical week in your daily life. Some of the questions may seem repetitive, especially since you answered questions about your feelings over the past week in the previous section. However, for this section, please try to keep in mind that we're now interested in learning about how you feel during a typical week.

Please spend a minute or two reviewing the past 7 days in your mind, including weekend days.

1. Was the week that you have in mind a typical week for you? ❑ Yes ❑ No

Important: If it was **not** a typical week, please spend a minute or two thinking of a more typical one and then answer the questions that follow.

2. Now please indicate how much you experienced each of the following feelings during this typical week.

Circle one number for each question.	Not at all	A little	Quite a lot	A great deal
a. Angry/irritated	1	2	3	4
b. Calm/serene	1	2	3	4
c. Caring	1	2	3	4
d. Challenged	1	2	3	4
e. Confused	1	2	3	4
f. Delighted	1	2	3	4
g. Determined	1	2	3	4
h. Embarrassed	1	2	3	4
i. Enjoying myself	1	2	3	4
j. Enthusiastic	1	2	3	4
k. Friendly/warm	1	2	3	4
l. Frustrated	1	2	3	4
m. Helpless	1	2	3	4
n. Hesitant	1	2	3	4
o. Interested	1	2	3	4
p. Lonely	1	2	3	4
q. Loved	1	2	3	4
r. Nervous/anxious	1	2	3	4
s. Nostalgic	1	2	3	4
t. Protected	1	2	3	4
u. Resigned	1	2	3	4
v. Sad/blue	1	2	3	4
w. Thrilled by something	1	2	3	4
x. Worried	1	2	3	4

X. Social Relationships

1 . Is there a person in your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No

2 . Is there a friend outside your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No

3. These questions are about friends and relatives OTHER than your spouse or children.						
For each statement circle one number in each column.		Not at all	A little	Some	Quite a bit	A lot
a.	How much do they make you feel loved and cared for?	1	2	3	4	5
b.	How much do they make too many demands on you?	1	2	3	4	5
c.	How much are they willing to listen to you when you need to talk about your worries or problems?	1	2	3	4	5
d.	How much are they critical of what you do?	1	2	3	4	5

4. Next, we are interested in the help and support that you receive from or give to people (other than a spouse). We are interested here in help that is not paid for. During the past month have you GIVEN the following kinds of help?

Kind of help GIVEN:	*Check the box for EVERYONE that you GAVE each kind of help TO. (other than spouse)*						
	None of these people needed help	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑
d. Help with baby sitting or child care.	❑	❑	❑	❑	❑	❑	❑

5. During the past month have you RECEIVED the following kinds of help?

Kind of help RECEIVED:	*Check the box for EVERYONE that you RECEIVED each kind of help FROM. (other than spouse)*							
	Help not needed	No one available to help	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑
d. Help using a computer or the Internet in your home.	❑	❑	❑	❑	❑	❑	❑	❑

6. Now think about persons (other than a spouse) who you feel you COULD ask for help, IF YOU NEEDED IT.

Kind of help you could ask for:	*Check the box for EVERYONE that you COULD ASK FOR each kind of HELP FROM.*						
	No one	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a. Suppose you had to borrow $250 for a few weeks because of an emergency. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑
b. Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice?	❑	❑	❑	❑	❑	❑	❑
c. Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑
d. *(Answer only if you have a computer in your home that you use.)* Suppose you had a problem setting up or using your computer or the Internet that you couldn't figure out. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑

We would like to know more about your family life and experiences while growing up. We realize that some of the questions on this page may be very sensitive. Keep in mind that all of your replies are strictly confidential and voluntary. Recall that you may skip any questions that you do not wish to answer.

7. We would like to ask you about some of your experiences growing up–until you were 18 years old.

Please circle one answer for each statement.	Never	Rarely	Sometimes	Often	Very Often
a. My parents encouraged me to go to college.	1	2	3	4	5
b. I saw a parent or one of my brothers or sisters get beaten in my home.	1	2	3	4	5
c. I knew that there was someone to take care of me and protect me.	1	2	3	4	5

8. The following questions are about how your father and mother treated you while growing up–until you were 18 years old.

For each statement circle one number for your father (or step/foster father) and one number for your mother (or step/foster mother).	8A. **My father** (or step/foster father)				8B. **My mother** (or step/foster mother)			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. insulted or swore at me	1	2	3	4	1	2	3	4
b. slapped, shoved or threw things at me	1	2	3	4	1	2	3	4
c. treated me in a way that I would now consider physical abuse	1	2	3	4	1	2	3	4

9. The following questions are about how your father and other people treated you while growing up–until you were 18 years old.

For each statement circle one number for your father (or step/foster father) and one number for any other person (mother, uncle, brother, neighbor, etc.).	9A. **My father** (or step/foster father)				9B. **Any other person** (mother, uncle, brother, neighbor, etc.)			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. had oral, anal or vaginal sex with me against my wishes	1	2	3	4	1	2	3	4
b. used physical violence during an unwanted sexual act with me	1	2	3	4	1	2	3	4
c. treated me in a way that I would now consider sexual abuse	1	2	3	4	1	2	3	4

If you would like to clarify or tell us more about any emotional, physical, or sexual abuse you experienced as a child, please use this space.

XI. Health Behaviors

1. Have you ever smoked a pipe or cigars, or used snuff or chewing tobacco regularly in your entire life?

- ❑ Yes
- ❑ No

2. Have you ever smoked cigarettes regularly in your entire life?

- ❑ Yes
- ❑ No **(Please go to Question 9, Page 34)**

3. How old were you when you started smoking regularly? _____ years old

4. How often do you smoke <u>now</u>?

- ❑ Every day
- ❑ Some days
- ❑ Not at all **(Please go to Question 7 on this page)**

5. On average, how many packs do you smoke a day? _____ packs

6. For how many years have you smoked this amount?

_____ years **(Please go to the next page)**

Please answer questions 7 and 8 only if you have quit smoking cigarettes.

7. About how many packs did you usually smoke per day when you smoked regularly?	_____ packs
8. How old were you when you last smoked cigarettes?	_____years old

Everyone

9. Does anyone (other than yourself) regularly smoke cigarettes or other tobacco products INSIDE your home?

❑ Yes

❑ No

10. At your current or most recent job, did anyone (other than yourself) regularly smoke cigarettes or other tobacco products in your immediate work area?

❑ Yes

❑ No

❑ I have never been employed

11. Up until you were 16 years old, who (other than yourself) in your household smoked?
Check all that apply.

❑ No one ❑ Mother ❑ Father ❑ Someone in my household other than my parents

Circle one number for each question.	Never or rarely	Sometimes	Several nights a week (3-5)	Every night or almost every night	Do not know
12. According to what others have told you, please estimate how often you snore.	1	2	3	4	5
13. According to what others have told you, how often, if ever, do you seem to have momentary periods during sleep when you stop breathing or you breathe abnormally?	1	2	3	4	5

14. How often do you have extreme sleepiness in the daytime when you have to struggle against falling asleep?

❑ Never or Rarely **(Please go to the next page)**

❑ Sometimes

❑ Several times a week (3-5)

❑ Every day or almost every day

15. Have you had this problem for a month or more?

❑Yes ❑ No

16. How much do you weigh? _____ pounds

17. How tall are you? _____ feet _____ inches

18. Up to the present time, what is the most you have ever weighed?

_____pounds

19. How old were you then?

_____ years old

20. What is the least you have ever weighed since you were 18 years old?

_____pounds

21. How old were you then?

_____ years old

22. Do you consider yourself now to be... *Check one answer only.*

- ❑ Overweight
- ❑ Underweight
- ❑ About the right weight
- ❑ Don't know

23. Are you actively trying to lose weight or maintain a desirable weight?

- ❑ No **(Please go to Question 24 below)**
- ❑ Yes, trying to lose weight
- ❑ Yes, trying to maintain a desirable weight

Circle the methods you are using to lose or maintain your weight.		Yes	No
23a.	**Are you eating either fewer calories or less fat?**	1	2
23b.	**Are you using physical activities or exercise?**	1	2
23c.	**Are you using any pill or laxatives?**	1	2
23d.	**Other methods?** *Please specify*_____	1	2

24. Do you ever drink alcoholic beverages?

❑ Yes ❑ No **(Please go to Question 26 on the next page)**

25. The next questions are about alcoholic beverages. *Circle one response for each question.*		Yes	No
a.	When talking with others, do you ever underestimate how much you actually drink?	1	2
b.	After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	1	2
c.	Does having a few drinks help decrease your shakiness or tremors?	1	2
d.	Does alcohol sometimes make it hard for you to remember parts of the day or night?	1	2
e.	Do you usually take a drink to relax or calm your nerves?	1	2
f.	Do you drink to take your mind off your problems?	1	2
g.	Have you ever increased your drinking after experiencing a loss in your life?	1	2
h.	Has a doctor or nurse ever said they were worried or concerned about your drinking?	1	2
i.	Have you ever made rules to manage your drinking?	1	2
j.	When you feel lonely does having a drink help?	1	2

26. Have you ever used the Internet to look for advice or information about YOUR health or health care?

❑ Yes ❑ No **(Please go to Question 30 on the next page)**

27. How <u>often</u> do you use the Internet to look for advice or information about YOUR health or health care?

❑ About once a week (or more)
❑ About once a month
❑ Every few months
❑ Less often than this

28. How much, if at all, has getting health and medical information on the Internet improved the way you take care of your health?

❑ A lot
❑ Some
❑ Only a little
❑ Not at all

29. The last time you looked for information for yourself, did you happen to go looking for this health information:

❑ BEFORE visiting a doctor or clinic
❑ AFTER visiting a doctor or clinic
❑ INSTEAD of visiting a doctor or clinic
❑ UNRELATED TO visiting a doctor or clinic

30. Please think about the doctor that you usually go to when you are sick or need advice about your health and indicate how much you agree or disagree with each statement.

Circle one number for each question.		Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a.	My doctor sufficiently explains the purpose of my medical procedures and tests.	1	2	3	4	5
b.	When there is more than one method to treat a problem, I should be told about each one.	1	2	3	4	5
c.	My doctor is totally honest in telling me about all treatment options available for my condition.	1	2	3	4	5
d.	My doctor always pays complete attention to what I am trying to tell [him/her].	1	2	3	4	5
e.	I believe that my doctor needs to know everything about my medical history to take good care of me.	1	2	3	4	5
f.	I worry that my doctor may share embarrassing information about me with people who have no business knowing it.	1	2	3	4	5
g.	My doctor has not involved me in discussing my treatment options as much as I would like.	1	2	3	4	5
h.	I would rather have my doctor make the decisions about what's best for my health than to be given a whole lot of choices.	1	2	3	4	5
i.	If I had many treatment options, I worry about whether my doctor cares enough to discuss each one with me for as long as I want.	1	2	3	4	5
j.	My doctor has always let me make the final decision about my treatment when I've wanted to.	1	2	3	4	5
k.	The important medical decisions should be made by my doctor, not by me.	1	2	3	4	5
l.	My doctor is the kind of person who will let me make the final decision about my treatment even if [he/she] disagrees.	1	2	3	4	5

31. Please indicate how much you agree or disagree with each statement.

Circle the ONE number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for health care.	1	2	3	4	5
b. If my doctor were not available, I would feel safe visiting another doctor or clinic.	1	2	3	4	5
c. I work hard at trying to stay healthy.	1	2	3	4	5

32. Thinking about your own health care, how would you rate the following?

Circle one number for each question.	Poor	Fair	Good	Very Good	Excellent
a. Convenience of location of the doctor's office	1	2	3	4	5
b. Hours when the doctor's office is open	1	2	3	4	5
c. Access to specialty care if I need it	1	2	3	4	5
d. Access to hospital care if I need it	1	2	3	4	5
e. Access to medical care in an emergency	1	2	3	4	5
f. Access to mental health care if I need it	1	2	3	4	5
g. Arrangements for making appointments for medical care by phone	1	2	3	4	5
h. Length of time spent waiting at the office to see the doctor	1	2	3	4	5
i. Length of time I wait between making an appointment for routine care and the day of my visit	1	2	3	4	5
j. Availability of medical information or advice by phone	1	2	3	4	5
k. Access to medical care whenever I need it	1	2	3	4	5
l. Services available for getting prescriptions filled	1	2	3	4	5
m. Ease of seeing the doctor of my choice	1	2	3	4	5
n Amount of time I have with doctors and staff during a visit	1	2	3	4	5
o. Overall quality of care and services	1	2	3	4	5
p. The amount I pay out-of-pocket (for example, co-payments, deductibles or payments for services not covered by my plan)	1	2	3	4	5

33.	In the past 12 months have you...	Circle one		How many different times?	Cost covered by insurance? Circle one		
a.	seen a doctor or health professional in an office, clinic, or health center? *(Do not include visits to mental health professionals.)*	Yes	No	_____	Fully	Partly	Not at all
b.	visited a mental health professional about a personal problem or a problem with alcohol or drugs?	Yes	No	_____	Fully	Partly	Not at all
c.	been a patient in the hospital for at least one night?	Yes	No	_____	Fully	Partly	Not at all
d.	gone to a hospital emergency room for medical treatment for yourself?	Yes	No	_____	Fully	Partly	Not at all
e.	had outpatient surgery, not including dental care?	Yes	No	_____	Fully	Partly	Not at all
f.	seen a dentist or oral surgeon in an office, clinic or health center?	Yes	No	_____	Fully	Partly	Not at all

34. In the past 12 months, did you take less medication than was prescribed or delay filling your prescriptions because of the cost?

❑ Yes ❑ No **(Please go to Question 36 below)**

35 How often did you do this?

❑ Rarely/Once
❑ Sometimes
❑ Often
❑ Usually
❑ Always

36. How many different prescriptions do you take regularly?
(Note: This refers to the number of different medications.)

_____# of prescriptions

37. In the past 12 months, how much have you spent out-of-pocket for your own medical care for the following? *(Include your deductibles. Do not include health insurance premiums, or any other costs already paid by your health insurance.)*

a. Prescriptions $_____

b. Visits to mental health professionals $_____

c. Dental care $_____

d. Other medical care $_____

38. In the past 12 months, did you experience difficulty or delay in obtaining any type of health care, or not receive health care you thought you needed due to any of the reasons listed below? *Circle yes or no for* ***each*** *of the following reasons:*			***For each reason you answered "yes" to:*** **Was this because there was a CHANGE in...**			
			Your health insurance?		**The clinic or physician you usually go to?**	
	Yes	No	Yes	No	Yes	No
a. I couldn't afford medical care.	1	2	1	2	1	2
b. My insurance company wouldn't approve, cover or pay for care.	1	2	1	2	1	2
c. My insurance required a referral but I couldn't get one.	1	2	1	2	1	2
d. My doctor refused to accept my insurance plan.	1	2	1	2	1	2
e. Medical care was too far away.	1	2	1	2	1	2
f. It was too expensive to get there.	1	2	1	2	1	2
g. I couldn't get there when the doctor's office was open.	1	2	1	2	1	2
h. I didn't know where to go to get care.	1	2	1	2	1	2
i. It took too long to get an appointment.	1	2	1	2	1	2
j. I couldn't get through on the telephone to make an appointment.	1	2	1	2	1	2
k. Other; *Please specify*_____	1	2	1	2	1	2

39. Not including government programs such as Medicare or Medicaid, have you EVER had any long-term care insurance which specifically covers any part of personal or medical care in your home or in a nursing home?

- ❑ Yes **(Please go to Question 41 on the next page)**
- ❑ No

40. Why have you never had long-term care insurance?

Check all that apply.

- ❑ Premiums were too high
- ❑ Didn't think I needed it
- ❑ Hadn't thought about it
- ❑ Not a good use of money
- ❑ Not eligible
- ❑ Other; *Please specify*_____

41. Please indicate how much you agree or disagree with each statement.

Circle one number for each question.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a.	I'd rather not live than be a burden on someone.	1	2	3	4	5
b.	Having a good quality of life is more important than just keeping alive.	1	2	3	4	5

Next we would like to ask you about the chances that various events will happen in the future. *Please circle one number from 0 to 10, where 0 means you think there is absolutely no chance of it happening and 10 means you think it is absolutely certain to happen. Numbers in between indicate a greater or smaller chance of this event.*

42. What are the chances that...		No chance at all										Absolutely certain
a.	I will live for another 10 years?	0	1	2	3	4	5	6	7	8	9	10
b.	I will live for another 20 years?	0	1	2	3	4	5	6	7	8	9	10
c.	I will ever have to enter a nursing home for some period of time?	0	1	2	3	4	5	6	7	8	9	10
d.	I will have major medical or long-term care expenses that will require me to use up most of my savings?	0	1	2	3	4	5	6	7	8	9	10

If not married, please skip to question #43.

What are the chances that...		No chance at all										Absolutely certain
e.	my spouse will live for another 10 years?	0	1	2	3	4	5	6	7	8	9	10
f.	my spouse will live for another 20 years?	0	1	2	3	4	5	6	7	8	9	10
g.	my spouse will ever have to enter a nursing home for some period of time?	0	1	2	3	4	5	6	7	8	9	10

43. Now here are some statements related to different attitudes toward death. Read each statement carefully, and then indicate the extent to which you agree or disagree.

Circle one number for each question.		Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	I avoid thinking about death altogether.	1	2	3	4	5	6
b.	Death is simply a part of the process of life.	1	2	3	4	5	6
c.	I would neither fear death nor welcome it.	1	2	3	4	5	6
d.	Death should be viewed as a natural, undeniable and unavoidable event.	1	2	3	4	5	6
e.	Whenever the thought of death enters my mind, I try to push it away.	1	2	3	4	5	6

XII. Marriage

1. Are you currently married?

❑ Yes ❑ No **(Please go to Question 6, Page 43)**

2. During the past month, about how often did you and your spouse spend time alone with each other, talking, or sharing an activity?

❑ Never
❑ About once a month
❑ Two or three times a month
❑ About once a week
❑ Two or three times a week
❑ Almost every day

3. In terms of who does household chores, how fair would you say your relationship with your spouse is?

❑ Very unfair to me
❑ Somewhat unfair to me
❑ Fair to both
❑ Somewhat unfair to my spouse
❑ Very unfair to my spouse

4. The following is a list of subjects on which couples often have disagreements.
How often, if at all, in the last year have you had open disagreements about each of the following?

Circle one number for each question.	Never	Less than once a month	Several times a month	About once a week	Several times a week	Almost everyday
a. Household tasks	1	2	3	4	5	6
b. Money	1	2	3	4	5	6
c. Spending time together	1	2	3	4	5	6
d. Sex	1	2	3	4	5	6

5. The following questions ask about your current relationship with your spouse. **Please indicate your current level of satisfaction or dissatisfaction for each of the items listed below.**

How satisfied are you with...	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
a. the day-to-day support and encouragement provided by your spouse?	1	2	3	4	5	6
b. your spouse's overall personality?	1	2	3	4	5	6
c. the amount of consideration shown by your spouse?	1	2	3	4	5	6
d. the way disagreements are settled?	1	2	3	4	5	6
e. how decisions are made in your marriage?	1	2	3	4	5	6
f. how well your spouse listens to you?	1	2	3	4	5	6

Married persons please go to Question 7 on the next page.

6. Do you have a sexual partner?

❑ Yes ❑ No **(Please go to Question 1, Page 44)**

7. We realize that some of the questions on this page may be very sensitive. Keep in mind that all of your replies are strictly confidential and voluntary. Recall that you may skip any questions that you do not wish to answer.

In the past 12 months...		Not at all	Slightly	Moderately	Very	Extremely
a.	How physically pleasurable did you find your sexual relationship with your wife or partner to be?	1	2	3	4	5
b.	How emotionally satisfying did you find your sexual relationship with your wife or partner to be?	1	2	3	4	5

8. During the past 12 months, about how often did you have sex with your wife or partner?

❑ Once a day or more
❑ 3 to 6 times a week
❑ Once or twice a week
❑ 2 to 3 times a month
❑ Once a month or less
❑ Not at all

9. If you have decreased or stopped sexual activities with your wife or partner, please indicate whether each of the following was a reason.

a. My illness	❑ Yes	❑ No
b. Wife's or partner's illness	❑ Yes	❑ No
c. My physical changes	❑ Yes	❑ No
d. Wife's or partner's physical changes	❑ Yes	❑ No
e. I lost interest	❑ Yes	❑ No
f. Wife or partner lost interest	❑ Yes	❑ No
g. No privacy	❑ Yes	❑ No
h. My emotional problems	❑ Yes	❑ No
i. Wife's or partner's emotional problems	❑ Yes	❑ No
j. Other; *Please specify*: _____	❑ Yes	❑ No

XIII. Social and Civic Participation

We find that sometimes people have trouble remembering whether or not they voted in a specific election. And sometimes people think about voting, but then do not.

The next question asks whether or not you voted in the general election on Tuesday, November 5, 2002. Before you answer the question, try to remember who was on the ballot, how you got to the polls if you did vote -- details that would help you know for sure if you voted in the November 5, 2002 general election.

1. Now that you have thought about it, which of these statements best describes you:

- ❑ I did not vote in the election in November 2002.
- ❑ I thought about voting in November 2002, but did not.
- ❑ I usually vote, but did not vote in November 2002.
- ❑ I am sure I voted at the polls in the election in November 2002.
- ❑ I am sure I voted by absentee ballot in November 2002.

2. Generally speaking, do you usually think of yourself as a Republican, Democrat, Independent, or what?

- ❑ Republican
- ❑ Democrat
- ❑ Independent but leaning towards Republican
- ❑ Independent but leaning towards Democrat
- ❑ Independent
- ❑ Other; *Please specify*_____

3. We hear a lot of talk these days about political liberals and conservatives. Where would you place yourself on this scale?

- ❑ Extremely liberal
- ❑ Liberal
- ❑ Slightly liberal
- ❑ Moderate, middle of the road
- ❑ Slightly conservative
- ❑ Conservative
- ❑ Extremely conservative

Here are some questions about leisure time activities. Please tell us about your activities during the past four weeks, 10 years ago, and when you were about 35 years old. Please write a "0" if you do not do this activity at all.

How many times, if at all...	**During the past 4 weeks?**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
4. have you gotten together with friends? We mean like going out together or visiting in each other's homes.	_____times	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
5. have you gotten together socially with relatives?	_____times	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

6. *For this section, please provide your response in **hours per <u>week</u>**.*	**During the <u>past year</u>, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a. Watching television	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b. Reading books, magazines, newspapers or other reading material	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c. Talking on the phone with friends or relatives	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
CONTINUED ON NEXT PAGE...			

6. *For this section, please provide your response in **hours per <u>week</u>**.*	**During the <u>past year</u>, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
Different types of reading...			
d. Reading on the job	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
e. Reading biographies or other non-fiction books	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
f. Reading the Bible or other religious materials	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
g. Reading magazines or newspapers	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
h. Reading fiction	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

7. *For this section, please provide your response in **hours per <u>month</u>.***	**During the <u>past year</u>, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a. Letter writing (not including e-mail)	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b. Playing cards or board games, including games on a computer	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c. Painting, drawing or other art	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
CONTINUED ON NEXT PAGE...			

7. *For this section, please provide your response in* ***hours per month.***	**During the past year, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
d. Playing a musical instrument	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
e. Going to the movies	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
f. Going to a lecture, concert, play, museum or similar activity	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
g. Going out to a restaurant or bar	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
h. Working crossword puzzles or other word games	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
i. Crafts or hobbies such as needlework, woodworking, model trains, jigsaw puzzles, etc.	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
j. Making home repairs, car repairs or other handy work	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
k. Hunting or fishing (in season)	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

There are many ways to get exercise, and people sometimes do these activities alone and sometimes with others. We would like to know how many hours per month you spend on activities like the following.

8. *For this section, please provide your response in* ***hours per month.***	**During the <u>past year</u>, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a. Light physical activities that you do alone, such as light housework, gardening, or walking by yourself	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b. Light physical activities that you do with others, such as walking with friends, bowling, playing softball or other team sports with light activity	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c. Vigorous physical activities that you do alone, such as jogging, swimming, biking, or going to the gym by yourself	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
d. Vigorous physical activities that you do with others such as jogging, swimming, biking, or going to the gym with friends or playing team sports	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

Here is a list of clubs and organizations to which many people belong.

9. Please indicate your level of involvement with each activity in the past 12 months.						
Circle one number for each question.		Not involved	Very little	Some	Quite a bit	A great deal
a.	A church, temple or other place of worship	1	2	3	4	5
b.	Church connected groups, but not the church itself	1	2	3	4	5
c.	Labor unions	1	2	3	4	5
d	Veterans' organizations	1	2	3	4	5
e.	Fraternal organizations or lodges	1	2	3	4	5
f.	Business or civic groups	1	2	3	4	5
g.	Parent-teachers' associations	1	2	3	4	5
h.	Community centers	1	2	3	4	5
i.	Organizations of people of the same nationality	1	2	3	4	5
j.	Sport teams	1	2	3	4	5
k.	Country club	1	2	3	4	5
l.	Youth groups (Scout leader, etc.)	1	2	3	4	5
m.	Professional groups	1	2	3	4	5
n.	Political clubs or organizations	1	2	3	4	5
o.	Neighborhood improvement organizations	1	2	3	4	5
p.	Charity or welfare organizations	1	2	3	4	5
q.	Hobby groups	1	2	3	4	5
r.	Other; *Please specify*_____	1	2	3	4	5
s.	Other; *Please specify*_____	1	2	3	4	5

10. If your home does NOT have a connection to the Internet, check here ❑ and SKIP to Question 11.

Which of the following were among the most important reasons why your household first obtained Internet access?

Check all that apply	Not True	True for you	True for your spouse	True for someone else in your household
a. Interested in using the Web for recreation	❑	❑	❑	❑
b. Doing tasks related to one's job	❑	❑	❑	❑
c. Using e-mail to communicate with one of your children	❑	❑	❑	❑
d. Using e-mail to communicate with one of your siblings	❑	❑	❑	❑
e. Using e-mail to communicate with other relatives	❑	❑	❑	❑
f. Using e-mail to communicate with friends	❑	❑	❑	❑

11. If you NEVER use e-mail from any location, check here ❑ and SKIP to Question 14.

How often do you send or receive personal e-mail messages from the following people: *Circle one number for each question.*	Almost daily (or more)	More than once per week	More than once per month	Less than once per month	Never
a. Your spouse?	1	2	3	4	5
b. Your children?	1	2	3	4	5
c. Your siblings?	1	2	3	4	5
d. Your grandchildren?	1	2	3	4	5
e. Other relatives?	1	2	3	4	5
f. Co-workers (related to your job)?	1	2	3	4	5
g. Co-workers (not related to your job)?	1	2	3	4	5
h. Friends?	1	2	3	4	5
12. How often do you receive forwarded messages (joking, spiritual, political, etc., but <u>not</u> advertisements) sent to you by people you know but originally created by someone you don't know?	1	2	3	4	5
13. How often do you forward such messages on to other people you know?	1	2	3	4	5

14. If you do NOT use either the World Wide Web or e-mail, check here ❑ and SKIP to Question 15.

About how many <u>hours each week</u> do you use the World Wide Web or e-mail from the following locations?

	At home?	At work?	At another location?
a. Using the World Wide Web	_____ hrs	_____ hrs	_____ hrs
b. Using e-mail	_____ hrs	_____ hrs	_____ hrs

15. The following are some reasons why people engage in volunteer activities. **If you have volunteered, please indicate how important or accurate each of the following possible reasons for volunteering are for you. If you have not, please indicate how important/accurate each of the reasons for volunteering <u>would be</u> for you**.

Circle one number for each question.	Not at all important/ accurate						Extremely important/ accurate
a. Others with whom I am close place a high value on community service.	1	2	3	4	5	6	7
b. Volunteering helps me work through my own personal problems.	1	2	3	4	5	6	7
c. I feel compassion toward people in need.	1	2	3	4	5	6	7
d. I can explore my own strengths.	1	2	3	4	5	6	7
e. Volunteering makes me feel needed.	1	2	3	4	5	6	7
f. Volunteering makes me feel better about myself.	1	2	3	4	5	6	7
g. I feel it is important to help others.	1	2	3	4	5	6	7
h. Volunteering is an important activity to the people I know the best.	1	2	3	4	5	6	7
i. Volunteering is a good escape from my own troubles.	1	2	3	4	5	6	7
j. I can learn how to deal with a variety of people.	1	2	3	4	5	6	7

16. Please indicate how much you agree or disagree with the following statements.

Circle one number for each question.	Agree Strongly						Disagree Strongly
a. Doing volunteer work is something I rarely even think about.	1	2	3	4	5	6	7
b. I would feel a loss if I were forced to give up volunteer work.	1	2	3	4	5	6	7
c. Volunteering is an important part of who I am.	1	2	3	4	5	6	7

Is there an email address where we can send you information about the Wisconsin Longitudinal Study?

❑ Yes, my e-mail address is _____

(The Wisconsin Longitudinal Study will never share your e-mail address with anyone else.)

❑ No

Thank you and please feel free to contact us with any questions or comments you may have at: wls@wisls.info

Mailed SAQ for Male Sibling Respondents

Return to Tab 7

I. Health

We would like to begin the questionnaire with some general questions about your health.

1. How would you rate your health...

Circle one number for each question.		Very Poor	Poor	Fair	Good	Excellent
a.	at the present time?	1	2	3	4	5
b.	compared with other people your age and sex?	1	2	3	4	5

2. Compared with 10 years ago...

Circle one number for each question.		Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a.	how would you rate your health?	1	2	3	4	5
b.	how would you rate your appearance?	1	2	3	4	5

Now we have some questions about your health during the period when you were growing up, through age 16.

3. Would you say that your health as a child was excellent, very good, good, fair or poor?

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

4. Please indicate whether you had any of the following illnesses or treatments as a child or young adult.

Circle one number for each question.		Yes	No
a.	Asthma	1	2
b.	Frequent ear infections	1	2
c.	Removal of tonsils and/or adenoids	1	2
d.	Chronic Bronchitis	1	2
e.	Whooping cough (Pertussis)	1	2
f.	Polio	1	2
g.	Diphtheria	1	2
h.	Hepatitis	1	2
i.	Pneumonia	1	2
j.	Meningitis	1	2
k.	Mono (Infectious mononucleosis)	1	2

5. While you were growing up, through age 16...		Yes	No
a.	because of a health condition, did you ever miss school for one month or more?	1	2
b.	because of a health condition, were you ever confined to bed or home for one month or more?	1	2
c.	because of a health condition, were your sports or physical activities ever restricted for 3 months or more?	1	2

d. If yes, what was the most serious health condition that caused these problems?

*Please specify:*_____

6. <u>During the last year</u>, how many days, if any, did you stay in bed for more than half of the day because of illness or injury? *Write the number of days or check none.*

_____ # of Day(s) ❑ None

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

Circle one number for each question.		Yes, limited a lot	Yes, limited a little	No, not limited at all
a.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
b.	Climbing several flights of stairs	1	2	3

8.	**Do you have any difficulty...**	Yes	No
a.	lifting and carrying something as heavy as 10 lbs - such as a bag of groceries?	1	2
b.	lifting and carrying something as heavy as 25 lbs - such as a bag of pet food?	1	2
c.	pushing and pulling large objects such as a living room chair?	1	2
d.	standing or being on your feet for one hour?	1	2
e.	sitting for one hour?	1	2
f.	stooping, crouching or kneeling?	1	2
g.	reaching over your head?	1	2

h. If yes, what condition is the main reason for your difficulty?

Please specify: _____

9. During the past four weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?

a. Accomplished less than you would like ❑ Yes ❑ No

b. Were limited in the kind of work or other activities ❑ Yes ❑ No

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

a. Accomplished less than you would like ❑ Yes ❑ No

b. Did work or other activities less carefully than usual ❑ Yes ❑ No

11. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

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

12. 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...		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
a.	have you felt calm and peaceful?	1	2	3	4	5	6
b.	did you have a lot of energy?	1	2	3	4	5	6
c.	have you felt downhearted and blue?	1	2	3	4	5	6

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

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

14. In the last 12 months, have you... *Circle one number for each question.*		Yes	No
a.	had a complete health exam or physical?	1	2
b.	had a routine dental check-up?	1	2
c.	had a heart or exercise stress test?	1	2
d.	had a cholesterol test?	1	2
e.	had a blood pressure check?	1	2
f.	had a flu shot?	1	2
g.	visited a chiropractor?	1	2
Items h-j concern women's health issues and appear only on questionnaires sent to women.			
k.	had a prostate exam?	1	2

14A. IF YOU ARE MARRIED, would you say that your SPOUSE'S health is excellent, very good, good, fair or poor?

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor
- ❑ Not Married

15. The following is a list of physical symptoms that people sometimes experience.	**15a. How <u>often</u> have you had this symptom in the <u>past six months</u>?** *Circle ONE number for each symptom.*				**15b. How much <u>discomfort</u> has this symptom caused you in the <u>past six months</u>?** *Circle ONE number for each symptom you experienced.*			
	Have not had	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Aching muscles	1	2	3	4	1	2	3	4
b. Back pain/strain	1	2	3	4	1	2	3	4
c. Bone pains	1	2	3	4	1	2	3	4
d. Chest pain	1	2	3	4	1	2	3	4
e. Constipation	1	2	3	4	1	2	3	4
f. Coughing/wheezing	1	2	3	4	1	2	3	4
g. Diarrhea	1	2	3	4	1	2	3	4
h. Difficulties with or painful sexual intercourse	1	2	3	4	1	2	3	4
i. Dizziness/faintness	1	2	3	4	1	2	3	4
j. Excessive sweating	1	2	3	4	1	2	3	4
k. Fatigue/exhaustion	1	2	3	4	1	2	3	4
l. Headache	1	2	3	4	1	2	3	4
m. Lack of energy	1	2	3	4	1	2	3	4
n. Neck and/or shoulder pain	1	2	3	4	1	2	3	4
o. Numbness	1	2	3	4	1	2	3	4
p. Pain in your hands/wrists	1	2	3	4	1	2	3	4
q. Pain in your ankles/knees	1	2	3	4	1	2	3	4
r. Palpitations (feeling your heart pound or race)	1	2	3	4	1	2	3	4
s. Ringing in ears	1	2	3	4	1	2	3	4
t. Shortness of breath	1	2	3	4	1	2	3	4
u. Skin problems	1	2	3	4	1	2	3	4
v. Stiff/swollen joints	1	2	3	4	1	2	3	4
w. Trouble sleeping	1	2	3	4	1	2	3	4
x. Upset stomach	1	2	3	4	1	2	3	4
y. Urination problems	1	2	3	4	1	2	3	4

16. Has a medical professional ever said you have any of the illnesses or conditions listed below? *Circle one for each illness or condition.*		Yes	No	**16a. How old were you when first diagnosed with this illness or condition?** *At what age?*	**16b. How much does each of your illnesses or conditions currently interfere with what you like to do?** *Circle one only for each of your illnesses or conditions.* Not at all	Very little	Some	Quite a bit	A great deal
a.	Allergies: *Please specify*_____	1	2	_____	1	2	3	4	5
b.	Asthma	1	2	_____	1	2	3	4	5
c.	Chronic bronchitis/Emphysema	1	2	_____	1	2	3	4	5
d.	Chronic sinus problems	1	2	_____	1	2	3	4	5
e.	Circulation problems	1	2	_____	1	2	3	4	5
f.	Fibromyalgia	1	2	_____	1	2	3	4	5
g.	High cholesterol	1	2	_____	1	2	3	4	5
h.	Irritable bowel syndrome	1	2	_____	1	2	3	4	5
i.	Kidney/bladder problems	1	2	_____	1	2	3	4	5
j.	Multiple sclerosis	1	2	_____	1	2	3	4	5
k.	Osteoporosis	1	2	_____	1	2	3	4	5
l.	Serious back trouble	1	2	_____	1	2	3	4	5
m.	Ulcer	1	2	_____	1	2	3	4	5
n	Prostate problems	1	2	_____	1	2	3	4	5

17. Have you ever had... *Circle one number for each question.*		Yes	No
a.	cataract surgery?	1	2
b.	an angiogram, angioplasty or cardiac catheterization?	1	2
c.	colonoscopy, sigmoidoscopy or endoscopy?	1	2
d.	a joint replaced? *Please specify which joint was replaced* _____	1	2

18A. Have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?

❑ **Yes** ❑ **No**

18. Including living and deceased persons, have any of the following biological relatives had any of the following diseases?

Check all that apply and specify the type(s) of cancer.

	My mother	My father	Any of my brothers	Any of my sisters
a. Don't know about this person's health/No such relative	❑	❑	❑	❑
b. High blood pressure (or hypertension)	❑	❑	❑	❑
c. High blood cholesterol	❑	❑	❑	❑
d. Stroke before age 65	❑	❑	❑	❑
e. Stroke age 65 or older	❑	❑	❑	❑
f. Heart attack before age 55	❑	❑	❑	❑
g. Heart attack age 55 or older	❑	❑	❑	❑
h. Diabetes (or high blood sugar)	❑	❑	❑	❑
i. Alzheimer's disease	❑	❑	❑	❑
j. Asthma	❑	❑	❑	❑
k. Osteoporosis	❑	❑	❑	❑
l. Cancer:	❑	❑	❑	❑
Please use the lines in each column to indicate the name of the organ or system of the body where the cancer occurred.	_____ _____	_____ _____	_____ _____	_____ _____

19. Overall in the last 30 days....	None	Mild	Moderate	Severe	Extreme
a. How much of a problem did you have with moving around?	1	2	3	4	5
b. How much difficulty did you have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5
c. How much of a problem did you have with feeling sad, low or depressed?	1	2	3	4	5
d. How much of a problem did you have with worry or anxiety?	1	2	3	4	5

Imagine that the people described below are the same age that you are. Using the same scale that you used on the preceding page when talking about aspects of your own health, **how would you rate the health of these people**?

Circle one response for each question.	None	Mild	Moderate	Severe	Extreme
20. Robert has a lot of swelling in his legs due to his health condition. He has to make an effort to walk around his home as his legs feel heavy.					
a. Overall, how much of a problem does Robert have with moving around?	1	2	3	4	5
b. How much difficulty does Robert have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5
21. James feels depressed most of the time. He weeps frequently and feels hopeless about the future. He feels that he has become a burden on others and that he would be better dead.					
a. How much of a problem does James have with feeling sad, low or depressed?	1	2	3	4	5
b. How much of a problem does James have with worry or anxiety?	1	2	3	4	5
22. Richard is able to walk distances of up to ⅛ mile without any problems but feels tired after walking ½ mile or climbing up more than one flight of stairs. He has no problems with day-to-day physical activities, such as carrying food from the market.					
a. Overall, how much of a problem does Richard have with moving around?	1	2	3	4	5
b. How much difficulty does Richard have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5
23. John worries often about his health. He gets depressed once a week for a day or two, thinking about what could go wrong and all the illnesses he could get, but is able to come out of this mood if he concentrates on something else.					
a. How much of a problem does John have with feeling sad, low or depressed?	1	2	3	4	5
b. How much of a problem does John have with worry or anxiety?	1	2	3	4	5

24. How often do you have your eyes examined?

- ❑ Every year or more often
- ❑ Every 1 to 2 years
- ❑ Less often than every 2 years
- ❑ Never

25. Which type of vision correction do you regularly use? *(Check ALL that apply.)*

- ❑ Prescription glasses
- ❑ Prescription contact lenses
- ❑ Non-Prescription magnifying glasses
- ❑ No vision corrections

26. Have you had your hearing checked in the past 5 years?

❑ Yes ❑ No

27. Do people that live with you or are close to you ask you whether you think that you should have your hearing checked?

❑ Yes ❑ No

28. Which of the following best describes your use of hearing aids?

- ❑ I have hearing aids for one or both ears and use them regularly
- ❑ I have hearing aids for one or both ears but do **not** use them regularly
- ❑ I do not own hearing aids

Do you find that any of the following problems have INCREASED for you in the last 12 months or last 5 years?

29. Have you experienced increased problems with... *Circle one response for each question.*	Problems increased in last 12 months? *Circle Yes or No*	Problems increased in last 5 years? *Circle Yes or No*
a. hearing conversations in person?	Yes No	Yes No
b. hearing conversations on the phone?	Yes No	Yes No
c. understanding spoken instructions from your doctor, employer or other person?	Yes No	Yes No
d. reading small print on medicine bottles or other places?	Yes No	Yes No
e. understanding written instructions?	Yes No	Yes No

III. Social Background

1. **In what city, county and state were you born?** _____ (City) _____ (County) _____ (State)

2. **How much did you weigh at birth?** *(If you do not remember and could look in your personal or family records, we would appreciate it.)*
_____lbs _____ oz

3. **What is your race or origin?** *Please mark one or more boxes to indicate what you consider yourself to be.*

❑ White ❑ Black, African-American or Negro ❑ Asian; *Please Specify* _____

❑ Indian (American) or Alaska Native: *Please print name of enrolled or principal tribe*_____

❑ Pacific Islander; *Please Specify* _____ ❑ Hispanic, Latino or Spanish Origin ❑ Some other race; *Please Specify*_____

IV. Values and Attitudes

This section lists a number of statements that you may or may not agree with. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

1A. *Circle one number for each question.*		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a.	It is important for a man to have a male friend he can confide in.	1	2	3	4	5
b.	When a husband and wife make decisions about buying major things for the home, the husband should have final say.	1	2	3	4	5
c.	A man should always try to project an air of confidence even if he really doesn't feel confident inside.	1	2	3	4	5
d.	A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.	1	2	3	4	5
e.	It bothers me when a man does something that I consider "feminine."	1	2	3	4	5
f.	A husband whose wife is working full-time should spend just as many hours doing housework as his wife.	1	2	3	4	5
g.	Men have greater sexual needs than women.	1	2	3	4	5
h.	When a man is feeling pain he should not let it show.	1	2	3	4	5
i.	In some kinds of situations a man should be ready to use his fists.	1	2	3	4	5
j.	It is important for a woman to have a female friend she can confide in.	1	2	3	4	5
k.	Being larger, stronger-looking, and more muscular makes men more attractive to women.	1	2	3	4	5

This section lists a number of characteristics that may or may not apply to you. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

1.	**I see myself as someone who...**	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	is talkative.	1	2	3	4	5	6
b.	tends to find fault with others.	1	2	3	4	5	6
c.	does a thorough job.	1	2	3	4	5	6
d.	is reserved.	1	2	3	4	5	6
e.	prefers the conventional, traditional.	1	2	3	4	5	6
f.	is full of energy.	1	2	3	4	5	6
g.	prefers work that is routine and simple.	1	2	3	4	5	6
h.	is a reliable worker.	1	2	3	4	5	6
i.	can be tense.	1	2	3	4	5	6
j.	tends to be quiet.	1	2	3	4	5	6
k.	values artistic, aesthetic experiences.	1	2	3	4	5	6
l.	tends to be disorganized.	1	2	3	4	5	6
m.	is emotionally stable, not easily upset.	1	2	3	4	5	6
n.	has an active imagination.	1	2	3	4	5	6
o.	is sometimes rude to others.	1	2	3	4	5	6
p.	is generally trusting.	1	2	3	4	5	6
q.	is lazy at times.	1	2	3	4	5	6
r.	worries a lot.	1	2	3	4	5	6
s.	wants things to be simple and clear-cut.	1	2	3	4	5	6
t.	is sometimes shy, inhibited.	1	2	3	4	5	6
u.	does things efficiently.	1	2	3	4	5	6
v.	generates a lot of enthusiasm.	1	2	3	4	5	6
w.	can be cold and aloof.	1	2	3	4	5	6
x.	remains calm in tense situations.	1	2	3	4	5	6
y.	is considerate to almost everyone.	1	2	3	4	5	6
z.	gets nervous easily.	1	2	3	4	5	6
aa.	is sophisticated in art, music or literature.	1	2	3	4	5	6
bb.	likes to cooperate with others.	1	2	3	4	5	6
cc.	is easily distracted.	1	2	3	4	5	6

2. The following questions ask about your general feelings or attitudes. Please indicate how much you agree with each statement.

Circle one number for each question.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. In uncertain times, I usually expect the best.	1	2	3	4
b. If something can go wrong for me, it will.	1	2	3	4
c. I'm always optimistic about my future.	1	2	3	4
d. I hardly ever expect things to go my way.	1	2	3	4
e. I rarely count on good things happening to me.	1	2	3	4
f. Overall, I expect more good things to happen to me than bad.	1	2	3	4

3. Please read each item and indicate to what extent you agree or disagree.

Circle one number for each question.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. People tend to rely on me for support.	1	2	3	4	5
b. For whatever reason, it is hard for me to get people's attention.	1	2	3	4	5
c. Whatever else may happen, people do not ignore me.	1	2	3	4	5
d. For better or worse, people generally know when I am around.	1	2	3	4	5
e. People are usually aware of my presence.	1	2	3	4	5
f. People count on me to be there in times of need.	1	2	3	4	5

4. Please rate how important each of the following social identities are to you.

Circle one number for each question.	Not Important						Very Important
a. Your work identity	1	2	3	4	5	6	7
b. Your religious identity	1	2	3	4	5	6	7
c. Your most important family identity (e.g., father, wife)	1	2	3	4	5	6	7
d. Your volunteer identity	1	2	3	4	5	6	7
e. Your organization/group identity (e.g., union member, Rotary)	1	2	3	4	5	6	7
f. Your political identity (e.g., Independent)	1	2	3	4	5	6	7
g. Your ethnic group/nationality identity	1	2	3	4	5	6	7

5. Please read the statements below and decide the extent to which each statement describes you.

Circle the number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a. I have been able to create a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
b. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
c. For me, life has been a continuous process of learning, changing and growing.	1	2	3	4	5	6
d. I judge myself by what I think is important, not by what others think is important.	1	2	3	4	5	6
e. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6
f. I used to set goals for myself, but now that seems like a waste of time.	1	2	3	4	5	6
g. In general, I feel confident and positive about myself.	1	2	3	4	5	6
h. It's difficult for me to voice my opinions on controversial matters.	1	2	3	4	5	6
i. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
j. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
k. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
l. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
m. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
n. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
o. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
p. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
q. I like most aspects of my personality.	1	2	3	4	5	6
r. It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
s. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
t. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
u. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
v. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
w. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
x. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
y. I have confidence in my opinions even if they are contrary to the general consensus.	1	2	3	4	5	6
z. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
aa. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6

CONTINUED ON NEXT PAGE...

5. Please read the statements below and decide the extent to which each statement describes you.						
Circle the number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
bb. The demands of everyday life often get me down.	1	2	3	4	5	6
cc. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
dd. I tend to be influenced by people with strong opinions	1	2	3	4	5	6
ee. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
ff. I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5	6
gg. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
hh. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
ii. I am good at juggling my time so that I can fit everything in that needs to get done.	1	2	3	4	5	6
jj. I don't have many people who want to listen when I need to talk.	1	2	3	4	5	6
kk. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
ll. I know I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
mm. I made some mistakes in the past but I feel that all in all everything has worked out for the best.	1	2	3	4	5	6
nn. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
oo. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6
pp. Being happy with myself is more important to me than having others approve of me.	1	2	3	4	5	6
qq. Most people see me as loving and affectionate.	1	2	3	4	5	6
rr. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
ss. I do not fit very well with people and community around me.	1	2	3	4	5	6
tt. I often change my mind about decisions if my friends or family disagree.	1	2	3	4	5	6
uu. I don't want to try new ways of doing things -- my life is fine the way it is.	1	2	3	4	5	6
vv. I generally do a good job taking care of my personal finances and affairs.	1	2	3	4	5	6
ww. I tend to focus on the present because the future nearly always brings me problems.	1	2	3	4	5	6
xx. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
yy. There is truth to the saying you can't teach an old dog new tricks.	1	2	3	4	5	6
za. I tend to worry about what other people think of me.	1	2	3	4	5	6
zb. The past had its ups and downs, but in general, I wouldn't want to change it.	1	2	3	4	5	6
zc. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6

V. Work and Family

1. Here are two ladders. There are ten stairs in total from the bottom to the top.

a. Think of this ladder as representing where people stand in America.

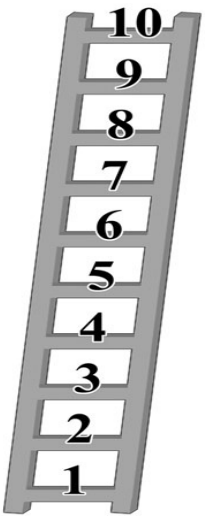
At the top of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs.

At the bottom are the people who are the worst off – who have the least money, least education and the least respected jobs or no jobs.

The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

If you consider your current situation and compare it with all other people <u>in America</u>, where would you place yourself on this ladder?

Please circle the number that applies to you in <u>America</u>.



---

b. Now think of this ladder as representing where people stand in their communities, that is, where they live and the surrounding area.

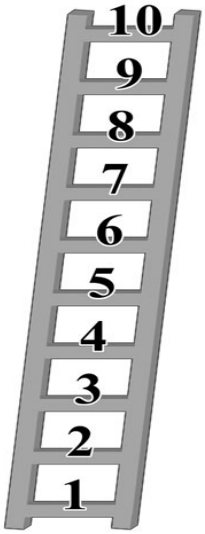
At the top of the ladder are the people who have the highest standing in their community.

At the bottom are the people who have the lowest standing in their community.

The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

If you consider your current situation and compare it with all other people <u>in your community</u>, where would you place yourself on this ladder?

Please circle the number that applies to you <u>in your community</u>.



2. Please compare the importance of each of the following job characteristics with the IMPORTANCE OF HIGH PAY.							
Circle the number that best describes the IMPORTANCE of each characteristic COMPARED TO HIGH PAY.	**Much more** important than high pay	**Moderately more** important than high pay	**Slightly more** important than high pay	**Same** importance as high pay	**Slightly less** important than high pay	**Moderately less** important than high pay	**Much less** important than high pay
a. Having the opportunity to get on-the-job training.	1	2	3	4	5	6	7
b. Being able to do different things rather than the same things over and over.	1	2	3	4	5	6	7
c. Having a low risk of losing your job.	1	2	3	4	5	6	7
d. Being able to decide what time to come to work and when to leave.	1	2	3	4	5	6	7
e. Being able to work without frequent checking by a supervisor.	1	2	3	4	5	6	7
f. Being able to avoid getting dirty on the job.	1	2	3	4	5	6	7
g. Having a job that other people regard highly.	1	2	3	4	5	6	7
h. Having a job that provides health insurance.	1	2	3	4	5	6	7
i. Having a job that provides a pension plan.	1	2	3	4	5	6	7

3. Have you ever been employed, including self-employment?

❑ Yes **(Please go to Question 4 on the next page)** ❑ No **(Please go to Question 1 on Page 22)**

4. Have you retired from ANY job since 1992, even if you later returned to work?

❑ **Yes, have retired** - Name of employer from which you **FIRST** retired since 1992_____

❑ **No, have not retired** - Name of your current or last employer _____

The next questions are about the job you have just listed. If you are not working or retired now, please answer these questions anyway, thinking back to when you were working at this job.

5. The following statements have to do with the way family life and work life can influence each other.

For each statement, please circle the number that best describes your situation when you worked for this employer.		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a.	I can do good work on the job because I am so happy at home.	1	2	3	4	5
b.	My job reduces the amount of time I can spend with the family.	1	2	3	4	5
c.	The things I do at work help me deal with personal and practical issues at home.	1	2	3	4	5
d.	Family worries or problems distract me from my work.	1	2	3	4	5
e.	Family responsibilities make me work harder on the job.	1	2	3	4	5
f.	I can devote a lot of time to my job because of the support I get on the homefront.	1	2	3	4	5
g.	My job takes so much energy I don't feel up to doing things that need attention at home.	1	2	3	4	5
h.	The things I do at work make me a more interesting person at home.	1	2	3	4	5
i.	It is much better for everyone if the man earns the main living and the woman takes care of the home and family.	1	2	3	4	5
j.	Family activities stop me from getting the amount of sleep I need to do my job well.	1	2	3	4	5
k.	The love and respect I get at home make me feel confident about myself at work.	1	2	3	4	5
l.	Job worries or problems distract me when I am at home.	1	2	3	4	5
m.	The skills I use on my job are useful for things I have to do at home.	1	2	3	4	5
n.	Stress at home makes me irritable at work.	1	2	3	4	5
o.	If I didn't have to work to make a living, I would want to work anyway.	1	2	3	4	5

ONLY ANSWER QUESTIONS ON THIS PAGE IF YOU HAVE *EVER* BEEN EMPLOYED.

6.	**The following questions concern the work that you do or did when you worked for the employer named above. How often do you...**					
Circle the response that best describes your situation.		Never	Rarely	Sometimes	Often	Very Often
a.	have to lift, pull or carry heavy loads?	1	2	3	4	5
b.	have to work in an awkward posture?	1	2	3	4	5
c.	have to stand for prolonged periods of time?	1	2	3	4	5
d.	have to kneel or squat for prolonged periods of time?	1	2	3	4	5
e.	do repeated lifting, pushing, pulling or bending?	1	2	3	4	5
f.	perform repetitive or forceful hand movements?	1	2	3	4	5

		My immediate boss or supervisor					**Other people at work**				
For each statement, please circle the response that best describes your situation when you worked for the employer named above.		Not at all	A little	Somewhat	Very much	Don't have any such person	Not at all	A little	Somewhat	Very much	Don't have any such person
7.	How much do each of these people go out of their way to do things to make your life easier for you?	1	2	3	4	5	1	2	3	4	5
8.	How easy is it to talk with each of these people?	1	2	3	4	5	1	2	3	4	5
9.	How much can each of these people be relied on when things get tough at work?	1	2	3	4	5	1	2	3	4	5
10.	How much are each of these people willing to listen to your personal problems?	1	2	3	4	5	1	2	3	4	5

ONLY ANSWER QUESTIONS ON THIS PAGE IF YOU HAVE *EVER* BEEN EMPLOYED.

11.	**Please indicate the degree to which you agree or disagree with the following statements about your job with the employer named above.** *For each statement, please circle the response that best describes your situation.*	Strongly Agree	Slightly Agree	Slightly Disagree	Strongly Disagree
a.	My job requires working very fast.	1	2	3	4
b.	My job allows me to make a lot of decisions on my own.	1	2	3	4
c.	My job requires that I learn new things.	1	2	3	4
d.	My job requires working very hard.	1	2	3	4
e.	On my job, I have very little freedom to decide how I do my work.	1	2	3	4
f.	My job involves a lot of repetitive work.	1	2	3	4
g.	I am not asked to do an excessive amount of work.	1	2	3	4
h.	I have a lot of say about what happens on my job.	1	2	3	4
i.	My job requires me to be creative.	1	2	3	4
j.	I have enough time to get the job done.	1	2	3	4
k.	I can determine the order in which my work is to be done.	1	2	3	4
l.	My job requires a high level of skill.	1	2	3	4
m.	I am free from conflicting demands that others make.	1	2	3	4
n.	I can determine when a task is to be done.	1	2	3	4
o.	My job requires long periods of intense concentration.	1	2	3	4
p.	I can easily leave the workplace for a brief period.	1	2	3	4
q.	I get to do a variety of different things on my job.	1	2	3	4
r.	My tasks are often interrupted before they can be completed, requiring attention at a later time.	1	2	3	4
s.	I can interrupt my work if I so desire.	1	2	3	4
t.	My job is very hectic.	1	2	3	4
u.	I have an opportunity to develop my own special abilities.	1	2	3	4
v.	I can determine my own work rate.	1	2	3	4
w.	Waiting on work from other people or departments often slows me down on my job.	1	2	3	4
x.	I have too much work to do everything well.	1	2	3	4
y.	The safety and health conditions where I work are good.	1	2	3	4

ONLY ANSWER QUESTIONS ON THIS PAGE IF YOU HAVE *EVER* BEEN EMPLOYED.

The things people do at their jobs can involve reading and writing, working with their hands and dealing with people, or *sometimes all three at the same time*. For the following questions, please think about an average week at the job you named above. (If you do more than one of these things at the same time it is all right if your hours add up to more than your total time at work.)

12. How many hours per week do or did you spend reading, writing and dealing with written materials?

_____ hours

13. How many hours per week do or did you spend working with your hands, tools or equipment?

_____ hours

14. How many hours per week do or did you spend dealing with people about work—not just passing the time of day?

_____ hours

15. How many hours per week do or did you do the same things over and over?

_____ hours

VI. Dealing with Problems

1. The following questions are about experiences you may have had. We would like you to tell us how old you were the FIRST (or ONLY) time this ever happened, and how old you were the LAST or most recent time this happened. If you have never had such an experience, please indicate that it never happened.

		FIRST or ONLY time this happened **Your Age?**	LAST time this happened **Your Age?**	Never
a.	A close friend died.	_____	_____	❑
b.	My parent drank or used drugs so much or so regularly it caused problems for the family.	_____	_____	❑
c.	A brother or sister treated me in a way that some would think of as physical abuse.	_____	_____	❑
d.	I experienced a life-threatening flood, fire, storm or some other disaster.	_____	_____	❑
e.	I served in a war or combat.	_____	_____	❑
f.	I witnessed the severe injury or death of another person.	_____	_____	❑
g.	I went deeply into debt or suffered substantial financial loss.	_____	_____	❑
h.	I had serious legal difficulties.	_____	_____	❑
i.	I was in jail or prison.	_____	_____	❑
j.	My spouse (or romantic partner) treated me in a way that some would think of as physical abuse.	_____	_____	❑
k.	One of my children was divorced.	_____	_____	❑
l.	My child had a life-threatening illness or accident.	_____	_____	❑
m.	My adult child moved back into my home.	_____	_____	❑
n.	I had increased responsibility for the care of grandchildren.	_____	_____	❑
o.	My aging parent or in-law moved into my home.	_____	_____	❑
p.	I placed my aging spouse, in-law or parent into a nursing home.	_____	_____	❑
q.	I seriously thought about taking my own life.	_____	_____	❑

2. We are interested in how people respond when they face difficult or stressful events in their lives. The following questions ask you to indicate what you generally do and feel when you experience stressful events. Please answer every item. There are no "right" or "wrong" answers, so circle the most accurate answer for you--not what you think "most people" would say or do.

Generally, when I experience a difficult or stressful event... *Circle one number for each question.*	I usually **do not do this at all**	I usually **do this a little bit**	I usually **do this a medium amount**	I usually **do this a lot**
a. I turn to work or other activities to take my mind off things.	1	2	3	4
b. I concentrate my efforts on doing something about the situation I'm in.	1	2	3	4
c. I say to myself "this isn't real."	1	2	3	4
d. I give up trying to deal with it.	1	2	3	4
e. I take action to try to make the situation better.	1	2	3	4
f. I refuse to believe that it has happened.	1	2	3	4
g. I say things to let my unpleasant feelings escape.	1	2	3	4
h. I try to see it in a different light, to make it seem more positive.	1	2	3	4
i. I criticize myself.	1	2	3	4
j. I try to come up with a strategy about what to do.	1	2	3	4
k. I give up the attempt to cope.	1	2	3	4
l. I look for something good in what is happening.	1	2	3	4
m. I do something to think about it less, such as going to the movies, watching TV, reading, daydreaming, sleeping or shopping.	1	2	3	4
n. I accept the reality of the fact that it has happened.	1	2	3	4
o. I express my negative feelings.	1	2	3	4
p. I learn to live with it.	1	2	3	4
q. I think hard about what steps to take.	1	2	3	4
r. I blame myself for things that happened.	1	2	3	4

VII. Religion and Spirituality

1. The following questions are about being religious and being spiritual.

Please think about what these words mean to you and answer the questions with those meanings in mind.

Circle one number for each question.		Not at all	Not Very	Somewhat	Very	Extremely
a.	How religious are you?	1	2	3	4	5
b.	How spiritual are you?	1	2	3	4	5
c.	How important is religion in your life?	1	2	3	4	5
d.	How important is spirituality in your life?	1	2	3	4	5
e.	How important was it for you – or would it have been if you had children – to send your children for religious or spiritual instruction?	1	2	3	4	5
f.	How closely do you identify with being a member of a religious group?	1	2	3	4	5
g.	How important is it for you to be with other people who are the same religion as you?	1	2	3	4	5
h.	How important do you think it is for people of your religion to marry other people who are the same religion?	1	2	3	4	5
i.	How strongly do you believe that one should stick to a particular faith?	1	2	3	4	5
j.	How important was religion in your home when you were growing up?	1	2	3	4	5
k.	When you have important decisions to make in your life, how much do you rely on your religious or spiritual beliefs?	1	2	3	4	5
l.	How much would your spiritual or religious beliefs influence your medical decisions if you were to become gravely ill?	1	2	3	4	5

2. When you have problems or difficulties in your family, work or personal life, how often do you seek comfort through any of the following religious or spiritual means?				
Circle one number for each question.	Never	Rarely	Sometimes	Often
a. Praying	1	2	3	4
b. Meditating	1	2	3	4
c. Attend a religious or spiritual service	1	2	3	4
d. Talk to a religious or spiritual advisor	1	2	3	4

3. Please indicate how much you agree or disagree with the following statements.					
Circle one number for each question.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
a. The Bible is God's word and everything happened or will happen exactly as it says.	1	2	3	4	5
b. The Bible is the answer to all important human problems.	1	2	3	4	5

VIII. How You've Felt This Past Week

1. Next is a list of the ways you might have felt or behaved during the past week.

On how many days during the past week did you...		*Circle the **number of days** in the past week you experienced each feeling.*							
a.	feel you could not shake off the blues even with help from your family and friends?	0	1	2	3	4	5	6	7
b.	feel bothered by things that usually don't bother you?	0	1	2	3	4	5	6	7
c.	think your life had been a failure?	0	1	2	3	4	5	6	7
d.	feel happy?	0	1	2	3	4	5	6	7
e.	feel that people were unfriendly?	0	1	2	3	4	5	6	7
f.	feel lonely?	0	1	2	3	4	5	6	7
g.	enjoy life?	0	1	2	3	4	5	6	7
h.	have crying spells?	0	1	2	3	4	5	6	7
i.	feel that people disliked you?	0	1	2	3	4	5	6	7
j.	feel sad?	0	1	2	3	4	5	6	7
k	feel depressed?	0	1	2	3	4	5	6	7
l.	have trouble keeping your mind on what you were doing?	0	1	2	3	4	5	6	7
m.	not feel like eating, your appetite was poor?	0	1	2	3	4	5	6	7
n.	feel you were just as good as other people?	0	1	2	3	4	5	6	7
o.	feel everything you did was an effort?	0	1	2	3	4	5	6	7
p.	feel hopeful about the future?	0	1	2	3	4	5	6	7
q.	feel fearful?	0	1	2	3	4	5	6	7
r.	sleep restlessly?	0	1	2	3	4	5	6	7
s.	talk less than usual?	0	1	2	3	4	5	6	7
t.	feel you could not "get going"?	0	1	2	3	4	5	6	7
u.	feel irritable, or likely to fight or argue?	0	1	2	3	4	5	6	7
v.	feel like telling someone off?	0	1	2	3	4	5	6	7
w.	feel angry or hostile for several hours at a time?	0	1	2	3	4	5	6	7

2. Next is a list of ways you might have felt or behaved during the past week.

On how many days <u>in the past week</u> did you...		*Circle the **number of days** in the past week you experienced each feeling.*							
a.	feel calm?	0	1	2	3	4	5	6	7
b.	feel furious?	0	1	2	3	4	5	6	7
c.	feel tense?	0	1	2	3	4	5	6	7
d.	feel like banging on the table?	0	1	2	3	4	5	6	7
e.	feel at ease?	0	1	2	3	4	5	6	7
f.	feel angry?	0	1	2	3	4	5	6	7
g.	worry over possible misfortune?	0	1	2	3	4	5	6	7
h.	feel like yelling at somebody?	0	1	2	3	4	5	6	7
i.	feel nervous?	0	1	2	3	4	5	6	7
j.	feel like breaking things?	0	1	2	3	4	5	6	7
k.	feel jittery?	0	1	2	3	4	5	6	7
l.	feel mad?	0	1	2	3	4	5	6	7
m.	feel relaxed?	0	1	2	3	4	5	6	7
n.	feel irritated?	0	1	2	3	4	5	6	7

IX. How You Feel During a Typical Week

In this section, we are interested in learning about the types of feelings you experience during a typical week in your daily life. Some of the questions may seem repetitive, especially since you answered questions about your feelings over the past week in the previous section. However, for this section, please try to keep in mind that we're now interested in learning about how you feel during a typical week.

Please spend a minute or two reviewing the past 7 days in your mind, including weekend days.

1. **Was the week that you have in mind a typical week for you**? ❑ Yes ❑ No

Important: If it was **not** a typical week, please spend a minute or two thinking of a more typical one and then answer the questions that follow.

2. Now please indicate how much you experienced each of the following feelings during this typical week.

Circle one number for each question.	Not at all	A little	Quite a lot	A great deal
a. Angry/irritated	1	2	3	4
b. Calm/serene	1	2	3	4
c. Caring	1	2	3	4
d. Challenged	1	2	3	4
e. Confused	1	2	3	4
f. Delighted	1	2	3	4
g. Determined	1	2	3	4
h. Embarrassed	1	2	3	4
i. Enjoying myself	1	2	3	4
j. Enthusiastic	1	2	3	4
k. Friendly/warm	1	2	3	4
l. Frustrated	1	2	3	4
m. Helpless	1	2	3	4
n. Hesitant	1	2	3	4
o. Interested	1	2	3	4
p. Lonely	1	2	3	4
q. Loved	1	2	3	4
r. Nervous/anxious	1	2	3	4
s. Nostalgic	1	2	3	4
t. Protected	1	2	3	4
u. Resigned	1	2	3	4
v. Sad/blue	1	2	3	4
w. Thrilled by something	1	2	3	4
x. Worried	1	2	3	4

X. Social Relationships

1 . Is there a person in your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No

2 . Is there a friend outside your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No

3. These questions are about friends and relatives OTHER than your spouse or children.						
For each statement circle one number in each column.		Not at all	A little	Some	Quite a bit	A lot
a.	How much do they make you feel loved and cared for?	1	2	3	4	5
b.	How much do they make too many demands on you?	1	2	3	4	5
c.	How much are they willing to listen to you when you need to talk about your worries or problems?	1	2	3	4	5
d.	How much are they critical of what you do?	1	2	3	4	5

4. Next, we are interested in the help and support that you receive from or give to people (other than a spouse). We are interested here in help that is not paid for. During the past month have you GIVEN the following kinds of help?

Kind of help GIVEN:	*Check the box for EVERYONE that you GAVE each kind of help TO. (other than spouse)*						
	None of these people needed help	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑
d. Help with baby sitting or child care.	❑	❑	❑	❑	❑	❑	❑

5. During the past month have you RECEIVED the following kinds of help?

Kind of help RECEIVED:	*Check the box for EVERYONE that you RECEIVED each kind of help FROM. (other than spouse)*							
	Help not needed	No one available to help	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑
d. Help using a computer or the Internet in your home.	❑	❑	❑	❑	❑	❑	❑	❑

6. Now think about persons (other than a spouse) who you feel you COULD ask for help, IF YOU NEEDED IT.

Kind of help you could ask for:	*Check the box for EVERYONE that you COULD ASK FOR each kind of HELP FROM.*						
	No one	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a. Suppose you had to borrow $250 for a few weeks because of an emergency. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑
b. Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice?	❑	❑	❑	❑	❑	❑	❑
c. Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑
d. *(Answer only if you have a computer in your home that you use.)* Suppose you had a problem setting up or using your computer or the Internet that you couldn't figure out. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑

We would like to know more about your family life and experiences while growing up. We realize that some of the questions on this page may be very sensitive. Keep in mind that all of your replies are strictly confidential and voluntary. Recall that you may skip any questions that you do not wish to answer.

7. We would like to ask you about some of your experiences growing up–until you were 18 years old.

Please circle one answer for each statement.	Never	Rarely	Sometimes	Often	Very Often
a. My parents encouraged me to go to college.	1	2	3	4	5
b. I saw a parent or one of my brothers or sisters get beaten in my home.	1	2	3	4	5
c. I knew that there was someone to take care of me and protect me.	1	2	3	4	5

8. The following questions are about how your father and mother treated you while growing up–until you were 18 years old.

For each statement circle one number for your father (or step/foster father) and one number for your mother (or step/foster mother).	8A. **My father** (or step/foster father)				8B. **My mother** (or step/foster mother)			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. insulted or swore at me	1	2	3	4	1	2	3	4
b. slapped, shoved or threw things at me	1	2	3	4	1	2	3	4
c. treated me in a way that I would now consider physical abuse	1	2	3	4	1	2	3	4

9. The following questions are about how your father and other people treated you while growing up–until you were 18 years old.

For each statement circle one number for your father (or step/foster father) and one number for any other person (mother, uncle, brother, neighbor, etc.).	9A. **My father** (or step/foster father)				9B. **Any other person** (mother, uncle, brother, neighbor, etc.)			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. had oral, anal or vaginal sex with me against my wishes	1	2	3	4	1	2	3	4
b. used physical violence during an unwanted sexual act with me	1	2	3	4	1	2	3	4
c. treated me in a way that I would now consider sexual abuse	1	2	3	4	1	2	3	4

If you would like to clarify or tell us more about any emotional, physical, or sexual abuse you experienced as a child, please use this space.

XI. Health Behaviors

1. Have you ever smoked a pipe or cigars, or used snuff or chewing tobacco regularly in your entire life?

❑ Yes ❑ No

2. Have you ever smoked cigarettes regularly in your entire life?

❑ Yes ❑ No **(Please go to Question 9, Page 34)**

3. How old were you when you started smoking regularly? _____ years old

4. How often do you smoke <u>now</u>?

❑ Every day ❑ Some days ❑ Not at all **(Please go to Question 7 on this page)**

5. On average, how many packs do you smoke a day? _____ packs

6. For how many years have you smoked this amount?

_____ years **(Please go to the next page)**

*Please answer questions 7 and 8 only if you have **quit** smoking cigarettes.*

7. About how many packs did you usually smoke per day when you smoked regularly?	_____ packs
8. How old were you when you last smoked cigarettes?	_____years old

Everyone

9. Does anyone (other than yourself) regularly smoke cigarettes or other tobacco products INSIDE your home?

- ❑ Yes
- ❑ No

10. At your current or most recent job, did anyone (other than yourself) regularly smoke cigarettes or other tobacco products in your immediate work area?

- ❑ Yes
- ❑ No
- ❑ I have never been employed

11. Up until you were 16 years old, who (other than yourself) in your household smoked? *Check all that apply.*

❑ No one ❑ Mother ❑ Father ❑ Someone in my household other than my parents

Circle one number for each question.	Never or rarely	Sometimes	Several nights a week (3-5)	Every night or almost every night	Do not know
12. According to what others have told you, please estimate how often you snore.	1	2	3	4	5
13. According to what others have told you, how often, if ever, do you seem to have momentary periods during sleep when you stop breathing or you breathe abnormally?	1	2	3	4	5

14. How often do you have extreme sleepiness in the daytime when you have to struggle against falling asleep?

- ❑ Never or Rarely **(Please go to the next page)**
- ❑ Sometimes
- ❑ Several times a week (3-5)
- ❑ Every day or almost every day

15. Have you had this problem for a month or more?

❑Yes ❑ No

16. How much do you weigh? _____ pounds

17. How tall are you? _____ feet _____ inches

18. Up to the present time, what is the most you have ever weighed?

_____pounds

19. How old were you then?

_____ years old

20. What is the least you have ever weighed since you were 18 years old?

_____pounds

21. How old were you then?

_____ years old

22. Do you consider yourself now to be... *Check one answer only.*

- ❑ Overweight
- ❑ Underweight
- ❑ About the right weight
- ❑ Don't know

23. Are you actively trying to lose weight or maintain a desirable weight?

- ❑ No **(Please go to Question 24 below)**
- ❑ Yes, trying to lose weight
- ❑ Yes, trying to maintain a desirable weight

Circle the methods you are using to lose or maintain your weight.		Yes	No
23a.	**Are you eating either fewer calories or less fat?**	1	2
23b.	**Are you using physical activities or exercise?**	1	2
23c.	**Are you using any pill or laxatives?**	1	2
23d.	**Other methods?** *Please specify*_____	1	2

24. Do you ever drink alcoholic beverages?

❑ Yes ❑ No **(Please go to Question 26 on the next page)**

25. The next questions are about alcoholic beverages. *Circle one response for each question.*		Yes	No
a.	When talking with others, do you ever underestimate how much you actually drink?	1	2
b.	After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	1	2
c.	Does having a few drinks help decrease your shakiness or tremors?	1	2
d.	Does alcohol sometimes make it hard for you to remember parts of the day or night?	1	2
e.	Do you usually take a drink to relax or calm your nerves?	1	2
f.	Do you drink to take your mind off your problems?	1	2
g.	Have you ever increased your drinking after experiencing a loss in your life?	1	2
h.	Has a doctor or nurse ever said they were worried or concerned about your drinking?	1	2
i.	Have you ever made rules to manage your drinking?	1	2
j.	When you feel lonely does having a drink help?	1	2

26. Have you ever used the Internet to look for advice or information about YOUR health or health care?

❑ Yes ❑ No **(Please go to Question 30 on the next page)**

27. How <u>often</u> do you use the Internet to look for advice or information about YOUR health or health care?

❑ About once a week (or more)
❑ About once a month
❑ Every few months
❑ Less often than this

28. How much, if at all, has getting health and medical information on the Internet improved the way you take care of your health?

❑ A lot
❑ Some
❑ Only a little
❑ Not at all

29. The last time you looked for information for yourself, did you happen to go looking for this health information:

❑ BEFORE visiting a doctor or clinic
❑ AFTER visiting a doctor or clinic
❑ INSTEAD of visiting a doctor or clinic
❑ UNRELATED TO visiting a doctor or clinic

30. Please think about the doctor that you usually go to when you are sick or need advice about your health and indicate how much you agree or disagree with each statement.

Circle one number for each question.		Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a.	My doctor sufficiently explains the purpose of my medical procedures and tests.	1	2	3	4	5
b.	When there is more than one method to treat a problem, I should be told about each one.	1	2	3	4	5
c.	My doctor is totally honest in telling me about all treatment options available for my condition.	1	2	3	4	5
d.	My doctor always pays complete attention to what I am trying to tell [him/her].	1	2	3	4	5
e.	I believe that my doctor needs to know everything about my medical history to take good care of me.	1	2	3	4	5
f.	I worry that my doctor may share embarrassing information about me with people who have no business knowing it.	1	2	3	4	5
g.	My doctor has not involved me in discussing my treatment options as much as I would like.	1	2	3	4	5
h.	I would rather have my doctor make the decisions about what's best for my health than to be given a whole lot of choices.	1	2	3	4	5
i.	If I had many treatment options, I worry about whether my doctor cares enough to discuss each one with me for as long as I want.	1	2	3	4	5
j.	My doctor has always let me make the final decision about my treatment when I've wanted to.	1	2	3	4	5
k.	The important medical decisions should be made by my doctor, not by me.	1	2	3	4	5
l.	My doctor is the kind of person who will let me make the final decision about my treatment even if [he/she] disagrees.	1	2	3	4	5

31. Please indicate how much you agree or disagree with each statement.

Circle the ONE number that best describes your agreement or disagreement with each statement.		Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a.	I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for health care.	1	2	3	4	5
b.	If my doctor were not available, I would feel safe visiting another doctor or clinic.	1	2	3	4	5
c.	I work hard at trying to stay healthy.	1	2	3	4	5

32. Thinking about your own health care, how would you rate the following?

Circle one number for each question.		Poor	Fair	Good	Very Good	Excellent
a.	Convenience of location of the doctor's office	1	2	3	4	5
b.	Hours when the doctor's office is open	1	2	3	4	5
c.	Access to specialty care if I need it	1	2	3	4	5
d.	Access to hospital care if I need it	1	2	3	4	5
e.	Access to medical care in an emergency	1	2	3	4	5
f.	Access to mental health care if I need it	1	2	3	4	5
g.	Arrangements for making appointments for medical care by phone	1	2	3	4	5
h.	Length of time spent waiting at the office to see the doctor	1	2	3	4	5
i.	Length of time I wait between making an appointment for routine care and the day of my visit	1	2	3	4	5
j.	Availability of medical information or advice by phone	1	2	3	4	5
k.	Access to medical care whenever I need it	1	2	3	4	5
l.	Services available for getting prescriptions filled	1	2	3	4	5
m.	Ease of seeing the doctor of my choice	1	2	3	4	5
n	Amount of time I have with doctors and staff during a visit	1	2	3	4	5
o.	Overall quality of care and services	1	2	3	4	5
p.	The amount I pay out-of-pocket (for example, co-payments, deductibles or payments for services not covered by my plan)	1	2	3	4	5

33.	In the past 12 months have you...	Circle one		How many different times?	Cost covered by insurance? Circle one		
a.	seen a doctor or health professional in an office, clinic, or health center? *(Do not include visits to mental health professionals.)*	Yes	No	_____	Fully	Partly	Not at all
b.	visited a mental health professional about a personal problem or a problem with alcohol or drugs?	Yes	No	_____	Fully	Partly	Not at all
c.	been a patient in the hospital for at least one night?	Yes	No	_____	Fully	Partly	Not at all
d.	gone to a hospital emergency room for medical treatment for yourself?	Yes	No	_____	Fully	Partly	Not at all
e.	had outpatient surgery, not including dental care?	Yes	No	_____	Fully	Partly	Not at all
f.	seen a dentist or oral surgeon in an office, clinic or health center?	Yes	No	_____	Fully	Partly	Not at all

34. In the past 12 months, did you take less medication than was prescribed or delay filling your prescriptions because of the cost?

❑ Yes ❑ No **(Please go to Question 36 below)**

35 How often did you do this?

❑ Rarely/Once
❑ Sometimes
❑ Often
❑ Usually
❑ Always

36. How many different prescriptions do you take regularly?
(Note: This refers to the number of different medications.)

_____# of prescriptions

37. In the past 12 months, how much have you spent out-of-pocket for your own medical care for the following? *(Include your deductibles. Do not include health insurance premiums, or any other costs already paid by your health insurance.)*

a. Prescriptions $_____

b. Visits to mental health professionals $_____

c. Dental care $_____

d. Other medical care $_____

38. In the past 12 months, did you experience difficulty or delay in obtaining any type of health care, or not receive health care you thought you needed due to any of the reasons listed below? *Circle yes or no for* ***each*** *of the following reasons:*			***For each reason you answered "yes" to:*** **Was this because there was a CHANGE in...**			
			Your health insurance?		**The clinic or physician you usually go to?**	
	Yes	No	Yes	No	Yes	No
a. I couldn't afford medical care.	1	2	1	2	1	2
b. My insurance company wouldn't approve, cover or pay for care.	1	2	1	2	1	2
c. My insurance required a referral but I couldn't get one.	1	2	1	2	1	2
d. My doctor refused to accept my insurance plan.	1	2	1	2	1	2
e. Medical care was too far away.	1	2	1	2	1	2
f. It was too expensive to get there.	1	2	1	2	1	2
g. I couldn't get there when the doctor's office was open.	1	2	1	2	1	2
h. I didn't know where to go to get care.	1	2	1	2	1	2
i. It took too long to get an appointment.	1	2	1	2	1	2
j. I couldn't get through on the telephone to make an appointment.	1	2	1	2	1	2
k. Other; *Please specify*_____	1	2	1	2	1	2

39. Not including government programs such as Medicare or Medicaid, have you EVER had any long-term care insurance which specifically covers any part of personal or medical care in your home or in a nursing home?

- ❑ Yes **(Please go to Question 41 on the next page)**
- ❑ No

40. Why have you never had long-term care insurance?

Check all that apply.

- ❑ Premiums were too high
- ❑ Didn't think I needed it
- ❑ Hadn't thought about it
- ❑ Not a good use of money
- ❑ Not eligible
- ❑ Other; *Please specify*_____

41. Please indicate how much you agree or disagree with each statement.

Circle one number for each question.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a.	I'd rather not live than be a burden on someone.	1	2	3	4	5
b.	Having a good quality of life is more important than just keeping alive.	1	2	3	4	5

Next we would like to ask you about the chances that various events will happen in the future. *Please circle one number from 0 to 10, where 0 means you think there is absolutely no chance of it happening and 10 means you think it is absolutely certain to happen. Numbers in between indicate a greater or smaller chance of this event.*

42. What are the chances that...		No chance at all										Absolutely certain
a.	I will live for another 10 years?	0	1	2	3	4	5	6	7	8	9	10
b.	I will live for another 20 years?	0	1	2	3	4	5	6	7	8	9	10
c.	I will ever have to enter a nursing home for some period of time?	0	1	2	3	4	5	6	7	8	9	10
d.	I will have major medical or long-term care expenses that will require me to use up most of my savings?	0	1	2	3	4	5	6	7	8	9	10

If not married, please skip to question #43.

What are the chances that...		No chance at all										Absolutely certain
e.	my spouse will live for another 10 years?	0	1	2	3	4	5	6	7	8	9	10
f.	my spouse will live for another 20 years?	0	1	2	3	4	5	6	7	8	9	10
g.	my spouse will ever have to enter a nursing home for some period of time?	0	1	2	3	4	5	6	7	8	9	10

43. Now here are some statements related to different attitudes toward death. Read each statement carefully, and then indicate the extent to which you agree or disagree.

Circle one number for each question.		Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	I avoid thinking about death altogether.	1	2	3	4	5	6
b.	Death is simply a part of the process of life.	1	2	3	4	5	6
c.	I would neither fear death nor welcome it.	1	2	3	4	5	6
d.	Death should be viewed as a natural, undeniable and unavoidable event.	1	2	3	4	5	6
e.	Whenever the thought of death enters my mind, I try to push it away.	1	2	3	4	5	6

XII. Marriage

1. Are you currently married?

❑ Yes ❑ No **(Please go to Question 6, Page 43)**

2. During the past month, about how often did you and your spouse spend time alone with each other, talking, or sharing an activity?

❑ Never
❑ About once a month
❑ Two or three times a month
❑ About once a week
❑ Two or three times a week
❑ Almost every day

3. In terms of who does household chores, how fair would you say your relationship with your spouse is?

❑ Very unfair to me
❑ Somewhat unfair to me
❑ Fair to both
❑ Somewhat unfair to my spouse
❑ Very unfair to my spouse

4. The following is a list of subjects on which couples often have disagreements.
How often, if at all, in the last year have you had open disagreements about each of the following?

Circle one number for each question.	Never	Less than once a month	Several times a month	About once a week	Several times a week	Almost everyday
a. Household tasks	1	2	3	4	5	6
b. Money	1	2	3	4	5	6
c. Spending time together	1	2	3	4	5	6
d. Sex	1	2	3	4	5	6

5. The following questions ask about your current relationship with your spouse. **Please indicate your current level of satisfaction or dissatisfaction for each of the items listed below.**

How satisfied are you with...	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
a. the day-to-day support and encouragement provided by your spouse?	1	2	3	4	5	6
b. your spouse's overall personality?	1	2	3	4	5	6
c. the amount of consideration shown by your spouse?	1	2	3	4	5	6
d. the way disagreements are settled?	1	2	3	4	5	6
e. how decisions are made in your marriage?	1	2	3	4	5	6
f. how well your spouse listens to you?	1	2	3	4	5	6

Married persons please go to Question 7

6. Do you have a sexual partner?

❑ Yes ❑ No **(Please go to Question 1, Page 44)**

7. We realize that some of the questions on this page may be very sensitive. Keep in mind that all of your replies are strictly confidential and voluntary. Recall that you may skip any questions that you do not wish to answer.

In the past 12 months...		Not at all	Slightly	Moderately	Very	Extremely
a.	How physically pleasurable did you find your sexual relationship with your wife or partner to be?	1	2	3	4	5
b.	How emotionally satisfying did you find your sexual relationship with your wife or partner to be?	1	2	3	4	5

8. During the past 12 months, about how often did you have sex with your wife or partner?

❑ Once a day or more
❑ 3 to 6 times a week
❑ Once or twice a week
❑ 2 to 3 times a month
❑ Once a month or less
❑ Not at all

9. If you have decreased or stopped sexual activities with your wife or partner, please indicate whether each of the following was a reason.

a. My illness	❑ Yes	❑ No
b. Wife's or partner's illness	❑ Yes	❑ No
c. My physical changes	❑ Yes	❑ No
d. Wife's or partner's physical changes	❑ Yes	❑ No
e. I lost interest	❑ Yes	❑ No
f. Wife or partner lost interest	❑ Yes	❑ No
g. No privacy	❑ Yes	❑ No
h. My emotional problems	❑ Yes	❑ No
i. Wife's or partner's emotional problems	❑ Yes	❑ No
j. Other; *Please specify*: _____	❑ Yes	❑ No

XIII. Social and Civic Participation

We find that sometimes people have trouble remembering whether or not they voted in a specific election. And sometimes people think about voting, but then do not.

The next question asks whether or not you voted in the general election on Tuesday, November 5, 2002. Before you answer the question, try to remember who was on the ballot, how you got to the polls if you did vote -- details that would help you know for sure if you voted in the November 5, 2002 general election.

1. Now that you have thought about it, which of these statements best describes you:

- ❑ I did not vote in the election in November 2002.
- ❑ I thought about voting in November 2002, but did not.
- ❑ I usually vote, but did not vote in November 2002.
- ❑ I am sure I voted at the polls in the election in November 2002.
- ❑ I am sure I voted by absentee ballot in November 2002.

2. Generally speaking, do you usually think of yourself as a Republican, Democrat, Independent, or what?

- ❑ Republican
- ❑ Democrat
- ❑ Independent but leaning towards Republican
- ❑ Independent but leaning towards Democrat
- ❑ Independent
- ❑ Other; *Please specify*_____

3. We hear a lot of talk these days about political liberals and conservatives. Where would you place yourself on this scale?

- ❑ Extremely liberal
- ❑ Liberal
- ❑ Slightly liberal
- ❑ Moderate, middle of the road
- ❑ Slightly conservative
- ❑ Conservative
- ❑ Extremely conservative

Here are some questions about leisure time activities. Please tell us about your activities during the past four weeks, 10 years ago, and when you were about 35 years old. Please write a "0" if you do not do this activity at all.

How many times, if at all...	**During the past 4 weeks?**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
4. have you gotten together with friends? We mean like going out together or visiting in each other's homes.	_____times	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
5. have you gotten together socially with relatives?	_____times	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

6. *For this section, please provide your response in **hours per week**.*	**During the past year, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a. Watching television	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b. Reading books, magazines, newspapers or other reading material	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c. Talking on the phone with friends or relatives	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
CONTINUED ON NEXT PAGE...			

6. *For this section, please provide your response in **hours per week**.*	**During the past year, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
Different types of reading...			
d. Reading on the job	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
e. Reading biographies or other non-fiction books	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
f. Reading the Bible or other religious materials	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
g. Reading magazines or newspapers	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
h. Reading fiction	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

7. *For this section, please provide your response in **hours per month.***	**During the past year, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a. Letter writing (not including e-mail)	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b. Playing cards or board games, including games on a computer	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c. Painting, drawing or other art	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
CONTINUED ON NEXT PAGE...			

7. *For this section, please provide your response in* ***hours per month.***	**During the past year, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
d. Playing a musical instrument	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
e. Going to the movies	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
f. Going to a lecture, concert, play, museum or similar activity	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
g. Going out to a restaurant or bar	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
h. Working crossword puzzles or other word games	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
i. Crafts or hobbies such as needlework, woodworking, model trains, jigsaw puzzles, etc.	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
j. Making home repairs, car repairs or other handy work	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
k. Hunting or fishing (in season)	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

There are many ways to get exercise, and people sometimes do these activities alone and sometimes with others. We would like to know how many hours per month you spend on activities like the following:

8. *For this section, please provide your response in* ***hours per month.***	**During the <u>past year</u>, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a. Light physical activities that you do alone, such as light housework, gardening, or walking by yourself	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b. Light physical activities that you do with others, such as walking with friends, bowling, playing softball or other team sports with light activity	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c. Vigorous physical activities that you do alone, such as jogging, swimming, biking, or going to the gym by yourself	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
d. Vigorous physical activities that you do with others such as jogging, swimming, biking, or going to the gym with friends or playing team sports	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

Here is a list of clubs and organizations to which many people belong.

9. Please indicate your level of involvement with each activity in the past 12 months.

Circle one number for each question.		Not involved	Very little	Some	Quite a bit	A great deal
a.	A church, temple or other place of worship	1	2	3	4	5
b.	Church connected groups, but not the church itself	1	2	3	4	5
c.	Labor unions	1	2	3	4	5
d	Veterans' organizations	1	2	3	4	5
e.	Fraternal organizations or lodges	1	2	3	4	5
f.	Business or civic groups	1	2	3	4	5
g.	Parent-teachers' associations	1	2	3	4	5
h.	Community centers	1	2	3	4	5
i.	Organizations of people of the same nationality	1	2	3	4	5
j.	Sport teams	1	2	3	4	5
k.	Country club	1	2	3	4	5
l.	Youth groups (Scout leader, etc.)	1	2	3	4	5
m.	Professional groups	1	2	3	4	5
n.	Political clubs or organizations	1	2	3	4	5
o.	Neighborhood improvement organizations	1	2	3	4	5
p.	Charity or welfare organizations	1	2	3	4	5
q.	Hobby groups	1	2	3	4	5
r.	Other; *Please specify*_____	1	2	3	4	5
s.	Other; *Please specify*_____	1	2	3	4	5

10. If your home does NOT have a connection to the Internet, check here ❑ and SKIP to Question 11.

Which of the following were among the most important reasons why your household first obtained Internet access?

Check all that apply		Not True	True for you	True for your spouse	True for someone else in your household
a.	Interested in using the Web for recreation	❑	❑	❑	❑
b.	Doing tasks related to one's job	❑	❑	❑	❑
c.	Using e-mail to communicate with one of your children	❑	❑	❑	❑
d.	Using e-mail to communicate with one of your siblings	❑	❑	❑	❑
e.	Using e-mail to communicate with other relatives	❑	❑	❑	❑
f.	Using e-mail to communicate with friends	❑	❑	❑	❑

11. If you NEVER use e-mail from any location, check here ❑ and SKIP to Question 14.

How often do you send or receive personal e-mail messages from the following people: *Circle one number for each question.*		Almost daily (or more)	More than once per week	More than once per month	Less than once per month	Never
a.	Your spouse?	1	2	3	4	5
b.	Your children?	1	2	3	4	5
c.	Your siblings?	1	2	3	4	5
d.	Your grandchildren?	1	2	3	4	5
e.	Other relatives?	1	2	3	4	5
f.	Co-workers (related to your job)?	1	2	3	4	5
g.	Co-workers (not related to your job)?	1	2	3	4	5
h.	Friends?	1	2	3	4	5
12.	**How often do you receive forwarded messages (joking, spiritual, political, etc., but not advertisements) sent to you by people you know but originally created by someone you don't know?**	1	2	3	4	5
13.	**How often do you forward such messages on to other people you know?**	1	2	3	4	5

14. If you do NOT use either the World Wide Web or e-mail, check here ❑ and SKIP to Question 15.

About how many <u>hours each week</u> do you use the World Wide Web or e-mail from the following locations?

	At home?	At work?	At another location?
a. Using the World Wide Web	_____ hrs	_____ hrs	_____ hrs
b. Using e-mail	_____ hrs	_____ hrs	_____ hrs

15. The following are some reasons why people engage in volunteer activities. **If you have volunteered, please indicate how important or accurate each of the following possible reasons for volunteering are for you. If you have not, please indicate how important/accurate each of the reasons for volunteering <u>would be</u> for you**.

Circle one number for each question.	Not at all important/ accurate						Extremely important/ accurate
a. Others with whom I am close place a high value on community service.	1	2	3	4	5	6	7
b. Volunteering helps me work through my own personal problems.	1	2	3	4	5	6	7
c. I feel compassion toward people in need.	1	2	3	4	5	6	7
d. I can explore my own strengths.	1	2	3	4	5	6	7
e. Volunteering makes me feel needed.	1	2	3	4	5	6	7
f. Volunteering makes me feel better about myself.	1	2	3	4	5	6	7
g. I feel it is important to help others.	1	2	3	4	5	6	7
h. Volunteering is an important activity to the people I know the best.	1	2	3	4	5	6	7
i. Volunteering is a good escape from my own troubles.	1	2	3	4	5	6	7
j. I can learn how to deal with a variety of people.	1	2	3	4	5	6	7

16. Please indicate how much you agree or disagree with the following statements.

Circle one number for each question.	Agree Strongly						Disagree Strongly
a. Doing volunteer work is something I rarely even think about.	1	2	3	4	5	6	7
b. I would feel a loss if I were forced to give up volunteer work.	1	2	3	4	5	6	7
c. Volunteering is an important part of who I am.	1	2	3	4	5	6	7

Is there an email address where we can send you information about the Wisconsin Longitudinal Study?

❑ Yes, my e-mail address is _____

(The Wisconsin Longitudinal Study will never share your e-mail address with anyone else.)

❑ No

Thank you and please feel free to contact us with any questions or comments you may have at: wls@wisls.info

Changes in Mailed SAQ for Males by Replicate

Return to Tab 7

		Graduate Males (See note re siblings at bottom.)	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.)									
Original Page #	**New Page #**	**Description of Changes**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
1	1											
2	2											
3	3											
4	4											
5	5	Add new item Q14a. IF YOU ARE MARRIED, would you say that your SPOUSE'S health is excellent, very good, good, fair or poor? ❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor ❑ Not Married						x				
6	6											
7	7	Add new item Q18. Have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor? ❑ Yes ❑ No					x					
8	8	Replace vertical dashes between columns						x				
9	9	***Replace*** with different forms of the mail survey that were designed to use different versions of the World Health Survey instrument. They differ in which WHO vignettes are included (see memo145_vignetteplan_rev-102702) for a detailed description of the differences.	x	x	x	x	x	x	x	x	x	x
9	9	Replace vertical dashes between columns						x				

Original Page #	New Page #	Graduate Males (See note re siblings at bottom.) Description of Changes	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.) 0	1	2	3	4	5	6	7	8	9
new	10							x				

New items added about vision and hearing.
(MacDonald and Seidenberg for work on Age-Related Language Changes)

24. How often do you have your eyes examined?
❑ Once per year or more often ❑ Every 1 to 2 years
❑ Less often than every 2 years ❑ Never

25. Which type of vision correction do you regularly use? *(Check ALL that apply.)*
❑ Prescription glasses ❑ Prescription contact lenses
❑ Non-Prescription magnifying glasses ❑ No vision corrections

26. Have you had your hearing checked in the past 5 years?
❑ Yes ❑ No

27. Do people that live with you or are close to you ask you whether you think that you should have your hearing checked?
❑ Yes ❑ No

28. Which of the following best describes your use of hearing aids?
❑ I have hearing aids for one or both ears and use them regularly
❑ I have hearing aids for one or both ears but do not use them regularly
❑ I do not own hearing aids

Do you find that any of the following problems have INCREASED for you in the last 12 months or last 5 years?

29. Have you experienced increased problems with...
Circle one response for each question.

	Problems increased in last 12 months? *Circle Yes or No*	**Problems increased in last 5 years?** *Circle Yes or No*
a. hearing conversations in person?		
b. hearing conversations on the phone?		
c. understanding spoken instructions from your doctor, employer or other person?		
d. reading small print on medicine bottles or other places?		
e. understanding written instructions?		

		Graduate Males (See note re siblings at bottom.)	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.)									
Original Page #	**New Page #**	**Description of Changes**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
10	11	Reformat race items to make room for new items on page. 3. What is your race or origin?						x				
10	11	Move section heading to this page **IV. Values and Attitudes**										
10	11	**New items were added on masculinity identification as Q3A:** This section lists a number of statements that you may or may not agree with. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement. 1A. Circle one number for each question. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree **a. It is important for a man to have a male friend he can confide in.** **b. When a husband and wife make decisions about buying major things for the home, the husband should have final say.** **c. A man should always try to project an air of confidence even if he really doesn't feel confident inside.** **d. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.** **e. It bothers me when a man does something that I consider "feminine."** **f. A husband whose wife is working full-time should spend just as many hours doing housework as his wife.** **g. Men have greater sexual needs than women.** **h. When a man is feeling pain he should not let it show.** **i. In some kinds of situations a man should be ready to use his fists.** **j. It is important for a woman to have a female friend she can confide in.** **k. Being larger, stronger-looking, and more muscular makes men more attractive to women.**						x				
11	12	Change page number						x				
11	12	Title IV. Values and Attitudes moved from this page to the previous page.						x				
12	13	Change page number						x				
13	14	Change page number						x				

		Graduate Males (See note re siblings at bottom.)	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.)									
Original Page #	New Page #	Description of Changes	0	1	2	3	4	5	6	7	8	9
14	15	Change page number						x				
14	15	New item: **ff. I enjoy personal and mutual conversations with family members and friends.**										
15	16	Change page number						x				
16	17	Change page number						x				
16	17	Change skip instructions: No (Please go to Question 1 on Page 22)						x				
17	18	Change page number						x				
17	18	Capitalize and bold **FIRST** employer retired from and reformat to allow more space for employer name					x					
18	19	Change page number						x				
18	19	Change skip instructions: No (Please go to Question 1 on Page 22)						x				
19	20	Change page number						x				
19	20	Change skip instructions: No (Please go to Question 1 on Page 22)						x				
20	21	Change page number						x				
20	21	Change skip instructions: No (Please go to Question 1 on Page 22)						x				
21	22	Change page number						x				
22	23	Change page number						x				
23	24	Change page number						x				
24	25	Change page number						x				
25	26	Change page number						x				
26	27	Change page number						x				
27	28	Change page number						x				
28	29	Change page number						x				
29	30	Change page number						x				
30	31	Change page number						x				
31	32	Change page number						x				
32	33	Change page number						x				

		Graduate Males (See note re siblings at bottom.)	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.)									
Original Page #	**New Page #**	**Description of Changes**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
32	33	Insert following at top of page: **If you would like to clarify or tell us more about any emotional, physical, or sexual abuse you experienced as a child, please use this space.**					x					
32	33	Change skip instructions: No (Please go to Question 9 on Page 34)						x				
33	34	Change page number						x				
34	35	Change page number						x				
35	36	Change page number						x				
36	37	Change page number						x				
37	38	Change page number						x				
38	39	Change page number						x				
39	40	Change page number						x				
40	41	Change page number						x				
		Change page number						x				
41	42	Change skip instructions: No (Please go to Question 6 on Page 43)						x				
		Change page number						x				
42	43	Change skip instructions: No (Please go to Question 1 on Page 44)						x				
43	44	Change page number						x				
44	45	Change page number						x				
44	45	Replace vertical dashes between columns						x				
44	45	Reformat page by moving leisure activities Q6a-c from following page to this page						x				
45	46	Change page number						x				
45	46	Replace vertical dashes between columns						x				

		Graduate Males (See note re siblings at bottom.)	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.)									
Original Page #	New Page #	Description of Changes	0	1	2	3	4	5	6	7	8	9
45	46	Add new items Q6d-h on reading habits during past year/10 years ago/when you were about 35? *Different types of reading...* **d. Reading on the job** **e. Reading biographies or other non-fiction books** **f. Reading the Bible or other religious materials** **g. Reading magazines or newspapers** **h. Reading fiction**						x				
45	46	Reformat page to allow for new items and moving Q7d to next page						x				
46	47	Change page number						x				
46	47	Replace vertical dashes between columns						x				
46	47	Reformat with addition of item Q7d						x				
47	48	Change page number						x				
47	48	Replace vertical dashes between columns						x				
48	49	Change page number						x				
49	50	Change page number						x				
50	51	Change page number						x				
51	52	DROP entire page: paragraphs A-C Q17.Who are you most like? and Q18.Who are you least like?						x				
51	52	Keep e-mail question without Q19 label						x				
NOTE: All mail surveys for siblings reps 0,2-8 will be identical to graduates reps 5-9.												
NOTE: Sibling replicates pp. 14-15 will have 22 additional items for Psychological Well Being that were used in 1993 and all the items will be randomly reordered.												
NOTE: The WHO pages will be the same within replicates.												

Mailed SAQ for Female Graduate Respondents

Return to Tab 7

I. Health

We would like to begin the questionnaire with some general questions about your health.

1. How would you rate your health...

Circle one number for each question.	Very Poor	Poor	Fair	Good	Excellent
a. at the present time?	1	2	3	4	5
b. compared with other people your age and sex?	1	2	3	4	5

2. Compared with 10 years ago...

Circle one number for each question.	Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a. how would you rate your health?	1	2	3	4	5
b. how would you rate your appearance?	1	2	3	4	5

Now we have some questions about your health during the period when you were growing up, through age 16.

3. Would you say that your health as a child was excellent, very good, good, fair or poor?

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

4.	**Please indicate whether you had any of the following illnesses or treatments as a child or young adult.**		
Circle one number for each question.		Yes	No
a.	Asthma	1	2
b.	Frequent ear infections	1	2
c.	Removal of tonsils and/or adenoids	1	2
d.	Chronic Bronchitis	1	2
e.	Whooping cough (Pertussis)	1	2
f.	Polio	1	2
g.	Diphtheria	1	2
h.	Hepatitis	1	2
i.	Pneumonia	1	2
j.	Meningitis	1	2
k.	Mono (Infectious mononucleosis)	1	2

5.	**While you were growing up, through age 16...**	Yes	No
a.	because of a health condition, did you ever miss school for one month or more?	1	2
b.	because of a health condition, were you ever confined to bed or home for one month or more?	1	2
c.	because of a health condition, were your sports or physical activities ever restricted for 3 months or more?	1	2

d. If yes, what was the most serious health condition that caused these problems?

*Please specify:*_____

6. <u>During the last year</u>, how many days, if any, did you stay in bed for more than half of the day because of illness or injury? *Write the number of days or check none.*

_____ # of Day(s) ❑ None

The following questions are about activities you might do during a typical day.

7. Does your health now limit you in these activities? If so, how much?

Circle one number for each question.	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
b. Climbing several flights of stairs	1	2	3

8. Do you have any difficulty...	Yes	No
a. lifting and carrying something as heavy as 10 lbs - such as a bag of groceries?	1	2
b. lifting and carrying something as heavy as 25 lbs - such as a bag of pet food?	1	2
c. pushing and pulling large objects such as a living room chair?	1	2
d. standing or being on your feet for one hour?	1	2
e. sitting for one hour?	1	2
f. stooping, crouching or kneeling?	1	2
g. reaching over your head?	1	2

h. If yes, what condition is the main reason for your difficulty?

Please specify: _____

9. During the past four weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?

a. Accomplished less than you would like ❑ Yes ❑ No

b. Were limited in the kind of work or other activities ❑ Yes ❑ No

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

a. Accomplished less than you would like ❑ Yes ❑ No

b. Did work or other activities less carefully than usual ❑ Yes ❑ No

11. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

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

12. 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...		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
a.	have you felt calm and peaceful?	1	2	3	4	5	6
b.	did you have a lot of energy?	1	2	3	4	5	6
c.	have you felt downhearted and blue?	1	2	3	4	5	6

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

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

14. In the last 12 months, have you...

Circle one number for each question.		Yes	No
a.	had a complete health exam or physical?	1	2
b.	had a routine dental check-up?	1	2
c.	had a heart or exercise stress test?	1	2
d.	had a cholesterol test?	1	2
e.	had a blood pressure check?	1	2
f.	had a flu shot?	1	2
g.	visited a chiropractor?	1	2
h.	had a pelvic exam or Pap smear?	1	2
i.	had a mammogram?	1	2
j.	done a breast self-exam ?	1	2

15. The following is a list of physical symptoms that people sometimes experience.	**15a. How <u>often</u> have you had this symptom in the <u>past six months</u>?** *Circle ONE number for each symptom.*				**15b. How much <u>discomfort</u> has this symptom caused you in the <u>past six months</u>?** *Circle ONE number for each symptom you experienced.*			
	Have not had	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Aching muscles	1	2	3	4	1	2	3	4
b. Back pain/strain	1	2	3	4	1	2	3	4
c. Bone pains	1	2	3	4	1	2	3	4
d. Chest pain	1	2	3	4	1	2	3	4
e. Constipation	1	2	3	4	1	2	3	4
f. Coughing/wheezing	1	2	3	4	1	2	3	4
g. Diarrhea	1	2	3	4	1	2	3	4
h. Difficulties with or painful sexual intercourse	1	2	3	4	1	2	3	4
i. Dizziness/faintness	1	2	3	4	1	2	3	4
j. Excessive sweating	1	2	3	4	1	2	3	4
k. Fatigue/exhaustion	1	2	3	4	1	2	3	4
l. Headache	1	2	3	4	1	2	3	4
m. Lack of energy	1	2	3	4	1	2	3	4
n. Neck and/or shoulder pain	1	2	3	4	1	2	3	4
o. Numbness	1	2	3	4	1	2	3	4
p. Pain in your hands/wrists	1	2	3	4	1	2	3	4
q. Pain in your ankles/knees	1	2	3	4	1	2	3	4
r. Palpitations (feeling your heart pound or race)	1	2	3	4	1	2	3	4
s. Ringing in ears	1	2	3	4	1	2	3	4
t. Shortness of breath	1	2	3	4	1	2	3	4
u. Skin problems	1	2	3	4	1	2	3	4
v. Stiff/swollen joints	1	2	3	4	1	2	3	4
w. Trouble sleeping	1	2	3	4	1	2	3	4
x. Upset stomach	1	2	3	4	1	2	3	4
y. Urination problems	1	2	3	4	1	2	3	4

16. Has a medical professional ever said you have any of the illnesses or conditions listed below?			**16a How old were you when first diagnosed with this illness or condition?**	**16b. How much does each of your illnesses or conditions currently interfere with what you like to do?** *Circle one only for each of your illnesses or conditions.*				
Circle one for each illness or condition.	Yes	No	*At what age?*	Not at all	Very little	Some	Quite a bit	A great deal
a. Allergies: *Please specify*_____	1	2	_____	1	2	3	4	5
b. Asthma	1	2	_____	1	2	3	4	5
c. Chronic bronchitis/Emphysema	1	2	_____	1	2	3	4	5
d. Chronic sinus problems	1	2	_____	1	2	3	4	5
e. Circulation problems	1	2	_____	1	2	3	4	5
f. Fibromyalgia	1	2	_____	1	2	3	4	5
g. High cholesterol	1	2	_____	1	2	3	4	5
h. Irritable bowel syndrome	1	2	_____	1	2	3	4	5
i. Kidney/bladder problems	1	2	_____	1	2	3	4	5
j. Multiple sclerosis	1	2	_____	1	2	3	4	5
k. Osteoporosis	1	2	_____	1	2	3	4	5
l. Serious back trouble	1	2	_____	1	2	3	4	5
m. Ulcer	1	2	_____	1	2	3	4	5

17. Have you ever had... *Circle one number for each question.*	Yes	No
a. cataract surgery?	1	2
b. an angiogram, angioplasty or cardiac catheterization?	1	2
c. colonoscopy, sigmoidoscopy or endoscopy?	1	2
d. a joint replaced? *Please specify which joint was replaced* _____	1	2

18. Have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?

❑ **Yes** ❑ **No**

II. Women's Health

1. How old were you when you FIRST started menstruating? _____years old

2. Have you ever had surgery to remove your uterus and/or ovaries? *Check all that apply.*

- ❑ No, I did not have surgery → **Please go to Question 3 below.**
- ❑ Yes, One Ovary → At what age? _____
- ❑ Yes, Both Ovaries → At what age? _____
- ❑ Yes, Uterus → At what age? _____

3. How old were you when you had your last period? _____ years old

4. Have you ever taken hormones for menopausal or aging symptoms?

❑ Yes ❑ No **(Please go to Question 14, Page 9)**

The following questions are about the hormones you have taken for menopausal or aging symptoms.

5. What medications have you taken? Are you still taking them? When did you take them?

Medications	Ever taken? *Circle Yes or No*	Age started?	Currently taking? *Circle Yes or No*	Age stopped?
a. Estrogen and Progesterone	Yes No	_____	Yes No	_____
b. Estrogen alone	Yes No	_____	Yes No	_____
c. Testosterone	Yes No	_____	Yes No	_____
d. Some other hormone *Please specify*: _____	Yes No	_____	Yes No	_____

6. Before you started taking hormones for menopausal or aging symptoms, had you already stopped having menstrual periods?

❑ Yes ❑ No **(Please go to Question 8 below)**

7. How old were you when you had your last period, BEFORE you started taking hormones for menopausal or aging symptoms?

_____ years old

8. How important to you were each of the following reasons for taking hormones for menopausal or aging symptoms?

Circle one number for each reason.	Not at all important	Slightly important	Moderately important	Very important
a. To relieve menopausal symptoms (hot flashes, night sweats)	1	2	3	4
b. To prevent osteoporosis (brittle bones)	1	2	3	4
c. To relieve mood swings, depression or anxiety	1	2	3	4
d. To prevent heart disease	1	2	3	4
e. Because I had an early menopause	1	2	3	4
f. Because I had my ovaries removed	1	2	3	4
g. To regulate monthly periods	1	2	3	4
h. Because I was having difficulties with sexual intercourse	1	2	3	4
i. To keep me youthful	1	2	3	4
j. My doctor recommended it	1	2	3	4
k. Other reason; *Please specify*_____	1	2	3	4

9. Have you <u>ever stopped</u> taking hormones for menopausal or aging symptoms?

❑ Yes ❑ No **(Please go to Question 14, Page 9)**

10. At what age did you stop taking hormones for menopausal or aging symptoms?

_____ years old

11. How important to you were each of the following reasons for <u>stopping</u> hormones for menopausal or aging symptoms?

Circle one number for each reason.	Not at all important	Slightly important	Moderately important	Very important
a. I was feeling better	1	2	3	4
b. Hormones didn't help me feel any better	1	2	3	4
c. I didn't like having periods again	1	2	3	4
d. I didn't feel like taking it anymore	1	2	3	4
e. I had difficulty remembering to take it	1	2	3	4
f. I was concerned about possible side effects	1	2	3	4
g. I was concerned about possible long term effects	1	2	3	4
h. My doctor advised me to stop	1	2	3	4
i. I was influenced by increased news stories about hormone replacement therapy	1	2	3	4
j. I was having side effects; *Please specify* _____	1	2	3	4
k. Other reason; *Please specify*_____	1	2	3	4

12. When you stopped taking hormones, did you experience any menopausal or aging symptoms?

❑ Yes ❑ No

13. Since stopping, have you again started taking hormones for menopausal or aging symptoms?

❑ Yes ❑ No

14. IF YOU ARE MARRIED, would you say that your SPOUSE'S health is excellent, very good, good, fair or poor?

❑ Excellent
❑ Very Good
❑ Good
❑ Fair
❑ Poor
❑ Not Married

Questions 15-17 concern men's health issues and appear only on questionnaires sent to men.

18. Including living and deceased persons, have any of the following biological relatives had any of the following diseases?

Check all that apply and specify the type(s) of cancer.	My mother	My father	Any of my brothers	Any of my sisters
a. Don't know about this person's health/No such relative	❑	❑	❑	❑
b. High blood pressure (or hypertension)	❑	❑	❑	❑
c. High blood cholesterol	❑	❑	❑	❑
d. Stroke before age 65	❑	❑	❑	❑
e. Stroke age 65 or older	❑	❑	❑	❑
f. Heart attack before age 55	❑	❑	❑	❑
g. Heart attack age 55 or older	❑	❑	❑	❑
h. Diabetes (or high blood sugar)	❑	❑	❑	❑
i. Alzheimer's disease	❑	❑	❑	❑
j. Asthma	❑	❑	❑	❑
k. Osteoporosis	❑	❑	❑	❑
l. Cancer:	❑	❑	❑	❑
Please use the lines in each column to indicate the name of the organ or system of the body where the cancer occurred.	_____ _____	_____ _____	_____ _____	_____ _____

19. Overall in the last 30 days...	None	Mild	Moderate	Severe	Extreme
a. How much of a problem did you have with moving around?	1	2	3	4	5
b. How much difficulty did you have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5
c. How much of a problem did you have with feeling sad, low or depressed?	1	2	3	4	5
d. How much of a problem did you have with worry or anxiety?	1	2	3	4	5

Imagine that the people described below are the same age that you are. Using the same scale that you used on the preceding page when talking about aspects of your own health, **how would you rate the health of these people**?

Circle one response for each question.	None	Mild	Moderate	Severe	Extreme
20. Judith enjoys her work and social activities and is generally satisfied with her life. She gets depressed every 3 weeks for a day or two and loses interest in what she usually enjoys but is able to carry on with her day-to-day activities.					
a. How much of a problem does Judith have with feeling sad, low or depressed?	1	2	3	4	5
b. How much of a problem does Judith have with worry or anxiety?	1	2	3	4	5
21. Mary does not exercise. She cannot climb stairs or do other physical activities because she is obese. She is able to carry the groceries and do some light household work.					
a. Overall, how much of a problem does Mary have with moving around?	1	2	3	4	5
b. How much difficulty does Mary have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5
22. Barbara feels depressed most of the time. She weeps frequently and feels hopeless about the future. She feels that she has become a burden on others and that she would be better dead.					
a. How much of a problem does Barbara have with feeling sad, low or depressed?	1	2	3	4	5
b. How much of a problem does Barbara have with worry or anxiety?	1	2	3	4	5
23. Carol has a lot of swelling in her legs due to her health condition. She has to make an effort to walk around her home as her legs feel heavy.					
a. Overall, how much of a problem does Carol have with moving around?	1	2	3	4	5
b. How much difficulty does Carol have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5

24. How often do you have your eyes examined?

- ❑ Once per year or more often
- ❑ Every 1 to 2 years
- ❑ Less often than every 2 years
- ❑ Never

25. Which type of vision correction do you regularly use? *(Check ALL that apply.)*

- ❑ Prescription glasses
- ❑ Prescription contact lenses
- ❑ Non-Prescription magnifying glasses
- ❑ No vision corrections

26. Have you had your hearing checked in the past 5 years?

❑ Yes ❑ No

27. Do people that live with you or are close to you ask you whether you think that you should have your hearing checked?

❑ Yes ❑ No

28. Which of the following best describes your use of hearing aids?

- ❑ I have hearing aids for one or both ears and use them regularly
- ❑ I have hearing aids for one or both ears but do **not** use them regularly
- ❑ I do not own hearing aids

Do you find that any of the following problems have INCREASED for you in the last 12 months or last 5 years?

29. Have you experienced increased problems with... *Circle one response for each question.*	Problems increased in last 12 months? *Circle Yes or No*	Problems increased in last 5 years? *Circle Yes or No*
a. hearing conversations in person?	Yes No	Yes No
b. hearing conversations on the phone?	Yes No	Yes No
c. understanding spoken instructions from your doctor, employer or other person?	Yes No	Yes No
d. reading small print on medicine bottles or other places?	Yes No	Yes No
e. understanding written instructions?	Yes No	Yes No

III. Social Background

1. In what city, county and state were you born? _____ _____ _____

(City) (County) (State)

2. How much did you weigh at birth? *(If you do not remember and could look in your personal or family records, we would appreciate it.)*

_____lbs _____ oz

3. What is your race or origin? *Please mark one or more boxes to indicate what you consider yourself to be.*

❑ White ❑ Black, African-American or Negro ❑ Asian; *Please Specify* _____

❑ Indian (American) or Alaska Native: *Please print name of enrolled or principal tribe*_____

❑ Pacific Islander; *Please Specify* _____ ❑ Hispanic, Latino or Spanish Origin ❑ Some other race; *Please Specify*_____

IV. Values and Attitudes

This section lists a number of statements that you may or may not agree with. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

1A. *Circle one number for each question.*		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a.	It is important for a man to have a male friend he can confide in.	1	2	3	4	5
b.	When a husband and wife make decisions about buying major things for the home, the husband should have final say.	1	2	3	4	5
c.	A man should always try to project an air of confidence even if he really doesn't feel confident inside.	1	2	3	4	5
d.	A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.	1	2	3	4	5
e.	It bothers me when a man does something that I consider "feminine."	1	2	3	4	5
f.	A husband whose wife is working full-time should spend just as many hours doing housework as his wife.	1	2	3	4	5
g.	Men have greater sexual needs than women.	1	2	3	4	5
h.	When a man is feeling pain he should not let it show.	1	2	3	4	5
i.	In some kinds of situations a man should be ready to use his fists.	1	2	3	4	5
j.	It is important for a woman to have a female friend she can confide in.	1	2	3	4	5
k.	Being larger, stronger-looking, and more muscular makes men more attractive to women.	1	2	3	4	5

This section lists a number of characteristics that may or may not apply to you. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

1.	**I see myself as someone who...**	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	is talkative.	1	2	3	4	5	6
b.	tends to find fault with others.	1	2	3	4	5	6
c.	does a thorough job.	1	2	3	4	5	6
d.	is reserved.	1	2	3	4	5	6
e.	prefers the conventional, traditional.	1	2	3	4	5	6
f.	is full of energy.	1	2	3	4	5	6
g.	prefers work that is routine and simple.	1	2	3	4	5	6
h.	is a reliable worker.	1	2	3	4	5	6
i.	can be tense.	1	2	3	4	5	6
j.	tends to be quiet.	1	2	3	4	5	6
k.	values artistic, aesthetic experiences.	1	2	3	4	5	6
l.	tends to be disorganized.	1	2	3	4	5	6
m.	is emotionally stable, not easily upset.	1	2	3	4	5	6
n.	has an active imagination.	1	2	3	4	5	6
o.	is sometimes rude to others.	1	2	3	4	5	6
p.	is generally trusting.	1	2	3	4	5	6
q.	is lazy at times.	1	2	3	4	5	6
r.	worries a lot.	1	2	3	4	5	6
s.	wants things to be simple and clear-cut.	1	2	3	4	5	6
t.	is sometimes shy, inhibited.	1	2	3	4	5	6
u.	does things efficiently.	1	2	3	4	5	6
v.	generates a lot of enthusiasm.	1	2	3	4	5	6
w.	can be cold and aloof.	1	2	3	4	5	6
x.	remains calm in tense situations.	1	2	3	4	5	6
y.	is considerate to almost everyone.	1	2	3	4	5	6
z.	gets nervous easily.	1	2	3	4	5	6
aa.	is sophisticated in art, music or literature.	1	2	3	4	5	6
bb.	likes to cooperate with others.	1	2	3	4	5	6
cc.	is easily distracted.	1	2	3	4	5	6

2. The following questions ask about your general feelings or attitudes. Please indicate how much you agree with each statement.

Circle one number for each question.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. In uncertain times, I usually expect the best.	1	2	3	4
b. If something can go wrong for me, it will.	1	2	3	4
c. I'm always optimistic about my future.	1	2	3	4
d. I hardly ever expect things to go my way.	1	2	3	4
e. I rarely count on good things happening to me.	1	2	3	4
f. Overall, I expect more good things to happen to me than bad.	1	2	3	4

3. Please read each item and indicate to what extent you agree or disagree.

Circle one number for each question.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. People tend to rely on me for support.	1	2	3	4	5
b. For whatever reason, it is hard for me to get people's attention.	1	2	3	4	5
c. Whatever else may happen, people do not ignore me.	1	2	3	4	5
d. For better or worse, people generally know when I am around.	1	2	3	4	5
e. People are usually aware of my presence.	1	2	3	4	5
f. People count on me to be there in times of need.	1	2	3	4	5

4. Please rate how important each of the following social identities are to you.

Circle one number for each question.	Not Important						Very Important
a. Your work identity	1	2	3	4	5	6	7
b. Your religious identity	1	2	3	4	5	6	7
c. Your most important family identity (e.g., father, wife)	1	2	3	4	5	6	7
d. Your volunteer identity	1	2	3	4	5	6	7
e. Your organization/group identity (e.g., union member, Rotary)	1	2	3	4	5	6	7
f. Your political identity (e.g., Independent)	1	2	3	4	5	6	7
g. Your ethnic group/nationality identity	1	2	3	4	5	6	7

5. Please read the statements below and decide the extent to which each statement describes you.

Circle the number that best describes your agreement or disagreement with each statement.		Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
b.	In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
c.	For me, life has been a continuous process of learning, changing and growing.	1	2	3	4	5	6
d.	Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
e.	I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
f.	When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
g.	I judge myself by what I think is important, not by what others think is important.	1	2	3	4	5	6
h.	The demands of everyday life often get me down.	1	2	3	4	5	6
i.	I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
j.	I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
k.	Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
l.	I like most aspects of my personality.	1	2	3	4	5	6
m.	I have confidence in my opinions even if they are contrary to the general consensus.	1	2	3	4	5	6
n.	I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
o.	I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5	6
p.	People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6

Continued on the next page...

5. Please read the statements below and decide the extent to which each statement describes you.							
Circle the number that best describes your agreement or disagreement with each statement.		Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
q.	I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
r.	In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
s.	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
t.	I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
u.	I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
v.	I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
w.	I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
x.	In general, I feel confident and positive about myself.	1	2	3	4	5	6
y.	It's difficult for me to voice my opinions on controversial matters.	1	2	3	4	5	6
z.	I have been able to create a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
aa.	When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
bb.	It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
cc.	I used to set goals for myself, but now that seems like a waste of time.	1	2	3	4	5	6
dd.	When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
ee.	I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
ff.	I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6

V. Work and Family

1. Here are two ladders. There are ten stairs in total from the bottom to the top.

a. Think of this ladder as representing where people stand in America.

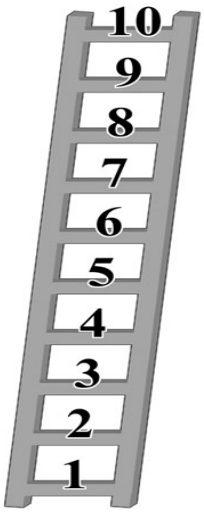
At the top of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs.

At the bottom are the people who are the worst off – who have the least money, least education and the least respected jobs or no jobs.

The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

If you consider your current situation and compare it with all other people in America, where would you place yourself on this ladder?

Please circle the number that applies to you in America.



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b. Now think of this ladder as representing where people stand in their communities, that is, where they live and the surrounding area.

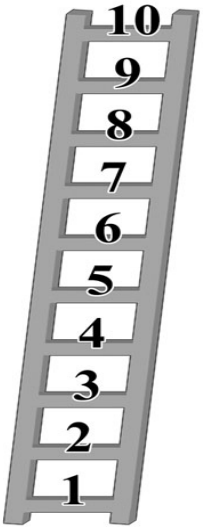
At the top of the ladder are the people who have the highest standing in their community.

At the bottom are the people who have the lowest standing in their community.

The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

If you consider your current situation and compare it with all other people in your community, where would you place yourself on this ladder?

Please circle the number that applies to you in your community.



2. Please compare the importance of each of the following job characteristics with the IMPORTANCE OF HIGH PAY.							
Circle the number that best describes the IMPORTANCE of each characteristic COMPARED TO HIGH PAY.	**Much more** important than high pay	**Moderately more** important than high pay	**Slightly more** important than high pay	**Same** importance as high pay	**Slightly less** important than high pay	**Moderately less** important than high pay	**Much less** important than high pay
a. Having the opportunity to get on-the-job training.	1	2	3	4	5	6	7
b. Being able to do different things rather than the same things over and over.	1	2	3	4	5	6	7
c. Having a low risk of losing your job.	1	2	3	4	5	6	7
d. Being able to decide what time to come to work and when to leave.	1	2	3	4	5	6	7
e. Being able to work without frequent checking by a supervisor.	1	2	3	4	5	6	7
f. Being able to avoid getting dirty on the job.	1	2	3	4	5	6	7
g. Having a job that other people regard highly.	1	2	3	4	5	6	7
h. Having a job that provides health insurance.	1	2	3	4	5	6	7
i. Having a job that provides a pension plan.	1	2	3	4	5	6	7

3. Have you ever been employed, including self-employment?

❑ Yes **(Please go to Question 4 on the next page)** ❑ No **(Please go to Question 1 on Page 24)**

4. Have you retired from ANY job since 1992, even if you later returned to work?

❑ **Yes, have retired** - Name of employer from which you **FIRST** retired since 1992_____

❑ **No, have not retired** - Name of your current or last employer _____

The next questions are about the job you have just listed. If you are not working or retired now, please answer these questions anyway, thinking back to when you were working at this job.

5. The following statements have to do with the way family life and work life can influence each other.

For each statement, please circle the number that best describes your situation when you worked for this employer.		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a.	I can do good work on the job because I am so happy at home.	1	2	3	4	5
b.	My job reduces the amount of time I can spend with the family.	1	2	3	4	5
c.	The things I do at work help me deal with personal and practical issues at home.	1	2	3	4	5
d.	Family worries or problems distract me from my work.	1	2	3	4	5
e.	Family responsibilities make me work harder on the job.	1	2	3	4	5
f.	I can devote a lot of time to my job because of the support I get on the homefront.	1	2	3	4	5
g.	My job takes so much energy I don't feel up to doing things that need attention at home.	1	2	3	4	5
h.	The things I do at work make me a more interesting person at home.	1	2	3	4	5
i.	It is much better for everyone if the man earns the main living and the woman takes care of the home and family.	1	2	3	4	5
j.	Family activities stop me from getting the amount of sleep I need to do my job well.	1	2	3	4	5
k.	The love and respect I get at home make me feel confident about myself at work.	1	2	3	4	5
l.	Job worries or problems distract me when I am at home.	1	2	3	4	5
m.	The skills I use on my job are useful for things I have to do at home.	1	2	3	4	5
n.	Stress at home makes me irritable at work.	1	2	3	4	5
o.	If I didn't have to work to make a living, I would want to work anyway.	1	2	3	4	5

If you have NEVER been employed, skip to Page 24

6.	**The following questions concern the work that you do or did when you worked for this employer. How often do you...**					
Circle the response that best describes your situation.		Never	Rarely	Sometimes	Often	Very Often
a.	have to lift, pull or carry heavy loads?	1	2	3	4	5
b.	have to work in an awkward posture?	1	2	3	4	5
c.	have to stand for prolonged periods of time?	1	2	3	4	5
d.	have to kneel or squat for prolonged periods of time?	1	2	3	4	5
e.	do repeated lifting, pushing, pulling or bending?	1	2	3	4	5
f.	perform repetitive or forceful hand movements?	1	2	3	4	5

		My immediate boss or supervisor					**Other people at work**				
For each statement, please circle the response that best describes your situation when you worked for the employer named above.		Not at all	A little	Somewhat	Very much	Don't have any such person	Not at all	A little	Somewhat	Very much	Don't have any such person
7.	How much do each of these people go out of their way to do things to make your life easier for you?	1	2	3	4	5	1	2	3	4	5
8.	How easy is it to talk with each of these people?	1	2	3	4	5	1	2	3	4	5
9.	How much can each of these people be relied on when things get tough at work?	1	2	3	4	5	1	2	3	4	5
10.	How much are each of these people willing to listen to your personal problems?	1	2	3	4	5	1	2	3	4	5

If you have NEVER been employed, skip to Page 24

11.	**Please indicate the degree to which you agree or disagree with the following statements about your job with the employer named above.** *For each statement, please circle the response that best describes your situation.*	Strongly Agree	Slightly Agree	Slightly Disagree	Strongly Disagree
a.	My job requires working very fast.	1	2	3	4
b.	My job allows me to make a lot of decisions on my own.	1	2	3	4
c.	My job requires that I learn new things.	1	2	3	4
d.	My job requires working very hard.	1	2	3	4
e.	On my job, I have very little freedom to decide how I do my work.	1	2	3	4
f.	My job involves a lot of repetitive work.	1	2	3	4
g.	I am not asked to do an excessive amount of work.	1	2	3	4
h.	I have a lot of say about what happens on my job.	1	2	3	4
i.	My job requires me to be creative.	1	2	3	4
j.	I have enough time to get the job done.	1	2	3	4
k.	I can determine the order in which my work is to be done.	1	2	3	4
l.	My job requires a high level of skill.	1	2	3	4
m.	I am free from conflicting demands that others make.	1	2	3	4
n.	I can determine when a task is to be done.	1	2	3	4
o.	My job requires long periods of intense concentration.	1	2	3	4
p.	I can easily leave the workplace for a brief period.	1	2	3	4
q.	I get to do a variety of different things on my job.	1	2	3	4
r.	My tasks are often interrupted before they can be completed, requiring attention at a later time.	1	2	3	4
s.	I can interrupt my work if I so desire.	1	2	3	4
t.	My job is very hectic.	1	2	3	4
u.	I have an opportunity to develop my own special abilities.	1	2	3	4
v.	I can determine my own work rate.	1	2	3	4
w.	Waiting on work from other people or departments often slows me down on my job.	1	2	3	4
x.	I have too much work to do everything well.	1	2	3	4
y.	The safety and health conditions where I work are good.	1	2	3	4

<u>If you have NEVER been employed, skip to Page 24</u>

The things people do at their jobs can involve reading and writing, working with their hands and dealing with people, or *sometimes all three at the same time*. For the following questions, please think about an average week at the job you named above. (If you do more than one of these things at the same time it is all right if your hours add up to more than your total time at work.)

12. How many hours per week do or did you spend reading, writing and dealing with written materials?

_____ hours

13. How many hours per week do or did you spend working with your hands, tools or equipment?

_____ hours

14. How many hours per week do or did you spend dealing with people about work—not just passing the time of day?

_____ hours

15. How many hours per week do or did you do the same things over and over?

_____ hours

VI. Dealing with Problems

1. The following questions are about experiences you may have had. We would like you to tell us how old you were the FIRST (or ONLY) time this ever happened, and how old you were the LAST or most recent time this happened. If you have never had such an experience, please indicate that it never happened.

		FIRST or ONLY time this happened Age?	LAST time this happened Age?	Never
a.	A close friend died.	_____	_____	❑
b.	My parent drank or used drugs so much or so regularly it caused problems for the family.	_____	_____	❑
c.	A brother or sister treated me in a way that some would think of as physical abuse.	_____	_____	❑
d.	I experienced a life-threatening flood, fire, storm or some other disaster.	_____	_____	❑
e.	I served in a war or combat.	_____	_____	❑
f.	I witnessed the severe injury or death of another person.	_____	_____	❑
g.	I went deeply into debt or suffered substantial financial loss.	_____	_____	❑
h.	I had serious legal difficulties.	_____	_____	❑
i.	I was in jail or prison.	_____	_____	❑
j.	My spouse (or romantic partner) treated me in a way that some would think of as physical abuse.	_____	_____	❑
k.	One of my children was divorced.	_____	_____	❑
l.	My child had a life-threatening illness or accident.	_____	_____	❑
m.	My adult child moved back into my home.	_____	_____	❑
n.	I had increased responsibility for the care of grandchildren.	_____	_____	❑
o.	My aging parent or in-law moved into my home.	_____	_____	❑
p.	I placed my aging spouse, in-law or parent into a nursing home.	_____	_____	❑
q.	I seriously thought about taking my own life.	_____	_____	❑

2. We are interested in how people respond when they face difficult or stressful events in their lives. The following questions ask you to indicate what you generally do and feel when you experience stressful events. Please answer every item. There are no "right" or "wrong" answers, so circle the most accurate answer for you--not what you think "most people" would say or do.

Generally, when I experience a difficult or stressful event... *Circle one number for each question.*	I usually **do not do this at all**	I usually **do this a little bit**	I usually **do this a medium amount**	I usually **do this a lot**
a. I turn to work or other activities to take my mind off things.	1	2	3	4
b. I concentrate my efforts on doing something about the situation I'm in.	1	2	3	4
c. I say to myself "this isn't real."	1	2	3	4
d. I give up trying to deal with it.	1	2	3	4
e. I take action to try to make the situation better.	1	2	3	4
f. I refuse to believe that it has happened.	1	2	3	4
g. I say things to let my unpleasant feelings escape.	1	2	3	4
h. I try to see it in a different light, to make it seem more positive.	1	2	3	4
i. I criticize myself.	1	2	3	4
j. I try to come up with a strategy about what to do.	1	2	3	4
k. I give up the attempt to cope.	1	2	3	4
l. I look for something good in what is happening.	1	2	3	4
m. I do something to think about it less, such as going to the movies, watching TV, reading, daydreaming, sleeping or shopping.	1	2	3	4
n. I accept the reality of the fact that it has happened.	1	2	3	4
o. I express my negative feelings.	1	2	3	4
p. I learn to live with it.	1	2	3	4
q. I think hard about what steps to take.	1	2	3	4
r. I blame myself for things that happened.	1	2	3	4

VII. Religion and Spirituality

1. The following questions are about being religious and being spiritual.

Please think about what these words mean to you and answer the questions with those meanings in mind.

Circle one number for each question.		Not at all	Not Very	Somewhat	Very	Extremely
a.	How religious are you?	1	2	3	4	5
b.	How spiritual are you?	1	2	3	4	5
c.	How important is religion in your life?	1	2	3	4	5
d.	How important is spirituality in your life?	1	2	3	4	5
e.	How important was it for you – or would it have been if you had children – to send your children for religious or spiritual instruction?	1	2	3	4	5
f.	How closely do you identify with being a member of a religious group?	1	2	3	4	5
g.	How important is it for you to be with other people who are the same religion as you?	1	2	3	4	5
h.	How important do you think it is for people of your religion to marry other people who are the same religion?	1	2	3	4	5
i.	How strongly do you believe that one should stick to a particular faith?	1	2	3	4	5
j.	How important was religion in your home when you were growing up?	1	2	3	4	5
k.	When you have important decisions to make in your life, how much do you rely on your religious or spiritual beliefs?	1	2	3	4	5
l.	How much would your spiritual or religious beliefs influence your medical decisions if you were to become gravely ill?	1	2	3	4	5

2. When you have problems or difficulties in your family, work or personal life, how often do you seek comfort through any of the following religious or spiritual means?				
Circle one number for each question.	Never	Rarely	Sometimes	Often
a. Praying	1	2	3	4
b. Meditating	1	2	3	4
c. Attend a religious or spiritual service	1	2	3	4
d. Talk to a religious or spiritual advisor	1	2	3	4

3. Please indicate how much you agree or disagree with the following statements.					
Circle one number for each question.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
a. The Bible is God's word and everything happened or will happen exactly as it says.	1	2	3	4	5
b. The Bible is the answer to all important human problems.	1	2	3	4	5

VIII. How You've Felt This Past Week

1. Next is a list of the ways you might have felt or behaved during the past week.

	On how many days during the past week did you...	*Circle the **number of days** in the past week you experienced each feeling.*							
a.	feel you could not shake off the blues even with help from your family and friends?	0	1	2	3	4	5	6	7
b.	feel bothered by things that usually don't bother you?	0	1	2	3	4	5	6	7
c.	think your life had been a failure?	0	1	2	3	4	5	6	7
d.	feel happy?	0	1	2	3	4	5	6	7
e.	feel that people were unfriendly?	0	1	2	3	4	5	6	7
f.	feel lonely?	0	1	2	3	4	5	6	7
g.	enjoy life?	0	1	2	3	4	5	6	7
h.	have crying spells?	0	1	2	3	4	5	6	7
i.	feel that people disliked you?	0	1	2	3	4	5	6	7
j.	feel sad?	0	1	2	3	4	5	6	7
k.	feel depressed?	0	1	2	3	4	5	6	7
l.	have trouble keeping your mind on what you were doing?	0	1	2	3	4	5	6	7
m.	not feel like eating, your appetite was poor?	0	1	2	3	4	5	6	7
n.	feel you were just as good as other people?	0	1	2	3	4	5	6	7
o.	feel everything you did was an effort?	0	1	2	3	4	5	6	7
p.	feel hopeful about the future?	0	1	2	3	4	5	6	7
q.	feel fearful?	0	1	2	3	4	5	6	7
r.	sleep restlessly?	0	1	2	3	4	5	6	7
s.	talk less than usual?	0	1	2	3	4	5	6	7
t.	feel you could not "get going"?	0	1	2	3	4	5	6	7
u.	feel irritable, or likely to fight or argue?	0	1	2	3	4	5	6	7
v.	feel like telling someone off?	0	1	2	3	4	5	6	7
w.	feel angry or hostile for several hours at a time?	0	1	2	3	4	5	6	7

2. Next is a list of ways you might have felt or behaved during the past week.

On how many days <u>in the past week</u> did you...		*Circle the **number of days** in the past week you experienced each feeling.*							
a.	feel calm?	0	1	2	3	4	5	6	7
b.	feel furious?	0	1	2	3	4	5	6	7
c.	feel tense?	0	1	2	3	4	5	6	7
d.	feel like banging on the table?	0	1	2	3	4	5	6	7
e.	feel at ease?	0	1	2	3	4	5	6	7
f.	feel angry?	0	1	2	3	4	5	6	7
g.	worry over possible misfortune?	0	1	2	3	4	5	6	7
h.	feel like yelling at somebody?	0	1	2	3	4	5	6	7
i.	feel nervous?	0	1	2	3	4	5	6	7
j.	feel like breaking things?	0	1	2	3	4	5	6	7
k.	feel jittery?	0	1	2	3	4	5	6	7
l.	feel mad?	0	1	2	3	4	5	6	7
m.	feel relaxed?	0	1	2	3	4	5	6	7
n.	feel irritated?	0	1	2	3	4	5	6	7

IX. How You Feel During a Typical Week

In this section, we are interested in learning about the types of feelings you experience during a typical week in your daily life. Some of the questions may seem repetitive, especially since you answered questions about your feelings over the past week in the previous section. However, for this section, please try to keep in mind that we're now interested in learning about how you feel during a typical week.

Please spend a minute or two reviewing the past 7 days in your mind, including weekend days.

1. Was the week that you have in mind a typical week for you? ❑ Yes ❑ No

Important: If it was **not** a typical week, please spend a minute or two thinking of a more typical one and then answer the questions that follow.

2. Now please indicate how much you experienced each of the following feelings during this typical week.

Circle one number for each question.		Not at all	A little	Quite a lot	A great deal
a.	Angry/irritated	1	2	3	4
b.	Calm/serene	1	2	3	4
c.	Caring	1	2	3	4
d.	Challenged	1	2	3	4
e.	Confused	1	2	3	4
f.	Delighted	1	2	3	4
g.	Determined	1	2	3	4
h.	Embarrassed	1	2	3	4
i.	Enjoying myself	1	2	3	4
j.	Enthusiastic	1	2	3	4
k.	Friendly/warm	1	2	3	4
l.	Frustrated	1	2	3	4
m.	Helpless	1	2	3	4
n.	Hesitant	1	2	3	4
o.	Interested	1	2	3	4
p.	Lonely	1	2	3	4
q.	Loved	1	2	3	4
r.	Nervous/anxious	1	2	3	4
s.	Nostalgic	1	2	3	4
t.	Protected	1	2	3	4
u.	Resigned	1	2	3	4
v.	Sad/blue	1	2	3	4
w.	Thrilled by something	1	2	3	4
x.	Worried	1	2	3	4

X. Social Relationships

1. Is there a person in your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No

2. Is there a friend outside your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No

3 These questions are about friends and relatives OTHER than your spouse or children.						
For each statement circle one number in each column.		Not at all	A little	Some	Quite a bit	A lot
a	How much do they make you feel loved and cared for?	1	2	3	4	5
b	How much do they make too many demands on you?	1	2	3	4	5
c	How much are they willing to listen to you when you need to talk about your worries or problems?	1	2	3	4	5
d.	How much are they critical of what you do?	1	2	3	4	5

4.Next, we are interested in the help and support that you receive from or give to people (other than a spouse). We are interested here in help that is not paid for. During the <u>past month</u> have you GIVEN the following kinds of help?

Kind of help GIVEN:	*Check the box for EVERYONE that you GAVE each kind of help TO. (other than spouse)*						
	None of these people needed help	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑
b Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑
c Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑
d Help with baby sitting or child care.	❑	❑	❑	❑	❑	❑	❑

5 During the <u>past month</u> have you RECEIVED the following kinds of help?

Kind of help RECEIVED:	*Check the box for EVERYONE that you RECEIVED each kind of help FROM. (other than spouse)*							
	Help not needed	No one available to help	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑
b Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑
c Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑
d Help using a computer or the Internet in your home.	❑	❑	❑	❑	❑	❑	❑	❑

6 Now think about persons (other than a spouse) who you feel you COULD ask for help, IF YOU NEEDED IT.

Kind of help you could ask for:	*Check the box for EVERYONE that you COULD ASK FOR each kind of HELP FROM.*						
	No one	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a Suppose you had to borrow $250 for a few weeks because of an emergency. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑
b Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice?	❑	❑	❑	❑	❑	❑	❑
c Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑
d. *(Answer only if you have a computer in your home that you use.)* Suppose you had a problem setting up or using your computer or the Internet that you couldn't figure out. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑

We would like to know more about your family life and experiences while growing up. We realize that some of the questions on this page may be very sensitive. Keep in mind that all of your replies are strictly confidential and voluntary. Recall that you may skip any questions that you do not wish to answer.

7. We would like to ask you about some of your experiences growing up–until you were 18 years old.

Please circle one answer for each statement.	Never	Rarely	Sometimes	Often	Very Often
a. My parents encouraged me to go to college.	1	2	3	4	5
b. I saw a parent or one of my brothers or sisters get beaten in my home.	1	2	3	4	5
c. I knew that there was someone to take care of me and protect me.	1	2	3	4	5

8. The following questions are about how your father and mother treated you while growing up–until you were 18 years old.

For each statement circle one number for your father (or step/foster father) and one number for your mother (or step/foster mother).	8A. **My father** (or step/foster father)				8B. **My mother** (or step/foster mother)			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. insulted or swore at me	1	2	3	4	1	2	3	4
b. slapped, shoved or threw things at me	1	2	3	4	1	2	3	4
c. treated me in a way that I would now consider physical abuse	1	2	3	4	1	2	3	4

9. The following questions are about how your father and other people treated you while growing up–until you were 18 years old.

For each statement circle one number for your father (or step/foster father) and one number for any other person (mother, uncle, brother, neighbor, etc.).	9A. **My father** (or step/foster father)				9B. **Any other person** (mother, uncle, brother, neighbor, etc.)			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. had oral, anal or vaginal sex with me against my wishes	1	2	3	4	1	2	3	4
b. used physical violence during an unwanted sexual act with me	1	2	3	4	1	2	3	4
c. treated me in a way that I would now consider sexual abuse	1	2	3	4	1	2	3	4

If you would like to clarify or tell us more about any emotional, physical, or sexual abuse you experienced as a child, please use this space.

XI. Health Behaviors

1. Have you ever smoked a pipe or cigars, or used snuff or chewing tobacco regularly in your entire life?

- ❑ Yes
- ❑ No

2. Have you ever smoked cigarettes regularly in your entire life?

- ❑ Yes
- ❑ No **(Please go to Question 9, Page 36)**

3. How old were you when you started smoking regularly? _____ years old

4. How often do you smoke <u>now</u>?

- ❑ Every day
- ❑ Some days
- ❑ Not at all **(Please go to Question 7 on this page)**

5. On average, how many packs do you smoke a day? _____ packs

6. For how many years have you smoked this amount?

_____ years **(Please go to the next page)**

Please answer questions 7 and 8 only if you have quit smoking cigarettes.

7.	**About how many packs did you usually smoke per day when you smoked regularly?**	_____ packs
8	**How old were you when you last smoked cigarettes?**	_____ years old

Everyone

9. Does anyone (other than yourself) regularly smoke cigarettes or other tobacco products INSIDE your home?

- ❑ Yes
- ❑ No

10. At your current or most recent job, did anyone (other than yourself) regularly smoke cigarettes or other tobacco products in your immediate work area?

- ❑ Yes
- ❑ No
- ❑ I have never been employed

11. Up until you were 16 years old, who (other than yourself) in your household smoked?
Check all that apply.

❑ No one ❑ Mother ❑ Father ❑ Someone in my household other than my parents

Circle one number for each question.		Never or rarely	Sometimes	Several nights a week (3-5)	Every night or almost every night	Do not know
12.	According to what others have told you, please estimate how often you snore.	1	2	3	4	5
13.	According to what others have told you, how often, if ever, do you seem to have momentary periods during sleep when you stop breathing or you breathe abnormally?	1	2	3	4	5

14. How often do you have extreme sleepiness in the daytime when you have to struggle against falling asleep?

- ❑ Never or Rarely **(Please go to the next page)**
- ❑ Sometimes
- ❑ Several times a week (3-5)
- ❑ Every day or almost every day

15. Have you had this problem for a month or more?

❑Yes ❑ No

16. How much do you weigh? _____ pounds

17. How tall are you? _____ feet _____ inches

18. Up to the present time, what is the most you have ever weighed? *(Please do not include pregnancies)*

_____pounds

19. How old were you then?

_____ years old

20. What is the least you have ever weighed since you were 18 years old?

_____pounds

21. How old were you then?

_____ years old

22. Do you consider yourself now to be... *Check one answer only.*

- ❑ Overweight
- ❑ Underweight
- ❑ About the right weight
- ❑ Don't know

23. Are you actively trying to lose weight or maintain a desirable weight?

- ❑ No **(Please go to Question 24 below)**
- ❑ Yes, trying to lose weight
- ❑ Yes, trying to maintain a desirable weight

Circle the methods you are using to lose or maintain your weight.		Yes	No
23a.	**Are you eating either fewer calories or less fat?**	1	2
23b.	**Are you using physical activities or exercise?**	1	2
23c.	**Are you using any pill or laxatives?**	1	2
23d.	**Other methods?** *Please specify* _____	1	2

24. Do you ever drink alcoholic beverages?

❑ Yes ❑ No **(Please go to Question 26 on the next page)**

25. The next questions are about alcoholic beverages. *Circle one response for each question.*		Yes	No
a.	When talking with others, do you ever underestimate how much you actually drink?	1	2
b.	After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	1	2
c.	Does having a few drinks help decrease your shakiness or tremors?	1	2
d.	Does alcohol sometimes make it hard for you to remember parts of the day or night?	1	2
e.	Do you usually take a drink to relax or calm your nerves?	1	2
f.	Do you drink to take your mind off your problems?	1	2
g.	Have you ever increased your drinking after experiencing a loss in your life?	1	2
h.	Has a doctor or nurse ever said they were worried or concerned about your drinking?	1	2
i.	Have you ever made rules to manage your drinking?	1	2
j.	When you feel lonely does having a drink help?	1	2

26. Have you ever used the Internet to look for advice or information about YOUR health or health care?

❑ Yes ❑ No **(Please go to Question 30, Page 39)**

27. How <u>often</u> do you use the Internet to look for advice or information about YOUR health or health care?

❑ About once a week (or more)
❑ About once a month
❑ Every few months
❑ Less often than this

28. How much, if at all, has getting health and medical information on the Internet improved the way you take care of your health?

❑ A lot
❑ Some
❑ Only a little
❑ Not at all

29. The last time you looked for information for yourself, did you happen to go looking for this health information:

❑ BEFORE visiting a doctor or clinic
❑ AFTER visiting a doctor or clinic
❑ INSTEAD of visiting a doctor or clinic
❑ UNRELATED TO visiting a doctor or clinic

30. Please think about the doctor that you usually go to when you are sick or need advice about your health and indicate how much you agree or disagree with each statement.

Circle one number for each question.		Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a.	My doctor sufficiently explains the purpose of my medical procedures and tests.	1	2	3	4	5
b.	When there is more than one method to treat a problem, I should be told about each one.	1	2	3	4	5
c.	My doctor is totally honest in telling me about all treatment options available for my condition.	1	2	3	4	5
d.	My doctor always pays complete attention to what I am trying to tell [him/her].	1	2	3	4	5
e.	I believe that my doctor needs to know everything about my medical history to take good care of me.	1	2	3	4	5
f.	I worry that my doctor may share embarrassing information about me with people who have no business knowing it.	1	2	3	4	5
g.	My doctor has not involved me in discussing my treatment options as much as I would like.	1	2	3	4	5
h.	I would rather have my doctor make the decisions about what's best for my health than to be given a whole lot of choices.	1	2	3	4	5
i.	If I had many treatment options, I worry about whether my doctor cares enough to discuss each one with me for as long as I want.	1	2	3	4	5
j.	My doctor has always let me make the final decision about my treatment when I've wanted to.	1	2	3	4	5
k.	The important medical decisions should be made by my doctor, not by me.	1	2	3	4	5
l.	My doctor is the kind of person who will let me make the final decision about my treatment even if [he/she] disagrees.	1	2	3	4	5

31. Please indicate how much you agree or disagree with each statement.

Circle the ONE number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for health care.	1	2	3	4	5
b. If my doctor were not available, I would feel safe visiting another doctor or clinic.	1	2	3	4	5
c. I work hard at trying to stay healthy.	1	2	3	4	5

32. Thinking about your own health care, how would you rate the following?

Circle one number for each question.	Poor	Fair	Good	Very Good	Excellent
a. Convenience of location of the doctor's office	1	2	3	4	5
b. Hours when the doctor's office is open	1	2	3	4	5
c. Access to specialty care if I need it	1	2	3	4	5
d. Access to hospital care if I need it	1	2	3	4	5
e. Access to medical care in an emergency	1	2	3	4	5
f. Access to mental health care if I need it	1	2	3	4	5
g. Arrangements for making appointments for medical care by phone	1	2	3	4	5
h. Length of time spent waiting at the office to see the doctor	1	2	3	4	5
i. Length of time I wait between making an appointment for routine care and the day of my visit	1	2	3	4	5
j. Availability of medical information or advice by phone	1	2	3	4	5
k. Access to medical care whenever I need it	1	2	3	4	5
l. Services available for getting prescriptions filled	1	2	3	4	5
m. Ease of seeing the doctor of my choice	1	2	3	4	5
n Amount of time I have with doctors and staff during a visit	1	2	3	4	5
o. Overall quality of care and services	1	2	3	4	5
p. The amount I pay out-of-pocket (for example, co-payments, deductibles or payments for services not covered by my plan)	1	2	3	4	5

33.	In the past 12 months have you...	*Circle one*		How many different times?	Cost covered by insurance? *Circle one*		
a.	seen a doctor or health professional in an office, clinic, or health center? *(Do not include visits to mental health professionals.)*	Yes	No	_____	Fully	Partly	Not at all
b.	visited a mental health professional about a personal problem or a problem with alcohol or drugs?	Yes	No	_____	Fully	Partly	Not at all
c.	been a patient in the hospital for at least one night?	Yes	No	_____	Fully	Partly	Not at all
d.	gone to a hospital emergency room for medical treatment for yourself?	Yes	No	_____	Fully	Partly	Not at all
e.	had outpatient surgery, not including dental care?	Yes	No	_____	Fully	Partly	Not at all
f.	seen a dentist or oral surgeon in an office, clinic or health center?	Yes	No	_____	Fully	Partly	Not at all

34. In the past 12 months, did you take less medication than was prescribed or delay filling your prescriptions because of the cost?

❑ Yes ❑ No **(Please go to question 36 below)**

35. How often did you do this?

❑ Rarely/Once
❑ Sometimes
❑ Often
❑ Usually
❑ Always

36. How many different prescriptions do you take regularly?
(Note: This refers to the number of different medications.)

_____# of prescriptions

37. In the past 12 months, how much have you spent out-of-pocket for your own medical care for the following? *(Include your deductibles. Do not include health insurance premiums, or any other costs already paid by your health insurance.)*

a. Prescriptions $_____
b. Visits to mental health professionals $_____
c. Dental care $_____
d. Other medical care $_____

38. In the past 12 months, did you experience difficulty or delay in obtaining any type of health care, or not receive health care you thought you needed due to any of the reasons listed below? *Circle yes or no for* ***each*** *of the following reasons:*			***For each reason you answered "yes" to:*** **Was this because there was a CHANGE in...**			
			Your health insurance?		**The clinic or physician you usually go to?**	
	Yes	No	Yes	No	Yes	No
a. I couldn't afford medical care.	1	2	1	2	1	2
b. My insurance company wouldn't approve, cover or pay for care.	1	2	1	2	1	2
c. My insurance required a referral but I couldn't get one.	1	2	1	2	1	2
d. My doctor refused to accept my insurance plan.	1	2	1	2	1	2
e. Medical care was too far away.	1	2	1	2	1	2
f. It was too expensive to get there.	1	2	1	2	1	2
g. I couldn't get there when the doctor's office was open.	1	2	1	2	1	2
h. I didn't know where to go to get care.	1	2	1	2	1	2
i. It took too long to get an appointment.	1	2	1	2	1	2
j. I couldn't get through on the telephone to make an appointment.	1	2	1	2	1	2
k. Other; *Please specify*_____	1	2	1	2	1	2

39. Not including government programs such as Medicare or Medicaid, have you EVER had any long-term care insurance which specifically covers any part of personal or medical care in your home or in a nursing home?

❑ Yes **(Please go to Question 41 on the next page)**
❑ No

40. Why have you never had long-term care insurance?

Check all that apply

❑ Premiums were too high
❑ Didn't think I needed it
❑ Hadn't thought about it
❑ Not a good use of money
❑ Not eligible
❑ Other; *Please specify*_____

41. Please indicate how much you agree or disagree with each statement.

Circle one number for each question.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. I'd rather not live than be a burden on someone.	1	2	3	4	5
b. Having a good quality of life is more important than just keeping alive.	1	2	3	4	5

Next we would like to ask you about the chances that various events will happen in the future. *Please circle one number from 0 to 10, where 0 means you think there is absolutely no chance of it happening and 10 means you think it is absolutely certain to happen. Numbers in between indicate a greater or smaller chance of this event.*

42. What are the chances that...	No chance at all										Absolutely certain
a. I will live for another 10 years?	0	1	2	3	4	5	6	7	8	9	10
b. I will live for another 20 years?	0	1	2	3	4	5	6	7	8	9	10
c. I will ever have to enter a nursing home for some period of time?	0	1	2	3	4	5	6	7	8	9	10
d. I will have major medical or long-term care expenses that will require me to use up most of my savings?	0	1	2	3	4	5	6	7	8	9	10

If not married, please skip to question #43.

What are the chances that...	No chance at all										Absolutely certain
e. my spouse will live for another 10 years?	0	1	2	3	4	5	6	7	8	9	10
f. my spouse will live for another 20 years?	0	1	2	3	4	5	6	7	8	9	10
g. my spouse will ever have to enter a nursing home for some period of time?	0	1	2	3	4	5	6	7	8	9	10

43. Now here are some statements related to different attitudes toward death. Read each statement carefully, and then indicate the extent to which you agree or disagree.

Circle one number for each question.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a. I avoid thinking about death altogether.	1	2	3	4	5	6
b. Death is simply a part of the process of life.	1	2	3	4	5	6
c. I would neither fear death nor welcome it.	1	2	3	4	5	6
d. Death should be viewed as a natural, undeniable and unavoidable event.	1	2	3	4	5	6
e. Whenever the thought of death enters my mind, I try to push it away.	1	2	3	4	5	6

XII. Marriage

1. Are you currently married?

❑ Yes ❑ No **(Please go to Question 6, Page 45)**

2. During the past month, about how often did you and your spouse spend time alone with each other, talking, or sharing an activity?

- ❑ Never
- ❑ About once a month
- ❑ Two or three times a month
- ❑ About once a week
- ❑ Two or three times a week
- ❑ Almost every day

3. In terms of who does household chores, how fair would you say your relationship with your spouse is?

- ❑ Very unfair to me
- ❑ Somewhat unfair to me
- ❑ Fair to both
- ❑ Somewhat unfair to my spouse
- ❑ Very unfair to my spouse

4. The following is a list of subjects on which couples often have disagreements.
How often, if at all, in the last year have you had open disagreements about each of the following?

Circle one number for each question.	Never	Less than once a month	Several times a month	About once a week	Several times a week	Almost everyday
a. Household tasks	1	2	3	4	5	6
b. Money	1	2	3	4	5	6
c. Spending time together	1	2	3	4	5	6
d. Sex	1	2	3	4	5	6

5. The following questions ask about your current relationship with your spouse. **Please indicate your current level of satisfaction or dissatisfaction for each of the items listed below.**

How satisfied are you with...	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
a. the day-to-day support and encouragement provided by your spouse?	1	2	3	4	5	6
b. your spouse's overall personality?	1	2	3	4	5	6
c. the amount of consideration shown by your spouse?	1	2	3	4	5	6
d. the way disagreements are settled?	1	2	3	4	5	6
e. how decisions are made in your marriage?	1	2	3	4	5	6
f. how well your spouse listens to you?	1	2	3	4	5	6

Married persons please go to Question 7 on the next page.

6. Do you have a sexual partner?

❑ Yes ❑ No **(Please go to Question 1, Page 46)**

7. We realize that some of the questions on this page may be very sensitive. Keep in mind that all of your replies are strictly confidential and voluntary. Recall that you may skip any questions that you do not wish to answer.

In the past 12 months...		Not at all	Slightly	Moderately	Very	Extremely
a.	How physically pleasurable did you find your sexual relationship with your husband or partner to be?	1	2	3	4	5
b.	How emotionally satisfying did you find your sexual relationship with your husband or partner to be?	1	2	3	4	5

8. During the past 12 months, about how often did you have sex with your husband or partner?

❑ Once a day or more
❑ 3 to 6 times a week
❑ Once or twice a week
❑ 2 to 3 times a month
❑ Once a month or less
❑ Not at all

9. If you have decreased or stopped sexual activities with your husband or partner, please indicate whether each of the following was a reason.

a. My illness ❑ Yes ❑ No
b. Husband's or partner's illness ❑ Yes ❑ No
c. My physical changes ❑ Yes ❑ No
d. Husband's or partner's physical changes ❑ Yes ❑ No
e. I lost interest ❑ Yes ❑ No
f. Husband or partner lost interest ❑ Yes ❑ No
g. No privacy ❑ Yes ❑ No
h. My emotional problems ❑ Yes ❑ No
i. Husband's or partner's emotional problems ❑ Yes ❑ No
j. Other; *Please specify*: _____ ❑ Yes ❑ No

XIII. Social and Civic Participation

We find that sometimes people have trouble remembering whether or not they voted in a specific election. And sometimes people think about voting, but then do not.

The next question asks whether or not you voted in the general election on Tuesday, November 5, 2002. Before you answer the question, try to remember who was on the ballot, how you got to the polls if you did vote -- details that would help you know for sure if you voted in the November 5, 2002 general election.

1. Now that you have thought about it, which of these statements best describes you:

- ❑ I did not vote in the election in November 2002.
- ❑ I thought about voting in November 2002, but did not.
- ❑ I usually vote, but did not vote in November 2002.
- ❑ I am sure I voted at the polls in the election in November 2002.
- ❑ I am sure I voted by absentee ballot in November 2002.

2. Generally speaking, do you usually think of yourself as a Republican, Democrat, Independent, or what?

- ❑ Republican
- ❑ Democrat
- ❑ Independent but leaning towards Republican
- ❑ Independent but leaning towards Democrat
- ❑ Independent
- ❑ Other; *Please specify*_____

3. We hear a lot of talk these days about political liberals and conservatives. Where would you place yourself on this scale?

- ❑ Extremely liberal
- ❑ Liberal
- ❑ Slightly liberal
- ❑ Moderate, middle of the road
- ❑ Slightly conservative
- ❑ Conservative
- ❑ Extremely conservative

Here are some questions about leisure time activities. Please tell us about your activities during the past four weeks, 10 years ago, and when you were about 35 years old. Please write a "0" if you do not do this activity at all.

How many times, if at all...	**During the past 4 weeks?**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
4. have you gotten together with friends? We mean like going out together or visiting in each other's homes.	_____times	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
5. have you gotten together socially with relatives?	_____times	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

6. *For this section, please provide your response in **hours per <u>week</u>**.*	**During the <u>past year</u>, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a. Watching television	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b. Reading books, magazines, newspapers or other reading material	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c. Talking on the phone with friends or relatives	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
CONTINUED ON NEXT PAGE...			

6. *For this section, please provide your response in **hours per week**.*	**During the past year, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
Different types of reading...			
d. Reading on the job	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
e. Reading biographies or other non-fiction books	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
f. Reading the Bible or other religious materials	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
g. Reading magazines or newspapers	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
h. Reading fiction	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

7. *For this section, please provide your response in **hours per month**.*	**During the past year, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a. Letter writing (not including e-mail)	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b. Playing cards or board games, including games on a computer	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c. Painting, drawing or other art	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
CONTINUED ON NEXT PAGE...			

7. *For this section, please provide your response in* ***hours per month.***	**During the past year, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
d. Playing a musical instrument	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
e. Going to the movies	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
f. Going to a lecture, concert, play, museum or similar activity	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
g. Going out to a restaurant or bar	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
h. Working crossword puzzles or other word games	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
i. Crafts or hobbies such as needlework, woodworking, model trains, jigsaw puzzles, etc.	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
j. Making home repairs, car repairs or other handy work	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
k. Hunting or fishing (in season)	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

There are many ways to get exercise, and people sometimes do these activities alone and sometimes with others. We would like to know how many hours per month you spend on activities like the following.

8. *For this section, please provide your response in* ***hours per month.***		**During the <u>past year</u>, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a.	Light physical activities that you do alone, such as light housework, gardening, or walking by yourself	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b.	Light physical activities that you do with others, such as walking with friends, bowling, playing softball or other team sports with light activity	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c.	Vigorous physical activities that you do alone, such as jogging, swimming, biking, or going to the gym by yourself	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
d.	Vigorous physical activities that you do with others such as jogging, swimming, biking, or going to the gym with friends or playing team sports	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

Here is a list of clubs and organizations to which many people belong.

9. Please indicate your level of involvement with each activity in the <u>past 12 months</u>.						
Circle one number for each question.		Not involved	Very little	Some	Quite a bit	A great deal
a.	A church, temple or other place of worship	1	2	3	4	5
b.	Church connected groups, but not the church itself	1	2	3	4	5
c.	Labor unions	1	2	3	4	5
d.	Veterans' organizations	1	2	3	4	5
e.	Fraternal organizations or lodges	1	2	3	4	5
f.	Business or civic groups	1	2	3	4	5
g.	Parent-teachers' associations	1	2	3	4	5
h.	Community centers	1	2	3	4	5
i.	Organizations of people of the same nationality	1	2	3	4	5
j.	Sport teams	1	2	3	4	5
k.	Country club	1	2	3	4	5
l.	Youth groups (Scout leader, etc.)	1	2	3	4	5
m.	Professional groups	1	2	3	4	5
n.	Political clubs or organizations	1	2	3	4	5
o.	Neighborhood improvement organizations	1	2	3	4	5
p.	Charity or welfare organizations	1	2	3	4	5
q.	Hobby groups	1	2	3	4	5
r.	Other; *Please specify*_____	1	2	3	4	5
s.	Other; *Please specify*_____	1	2	3	4	5

10. If your home does NOT have a connection to the Internet, check here ❑ and SKIP to Question 11.

Which of the following were among the most important reasons why your household first obtained Internet access?

Check all that apply	Not True	True for you	True for your spouse	True for someone else in your household
a. Interested in using the Web for recreation	❑	❑	❑	❑
b. Doing tasks related to one's job	❑	❑	❑	❑
c. Using e-mail to communicate with one of your children	❑	❑	❑	❑
d. Using e-mail to communicate with one of your siblings	❑	❑	❑	❑
e. Using e-mail to communicate with other relatives	❑	❑	❑	❑
f. Using e-mail to communicate with friends	❑	❑	❑	❑

11. If you NEVER use e-mail from any location, check here ❑ and SKIP to Question 14.

How often do you send or receive personal e-mail messages from the following people: *Circle one number for each question.*	Almost daily (or more)	More than once per week	More than once per month	Less than once per month	Never
a. Your spouse?	1	2	3	4	5
b. Your children?	1	2	3	4	5
c. Your siblings?	1	2	3	4	5
d. Your grandchildren?	1	2	3	4	5
e. Other relatives?	1	2	3	4	5
f. Co-workers (related to your job)?	1	2	3	4	5
g. Co-workers (not related to your job)?	1	2	3	4	5
h. Friends?	1	2	3	4	5
12. How often do you receive forwarded messages (joking, spiritual, political, etc., but <u>not</u> advertisements) sent to you by people you know but originally created by someone you don't know?	1	2	3	4	5
13. How often do you forward such messages on to other people you know?	1	2	3	4	5

14. If you do NOT use either the World Wide Web or e-mail, check here ❑ and SKIP to Question 15.

About how many <u>hours each week</u> do you use the World Wide Web or e-mail from the following locations?

	At home?	At work?	At another location?
a. Using the World Wide Web	_____ hrs	_____ hrs	_____ hrs
b. Using e-mail	_____ hrs	_____ hrs	_____ hrs

15. The following are some reasons why people engage in volunteer activities. **If you have volunteered, please indicate how important or accurate each of the following possible reasons for volunteering are for you. If you have not, please indicate how important/accurate each of the reasons for volunteering <u>would be</u> for you**.

Circle one number for each question.	Not at all important/ accurate						Extremely important/ accurate
a. Others with whom I am close place a high value on community service.	1	2	3	4	5	6	7
b. Volunteering helps me work through my own personal problems.	1	2	3	4	5	6	7
c. I feel compassion toward people in need.	1	2	3	4	5	6	7
d. I can explore my own strengths.	1	2	3	4	5	6	7
e. Volunteering makes me feel needed.	1	2	3	4	5	6	7
f. Volunteering makes me feel better about myself.	1	2	3	4	5	6	7
g. I feel it is important to help others.	1	2	3	4	5	6	7
h. Volunteering is an important activity to the people I know the best.	1	2	3	4	5	6	7
i. Volunteering is a good escape from my own troubles.	1	2	3	4	5	6	7
j. I can learn how to deal with a variety of people.	1	2	3	4	5	6	7

16. Please indicate how much you agree or disagree with the following statements.

Circle one number for each question.	Agree Strongly						Disagree Strongly
a. Doing volunteer work is something I rarely even think about.	1	2	3	4	5	6	7
b. I would feel a loss if I were forced to give up volunteer work.	1	2	3	4	5	6	7
c. Volunteering is an important part of who I am.	1	2	3	4	5	6	7

Is there an e-mail address where we can send you information about the Wisconsin Longitudinal Study?

❑ Yes, my e-mail address is _____

(The Wisconsin Longitudinal Study will never share your e-mail address with anyone else.)

❑ No

Thank you and please feel free to contact us with any questions or comments you may have at: wls@wisls.info

Mailed SAQ for Female Sibling Respondents

Return to Tab 7

I. Health

We would like to begin the questionnaire with some general questions about your health.

1. How would you rate your health...

Circle one number for each question.	Very Poor	Poor	Fair	Good	Excellent
a. at the present time?	1	2	3	4	5
b. compared with other people your age and sex?	1	2	3	4	5

2. Compared with 10 years ago...

Circle one number for each question.	Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a. how would you rate your health?	1	2	3	4	5
b. how would you rate your appearance?	1	2	3	4	5

Now we have some questions about your health during the period when you were growing up, through age 16.

3. Would you say that your health as a child was excellent, very good, good, fair or poor?

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

4.	**Please indicate whether you had any of the following illnesses or treatments as a child or young adult.**		
Circle one number for each question.		Yes	No
a.	Asthma	1	2
b.	Frequent ear infections	1	2
c.	Removal of tonsils and/or adenoids	1	2
d.	Chronic Bronchitis	1	2
e.	Whooping cough (Pertussis)	1	2
f.	Polio	1	2
g.	Diphtheria	1	2
h.	Hepatitis	1	2
i.	Pneumonia	1	2
j.	Meningitis	1	2
k.	Mono (Infectious mononucleosis)	1	2

5.	**While you were growing up, through age 16...**	Yes	No
a.	because of a health condition, did you ever miss school for one month or more?	1	2
b.	because of a health condition, were you ever confined to bed or home for one month or more?	1	2
c.	because of a health condition, were your sports or physical activities ever restricted for 3 months or more?	1	2

d. If yes, what was the most serious health condition that caused these problems?

*Please specify:*_____

6. <u>During the last year</u>, how many days, if any, did you stay in bed for more than half of the day because of illness or injury? *Write the number of days or check none.*

_____ # of Day(s) ❑ None

The following questions are about activities you might do during a typical day.

7. Does your health now limit you in these activities? If so, how much?

Circle one number for each question.	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
b. Climbing several flights of stairs	1	2	3

8. Do you have any difficulty...	Yes	No
a. lifting and carrying something as heavy as 10 lbs - such as a bag of groceries?	1	2
b. lifting and carrying something as heavy as 25 lbs - such as a bag of pet food?	1	2
c. pushing and pulling large objects such as a living room chair?	1	2
d. standing or being on your feet for one hour?	1	2
e. sitting for one hour?	1	2
f. stooping, crouching or kneeling?	1	2
g. reaching over your head?	1	2

h. If yes, what condition is the main reason for your difficulty?

Please specify: _____

9. During the past four weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?

a. Accomplished less than you would like ❑ Yes ❑ No

b. Were limited in the kind of work or other activities ❑ Yes ❑ No

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

a. Accomplished less than you would like ❑ Yes ❑ No

b. Did work or other activities less carefully than usual ❑ Yes ❑ No

11. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

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

12. 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...		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
a.	have you felt calm and peaceful?	1	2	3	4	5	6
b.	did you have a lot of energy?	1	2	3	4	5	6
c.	have you felt downhearted and blue?	1	2	3	4	5	6

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

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

14. In the last 12 months, have you...

Circle one number for each question.		Yes	No
a.	had a complete health exam or physical?	1	2
b.	had a routine dental check-up?	1	2
c.	had a heart or exercise stress test?	1	2
d.	had a cholesterol test?	1	2
e.	had a blood pressure check?	1	2
f.	had a flu shot?	1	2
g.	visited a chiropractor?	1	2
h.	had a pelvic exam or Pap smear?	1	2
i.	had a mammogram?	1	2
j.	done a breast self-exam ?	1	2

15. The following is a list of physical symptoms that people sometimes experience.	**15a. How <u>often</u> have you had this symptom in the <u>past six months</u>?** *Circle ONE number for each symptom.*				**15b. How much <u>discomfort</u> has this symptom caused you in the <u>past six months</u>?** *Circle ONE number for each symptom you experienced.*			
	Have not had	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Aching muscles	1	2	3	4	1	2	3	4
b. Back pain/strain	1	2	3	4	1	2	3	4
c. Bone pains	1	2	3	4	1	2	3	4
d. Chest pain	1	2	3	4	1	2	3	4
e. Constipation	1	2	3	4	1	2	3	4
f. Coughing/wheezing	1	2	3	4	1	2	3	4
g. Diarrhea	1	2	3	4	1	2	3	4
h. Difficulties with or painful sexual intercourse	1	2	3	4	1	2	3	4
i. Dizziness/faintness	1	2	3	4	1	2	3	4
j. Excessive sweating	1	2	3	4	1	2	3	4
k. Fatigue/exhaustion	1	2	3	4	1	2	3	4
l. Headache	1	2	3	4	1	2	3	4
m. Lack of energy	1	2	3	4	1	2	3	4
n. Neck and/or shoulder pain	1	2	3	4	1	2	3	4
o. Numbness	1	2	3	4	1	2	3	4
p. Pain in your hands/wrists	1	2	3	4	1	2	3	4
q. Pain in your ankles/knees	1	2	3	4	1	2	3	4
r. Palpitations (feeling your heart pound or race)	1	2	3	4	1	2	3	4
s. Ringing in ears	1	2	3	4	1	2	3	4
t. Shortness of breath	1	2	3	4	1	2	3	4
u. Skin problems	1	2	3	4	1	2	3	4
v. Stiff/swollen joints	1	2	3	4	1	2	3	4
w. Trouble sleeping	1	2	3	4	1	2	3	4
x. Upset stomach	1	2	3	4	1	2	3	4
y. Urination problems	1	2	3	4	1	2	3	4

16. Has a medical professional ever said you have any of the illnesses or conditions listed below?			**16a. How old were you when first diagnosed with this illness or condition?**	**16b. How much does each of your illnesses or conditions currently interfere with what you like to do?** *Circle one only for each of your illnesses or conditions.*				
Circle one for each illness or condition.	Yes	No	*At what age?*	Not at all	Very little	Some	Quite a bit	A great deal
a. Allergies: *Please specify*_____	1	2	_____	1	2	3	4	5
b. Asthma	1	2	_____	1	2	3	4	5
c. Chronic bronchitis/Emphysema	1	2	_____	1	2	3	4	5
d. Chronic sinus problems	1	2	_____	1	2	3	4	5
e. Circulation problems	1	2	_____	1	2	3	4	5
f. Fibromyalgia	1	2	_____	1	2	3	4	5
g. High cholesterol	1	2	_____	1	2	3	4	5
h. Irritable bowel syndrome	1	2	_____	1	2	3	4	5
i. Kidney/bladder problems	1	2	_____	1	2	3	4	5
j. Multiple sclerosis	1	2	_____	1	2	3	4	5
k. Osteoporosis	1	2	_____	1	2	3	4	5
l. Serious back trouble	1	2	_____	1	2	3	4	5
m. Ulcer	1	2	_____	1	2	3	4	5

17. Have you ever had... *Circle one number for each question.*	Yes	No
a. cataract surgery?	1	2
b. an angiogram, angioplasty or cardiac catheterization?	1	2
c. colonoscopy, sigmoidoscopy or endoscopy?	1	2
d. a joint replaced? *Please specify which joint was replaced* _____	1	2

18. Have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?

❑ **Yes** ❑ **No**

II. Women's Health

1. How old were you when you FIRST started menstruating? _____years old

2. Have you ever had surgery to remove your uterus and/or ovaries? *Check all that apply.*

- ❑ No, I did not have surgery → **Please go to Question 3 below.**
- ❑ Yes, One Ovary → At what age? _____
- ❑ Yes, Both Ovaries → At what age? _____
- ❑ Yes, Uterus → At what age? _____

3. How old were you when you had your last period? _____ years old

4. Have you ever taken hormones for menopausal or aging symptoms?

❑ Yes ❑ No **(Please go to Question 14, Page 9)**

The following questions are about the hormones you have taken for menopausal or aging symptoms.

5. What medications have you taken? Are you still taking them? When did you take them?

Medications	Ever taken? *Circle Yes or No*	Age started?	Currently taking? *Circle Yes or No*	Age stopped?
a. Estrogen and Progesterone	Yes No	_____	Yes No	_____
b. Estrogen alone	Yes No	_____	Yes No	_____
c. Testosterone	Yes No	_____	Yes No	_____
d. Some other hormone *Please specify*: _____	Yes No	_____	Yes No	_____

6. Before you started taking hormones for menopausal or aging symptoms, had you already stopped having menstrual periods?

❑ Yes ❑ No **(Please go to Question 8 below)**

7. How old were you when you had your last period, BEFORE you started taking hormones for menopausal or aging symptoms?

_____ years old

8. How important to you were each of the following reasons for taking hormones for menopausal or aging symptoms?

Circle one number for each reason.	Not at all important	Slightly important	Moderately important	Very important
a. To relieve menopausal symptoms (hot flashes, night sweats)	1	2	3	4
b. To prevent osteoporosis (brittle bones)	1	2	3	4
c. To relieve mood swings, depression or anxiety	1	2	3	4
d. To prevent heart disease	1	2	3	4
e. Because I had an early menopause	1	2	3	4
f. Because I had my ovaries removed	1	2	3	4
g. To regulate monthly periods	1	2	3	4
h. Because I was having difficulties with sexual intercourse	1	2	3	4
i. To keep me youthful	1	2	3	4
j. My doctor recommended it	1	2	3	4
k. Other reason; *Please specify*_____	1	2	3	4

9. Have you <u>ever stopped</u> taking hormones for menopausal or aging symptoms?

❑ Yes ❑ No (**Please go to Question 14, Page 9)**

10. At what age did you stop taking hormones for menopausal or aging symptoms?

_____ years old

11. How important to you were each of the following reasons for <u>stopping</u> hormones for menopausal or aging symptoms?

Circle one number for each reason.	Not at all important	Slightly important	Moderately important	Very important
a. I was feeling better	1	2	3	4
b. Hormones didn't help me feel any better	1	2	3	4
c. I didn't like having periods again	1	2	3	4
d. I didn't feel like taking it anymore	1	2	3	4
e. I had difficulty remembering to take it	1	2	3	4
f. I was concerned about possible side effects	1	2	3	4
g. I was concerned about possible long term effects	1	2	3	4
h. My doctor advised me to stop	1	2	3	4
i. I was influenced by increased news stories about hormone replacement therapy	1	2	3	4
j. I was having side effects; *Please specify* _____	1	2	3	4
k. Other reason; *Please specify*_____	1	2	3	4

12. When you stopped taking hormones, did you experience any menopausal or aging symptoms?

❑ Yes ❑ No

13. Since stopping, have you again started taking hormones for menopausal or aging symptoms?

❑ Yes ❑ No

14. IF YOU ARE MARRIED, would you say that your SPOUSE'S health is excellent, very good, good, fair or poor?

❑ Excellent
❑ Very Good
❑ Good
❑ Fair
❑ Poor
❑ Not Married

Questions 15-17 concern men's health issues and appear only on questionnaires sent to men.

18. Including living and deceased persons, have any of the following biological relatives had any of the following diseases?

Check all that apply and specify the type(s) of cancer.	My mother	My father	Any of my brothers	Any of my sisters
a. Don't know about this person's health/No such relative	❑	❑	❑	❑
b. High blood pressure (or hypertension)	❑	❑	❑	❑
c. High blood cholesterol	❑	❑	❑	❑
d. Stroke before age 65	❑	❑	❑	❑
e. Stroke age 65 or older	❑	❑	❑	❑
f. Heart attack before age 55	❑	❑	❑	❑
g. Heart attack age 55 or older	❑	❑	❑	❑
h. Diabetes (or high blood sugar)	❑	❑	❑	❑
i. Alzheimer's disease	❑	❑	❑	❑
j. Asthma	❑	❑	❑	❑
k. Osteoporosis	❑	❑	❑	❑
l. Cancer:	❑	❑	❑	❑
Please use the lines in each column to indicate the name of the organ or system of the body where the cancer occurred.	_____ _____	_____ _____	_____ _____	_____ _____

19. Overall in the last 30 days...	None	Mild	Moderate	Severe	Extreme
a. How much of a problem did you have with moving around?	1	2	3	4	5
b. How much difficulty did you have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5
c. How much of a problem did you have with feeling sad, low or depressed?	1	2	3	4	5
d. How much of a problem did you have with worry or anxiety?	1	2	3	4	5

Imagine that the people described below are the same age that you are. Using the same scale that you used on the preceding page when talking about aspects of your own health, **how would you rate the health of these people**?

Circle one response for each question.	None	Mild	Moderate	Severe	Extreme
20. Mary has a lot of swelling in her legs due to her health condition. She has to make an effort to walk around her home as her legs feel heavy.					
a. Overall, how much of a problem does Mary have with moving around?	1	2	3	4	5
b. How much difficulty does Mary have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5
21. Judith feels depressed most of the time. She weeps frequently and feels hopeless about the future. She feels that she has become a burden on others and that she would be better dead.					
a. How much of a problem does Judith have with feeling sad, low or depressed?	1	2	3	4	5
b. How much of a problem does Judith have with worry or anxiety?	1	2	3	4	5
22. Carol is able to walk distances of up to ⅛ mile without any problems but feels tired after walking ½ mile or climbing up more than one flight of stairs. She has no problems with day-to-day physical activities, such as carrying food from the market.					
a. Overall, how much of a problem does Carol have with moving around?	1	2	3	4	5
b. How much difficulty does Carol have in vigorous activities, such as running 2 miles or cycling?	1	2	3	4	5
23. Barbara worries often about her health. She gets depressed once a week for a day or two, thinking about what could go wrong and all the illnesses she could get, but is able to come out of this mood if she concentrates on something else.					
a. How much of a problem does Barbara have with feeling sad, low or depressed?	1	2	3	4	5
b. How much of a problem does Barbara have with worry or anxiety?	1	2	3	4	5

24. How often do you have your eyes examined?

- ❑ Once per year or more often
- ❑ Every 1 to 2 years
- ❑ Less often than every 2 years
- ❑ Never

25. Which type of vision correction do you regularly use? *(Check ALL that apply.)*

- ❑ Prescription glasses
- ❑ Prescription contact lenses
- ❑ Non-Prescription magnifying glasses
- ❑ No vision corrections

26. Have you had your hearing checked in the past 5 years?

❑ Yes ❑ No

27. Do people that live with you or are close to you ask you whether you think that you should have your hearing checked?

❑ Yes ❑ No

28. Which of the following best describes your use of hearing aids?

- ❑ I have hearing aids for one or both ears and use them regularly
- ❑ I have hearing aids for one or both ears but do **not** use them regularly
- ❑ I do not own hearing aids

Do you find that any of the following problems have INCREASED for you in the last 12 months or last 5 years?

29. Have you experienced increased problems with... *Circle one response for each question.*	Problems increased in last 12 months? *Circle Yes or No*	Problems increased in last 5 years? *Circle Yes or No*
a. hearing conversations in person?	Yes No	Yes No
b. hearing conversations on the phone?	Yes No	Yes No
c. understanding spoken instructions from your doctor, employer or other person?	Yes No	Yes No
d. reading small print on medicine bottles or other places?	Yes No	Yes No
e. understanding written instructions?	Yes No	Yes No

III. Social Background

1. In what city, county and state were you born? _____ _____ _____

(City) (County) (State)

2. How much did you weigh at birth? *(If you do not remember and could look in your personal or family records, we would appreciate it.)*

_____lbs _____ oz

3. What is your race or origin? *Please mark one or more boxes to indicate what you consider yourself to be.*

❑ White ❑ Black, African-American or Negro ❑ Asian; *Please Specify* _____

❑ Indian (American) or Alaska Native: *Please print name of enrolled or principal tribe*_____

❑ Pacific Islander; *Please Specify* _____ ❑ Hispanic, Latino or Spanish Origin ❑ Some other race; *Please Specify*_____

IV. Values and Attitudes

This section lists a number of statements that you may or may not agree with. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

1A. *Circle one number for each question.*		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a.	It is important for a man to have a male friend he can confide in.	1	2	3	4	5
b.	When a husband and wife make decisions about buying major things for the home, the husband should have final say.	1	2	3	4	5
c.	A man should always try to project an air of confidence even if he really doesn't feel confident inside.	1	2	3	4	5
d.	A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.	1	2	3	4	5
e.	It bothers me when a man does something that I consider "feminine."	1	2	3	4	5
f.	A husband whose wife is working full-time should spend just as many hours doing housework as his wife.	1	2	3	4	5
g.	Men have greater sexual needs than women.	1	2	3	4	5
h.	When a man is feeling pain he should not let it show.	1	2	3	4	5
i.	In some kinds of situations a man should be ready to use his fists.	1	2	3	4	5
j.	It is important for a woman to have a female friend she can confide in.	1	2	3	4	5
k.	Being larger, stronger-looking, and more muscular makes men more attractive to women.	1	2	3	4	5

This section lists a number of characteristics that may or may not apply to you. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

1.	**I see myself as someone who...**	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	is talkative.	1	2	3	4	5	6
b.	tends to find fault with others.	1	2	3	4	5	6
c.	does a thorough job.	1	2	3	4	5	6
d.	is reserved.	1	2	3	4	5	6
e.	prefers the conventional, traditional.	1	2	3	4	5	6
f.	is full of energy.	1	2	3	4	5	6
g.	prefers work that is routine and simple.	1	2	3	4	5	6
h.	is a reliable worker.	1	2	3	4	5	6
i.	can be tense.	1	2	3	4	5	6
j.	tends to be quiet.	1	2	3	4	5	6
k.	values artistic, aesthetic experiences.	1	2	3	4	5	6
l.	tends to be disorganized.	1	2	3	4	5	6
m.	is emotionally stable, not easily upset.	1	2	3	4	5	6
n.	has an active imagination.	1	2	3	4	5	6
o.	is sometimes rude to others.	1	2	3	4	5	6
p.	is generally trusting.	1	2	3	4	5	6
q.	is lazy at times.	1	2	3	4	5	6
r.	worries a lot.	1	2	3	4	5	6
s.	wants things to be simple and clear-cut.	1	2	3	4	5	6
t.	is sometimes shy, inhibited.	1	2	3	4	5	6
u.	does things efficiently.	1	2	3	4	5	6
v.	generates a lot of enthusiasm.	1	2	3	4	5	6
w.	can be cold and aloof.	1	2	3	4	5	6
x.	remains calm in tense situations.	1	2	3	4	5	6
y.	is considerate to almost everyone.	1	2	3	4	5	6
z.	gets nervous easily.	1	2	3	4	5	6
aa.	is sophisticated in art, music or literature.	1	2	3	4	5	6
bb.	likes to cooperate with others.	1	2	3	4	5	6
cc.	is easily distracted.	1	2	3	4	5	6

2. The following questions ask about your general feelings or attitudes. Please indicate how much you agree with each statement.

Circle one number for each question.	Strongly Agree	Agree	Disagree	Strongly Disagree
a. In uncertain times, I usually expect the best.	1	2	3	4
b. If something can go wrong for me, it will.	1	2	3	4
c. I'm always optimistic about my future.	1	2	3	4
d. I hardly ever expect things to go my way.	1	2	3	4
e. I rarely count on good things happening to me.	1	2	3	4
f. Overall, I expect more good things to happen to me than bad.	1	2	3	4

3. Please read each item and indicate to what extent you agree or disagree.

Circle one number for each question.	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. People tend to rely on me for support.	1	2	3	4	5
b. For whatever reason, it is hard for me to get people's attention.	1	2	3	4	5
c. Whatever else may happen, people do not ignore me.	1	2	3	4	5
d. For better or worse, people generally know when I am around.	1	2	3	4	5
e. People are usually aware of my presence.	1	2	3	4	5
f. People count on me to be there in times of need.	1	2	3	4	5

4. Please rate how important each of the following social identities are to you.

Circle one number for each question.	Not Important						Very Important
a. Your work identity	1	2	3	4	5	6	7
b. Your religious identity	1	2	3	4	5	6	7
c. Your most important family identity (e.g., father, wife)	1	2	3	4	5	6	7
d. Your volunteer identity	1	2	3	4	5	6	7
e. Your organization/group identity (e.g., union member, Rotary)	1	2	3	4	5	6	7
f. Your political identity (e.g., Independent)	1	2	3	4	5	6	7
g. Your ethnic group/nationality identity	1	2	3	4	5	6	7

5. Please read the statements below and decide the extent to which each statement describes you.

Circle the number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a. I have been able to create a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
b. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
c. For me, life has been a continuous process of learning, changing and growing.	1	2	3	4	5	6
d. I judge myself by what I think is important, not by what others think is important.	1	2	3	4	5	6
e. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6
f. I used to set goals for myself, but now that seems like a waste of time.	1	2	3	4	5	6
g. In general, I feel confident and positive about myself.	1	2	3	4	5	6
h. It's difficult for me to voice my opinions on controversial matters.	1	2	3	4	5	6
i. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
j. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
k. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
l. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
m. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
n. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
o. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
p. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
q. I like most aspects of my personality.	1	2	3	4	5	6
r. It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
s. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
t. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
u. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
v. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
w. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
x. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
y. I have confidence in my opinions even if they are contrary to the general consensus.	1	2	3	4	5	6
z. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
aa. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6

CONTINUED ON NEXT PAGE...

5. Please read the statements below and decide the extent to which each statement describes you.						
Circle the number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
bb. The demands of everyday life often get me down.	1	2	3	4	5	6
cc. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
dd. I tend to be influenced by people with strong opinions	1	2	3	4	5	6
ee. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
ff. I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5	6
gg. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
hh. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
ii. I am good at juggling my time so that I can fit everything in that needs to get done.	1	2	3	4	5	6
jj. I don't have many people who want to listen when I need to talk.	1	2	3	4	5	6
kk. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
ll. I know I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
mm. I made some mistakes in the past but I feel that all in all everything has worked out for the best.	1	2	3	4	5	6
nn. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
oo. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6
pp. Being happy with myself is more important to me than having others approve of me.	1	2	3	4	5	6
qq. Most people see me as loving and affectionate.	1	2	3	4	5	6
rr. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
ss. I do not fit very well with people and community around me.	1	2	3	4	5	6
tt. I often change my mind about decisions if my friends or family disagree.	1	2	3	4	5	6
uu. I don't want to try new ways of doing things -- my life is fine the way it is.	1	2	3	4	5	6
vv. I generally do a good job taking care of my personal finances and affairs.	1	2	3	4	5	6
ww. I tend to focus on the present because the future nearly always brings me problems.	1	2	3	4	5	6
xx. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
yy. There is truth to the saying you can't teach an old dog new tricks.	1	2	3	4	5	6
za. I tend to worry about what other people think of me.	1	2	3	4	5	6
zb. The past had its ups and downs, but in general, I wouldn't want to change it.	1	2	3	4	5	6
zc. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6

V. Work and Family

1. Here are two ladders. There are ten stairs in total from the bottom to the top.

a. Think of this ladder as representing where people stand in America.

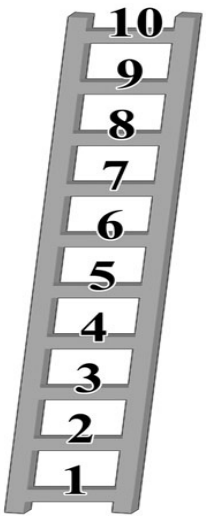
At the top of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs.

At the bottom are the people who are the worst off – who have the least money, least education and the least respected jobs or no jobs.

The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

If you consider your current situation and compare it with all other people in America, where would you place yourself on this ladder?

Please circle the number that applies to you in America.



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b. Now think of this ladder as representing where people stand in their communities, that is, where they live and the surrounding area.

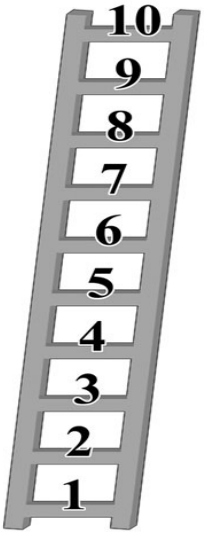
At the top of the ladder are the people who have the highest standing in their community.

At the bottom are the people who have the lowest standing in their community.

The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

If you consider your current situation and compare it with all other people in your community, where would you place yourself on this ladder?

Please circle the number that applies to you in your community.



2. Please compare the importance of each of the following job characteristics with the IMPORTANCE OF HIGH PAY.							
Circle the number that best describes the IMPORTANCE of each characteristic COMPARED TO HIGH PAY.	**Much more** important than high pay	**Moderately more** important than high pay	**Slightly more** important than high pay	**Same** importance as high pay	**Slightly less** important than high pay	**Moderately less** important than high pay	**Much less** important than high pay
a. Having the opportunity to get on-the-job training.	1	2	3	4	5	6	7
b. Being able to do different things rather than the same things over and over.	1	2	3	4	5	6	7
c. Having a low risk of losing your job.	1	2	3	4	5	6	7
d. Being able to decide what time to come to work and when to leave.	1	2	3	4	5	6	7
e. Being able to work without frequent checking by a supervisor.	1	2	3	4	5	6	7
f. Being able to avoid getting dirty on the job.	1	2	3	4	5	6	7
g. Having a job that other people regard highly.	1	2	3	4	5	6	7
h. Having a job that provides health insurance.	1	2	3	4	5	6	7
i. Having a job that provides a pension plan.	1	2	3	4	5	6	7

3. Have you ever been employed, including self-employment?

❑ Yes **(Please go to Question 4 on the next page)** ❑ No **(Please go to Question 1 on Page 24)**

4. Have you retired from ANY job since 1992, even if you later returned to work?

❑ **Yes, have retired** - Name of employer from which you **FIRST** retired since 1992_____

❑ **No, have not retired** - Name of your current or last employer _____

The next questions are about the job you have just listed. If you are not working or retired now, please answer these questions anyway, thinking back to when you were working at this job.

5. The following statements have to do with the way family life and work life can influence each other.

For each statement, please circle the number that best describes your situation when you worked for this employer.		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a.	I can do good work on the job because I am so happy at home.	1	2	3	4	5
b.	My job reduces the amount of time I can spend with the family.	1	2	3	4	5
c.	The things I do at work help me deal with personal and practical issues at home.	1	2	3	4	5
d.	Family worries or problems distract me from my work.	1	2	3	4	5
e.	Family responsibilities make me work harder on the job.	1	2	3	4	5
f.	I can devote a lot of time to my job because of the support I get on the homefront.	1	2	3	4	5
g.	My job takes so much energy I don't feel up to doing things that need attention at home.	1	2	3	4	5
h.	The things I do at work make me a more interesting person at home.	1	2	3	4	5
i.	It is much better for everyone if the man earns the main living and the woman takes care of the home and family.	1	2	3	4	5
j.	Family activities stop me from getting the amount of sleep I need to do my job well.	1	2	3	4	5
k.	The love and respect I get at home make me feel confident about myself at work.	1	2	3	4	5
l.	Job worries or problems distract me when I am at home.	1	2	3	4	5
m.	The skills I use on my job are useful for things I have to do at home.	1	2	3	4	5
n.	Stress at home makes me irritable at work.	1	2	3	4	5
o.	If I didn’t have to work to make a living, I would want to work anyway.	1	2	3	4	5

ONLY ANSWER QUESTIONS ON THIS PAGE IF YOU HAVE *EVER* BEEN EMPLOYED.

6.	**The following questions concern the work that you do or did when you worked for this employer. How often do you...**					
Circle the response that best describes your situation.		Never	Rarely	Sometimes	Often	Very Often
a.	have to lift, pull or carry heavy loads?	1	2	3	4	5
b.	have to work in an awkward posture?	1	2	3	4	5
c.	have to stand for prolonged periods of time?	1	2	3	4	5
d.	have to kneel or squat for prolonged periods of time?	1	2	3	4	5
e.	do repeated lifting, pushing, pulling or bending?	1	2	3	4	5
f.	perform repetitive or forceful hand movements?	1	2	3	4	5

		My immediate boss or supervisor					**Other people at work**				
For each statement, please circle the response that best describes your situation when you worked for the employer named above.		Not at all	A little	Somewhat	Very much	Don't have any such person	Not at all	A little	Somewhat	Very much	Don't have any such person
7.	How much do each of these people go out of their way to do things to make your life easier for you?	1	2	3	4	5	1	2	3	4	5
8.	How easy is it to talk with each of these people?	1	2	3	4	5	1	2	3	4	5
9.	How much can each of these people be relied on when things get tough at work?	1	2	3	4	5	1	2	3	4	5
10.	How much are each of these people willing to listen to your personal problems?	1	2	3	4	5	1	2	3	4	5

ONLY ANSWER QUESTIONS ON THIS PAGE IF YOU HAVE *EVER* BEEN EMPLOYED.

11.	**Please indicate the degree to which you agree or disagree with the following statements about your job with the employer named above.** *For each statement, please circle the response that best describes your situation.*	Strongly Agree	Slightly Agree	Slightly Disagree	Strongly Disagree
a.	My job requires working very fast.	1	2	3	4
b.	My job allows me to make a lot of decisions on my own.	1	2	3	4
c.	My job requires that I learn new things.	1	2	3	4
d.	My job requires working very hard.	1	2	3	4
e.	On my job, I have very little freedom to decide how I do my work.	1	2	3	4
f.	My job involves a lot of repetitive work.	1	2	3	4
g.	I am not asked to do an excessive amount of work.	1	2	3	4
h.	I have a lot of say about what happens on my job.	1	2	3	4
i.	My job requires me to be creative.	1	2	3	4
j.	I have enough time to get the job done.	1	2	3	4
k.	I can determine the order in which my work is to be done.	1	2	3	4
l.	My job requires a high level of skill.	1	2	3	4
m.	I am free from conflicting demands that others make.	1	2	3	4
n.	I can determine when a task is to be done.	1	2	3	4
o.	My job requires long periods of intense concentration.	1	2	3	4
p.	I can easily leave the workplace for a brief period.	1	2	3	4
q.	I get to do a variety of different things on my job.	1	2	3	4
r.	My tasks are often interrupted before they can be completed, requiring attention at a later time.	1	2	3	4
s.	I can interrupt my work if I so desire.	1	2	3	4
t.	My job is very hectic.	1	2	3	4
u.	I have an opportunity to develop my own special abilities.	1	2	3	4
v.	I can determine my own work rate.	1	2	3	4
w.	Waiting on work from other people or departments often slows me down on my job.	1	2	3	4
x.	I have too much work to do everything well.	1	2	3	4
y.	The safety and health conditions where I work are good.	1	2	3	4

ONLY ANSWER QUESTIONS ON THIS PAGE IF YOU HAVE *EVER* BEEN EMPLOYED.

The things people do at their jobs can involve reading and writing, working with their hands and dealing with people, or *sometimes all three at the same time*. For the following questions, please think about an average week at the job you named above. (If you do more than one of these things at the same time it is all right if your hours add up to more than your total time at work.)

12. How many hours per week do or did you spend reading, writing and dealing with written materials?

_____ hours

13. How many hours per week do or did you spend working with your hands, tools or equipment?

_____ hours

14. How many hours per week do or did you spend dealing with people about work—not just passing the time of day?

_____ hours

15. How many hours per week do or did you do the same things over and over?

_____ hours

VI. Dealing with Problems

1. The following questions are about experiences you may have had. We would like you to tell us how old you were the FIRST (or ONLY) time this ever happened, and how old you were the LAST or most recent time this happened. If you have never had such an experience, please indicate that it never happened.

		FIRST or ONLY time this happened **Your age?**	LAST time this happened **Your age?**	Never
a.	A close friend died.	_____	_____	❑
b.	My parent drank or used drugs so much or so regularly it caused problems for the family.	_____	_____	❑
c.	A brother or sister treated me in a way that some would think of as physical abuse.	_____	_____	❑
d.	I experienced a life-threatening flood, fire, storm or some other disaster.	_____	_____	❑
e.	I served in a war or combat.	_____	_____	❑
f.	I witnessed the severe injury or death of another person.	_____	_____	❑
g.	I went deeply into debt or suffered substantial financial loss.	_____	_____	❑
h.	I had serious legal difficulties.	_____	_____	❑
i.	I was in jail or prison.	_____	_____	❑
j.	My spouse (or romantic partner) treated me in a way that some would think of as physical abuse.	_____	_____	❑
k.	One of my children was divorced.	_____	_____	❑
l.	My child had a life-threatening illness or accident.	_____	_____	❑
m.	My adult child moved back into my home.	_____	_____	❑
n.	I had increased responsibility for the care of grandchildren.	_____	_____	❑
o.	My aging parent or in-law moved into my home.	_____	_____	❑
p.	I placed my aging spouse, in-law or parent into a nursing home.	_____	_____	❑
q.	I seriously thought about taking my own life.	_____	_____	❑

2. We are interested in how people respond when they face difficult or stressful events in their lives. The following questions ask you to indicate what you generally do and feel when you experience stressful events. Please answer every item. There are no "right" or "wrong" answers, so circle the most accurate answer for you--not what you think "most people" would say or do.

Generally, when I experience a difficult or stressful event... *Circle one number for each question.*	I usually **do not do this at all**	I usually **do this a little bit**	I usually **do this a medium amount**	I usually **do this a lot**
a. I turn to work or other activities to take my mind off things.	1	2	3	4
b. I concentrate my efforts on doing something about the situation I'm in.	1	2	3	4
c. I say to myself "this isn't real."	1	2	3	4
d. I give up trying to deal with it.	1	2	3	4
e. I take action to try to make the situation better.	1	2	3	4
f. I refuse to believe that it has happened.	1	2	3	4
g. I say things to let my unpleasant feelings escape.	1	2	3	4
h. I try to see it in a different light, to make it seem more positive.	1	2	3	4
i. I criticize myself.	1	2	3	4
j. I try to come up with a strategy about what to do.	1	2	3	4
k. I give up the attempt to cope.	1	2	3	4
l. I look for something good in what is happening.	1	2	3	4
m. I do something to think about it less, such as going to the movies, watching TV, reading, daydreaming, sleeping or shopping.	1	2	3	4
n. I accept the reality of the fact that it has happened.	1	2	3	4
o. I express my negative feelings.	1	2	3	4
p. I learn to live with it.	1	2	3	4
q. I think hard about what steps to take.	1	2	3	4
r. I blame myself for things that happened.	1	2	3	4

VII. Religion and Spirituality

1. The following questions are about being religious and being spiritual.

Please think about what these words mean to you and answer the questions with those meanings in mind.

Circle one number for each question.		Not at all	Not Very	Somewhat	Very	Extremely
a.	How religious are you?	1	2	3	4	5
b.	How spiritual are you?	1	2	3	4	5
c.	How important is religion in your life?	1	2	3	4	5
d.	How important is spirituality in your life?	1	2	3	4	5
e.	How important was it for you – or would it have been if you had children – to send your children for religious or spiritual instruction?	1	2	3	4	5
f.	How closely do you identify with being a member of a religious group?	1	2	3	4	5
g.	How important is it for you to be with other people who are the same religion as you?	1	2	3	4	5
h.	How important do you think it is for people of your religion to marry other people who are the same religion?	1	2	3	4	5
i.	How strongly do you believe that one should stick to a particular faith?	1	2	3	4	5
j.	How important was religion in your home when you were growing up?	1	2	3	4	5
k.	When you have important decisions to make in your life, how much do you rely on your religious or spiritual beliefs?	1	2	3	4	5
l.	How much would your spiritual or religious beliefs influence your medical decisions if you were to become gravely ill?	1	2	3	4	5

2. When you have problems or difficulties in your family, work or personal life, how often do you seek comfort through any of the following religious or spiritual means?				
Circle one number for each question.	Never	Rarely	Sometimes	Often
a. Praying	1	2	3	4
b. Meditating	1	2	3	4
c. Attend a religious or spiritual service	1	2	3	4
d. Talk to a religious or spiritual advisor	1	2	3	4

3. Please indicate how much you agree or disagree with the following statements.					
Circle one number for each question.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
a. The Bible is God's word and everything happened or will happen exactly as it says.	1	2	3	4	5
b. The Bible is the answer to all important human problems.	1	2	3	4	5

VIII. How You've Felt This Past Week

1. Next is a list of the ways you might have felt or behaved during the past week.

	On how many days during the past week did you...	*Circle the **number of days** in the past week you experienced each feeling.*							
a.	feel you could not shake off the blues even with help from your family and friends?	0	1	2	3	4	5	6	7
b.	feel bothered by things that usually don't bother you?	0	1	2	3	4	5	6	7
c.	think your life had been a failure?	0	1	2	3	4	5	6	7
d.	feel happy?	0	1	2	3	4	5	6	7
e.	feel that people were unfriendly?	0	1	2	3	4	5	6	7
f.	feel lonely?	0	1	2	3	4	5	6	7
g.	enjoy life?	0	1	2	3	4	5	6	7
h.	have crying spells?	0	1	2	3	4	5	6	7
i.	feel that people disliked you?	0	1	2	3	4	5	6	7
j.	feel sad?	0	1	2	3	4	5	6	7
k.	feel depressed?	0	1	2	3	4	5	6	7
l.	have trouble keeping your mind on what you were doing?	0	1	2	3	4	5	6	7
m.	not feel like eating, your appetite was poor?	0	1	2	3	4	5	6	7
n.	feel you were just as good as other people?	0	1	2	3	4	5	6	7
o.	feel everything you did was an effort?	0	1	2	3	4	5	6	7
p.	feel hopeful about the future?	0	1	2	3	4	5	6	7
q.	feel fearful?	0	1	2	3	4	5	6	7
r.	sleep restlessly?	0	1	2	3	4	5	6	7
s.	talk less than usual?	0	1	2	3	4	5	6	7
t.	feel you could not "get going"?	0	1	2	3	4	5	6	7
u.	feel irritable, or likely to fight or argue?	0	1	2	3	4	5	6	7
v.	feel like telling someone off?	0	1	2	3	4	5	6	7
w.	feel angry or hostile for several hours at a time?	0	1	2	3	4	5	6	7

2. Next is a list of ways you might have felt or behaved during the past week.

On how many days <u>in the past week</u> did you...		*Circle the **number of days** in the past week you experienced each feeling.*							
a.	feel calm?	0	1	2	3	4	5	6	7
b.	feel furious?	0	1	2	3	4	5	6	7
c.	feel tense?	0	1	2	3	4	5	6	7
d.	feel like banging on the table?	0	1	2	3	4	5	6	7
e.	feel at ease?	0	1	2	3	4	5	6	7
f.	feel angry?	0	1	2	3	4	5	6	7
g.	worry over possible misfortune?	0	1	2	3	4	5	6	7
h.	feel like yelling at somebody?	0	1	2	3	4	5	6	7
i.	feel nervous?	0	1	2	3	4	5	6	7
j.	feel like breaking things?	0	1	2	3	4	5	6	7
k.	feel jittery?	0	1	2	3	4	5	6	7
l.	feel mad?	0	1	2	3	4	5	6	7
m.	feel relaxed?	0	1	2	3	4	5	6	7
n.	feel irritated?	0	1	2	3	4	5	6	7

IX. How You Feel During a Typical Week

In this section, we are interested in learning about the types of feelings you experience during a typical week in your daily life. Some of the questions may seem repetitive, especially since you answered questions about your feelings over the past week in the previous section. However, for this section, please try to keep in mind that we're now interested in learning about how you feel during a typical week.

Please spend a minute or two reviewing the past 7 days in your mind, including weekend days.

1. **Was the week that you have in mind a typical week for you**? ❑ Yes ❑ No

Important: If it was **not** a typical week, please spend a minute or two thinking of a more typical one and then answer the questions that follow.

2. Now please indicate how much you experienced each of the following feelings during this typical week.

Circle one number for each question.		Not at all	A little	Quite a lot	A great deal
a.	Angry/irritated	1	2	3	4
b.	Calm/serene	1	2	3	4
c.	Caring	1	2	3	4
d.	Challenged	1	2	3	4
e.	Confused	1	2	3	4
f.	Delighted	1	2	3	4
g.	Determined	1	2	3	4
h.	Embarrassed	1	2	3	4
i.	Enjoying myself	1	2	3	4
j.	Enthusiastic	1	2	3	4
k.	Friendly/warm	1	2	3	4
l.	Frustrated	1	2	3	4
m.	Helpless	1	2	3	4
n.	Hesitant	1	2	3	4
o.	Interested	1	2	3	4
p.	Lonely	1	2	3	4
q.	Loved	1	2	3	4
r.	Nervous/anxious	1	2	3	4
s.	Nostalgic	1	2	3	4
t.	Protected	1	2	3	4
u.	Resigned	1	2	3	4
v.	Sad/blue	1	2	3	4
w.	Thrilled by something	1	2	3	4
x.	Worried	1	2	3	4

X. Social Relationships

1. Is there a person in your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No

2. Is there a friend outside your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No

3 These questions are about friends and relatives OTHER than your spouse or children.						
For each statement circle one number in each column.		Not at all	A little	Some	Quite a bit	A lot
a.	How much do they make you feel loved and cared for?	1	2	3	4	5
b.	How much do they make too many demands on you?	1	2	3	4	5
c.	How much are they willing to listen to you when you need to talk about your worries or problems?	1	2	3	4	5
d.	How much are they critical of what you do?	1	2	3	4	5

4. Next, we are interested in the help and support that you receive from or give to people (other than a spouse). We are interested here in help that is not paid for. During the past month have you GIVEN the following kinds of help?

Kind of help GIVEN:	*Check the box for EVERYONE that you GAVE each kind of help TO. (other than spouse)*						
	None of these people needed help	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑
d. Help with baby sitting or child care.	❑	❑	❑	❑	❑	❑	❑

5. During the past month have you RECEIVED the following kinds of help?

Kind of help RECEIVED:	*Check the box for EVERYONE that you RECEIVED each kind of help FROM. (other than spouse)*							
	Help not needed	No one available to help	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑
d. Help using a computer or the Internet in your home.	❑	❑	❑	❑	❑	❑	❑	❑

6. Now think about persons (other than a spouse) who you feel you COULD ask for help, IF YOU NEEDED IT.

Kind of help you could ask for:	*Check the box for EVERYONE that you COULD ASK FOR each kind of HELP FROM.*						
	No one	Friends, neighbors, co-workers	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grandchildren	Other relatives
a. Suppose you had to borrow $250 for a few weeks because of an emergency. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑
b. Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice?	❑	❑	❑	❑	❑	❑	❑
c. Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑
d. *(Answer only if you have a computer in your home that you use.)* Suppose you had a problem setting up or using your computer or the Internet that you couldn't figure out. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑

We would like to know more about your family life and experiences while growing up. We realize that some of the questions on this page may be very sensitive. Keep in mind that all of your replies are strictly confidential and voluntary. Recall that you may skip any questions that you do not wish to answer.

7. We would like to ask you about some of your experiences growing up–until you were 18 years old.

Please circle one answer for each statement.	Never	Rarely	Sometimes	Often	Very Often
a. My parents encouraged me to go to college.	1	2	3	4	5
b. I saw a parent or one of my brothers or sisters get beaten in my home.	1	2	3	4	5
c. I knew that there was someone to take care of me and protect me.	1	2	3	4	5

8. The following questions are about how your father and mother treated you while growing up–until you were 18 years old.

For each statement circle one number for your father (or step/foster father) and one number for your mother (or step/foster mother).	8A. **My father** (or step/foster father)				8B. **My mother** (or step/foster mother)			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. insulted or swore at me	1	2	3	4	1	2	3	4
b. slapped, shoved or threw things at me	1	2	3	4	1	2	3	4
c. treated me in a way that I would now consider physical abuse	1	2	3	4	1	2	3	4

9. The following questions are about how your father and other people treated you while growing up–until you were 18 years old.

For each statement circle one number for your father (or step/foster father) and one number for any other person (mother, uncle, brother, neighbor, etc.).	9A. **My father** (or step/foster father)				9B. **Any other person** (mother, uncle, brother, neighbor, etc.)			
	Not at all	A little	Some	A lot	Not at all	A little	Some	A lot
a. had oral, anal or vaginal sex with me against my wishes	1	2	3	4	1	2	3	4
b. used physical violence during an unwanted sexual act with me	1	2	3	4	1	2	3	4
c. treated me in a way that I would now consider sexual abuse	1	2	3	4	1	2	3	4

If you would like to clarify or tell us more about any emotional, physical, or sexual abuse you experienced as a child, please use this space.

XI. Health Behaviors

1. Have you ever smoked a pipe or cigars, or used snuff or chewing tobacco regularly in your entire life?

❑ Yes ❑ No

2. Have you ever smoked cigarettes regularly in your entire life?

❑ Yes ❑ No **(Please go to Question 9, Page 36)**

↓

3. How old were you when you started smoking regularly? _____ years old

4. How often do you smoke <u>now</u>?

❑ Every day ❑ Some days ❑ Not at all **(Please go to Question 7 on this page)**

↓ ↓

5. On average, how many packs do you smoke a day? _____ packs

6. For how many years have you smoked this amount?

_____ years **(Please go to the next page)**

*Please answer questions 7 and 8 only if you have **quit** smoking cigarettes.*

7.	**About how many packs did you usually smoke per day when you smoked regularly?**	_____ packs
8	**How old were you when you last smoked cigarettes?**	_____years old

Everyone

9. Does anyone (other than yourself) regularly smoke cigarettes or other tobacco products INSIDE your home?

- ❑ Yes
- ❑ No

10. At your current or most recent job, did anyone (other than yourself) regularly smoke cigarettes or other tobacco products in your immediate work area?

- ❑ Yes
- ❑ No
- ❑ I have never been employed

11. Up until you were 16 years old, who (other than yourself) in your household smoked?
Check all that apply.

❑ No one ❑ Mother ❑ Father ❑ Someone in my household other than my parents

Circle one number for each question.		Never or rarely	Sometimes	Several nights a week (3-5)	Every night or almost every night	Do not know
12.	According to what others have told you, please estimate how often you snore.	1	2	3	4	5
13.	According to what others have told you, how often, if ever, do you seem to have momentary periods during sleep when you stop breathing or you breathe abnormally?	1	2	3	4	5

14. How often do you have extreme sleepiness in the daytime when you have to struggle against falling asleep?

- ❑ Never or Rarely **(Please go to the next page)**
- ❑ Sometimes
- ❑ Several times a week (3-5)
- ❑ Every day or almost every day

15. Have you had this problem for a month or more?

❑Yes ❑ No

16. How much do you weigh? _____ pounds

17. How tall are you? _____ feet _____ inches

18. Up to the present time, what is the most you have ever weighed? *(Please do not include pregnancies)*

_____pounds

19. How old were you then?

_____ years old

20. What is the least you have ever weighed since you were 18 years old?

_____pounds

21. How old were you then?

_____ years old

22. Do you consider yourself now to be... *Check one answer only.*

- ❑ Overweight
- ❑ Underweight
- ❑ About the right weight
- ❑ Don't know

23. Are you actively trying to lose weight or maintain a desirable weight?

- ❑ No **(Please go to Question 24 below)**
- ❑ Yes, trying to lose weight
- ❑ Yes, trying to maintain a desirable weight

Circle the methods you are using to lose or maintain your weight.		Yes	No
23a.	**Are you eating either fewer calories or less fat?**	1	2
23b.	**Are you using physical activities or exercise?**	1	2
23c.	**Are you using any pill or laxatives?**	1	2
23d.	**Other methods?** *Please specify* _____	1	2

24. Do you ever drink alcoholic beverages?

❑ Yes ❑ No **(Please go to Question 26 on the next page)**

25. The next questions are about alcoholic beverages. *Circle one response for each question.*		Yes	No
a.	When talking with others, do you ever underestimate how much you actually drink?	1	2
b.	After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	1	2
c.	Does having a few drinks help decrease your shakiness or tremors?	1	2
d.	Does alcohol sometimes make it hard for you to remember parts of the day or night?	1	2
e.	Do you usually take a drink to relax or calm your nerves?	1	2
f.	Do you drink to take your mind off your problems?	1	2
g.	Have you ever increased your drinking after experiencing a loss in your life?	1	2
h.	Has a doctor or nurse ever said they were worried or concerned about your drinking?	1	2
i.	Have you ever made rules to manage your drinking?	1	2
j.	When you feel lonely does having a drink help?	1	2

26. Have you ever used the Internet to look for advice or information about YOUR health or health care?

❑ Yes ❑ No **(Please go to Question 30, Page 39)**

27. How <u>often</u> do you use the Internet to look for advice or information about YOUR health or health care?

❑ About once a week (or more)
❑ About once a month
❑ Every few months
❑ Less often than this

28. How much, if at all, has getting health and medical information on the Internet improved the way you take care of your health?

❑ A lot
❑ Some
❑ Only a little
❑ Not at all

29. The last time you looked for information for yourself, did you happen to go looking for this health information:

❑ BEFORE visiting a doctor or clinic
❑ AFTER visiting a doctor or clinic
❑ INSTEAD of visiting a doctor or clinic
❑ UNRELATED TO visiting a doctor or clinic

30. Please think about the doctor that you usually go to when you are sick or need advice about your health and indicate how much you agree or disagree with each statement.

Circle one number for each question.		Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a.	My doctor sufficiently explains the purpose of my medical procedures and tests.	1	2	3	4	5
b.	When there is more than one method to treat a problem, I should be told about each one.	1	2	3	4	5
c.	My doctor is totally honest in telling me about all treatment options available for my condition.	1	2	3	4	5
d.	My doctor always pays complete attention to what I am trying to tell [him/her].	1	2	3	4	5
e.	I believe that my doctor needs to know everything about my medical history to take good care of me.	1	2	3	4	5
f.	I worry that my doctor may share embarrassing information about me with people who have no business knowing it.	1	2	3	4	5
g.	My doctor has not involved me in discussing my treatment options as much as I would like.	1	2	3	4	5
h.	I would rather have my doctor make the decisions about what's best for my health than to be given a whole lot of choices.	1	2	3	4	5
i.	If I had many treatment options, I worry about whether my doctor cares enough to discuss each one with me for as long as I want.	1	2	3	4	5
j.	My doctor has always let me make the final decision about my treatment when I've wanted to.	1	2	3	4	5
k.	The important medical decisions should be made by my doctor, not by me.	1	2	3	4	5
l.	My doctor is the kind of person who will let me make the final decision about my treatment even if [he/she] disagrees.	1	2	3	4	5

31. Please indicate how much you agree or disagree with each statement.

Circle the ONE number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for health care.	1	2	3	4	5
b. If my doctor were not available, I would feel safe visiting another doctor or clinic.	1	2	3	4	5
c. I work hard at trying to stay healthy.	1	2	3	4	5

32. Thinking about your own health care, how would you rate the following?

Circle one number for each question.	Poor	Fair	Good	Very Good	Excellent
a. Convenience of location of the doctor's office	1	2	3	4	5
b. Hours when the doctor's office is open	1	2	3	4	5
c. Access to specialty care if I need it	1	2	3	4	5
d. Access to hospital care if I need it	1	2	3	4	5
e. Access to medical care in an emergency	1	2	3	4	5
f. Access to mental health care if I need it	1	2	3	4	5
g. Arrangements for making appointments for medical care by phone	1	2	3	4	5
h. Length of time spent waiting at the office to see the doctor	1	2	3	4	5
i. Length of time I wait between making an appointment for routine care and the day of my visit	1	2	3	4	5
j. Availability of medical information or advice by phone	1	2	3	4	5
k. Access to medical care whenever I need it	1	2	3	4	5
l. Services available for getting prescriptions filled	1	2	3	4	5
m. Ease of seeing the doctor of my choice	1	2	3	4	5
n Amount of time I have with doctors and staff during a visit	1	2	3	4	5
o. Overall quality of care and services	1	2	3	4	5
p. The amount I pay out-of-pocket (for example, co-payments, deductibles or payments for services not covered by my plan)	1	2	3	4	5

33.	In the past 12 months have you...	Circle one		How many different times?	Cost covered by insurance? Circle one		
a.	seen a doctor or health professional in an office, clinic, or health center? *(Do not include visits to mental health professionals.)*	Yes	No	_____	Fully	Partly	Not at all
b.	visited a mental health professional about a personal problem or a problem with alcohol or drugs?	Yes	No	_____	Fully	Partly	Not at all
c.	been a patient in the hospital for at least one night?	Yes	No	_____	Fully	Partly	Not at all
d.	gone to a hospital emergency room for medical treatment for yourself?	Yes	No	_____	Fully	Partly	Not at all
e.	had outpatient surgery, not including dental care?	Yes	No	_____	Fully	Partly	Not at all
f.	seen a dentist or oral surgeon in an office, clinic or health center?	Yes	No	_____	Fully	Partly	Not at all

34. In the past 12 months, did you take less medication than was prescribed or delay filling your prescriptions because of the cost?

❑ Yes ❑ No **(Please go to question 36 below)**

35. How often did you do this?

❑ Rarely/Once
❑ Sometimes
❑ Often
❑ Usually
❑ Always

36. How many different prescriptions do you take regularly?
(Note: This refers to the number of different medications.)

_____# of prescriptions

37. In the past 12 months, how much have you spent out-of-pocket for your own medical care for the following? *(Include your deductibles. Do not include health insurance premiums, or any other costs already paid by your health insurance.)*

a. Prescriptions $_____
b. Visits to mental health professionals $_____
c. Dental care $_____
d. Other medical care $_____

38. In the past 12 months, did you experience difficulty or delay in obtaining any type of health care, or not receive health care you thought you needed due to any of the reasons listed below? *Circle yes or no for* ***each*** *of the following reasons:*			***For each reason you answered "yes" to:*** **Was this because there was a CHANGE in...**			
			Your health insurance?		**The clinic or physician you usually go to?**	
	Yes	No	Yes	No	Yes	No
a. I couldn't afford medical care.	1	2	1	2	1	2
b. My insurance company wouldn't approve, cover or pay for care.	1	2	1	2	1	2
c. My insurance required a referral but I couldn't get one.	1	2	1	2	1	2
d. My doctor refused to accept my insurance plan.	1	2	1	2	1	2
e. Medical care was too far away.	1	2	1	2	1	2
f. It was too expensive to get there.	1	2	1	2	1	2
g. I couldn't get there when the doctor's office was open.	1	2	1	2	1	2
h. I didn't know where to go to get care.	1	2	1	2	1	2
i. It took too long to get an appointment.	1	2	1	2	1	2
j. I couldn't get through on the telephone to make an appointment.	1	2	1	2	1	2
k. Other; *Please specify*_____	1	2	1	2	1	2

39. Not including government programs such as Medicare or Medicaid, have you EVER had any long-term care insurance which specifically covers any part of personal or medical care in your home or in a nursing home?

- ❑ Yes **(Please go to Question 41 on the next page)**
- ❑ No

40. Why have you never had long-term care insurance?

Check all that apply

- ❑ Premiums were too high
- ❑ Didn't think I needed it
- ❑ Hadn't thought about it
- ❑ Not a good use of money
- ❑ Not eligible
- ❑ Other; *Please specify*_____

41. Please indicate how much you agree or disagree with each statement.

Circle one number for each question.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a.	I'd rather not live than be a burden on someone.	1	2	3	4	5
b.	Having a good quality of life is more important than just keeping alive.	1	2	3	4	5

Next we would like to ask you about the chances that various events will happen in the future. *Please circle one number from 0 to 10, where 0 means you think there is absolutely no chance of it happening and 10 means you think it is absolutely certain to happen. Numbers in between indicate a greater or smaller chance of this event.*

42. What are the chances that...		No chance at all										Absolutely certain
a.	I will live for another 10 years?	0	1	2	3	4	5	6	7	8	9	10
b.	I will live for another 20 years?	0	1	2	3	4	5	6	7	8	9	10
c.	I will ever have to enter a nursing home for some period of time?	0	1	2	3	4	5	6	7	8	9	10
d.	I will have major medical or long-term care expenses that will require me to use up most of my savings?	0	1	2	3	4	5	6	7	8	9	10

If not married, please skip to question #43.

What are the chances that...		No chance at all										Absolutely certain
e.	my spouse will live for another 10 years?	0	1	2	3	4	5	6	7	8	9	10
f.	my spouse will live for another 20 years?	0	1	2	3	4	5	6	7	8	9	10
g.	my spouse will ever have to enter a nursing home for some period of time?	0	1	2	3	4	5	6	7	8	9	10

43. Now here are some statements related to different attitudes toward death. Read each statement carefully, and then indicate the extent to which you agree or disagree.

Circle one number for each question.		Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	I avoid thinking about death altogether.	1	2	3	4	5	6
b.	Death is simply a part of the process of life.	1	2	3	4	5	6
c.	I would neither fear death nor welcome it.	1	2	3	4	5	6
d.	Death should be viewed as a natural, undeniable and unavoidable event.	1	2	3	4	5	6
e.	Whenever the thought of death enters my mind, I try to push it away.	1	2	3	4	5	6

XII. Marriage

1. Are you currently married?

❑ Yes ❑ No **(Please go to Question 6, Page 45)**

2. During the past month, about how often did you and your spouse spend time alone with each other, talking, or sharing an activity?

- ❑ Never
- ❑ About once a month
- ❑ Two or three times a month
- ❑ About once a week
- ❑ Two or three times a week
- ❑ Almost every day

3. In terms of who does household chores, how fair would you say your relationship with your spouse is?

- ❑ Very unfair to me
- ❑ Somewhat unfair to me
- ❑ Fair to both
- ❑ Somewhat unfair to my spouse
- ❑ Very unfair to my spouse

4. The following is a list of subjects on which couples often have disagreements.
How often, if at all, in the last year have you had open disagreements about each of the following?

Circle one number for each question.	Never	Less than once a month	Several times a month	About once a week	Several times a week	Almost everyday
a. Household tasks	1	2	3	4	5	6
b. Money	1	2	3	4	5	6
c. Spending time together	1	2	3	4	5	6
d. Sex	1	2	3	4	5	6

5. The following questions ask about your current relationship with your spouse. **Please indicate your current level of satisfaction or dissatisfaction for each of the items listed below.**

How satisfied are you with...	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
a. the day-to-day support and encouragement provided by your spouse?	1	2	3	4	5	6
b. your spouse's overall personality?	1	2	3	4	5	6
c. the amount of consideration shown by your spouse?	1	2	3	4	5	6
d. the way disagreements are settled?	1	2	3	4	5	6
e. how decisions are made in your marriage?	1	2	3	4	5	6
f. how well your spouse listens to you?	1	2	3	4	5	6

Married persons please go to Question 7.

6. Do you have a sexual partner?

❑ Yes ❑ No **(Please go to Question 1, Page 46)**

7. We realize that some of the questions on this page may be very sensitive. Keep in mind that all of your replies are strictly confidential and voluntary. Recall that you may skip any questions that you do not wish to answer.

In the past 12 months...		Not at all	Slightly	Moderately	Very	Extremely
a.	How physically pleasurable did you find your sexual relationship with your husband or partner to be?	1	2	3	4	5
b.	How emotionally satisfying did you find your sexual relationship with your husband or partner to be?	1	2	3	4	5

8. During the past 12 months, about how often did you have sex with your husband or partner?

❑ Once a day or more
❑ 3 to 6 times a week
❑ Once or twice a week
❑ 2 to 3 times a month
❑ Once a month or less
❑ Not at all

9. If you have decreased or stopped sexual activities with your husband or partner, please indicate whether each of the following was a reason.

a. My illness ❑ Yes ❑ No
b. Husband's or partner's illness ❑ Yes ❑ No
c. My physical changes ❑ Yes ❑ No
d. Husband's or partner's physical changes ❑ Yes ❑ No
e. I lost interest ❑ Yes ❑ No
f. Husband or partner lost interest ❑ Yes ❑ No
g. No privacy ❑ Yes ❑ No
h. My emotional problems ❑ Yes ❑ No
i. Husband's or partner's emotional problems ❑ Yes ❑ No
j. Other; *Please specify*: _____ ❑ Yes ❑ No

XIII. Social and Civic Participation

We find that sometimes people have trouble remembering whether or not they voted in a specific election. And sometimes people think about voting, but then do not.

The next question asks whether or not you voted in the general election on Tuesday, November 5, 2002. Before you answer the question, try to remember who was on the ballot, how you got to the polls if you did vote -- details that would help you know for sure if you voted in the November 5, 2002 general election.

1. Now that you have thought about it, which of these statements best describes you:

- ❑ I did not vote in the election in November 2002.
- ❑ I thought about voting in November 2002, but did not.
- ❑ I usually vote, but did not vote in November 2002.
- ❑ I am sure I voted at the polls in the election in November 2002.
- ❑ I am sure I voted by absentee ballot in November 2002.

2. Generally speaking, do you usually think of yourself as a Republican, Democrat, Independent, or what?

- ❑ Republican
- ❑ Democrat
- ❑ Independent but leaning towards Republican
- ❑ Independent but leaning towards Democrat
- ❑ Independent
- ❑ Other; *Please specify*_____

3. We hear a lot of talk these days about political liberals and conservatives. Where would you place yourself on this scale?

- ❑ Extremely liberal
- ❑ Liberal
- ❑ Slightly liberal
- ❑ Moderate, middle of the road
- ❑ Slightly conservative
- ❑ Conservative
- ❑ Extremely conservative

Here are some questions about leisure time activities. Please tell us about your activities during the past four weeks, 10 years ago, and when you were about 35 years old. Please write a "0" if you do not do this activity at all.

How many times, if at all...	**During the past 4 weeks?**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
4. have you gotten together with friends? We mean like going out together or visiting in each other's homes.	_____times	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
5. have you gotten together socially with relatives?	_____times	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

6. *For this section, please provide your response in **hours per <u>week</u>**.*	**During the <u>past year</u>, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a. Watching television	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b. Reading books, magazines, newspapers or other reading material	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c. Talking on the phone with friends or relatives	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
CONTINUED ON NEXT PAGE...			

6. *For this section, please provide your response in **hours per <u>week</u>**.*	**During the <u>past year</u>, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
Different types of reading...			
d. Reading on the job	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
e. Reading biographies or other non-fiction books	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
f. Reading the Bible or other religious materials	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
g. Reading magazines or newspapers	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
h. Reading fiction	___hours per week	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

7. *For this section, please provide your response in **hours per <u>month</u>.***	**During the <u>past year</u>, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a. Letter writing (not including e-mail)	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b. Playing cards or board games, including games on a computer	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c. Painting, drawing or other art	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
CONTINUED ON NEXT PAGE...			

7. *For this section, please provide your response in* ***hours per month.***	**During the past year, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
d. Playing a musical instrument	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
e. Going to the movies	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
f. Going to a lecture, concert, play, museum or similar activity	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
g. Going out to a restaurant or bar	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
h. Working crossword puzzles or other word games	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
i. Crafts or hobbies such as needlework, woodworking, model trains, jigsaw puzzles, etc.	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
j. Making home repairs, car repairs or other handy work	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
k. Hunting or fishing (in season)	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

There are many ways to get exercise, and people sometimes do these activities alone and sometimes with others. We would like to know how many hours per month you spend on activities like the following:

8. *For this section, please provide your response in **hours per month.***		**During the <u>past year</u>, I did this...**	**How often did you do this about 10 years ago?**	**How often did you do this when you were about 35?**
a.	Light physical activities that you do alone, such as light housework, gardening, or walking by yourself	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
b.	Light physical activities that you do with others, such as walking with friends, bowling, playing softball or other team sports with light activity	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
c.	Vigorous physical activities that you do alone, such as jogging, swimming, biking, or going to the gym by yourself	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never
d.	Vigorous physical activities that you do with others such as jogging, swimming, biking, or going to the gym with friends or playing team sports	___hours per month	❑ Often ❑ Rarely ❑ Never	❑ Often ❑ Rarely ❑ Never

Here is a list of clubs and organizations to which many people belong.

9. Please indicate your level of involvement with each activity in the <u>past 12 months</u>.						
Circle one number for each question.		Not involved	Very little	Some	Quite a bit	A great deal
a.	A church, temple or other place of worship	1	2	3	4	5
b.	Church connected groups, but not the church itself	1	2	3	4	5
c.	Labor unions	1	2	3	4	5
d.	Veterans' organizations	1	2	3	4	5
e.	Fraternal organizations or lodges	1	2	3	4	5
f.	Business or civic groups	1	2	3	4	5
g.	Parent-teachers' associations	1	2	3	4	5
h.	Community centers	1	2	3	4	5
i.	Organizations of people of the same nationality	1	2	3	4	5
j.	Sport teams	1	2	3	4	5
k.	Country club	1	2	3	4	5
l.	Youth groups (Scout leader, etc.)	1	2	3	4	5
m.	Professional groups	1	2	3	4	5
n.	Political clubs or organizations	1	2	3	4	5
o.	Neighborhood improvement organizations	1	2	3	4	5
p.	Charity or welfare organizations	1	2	3	4	5
q.	Hobby groups	1	2	3	4	5
r.	Other; *Please specify*_____	1	2	3	4	5
s.	Other; *Please specify*_____	1	2	3	4	5

10. If your home does NOT have a connection to the Internet, check here ❑ and SKIP to Question 11.

Which of the following were among the most important reasons why your household first obtained Internet access?

Check all that apply		Not True	True for you	True for your spouse	True for someone else in your household
a.	Interested in using the Web for recreation	❑	❑	❑	❑
b.	Doing tasks related to one's job	❑	❑	❑	❑
c.	Using e-mail to communicate with one of your children	❑	❑	❑	❑
d.	Using e-mail to communicate with one of your siblings	❑	❑	❑	❑
e.	Using e-mail to communicate with other relatives	❑	❑	❑	❑
f.	Using e-mail to communicate with friends	❑	❑	❑	❑

11. If you NEVER use e-mail from any location, check here ❑ and SKIP to Question 14.

How often do you send or receive personal e-mail messages from the following people: *Circle one number for each question.*		Almost daily (or more)	More than once per week	More than once per month	Less than once per month	Never
a.	Your spouse?	1	2	3	4	5
b.	Your children?	1	2	3	4	5
c.	Your siblings?	1	2	3	4	5
d.	Your grandchildren?	1	2	3	4	5
e.	Other relatives?	1	2	3	4	5
f.	Co-workers (related to your job)?	1	2	3	4	5
g.	Co-workers (not related to your job)?	1	2	3	4	5
h.	Friends?	1	2	3	4	5
12.	**How often do you receive forwarded messages (joking, spiritual, political, etc., but not advertisements) sent to you by people you know but originally created by someone you don't know?**	1	2	3	4	5
13.	**How often do you forward such messages on to other people you know?**	1	2	3	4	5

14. If you do NOT use either the World Wide Web or e-mail, check here ❑ and SKIP to Question 15.

About how many <u>hours each week</u> do you use the World Wide Web or e-mail from the following locations?

	At home?	At work?	At another location?
a. Using the World Wide Web	_____ hrs	_____ hrs	_____ hrs
b. Using e-mail	_____ hrs	_____ hrs	_____ hrs

15. The following are some reasons why people engage in volunteer activities. **If you have volunteered, please indicate how important or accurate each of the following possible reasons for volunteering are for you. If you have not, please indicate how important/accurate each of the reasons for volunteering <u>would be</u> for you**.

Circle one number for each question.	Not at all important/ accurate						Extremely important/ accurate
a. Others with whom I am close place a high value on community service.	1	2	3	4	5	6	7
b. Volunteering helps me work through my own personal problems.	1	2	3	4	5	6	7
c. I feel compassion toward people in need.	1	2	3	4	5	6	7
d. I can explore my own strengths.	1	2	3	4	5	6	7
e. Volunteering makes me feel needed.	1	2	3	4	5	6	7
f. Volunteering makes me feel better about myself.	1	2	3	4	5	6	7
g. I feel it is important to help others.	1	2	3	4	5	6	7
h. Volunteering is an important activity to the people I know the best.	1	2	3	4	5	6	7
i. Volunteering is a good escape from my own troubles.	1	2	3	4	5	6	7
j. I can learn how to deal with a variety of people.	1	2	3	4	5	6	7

16. Please indicate how much you agree or disagree with the following statements.

Circle one number for each question.	Agree Strongly						Disagree Strongly
a. Doing volunteer work is something I rarely even think about.	1	2	3	4	5	6	7
b. I would feel a loss if I were forced to give up volunteer work.	1	2	3	4	5	6	7
c. Volunteering is an important part of who I am.	1	2	3	4	5	6	7

Is there an e-mail address where we can send you information about the Wisconsin Longitudinal Study?

❑ Yes, my e-mail address is _____

(The Wisconsin Longitudinal Study will never share your e-mail address with anyone else.)

❑ No

Thank you and please feel free to contact us with any questions or comments you may have at: wls@wisls.info

Changes in Mailed SAQ for Females by Replicate

Return to Tab 7

			Graduate Females (See note re siblings at bottom.)	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.)									
Original Page #	**New Page #**		**Description of Changes**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
1	1												
2	2												
3	3												
4	4												
5	5												
6	6		Add new item Q18. Have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor? ❑ Yes ❑ No					x					
7	7												
8	8												
9	9		Add new item Q14. IF YOU ARE MARRIED, would you say that your SPOUSE'S health is excellent, very good, good, fair or poor? ❑ Excellent ❑ Very Good ❑ Good ❑ Fair ❑ Poor ❑ Not Married						x				
10	10		Change note at top of page: *Questions 15-17 concern men's health…*						x				
10	10		Replace vertical dashes between columns						x				
11	11		***Replace*** with different forms of the mail survey that were designed to use different versions of the World Health Survey instrument. They differ in which WHO vignettes are included (see memo145_vignetteplan_rev-102702) for a detailed description of the differences.	x	x	x	x	x	x	x	x	x	x
11	11		Replace vertical dashes between columns						x				

			Graduate Females (See note re siblings at bottom.)	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.)									
Original Page #	**New Page #**		**Description of Changes**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
new	12		New items added about vision and hearing. (MacDonald and Seidenberg for work on Age-Related Language Changes) **24. How often do you have your eyes examined?** ❑ Once per year or more often ❑ Every 1 to 2 years ❑ Less often than every 2 years ❑ Never **25. Which type of vision correction do you regularly use?** *(Check ALL that apply.)* ❑ Prescription glasses ❑ Prescription contact lenses ❑ Non-Prescription magnifying glasses ❑ No vision corrections **26. Have you had your hearing checked in the past 5 years?** ❑ Yes ❑ No **27. Do people that live with you or are close to you ask you whether you think that you should have your hearing checked?** ❑ Yes ❑ No **28. Which of the following best describes your use of hearing aids?** ❑ I have hearing aids for one or both ears and use them regularly ❑ I have hearing aids for one or both ears but do not use them regularly ❑ I do not own hearing aids **Do you find that any of the following problems have INCREASED for you in the last 12 months or last 5 years?** **29. Have you experienced increased problems with...** *Circle one response for each question.* **Problems increased in last 12 months?** *Circle Yes or No* **Problems increased in last 5 years?** *Circle Yes or No* a. hearing conversations in person? b. hearing conversations on the phone? c. understanding spoken instructions from your doctor, employer or other person? d. reading small print on medicine bottles or other places? e. understanding written instructions?						x				

			Graduate Females (See note re siblings at bottom.)	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.)									
Original Page #	**New Page #**		**Description of Changes**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
12	13		Change page number						x				
12	13		Reformat race items to make room for new items on page. 3. What is your race or origin?						x				
12	13		Move section heading to this page **IV. Values and Attitudes**						x				
12	13		**New items were added on masculinity identification as Q1A:** This section lists a number of statements that you may or may not agree with. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement. 1A. Circle one number for each question. Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree **a. It is important for a man to have a male friend he can confide in.** **b. When a husband and wife make decisions about buying major things for the home, the husband should have final say.** **c. A man should always try to project an air of confidence even if he really doesn't feel confident inside.** **d. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.** **e. It bothers me when a man does something that I consider "feminine."** **f. A husband whose wife is working full-time should spend just as many hours doing housework as his wife.** **g. Men have greater sexual needs than women.** **h. When a man is feeling pain he should not let it show.** **i. In some kinds of situations a man should be ready to use his fists.** **j. It is important for a woman to have a female friend she can confide in.** **k. Being larger, stronger-looking, and more muscular makes men more attractive to women.**						x				
13	14		Change page number						x				
13	14		Title IV. Values and Attitudes moved from this page to the previous page.						x				
14	15		Change page number						x				
15	16		Change page number						x				
16	17		Change page number						x				

			Graduate Females (See note re siblings at bottom.)	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.)									
Original Page #	**New Page #**		**Description of Changes**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
16	17		New item: **ff. I enjoy personal and mutual conversations with family members and friends.**						x				
17	18		Change page number						x				
18	19		Change page number						x				
18	19		Change skip instructions: No (Please go to Question 1 on Page 24)						x				
19	20		Change page number						x				
19	20		Capitalize and bold **FIRST** employer retired from and reformat to allow more space for employer name					x					
20	21		Change page number						x				
20	21		Change skip instructions: No (Please go to Question 1 on Page 24)						x				
21	22		Change page number						x				
21	22		Change skip instructions: No (Please go to Question 1 on Page 24)						x				
22	23		Change page number						x				
22	23		Change skip instructions: No (Please go to Question 1 on Page 24)						x				
23	24		Change page number						x				
24	25		Change page number						x				
25	26		Change page number						x				
26	27		Change page number						x				
27	28		Change page number						x				
28	29		Change page number						x				
29	30		Change page number						x				
30	31		Change page number						x				
31	32		Change page number						x				
32	33		Change page number						x				
33	34		Change page number						x				
34	35		Change page number						x				
34	35		Reformat to allow for new item.					x					

			Graduate Females (See note re siblings at bottom.)	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.)									
Original Page #	**New Page #**		**Description of Changes**	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
34	35		New item at top of page: **If you would like to clarify or tell us more about any emotional, physical, or sexual abuse you experienced as a child, please use this space.** (Several inches added to allow for this answer.)					x					
34	35		Change skip instructions: No (Please go to Question 1 on Page 36)						x				
35	36		Change page number						x				
36	37		Change page number						x				
37	38		Change page number						x				
37	38		Change skip instructions: No (Please go to Question 1 on Page 39)						x				
38	39		Change page number						x				
39	40		Change page number						x				
40	41		Change page number						x				
41	42		Change page number						x				
42	43		Change page number						x				
43	44		Change page number						x				
43	44		Change skip instructions: No (Please go to Question 1 on Page 45)						x				
44	45		Change page number						x				
44	45		Change skip instructions: No (Please go to Question 1 on Page 46)						x				
45	46		Change page number						x				
46	47		Change page number						x				
46	47		Replace vertical dashes between columns						x				
46	47		Reformat page by moving leisure activities Q6a-c from following page to this page						x				
47	48		Change page number						x				
47	48		Replace vertical dashes between columns						x				

Original Page #	New Page #		Graduate Females (See note re siblings at bottom.)	REPLICATES (x = replicate where change was FIRST introduced. These changes will carry through all subsequent forms unless otherwise noted.)									
			Description of Changes	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
47	48		Add new items Q6d-h on reading habits during past year/10 years ago/when you were about 35? *Different types of reading...* **d. Reading on the job** **e. Reading biographies or other non-fiction books** **f. Reading the Bible or other religious materials** **g. Reading magazines or newspapers** **h. Reading fiction**						x				
47	48		Reformat page to allow for new items and moving Q7d to next page						x				
48	49		Change page number						x				
48	49		Replace vertical dashes between columns						x				
48	49		Reformat with addition of item Q7d						x				
49	50		Change page number						x				
49	50		Replace vertical dashes between columns						x				
50	51		Change page number						x				
51	52		Change page number						x				
52	53		Change page number						x				
53	drop		DROP entire page: paragraphs A-C Q17.Who are you most like? and Q18.Who are you least like?						x				
54	54		Keep e-mail question without Q19 label						x				

NOTE: All mail surveys for siblings reps 0,2-8 will be identical to graduates reps 5-9.

NOTE: Sibling replicates pp. 16-17 will have 22 additional items for Psychological Well Being that were used in 1992/93 and all the items will be randomly reordered.

NOTE: The WHO pages will be the same within replicates.

WISCONSIN LONGITUDINAL STUDY

Tab 8

2010–2011 Round of Data Collection

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Proxy's Route for CAPI Survey

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Proxy's Route

Proxies are asked to give most of the same information that we would collect from the respondent. The exception is for questions that are pertaining to the respondents "internal mental state" or any measurement of the respondent's physical state or mental abilities. Also a proxy respondent is also separated by their familiarity with the respondent. Particularly spouses are asked questions that other proxies are not. In some cases a proxy may be sent on the same route as a spouse proxy if they show that they have the knowledge of the respondent's information as a spouse. For instance in the financial section if a respondent acknowledges that they have detailed financial information of respondents we treat them as if they were a spouse proxy.

For a majority of the modules the proxy will either completely skip the module or take the same path as a respondent with slightly different wording to accommodate for the person being interviewed.

List of skipped modules for proxies:

Health Literacy Ice Cream Label

Health Literacy STOHFLA

Fitzgerald Diabetes

Anesthesia

Fluency Task

Similarities Task

Digit Ordering Task

Cookie Theft Task

Functioning & Anthropometric

Number Series Task

E-Prime Task

Immediate Recall Task

Delayed Recall Task

Depression

End of Life Preparations

End of Life Death Reactions

Friends

List of modules unaffected by proxies:

Education

Household Roster

Nonormative Child Screener

Selected Sibling and Sibling Mortality

ADL/IADL & Care Receiving

Employment History

Job Characteristics

Alcohol

Access to Care & Utilization

Nonormative Extension

List of skipped items by module:

Marriage, Cohabiting & Dating

y_c76h, y_c76i, y_j452q, y_454n, y_curetst, y_cu78f2

Child Roster

y_d205z1, y_d205z2, y_d205z3, y_d205z4,y_d205z5

Selected Child

Non-Spouse Proxies skip module. Spouse proxies skip: y_Du118fa, y_Du118f, y_Du118g, y_Du118h, y_Du118i, y_D376, y_D350g, y_350m

Parents

y_E142f, y_E476bb, y_E470b, y_E148, y_E476ff, y_E476f

Health

y_x1ab4, y_x1ac5, y_x1ad7, y_x1ad5, y_x1ag3, y_z1af2

Retirement Attitudes

Skip all questions for proxies except y_b1130

Volunteering

y_za5

Care Giving

Non-Spouse Proxies skip module. Spouse Proxies skip y_z902

Internet Use

Skip all question except y_z1 and y_z8

Inter-Tranfers

If spouse proxy or a proxy that is knowledgeable about the respondent financials start at y_qup640 if a non-spouse proxy skip module

Income & Pensions

If proxy is a spouse or knowledgeable about the respondents financials go through interview as normal else skip module

Assets

If proxy is a spouse or knowledgeable about the respondents financials go through interview as normal else skip module

Closing Questions

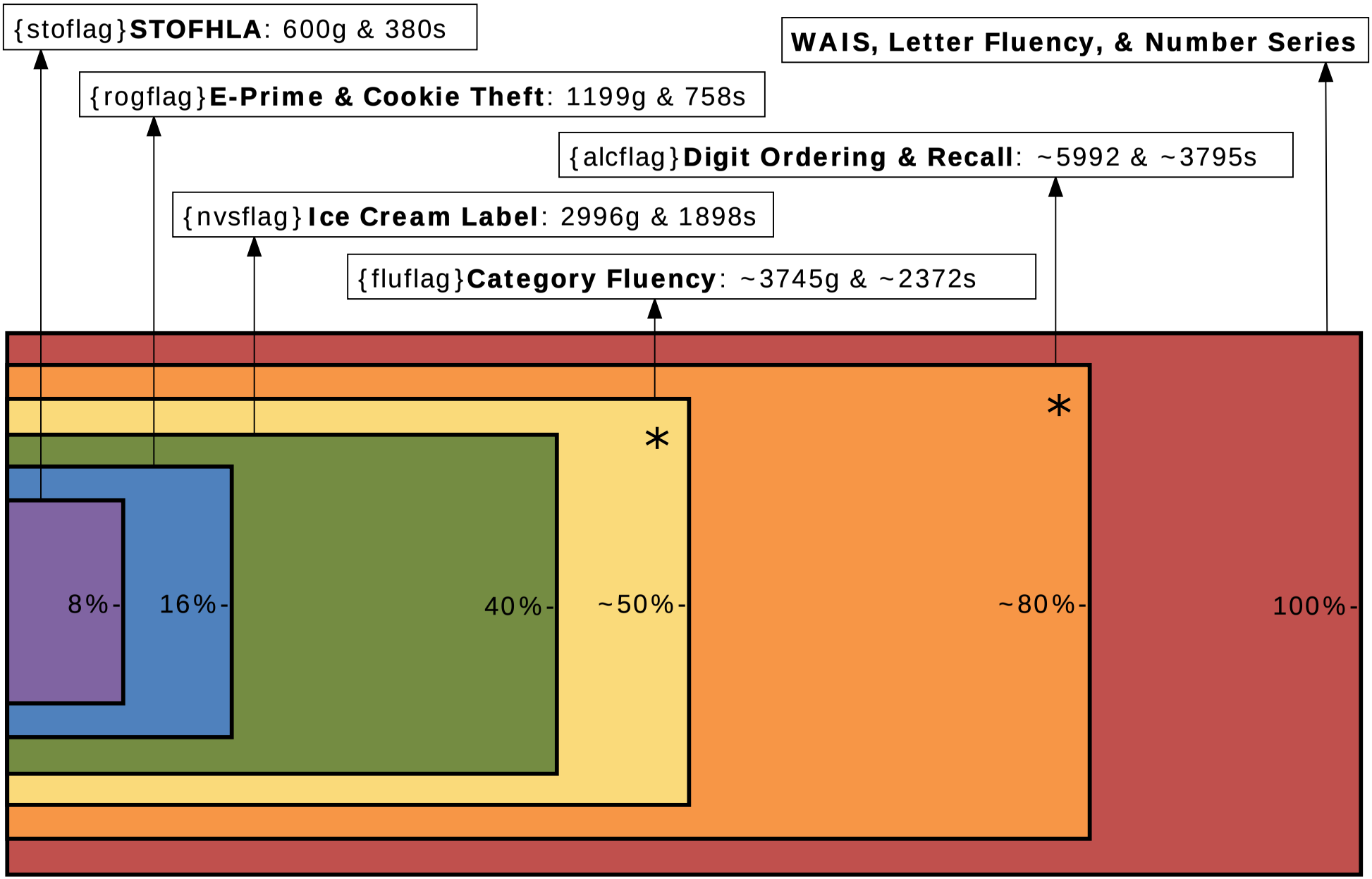
Skip all questions except y_altcont and y_thnk

Cognition Sampling for CAPI Survey

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Cognition Sampling 2010

All N's refer to the total fielded sample.



***** alcflg and fluflg are carried forward from earlier rounds of data collection. These percentages are approximate due to attrition.

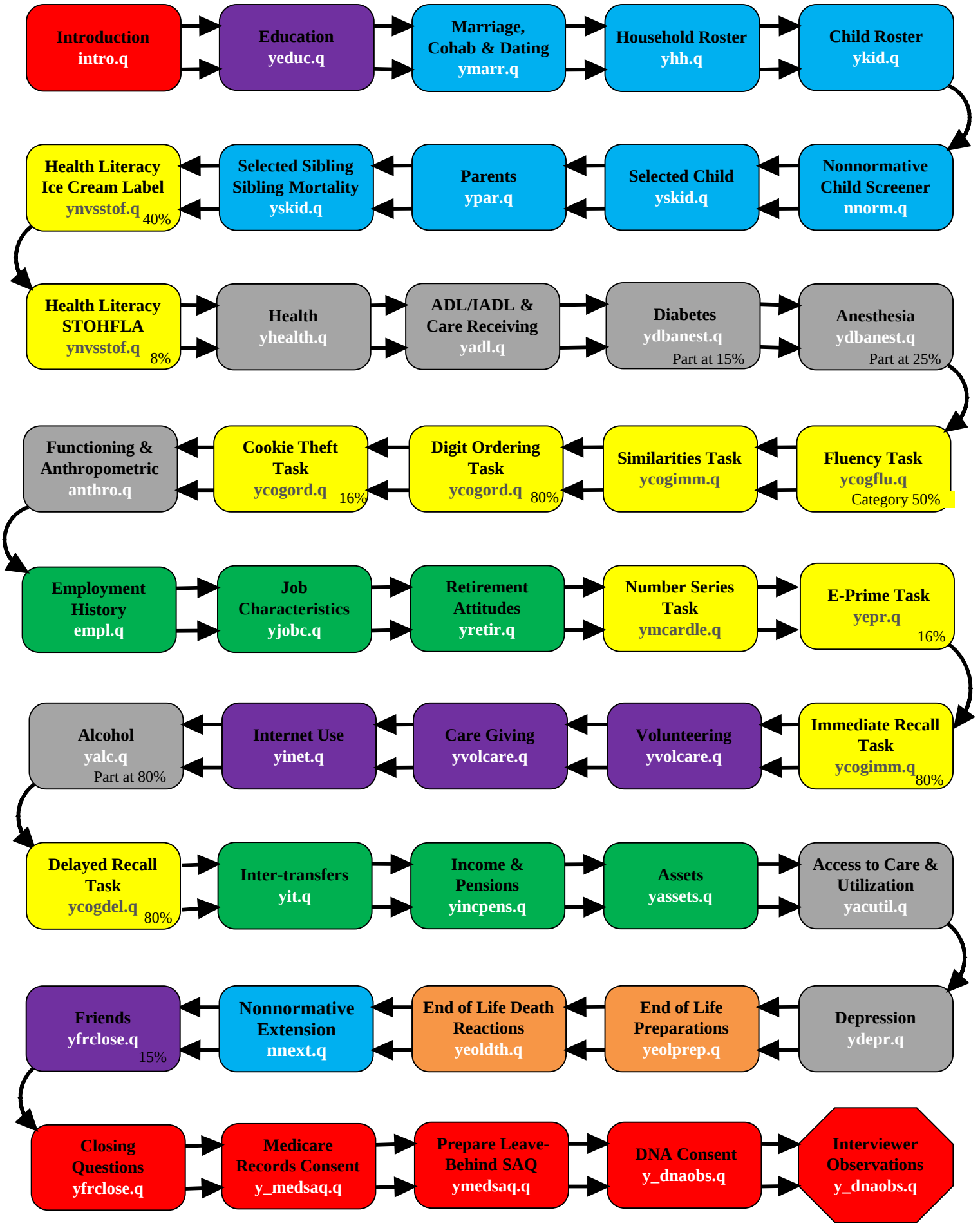
total sampling frame: grads = 7490 sibs = 4743

CAPI Flowcharts for Survey of Graduates & Siblings

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2010 Graduate & Sibling CAPI Flow

Click Box to Jump to Module



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Introduction

>y_gift< Did you give the arrival gift to respondent?

>y_intro1< Thank you for welcoming me into your home today. Your participation in the WLS is much appreciated, and I am happy to have this opportunity to meet with you.

I would like to be sure to address you properly - how would you like to be addressed?

Today we will do a number of different activities to help us learn about your life now, your health, and your family.

>y_cnfscrpt2< During this interview, please keep in mind that your participation is completely voluntary. If you prefer not to answer any question, just tell me so, and I will go on to the next question. All of your answers will be kept completely confidential. They are saved in computer code, and at no time will your name or other identifying information be attached to the survey results.

Also, we have obtained a certificate of confidentiality from the Federal Government. We sent you a brochure about this Certificate. Do you have any questions about it?

Yes

No → >y_conrec< p.2

>y_FAQ< INTERVIEWER: USE THE FOLLOWING INFORMATION AS NEEDED TO RESPOND TO QUESTIONS, AND OFFER RESPONDENT AN ADDITIONAL COPY OF THE BROCHURE:

The Certificate of Confidentiality protects your privacy: No one can require us to disclose any information about you without your written consent. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you.

There are a few exceptions to this protection.
Would you like me to tell you about them?

Yes

No → >y_conrec< p.2

>cnfscrpt2< The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of generally funded projects.

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

If during the course of our time together we learn about an intent to hurt yourself or others, we will tell you where you can get help and will not report this to authorities.

To protect everyone in our study and to comply with the law, there is one instance where we might not be able to keep information about you confidential. If we see that there is neglect or abuse, we may need to notify the local protective services agency. The answers you gave to our survey questions would still be kept confidential.

>y_conrec< For research purposes, we would like to record this interview. Again, this will only be used for research and never released to the public.

May I have your permission to record this interview?

>y_intro2< Now, let me explain more about how this will work.

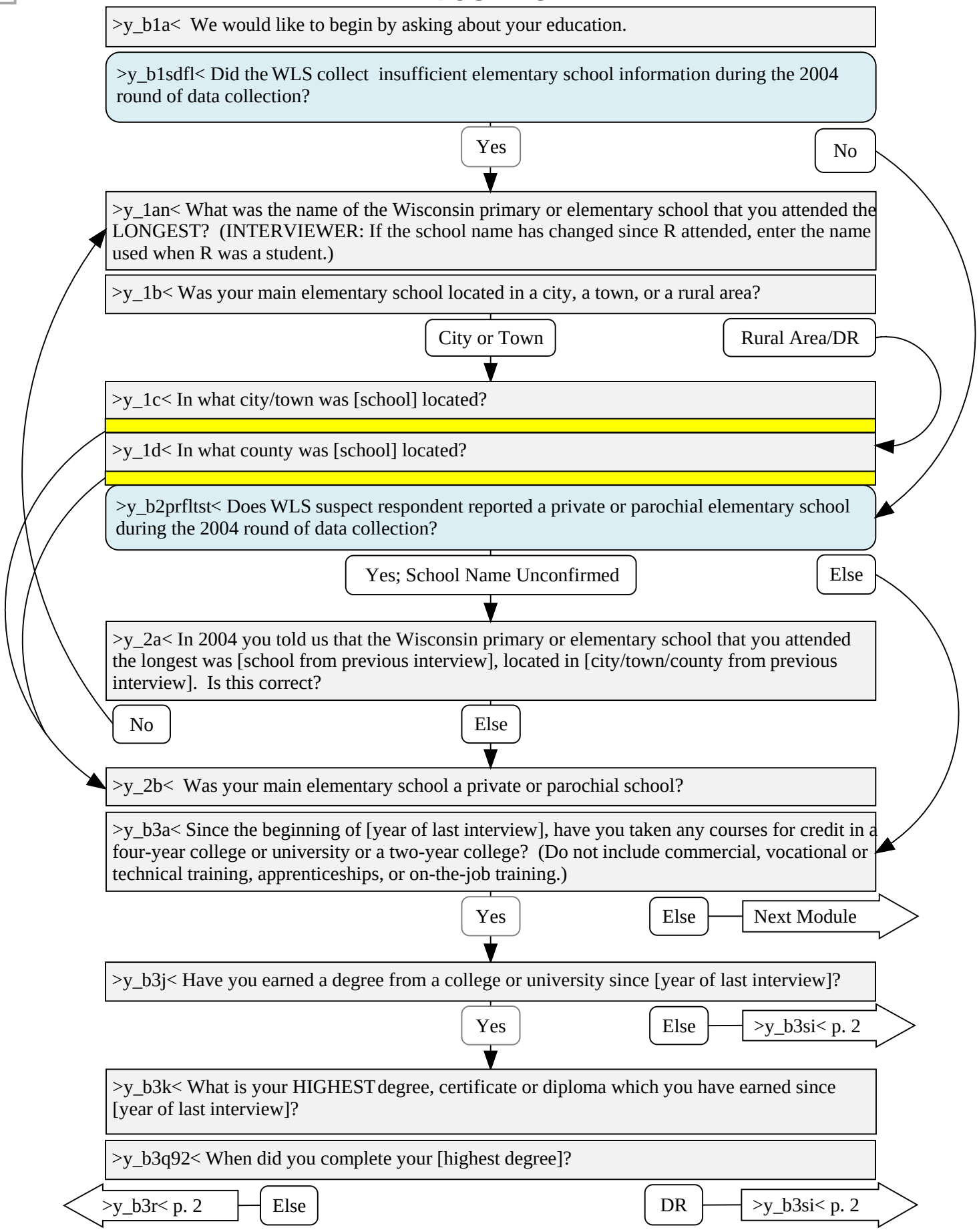
I will be reading questions exactly as they are worded so that everyone we talk with answers the same questions. Sometimes, you will be asked to answer questions in your own words, and I'll record what you say word for word. Other times, I will say a list of answers and ask you to choose the one that fits best. If you are ever not clear about what is wanted, be sure to ask me.

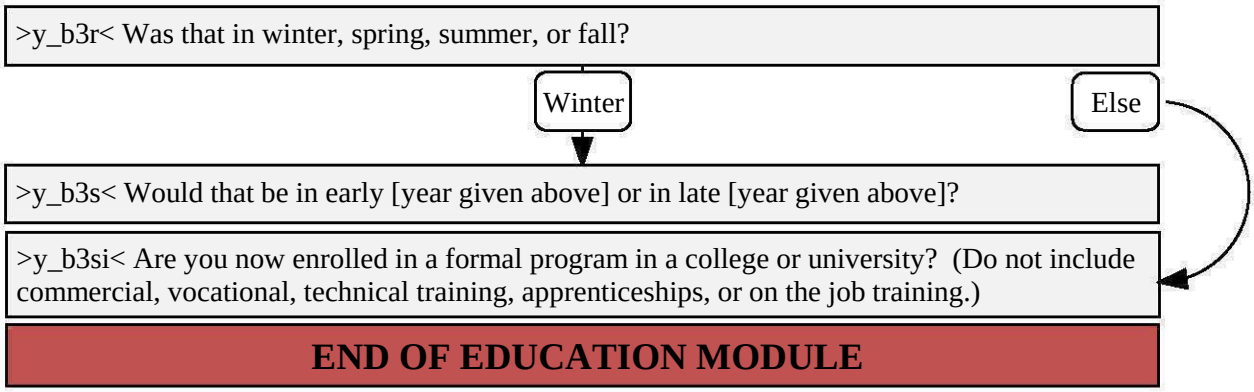
Please let me know if you would like to take a break during the course of the interview.

We'll start with some questions about education.

End of Introduction

EDUCATION


>y_b1a< We would like to begin by asking about your education.
>y_b1sdfl< Did the WLS collect insufficient elementary school information during the 2004 round of data collection?
Yes
No
>y_1an< What was the name of the Wisconsin primary or elementary school that you attended the LONGEST? (INTERVIEWER: If the school name has changed since R attended, enter the name used when R was a student.)
>y_1b< Was your main elementary school located in a city, a town, or a rural area?
City or Town
Rural Area/DR
>y_1c< In what city/town was [school] located?
>y_1d< In what county was [school] located?
>y_b2prfltst< Does WLS suspect respondent reported a private or parochial elementary school during the 2004 round of data collection?
Yes; School Name Unconfirmed
Else
>y_2a< In 2004 you told us that the Wisconsin primary or elementary school that you attended the longest was [school from previous interview], located in [city/town/county from previous interview]. Is this correct?
No
Else
>y_2b< Was your main elementary school a private or parochial school?
>y_b3a< Since the beginning of [year of last interview], have you taken any courses for credit in a four-year college or university or a two-year college? (Do not include commercial, vocational or technical training, apprenticeships, or on-the-job training.)
Yes
Else
Next Module
>y_b3j< Have you earned a degree from a college or university since [year of last interview]?
Yes
Else
>y_b3si< p. 2
>y_b3k< What is your HIGHEST degree, certificate or diploma which you have earned since [year of last interview]?
>y_b3q92< When did you complete your [highest degree]?
>y_b3r< p. 2
Else
DR
>y_b3si< p. 2


>y_b3r< Was that in winter, spring, summer, or fall?
Winter
Else
>y_b3s< Would that be in early [year given above] or in late [year given above]?
>y_b3si< Are you now enrolled in a formal program in a college or university? (Do not include commercial, vocational, technical training, apprenticeships, or on the job training.)
END OF EDUCATION MODULE

MARRIAGE HISTORY

The first question, on same-sex relationship, is used for establishing which pronouns and titles to use when referring to the respondent's spouse/partner.

>y_csamesex< **INTERVIEWER:** Based on your observations, how strongly do you suspect the respondent is currently in a same-sex relationship? **DO NOT ASK RESPONDENT DIRECTLY OR PROBE!**

>y_mstat< Check marital status from year of last interview (1992 or 2004).

Marriage Status Not Ascertained

>y_c32s1< Have you ever been married? (INTERVIEWER: "Married" means legally married, not common-law marriage.)

Yes

Else

Married or Separated

>y_c28v< In [year of last interview], you told us that you were married, is that correct?

Yes

>y_c28m< p. 1

Else

Not Married

>y_c32s< Have you been married since we talked to you in [year of last interview]? [INTERVIEWER: "Married" means legally married - not common-law marriages.]

Else

Yes

>y_c70< Are you currently living with someone in a marriage-like relationship or "cohabiting?"

Else

No & 'No' selected for >y_c32s<

>y_cdate1< p. 5

>y_c46@m< In what month and year...
[If R is cohabiting]: "...did you begin living with your partner?"
[If R reports being married now, but marital status unknown for year of last interview]"...did your marriage begin?"
[If asking about new marriage after anchor year]: "...after [year of last interview] were you FIRST married?"
[If R reported being widowed or divorced at last interview]: "...after you were widowed/after this divorce were you married?"
[If R reported in previous interview that marriage had ended, but did not specify how]: "...after this marriage ended were you married?"

If this is the current relationship/marriage go to >y_cu28nchk< p.2

>y_c28m< Are you still in this relationship/marriage?

Else

Yes

>y_cu28nchk< p. 2

>y_c28w< How did this relationship/marriage end?

>y_c30f@m< p. 2

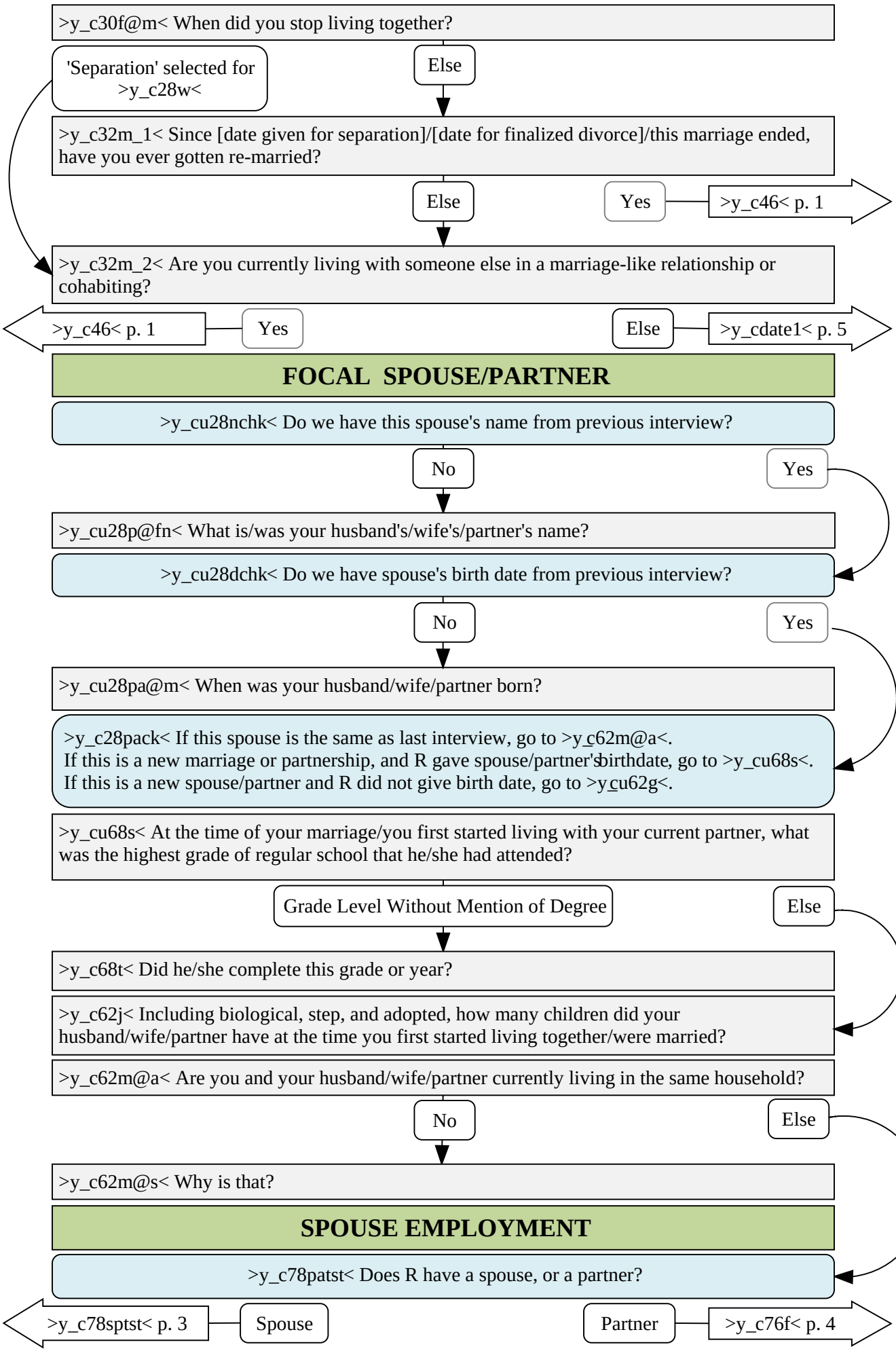
Else

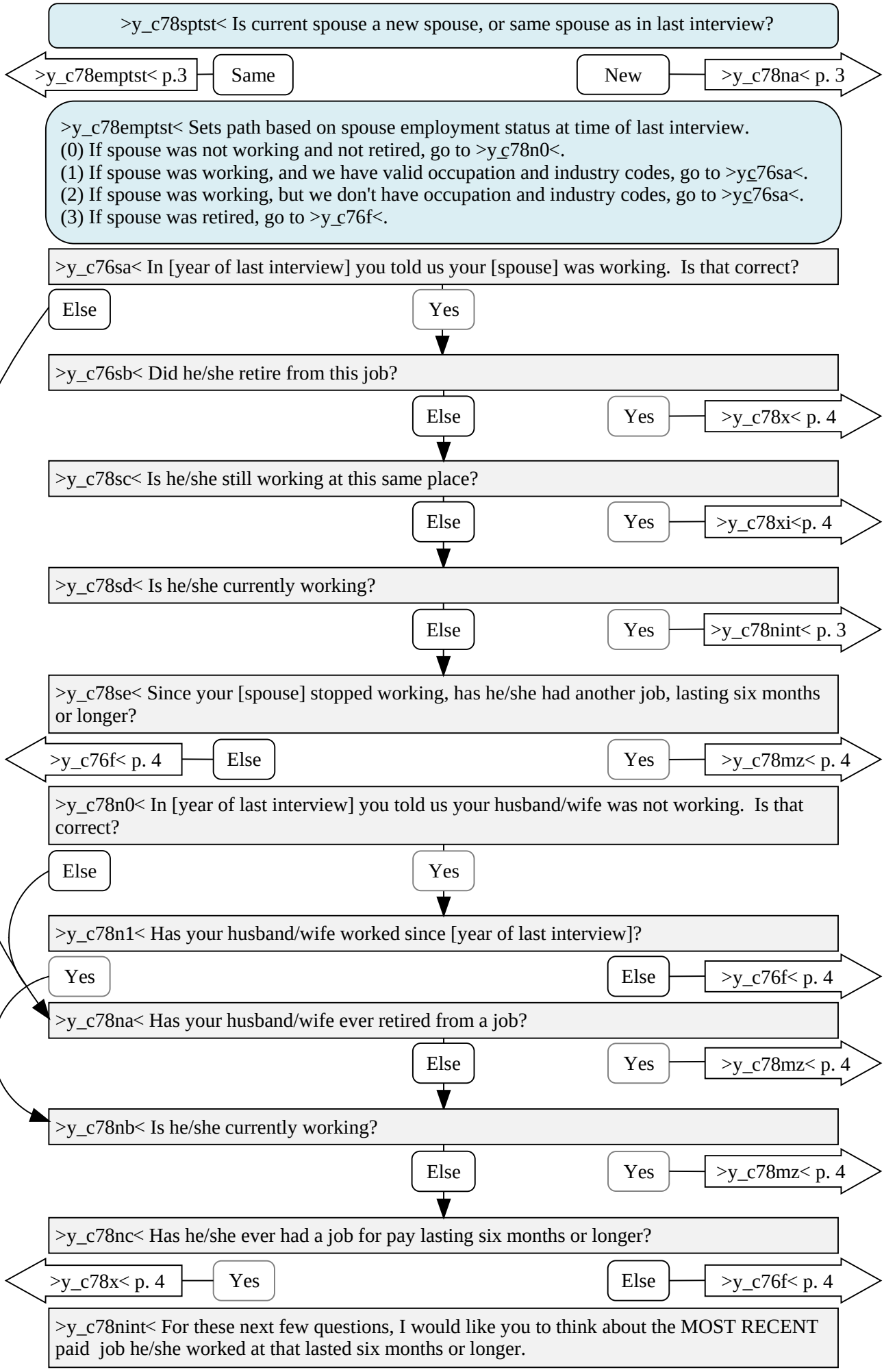
Divorce

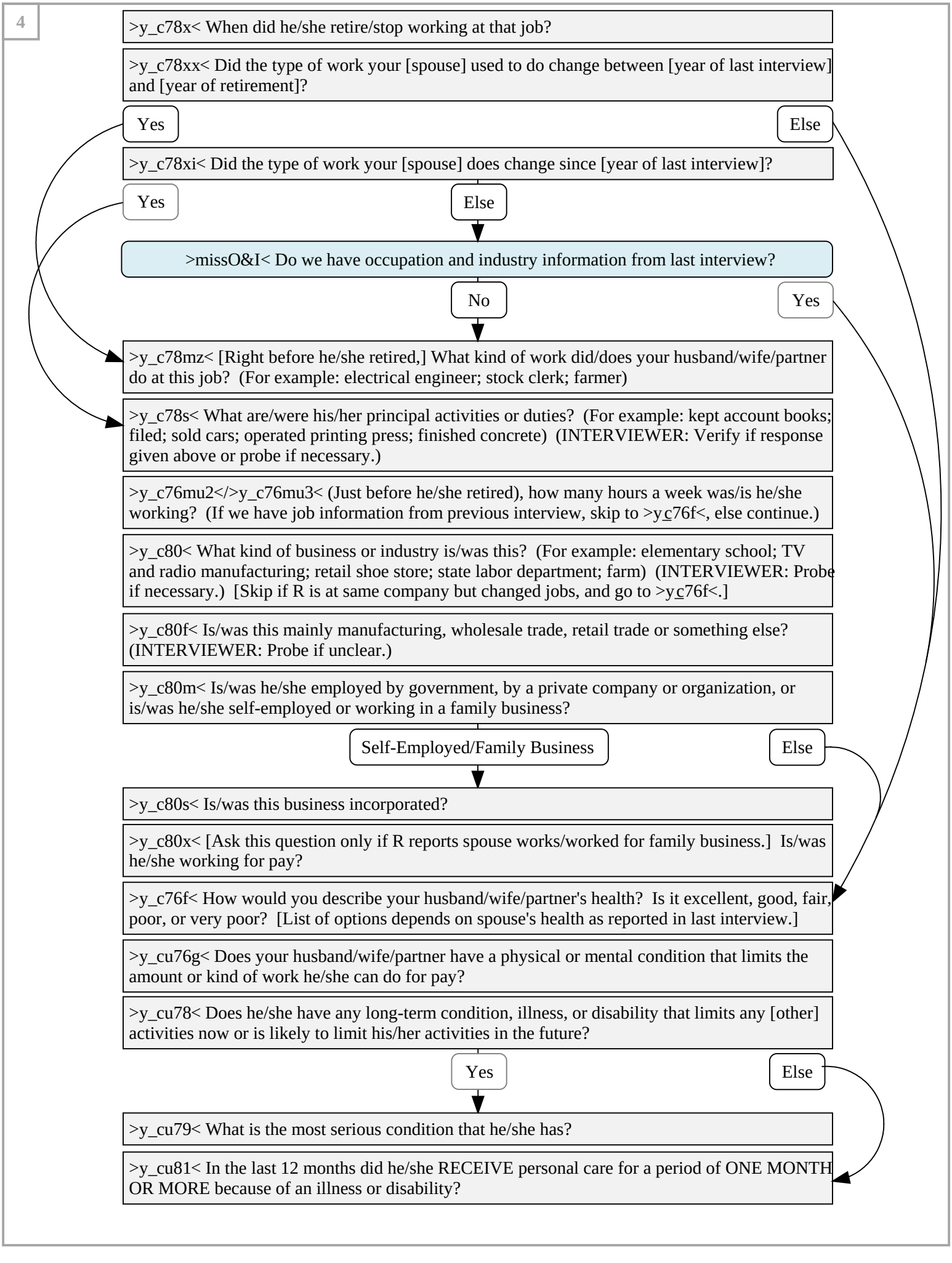
Death

>y_cDOD@m< p. 7

>y_cu30f@m< When was the divorce finalized?


>y_c30f@m< When did you stop living together?
'Separation' selected for >y_c28w<
Else
>y_c32m_1< Since [date given for separation]/[date for finalized divorce]/this marriage ended, have you ever gotten re-married?
Else
Yes
>y_c46< p. 1
>y_c32m_2< Are you currently living with someone else in a marriage-like relationship or cohabiting?
>y_c46< p. 1
Yes
Else
>y_cdate1< p. 5
FOCAL SPOUSE/PARTNER
>y_cu28nchk< Do we have this spouse's name from previous interview?
No
Yes
>y_cu28p@fn< What is/was your husband's/wife's/partner's name?
>y_cu28dchk< Do we have spouse's birth date from previous interview?
No
Yes
>y_cu28pa@m< When was your husband/wife/partner born?
>y_c28pack< If this spouse is the same as last interview, go to >y_c62m@a<.
If this is a new marriage or partnership, and R gave spouse/partner's birthdate, go to >y_cu68s<.
If this is a new spouse/partner and R did not give birth date, go to >y_cu62g<.
>y_cu68s< At the time of your marriage/you first started living with your current partner, what was the highest grade of regular school that he/she had attended?
Grade Level Without Mention of Degree
Else
>y_c68t< Did he/she complete this grade or year?
>y_c62j< Including biological, step, and adopted, how many children did your husband/wife/partner have at the time you first started living together/were married?
>y_c62m@a< Are you and your husband/wife/partner currently living in the same household?
No
Else
>y_c62m@s< Why is that?
SPOUSE EMPLOYMENT
>y_c78patst< Does R have a spouse, or a partner?
>y_c78sptst< p. 3
Spouse
Partner
>y_c76f< p. 4


>y_c78sptst< Is current spouse a new spouse, or same spouse as in last interview?
>y_c78emptst< p.3
Same
New
>y_c78na< p. 3
>y_c78emptst< Sets path based on spouse employment status at time of last interview.
(0) If spouse was not working and not retired, go to >y_c78n0<.
(1) If spouse was working, and we have valid occupation and industry codes, go to >yc76sa<.
(2) If spouse was working, but we don't have occupation and industry codes, go to >yc76sa<.
(3) If spouse was retired, go to >y_c76f<.
>y_c76sa< In [year of last interview] you told us your [spouse] was working. Is that correct?
Else
Yes
>y_c76sb< Did he/she retire from this job?
Else
Yes
>y_c78x< p. 4
>y_c78sc< Is he/she still working at this same place?
Else
Yes
>y_c78xi<p. 4
>y_c78sd< Is he/she currently working?
Else
Yes
>y_c78nint< p. 3
>y_c78se< Since your [spouse] stopped working, has he/she had another job, lasting six months or longer?
>y_c76f< p. 4
Else
Yes
>y_c78mz< p. 4
>y_c78n0< In [year of last interview] you told us your husband/wife was not working. Is that correct?
Else
Yes
>y_c78n1< Has your husband/wife worked since [year of last interview]?
Yes
Else
>y_c76f< p. 4
>y_c78na< Has your husband/wife ever retired from a job?
Else
Yes
>y_c78mz< p. 4
>y_c78nb< Is he/she currently working?
Else
Yes
>y_c78mz< p. 4
>y_c78nc< Has he/she ever had a job for pay lasting six months or longer?
>y_c78x< p. 4
Yes
Else
>y_c76f< p. 4
>y_c78nint< For these next few questions, I would like you to think about the MOST RECENT paid job he/she worked at that lasted six months or longer.


>y_c78x< When did he/she retire/stop working at that job?
>y_c78xx< Did the type of work your [spouse] used to do change between [year of last interview] and [year of retirement]?
Yes
Else
>y_c78xi< Did the type of work your [spouse] does change since [year of last interview]?
Yes
Else
>missO&I< Do we have occupation and industry information from last interview?
No
Yes
>y_c78mz< [Right before he/she retired,] What kind of work did/does your husband/wife/partner do at this job? (For example: electrical engineer; stock clerk; farmer)
>y_c78s< What are/were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete) (INTERVIEWER: Verify if response given above or probe if necessary.)
>y_c76mu2</>y_c76mu3< (Just before he/she retired), how many hours a week was/is he/she working? (If we have job information from previous interview, skip to >y_c76f<, else continue.)
>y_c80< What kind of business or industry is/was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm) (INTERVIEWER: Probe if necessary.) [Skip if R is at same company but changed jobs, and go to >y_c76f<.]
>y_c80f< Is/was this mainly manufacturing, wholesale trade, retail trade or something else? (INTERVIEWER: Probe if unclear.)
>y_c80m< Is/was he/she employed by government, by a private company or organization, or is/was he/she self-employed or working in a family business?
Self-Employed/Family Business
Else
>y_c80s< Is/was this business incorporated?
>y_c80x< [Ask this question only if R reports spouse works/worked for family business.] Is/was he/she working for pay?
>y_c76f< How would you describe your husband/wife/partner's health? Is it excellent, good, fair, poor, or very poor? [List of options depends on spouse's health as reported in last interview.]
>y_cu76g< Does your husband/wife/partner have a physical or mental condition that limits the amount or kind of work he/she can do for pay?
>y_cu78< Does he/she have any long-term condition, illness, or disability that limits any [other] activities now or is likely to limit his/her activities in the future?
Yes
Else
>y_cu79< What is the most serious condition that he/she has?
>y_cu81< In the last 12 months did he/she RECEIVE personal care for a period of ONE MONTH OR MORE because of an illness or disability?

>y_c76h< In terms of your outlook on life, would you say you and your husband/wife/partner share very similar views, somewhat similar views, not very similar views, or not at all similar views?

>y_c76i< How close would you say you are to your husband/wife/partner? Are you very close, somewhat close, not very close, or not at all close?

>y_j452q< What is your husband/wife/partner's religious preference?

Protestant

Else

>y_j454n< What specific Protestant denomination is that?

>y_curetst< Is partner/spouse retired, and was R married to/living with partner/spouse before retirement?

Else

Yes

>y_cu78f2< Thinking about the time since your husband/wife/partner retired compared to the years before he/she retired, would you say that your relationship with your husband/wife/partner has been better, about the same, or not as good?

DATING QUESTIONS

>y_cdate0< If R is currently married or is cohabiting, skip this section and go to >yhbck< p. 6. If R is cohabiting, skip to >y_cdate7< p. 5.

>y_cdate1< Do you go out on dates?

Yes

Else → Next Module

>y_cdate2< Do you regularly date one person, that is, you consider them your "steady" partner?

Yes

Else → >y_hbck< p. 6

>y_cdate3< How old is your partner?

>y_cdate4< How many days last week did you get together with your partner?

>y_cdate5< For how long have you been romantically involved with your partner?

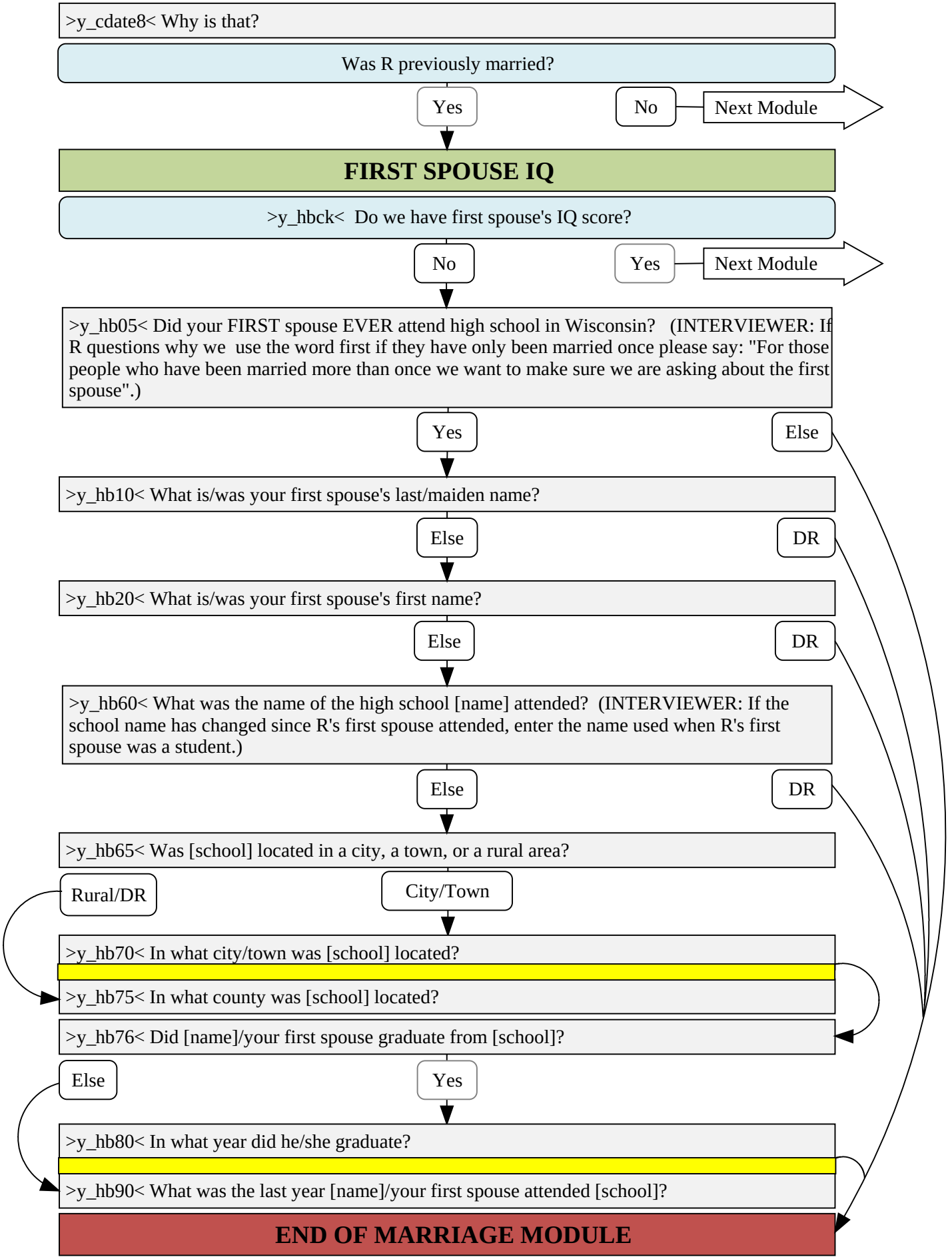
>y_cdate6< How likely is it that you and your romantic partner will decide to live together without being married? Would you say that you definitely won't live together, probably won't live together, have about a 50/50 chance of living together, probably will live together, definitely will live together, already live together or something else?

Is R cohabiting or does R go out on dates?

Else

No → >y_hbck<p. 6

>y_cdate7< How likely is it that you and your partner will get married some day? Would you say you and your partner definitely won't get married, probably won't, have about a 50-50 chance, probably will or definitely will get married?


>y_cdate8< Why is that?
Was R previously married?
Yes
No
Next Module
FIRST SPOUSE IQ
>y_hbck< Do we have first spouse's IQ score?
No
Yes
Next Module
>y_hb05< Did your FIRST spouse EVER attend high school in Wisconsin? (INTERVIEWER: If R questions why we use the word first if they have only been married once please say: "For those people who have been married more than once we want to make sure we are asking about the first spouse".)
Yes
Else
>y_hb10< What is/was your first spouse's last/maiden name?
Else
DR
>y_hb20< What is/was your first spouse's first name?
Else
DR
>y_hb60< What was the name of the high school [name] attended? (INTERVIEWER: If the school name has changed since R's first spouse attended, enter the name used when R's first spouse was a student.)
Else
DR
>y_hb65< Was [school] located in a city, a town, or a rural area?
Rural/DR
City/Town
>y_hb70< In what city/town was [school] located?
>y_hb75< In what county was [school] located?
>y_hb76< Did [name]/your first spouse graduate from [school]?
Else
Yes
>y_hb80< In what year did he/she graduate?
>y_hb90< What was the last year [name]/your first spouse attended [school]?
END OF MARRIAGE MODULE

APPENDIX--SPOUSE MORTALITY CLOSEOUT

>y_cDOD@m< When did [he/she] die?

>y_c28mortb< Would it be OK if we asked you a couple more questions about your deceased husband/wife?

Yes

Else → >y_c32m_1< p. 2

>y_1MOR4< What was his/her complete name?

>y_1MOR5< In what city and state did he/she die?

Do we have this spouse's date of birth from previous interview?

No

Yes

>y_1MOR7< When was he/she born?

>y_1MOR8< What was the cause of his/her death?

Cancer

Else

>y_1MOR8a< What kind of cancer was that?

>y_1MOR9< Was there a kind of work he/she usually did?

Yes

Else → >y_1MOR19< p. 8

>y_1MOR10< I'd like to know more about the last job he/she held when he/she was doing this usual kind of work. What kind of work did [name] do? (For example: electrical engineer; stock clerk; farmer)

>y_1MOR11< What were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)

>y_1MOR12< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)

>y_1MOR13< Was this mainly manufacturing, wholesale trade, retail trade, or something else?

>y_1MOR14< Was he/she employed by government, by a private company or organization, or was he/she self-employed or working in a family business?

Self-Employed/Working in Family Business

Else → >y_1MOR17< p. 8

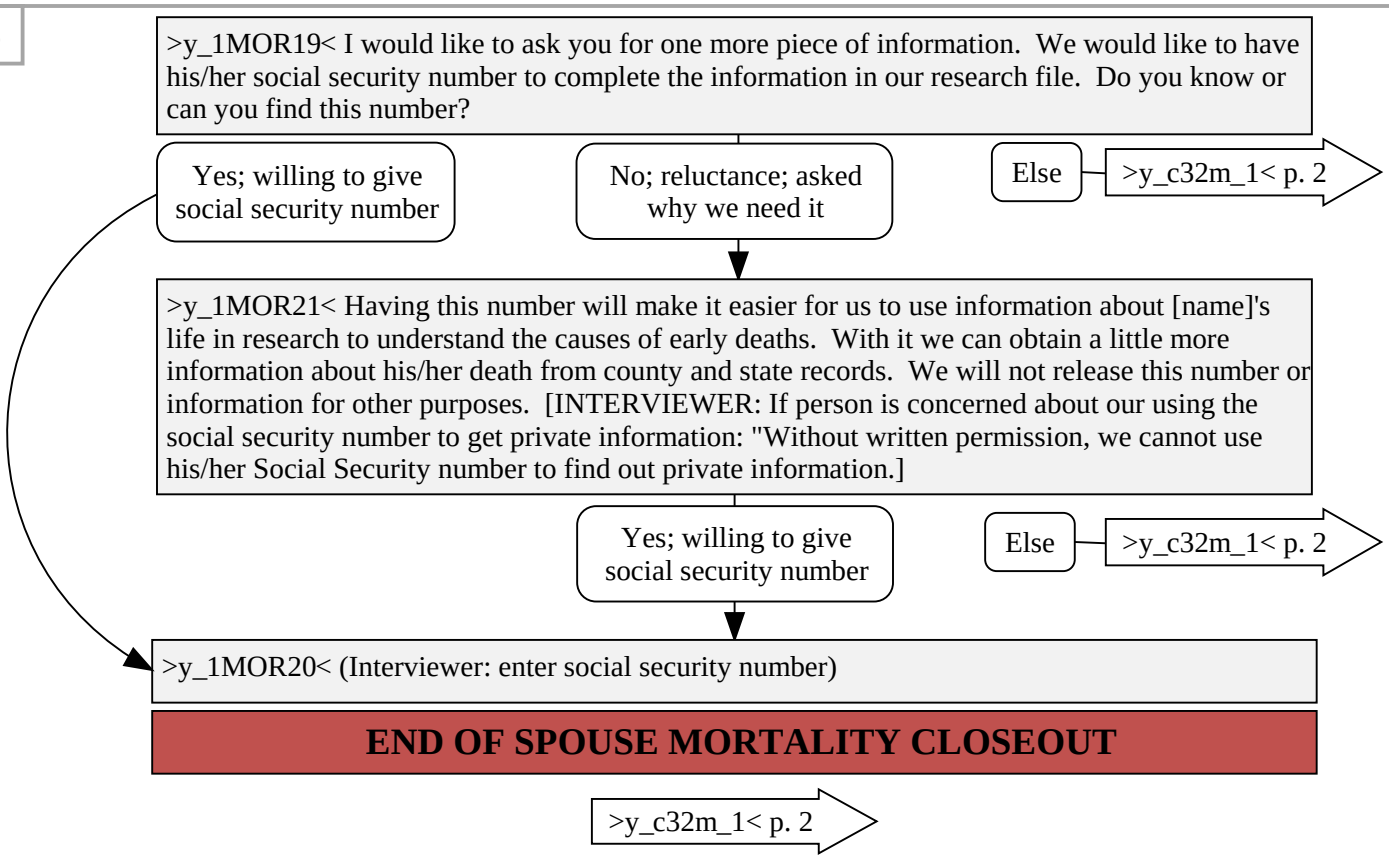
>y_1MOR15< Was this business incorporated?

Else

"Working in Family Business" selected for >y_1MOR14<

>y_1MOR16< Was he/she working for pay?

>y_1MOR17< In what year did he/she stop doing this work?


>y_1MOR19< I would like to ask you for one more piece of information. We would like to have his/her social security number to complete the information in our research file. Do you know or can you find this number?
Yes; willing to give social security number
No; reluctance; asked why we need it
Else
>y_c32m_1< p. 2
>y_1MOR21< Having this number will make it easier for us to use information about [name]'s life in research to understand the causes of early deaths. With it we can obtain a little more information about his/her death from county and state records. We will not release this number or information for other purposes. [INTERVIEWER: If person is concerned about our using the social security number to get private information: "Without written permission, we cannot use his/her Social Security number to find out private information.]
Yes; willing to give social security number
Else
>y_c32m_1< p. 2
>y_1MOR20< (Interviewer: enter social security number)
END OF SPOUSE MORTALITY CLOSEOUT
>y_c32m_1< p. 2

HOUSEHOLD ROSTER

>y_hhintro< Now we would like to talk about your home.

Is the interview taking place over the phone? (Does y_ivwloc = 2?)

No

Yes

>y_hhintro2< INTERVIEWER: IS THE INTERVIEW TAKING PLACE IN R'S RESIDENCE?

No

Yes

>y_hhintro3< INTERVIEWER: WHERE IS THIS INTERVIEW TAKING PLACE?

>y_hhintro4< Do you live in a private residence such as your own home or apartment or somewhere else?

Private Residence

Else

>y_hh01debug< INTERVIEWER: Please enter R's living quarters status:
INTERVIEWER: Please consult definitions below
-Skilled Nursing Facility: a residential nursing home where paid care givers are available 24/7.
-Assisted Living Center: community living where care is available as needed
INTERVIEWER:
There are many facilities that have "gradual care," places where residents can start out in assisted living but move to skilled nursing when the need arises. If R indicates that they live in such a place, please ask them in which section they currently reside: assisted living or skilled care.

INTERVIEWER: If you are not sure, ASK the respondent
<1>Private Residence <2> Skilled Nursing Facility
<3>Assisted Living Center <4> Group Housing Provided by Religious Order
<5>Other

1

Else

>y_hhgq01< Do you pay rent or other fees to live here/there?

>yhhgq01a< Are some of the fees paid by private insurance (such as long term care insurance)?

>yhhgq01b< Are some of the fees paid by a government program (such as Medicare or a public residence run by the county)?

>y_hhgq02a/b/c< Does anyone else who is not living here/there pay rent or other fees for you to live here/there?

Next Module

Else

Yes

2X

>y_hhgq03a/b/c< What is this person's name?

>y_hhgq04a/b/c<What is [name of person who helps pay]'s relationship to you?

Three people maximum. After 3rd

Next Module

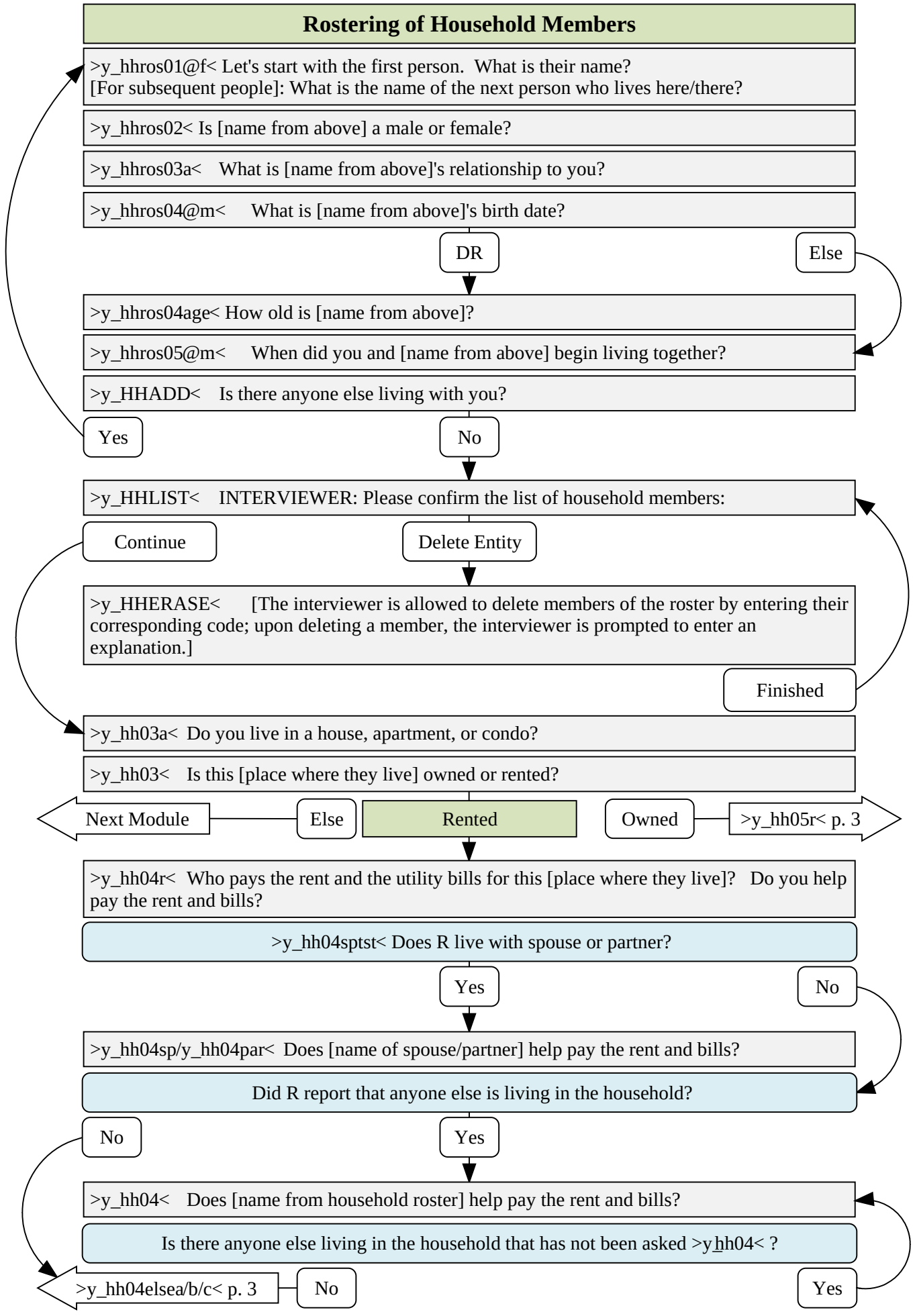
>y_hh02< (Aside from you and your spouse/partner) I/is there anyone else living in your household?

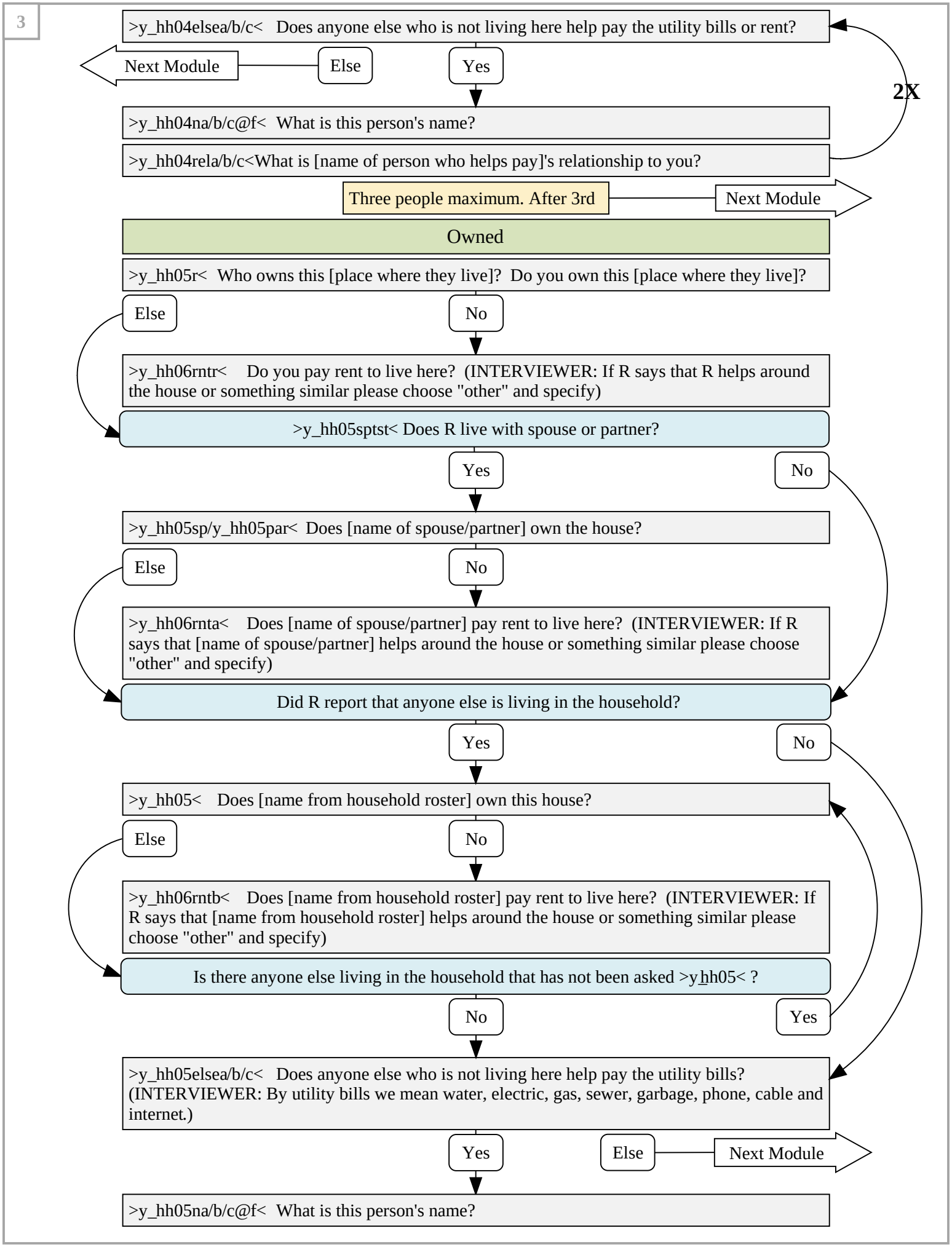
>y_hh03a<p. 2

Else

Yes

>y_hhros01@f< p. 2


Rostering of Household Members
>y_hhros01@f< Let's start with the first person. What is their name?
[For subsequent people]: What is the name of the next person who lives here/there?
>y_hhros02< Is [name from above] a male or female?
>y_hhros03a< What is [name from above]'s relationship to you?
>y_hhros04@m< What is [name from above]'s birth date?
DR
Else
>y_hhros04age< How old is [name from above]?
>y_hhros05@m< When did you and [name from above] begin living together?
>y_HHADD< Is there anyone else living with you?
Yes
No
>y_HHLIST< INTERVIEWER: Please confirm the list of household members:
Continue
Delete Entity
>y_HHERASE< [The interviewer is allowed to delete members of the roster by entering their corresponding code; upon deleting a member, the interviewer is prompted to enter an explanation.]
Finished
>y_hh03a< Do you live in a house, apartment, or condo?
>y_hh03< Is this [place where they live] owned or rented?
Next Module
Else
Rented
Owned
>y_hh05r< p. 3
>y_hh04r< Who pays the rent and the utility bills for this [place where they live]? Do you help pay the rent and bills?
>y_hh04sptst< Does R live with spouse or partner?
Yes
No
>y_hh04sp/y_hh04par< Does [name of spouse/partner] help pay the rent and bills?
Did R report that anyone else is living in the household?
No
Yes
>y_hh04< Does [name from household roster] help pay the rent and bills?
Is there anyone else living in the household that has not been asked >y_hh04< ?
>y_hh04elsea/b/c< p. 3
No
Yes


>y_hh04elsea/b/c< Does anyone else who is not living here help pay the utility bills or rent?
Next Module
Else
Yes
2X
>y_hh04na/b/c@f< What is this person's name?
>y_hh04rela/b/c<What is [name of person who helps pay]'s relationship to you?
Three people maximum. After 3rd
Next Module
Owned
>y_hh05r< Who owns this [place where they live]? Do you own this [place where they live]?
Else
No
>y_hh06rntr< Do you pay rent to live here? (INTERVIEWER: If R says that R helps around the house or something similar please choose "other" and specify)
>y_hh05sptst< Does R live with spouse or partner?
Yes
No
>y_hh05sp/y_hh05par< Does [name of spouse/partner] own the house?
Else
No
>y_hh06rnta< Does [name of spouse/partner] pay rent to live here? (INTERVIEWER: If R says that [name of spouse/partner] helps around the house or something similar please choose "other" and specify)
Did R report that anyone else is living in the household?
Yes
No
>y_hh05< Does [name from household roster] own this house?
Else
No
>y_hh06rntb< Does [name from household roster] pay rent to live here? (INTERVIEWER: If R says that [name from household roster] helps around the house or something similar please choose "other" and specify)
Is there anyone else living in the household that has not been asked >y_hh05< ?
No
Yes
>y_hh05elsea/b/c< Does anyone else who is not living here help pay the utility bills? (INTERVIEWER: By utility bills we mean water, electric, gas, sewer, garbage, phone, cable and internet.)
Yes
Else
Next Module
>y_hh05na/b/c@f< What is this person's name?

>y_hh05rela/b/c< What is [name of person who helps pay]'s relationship to you?

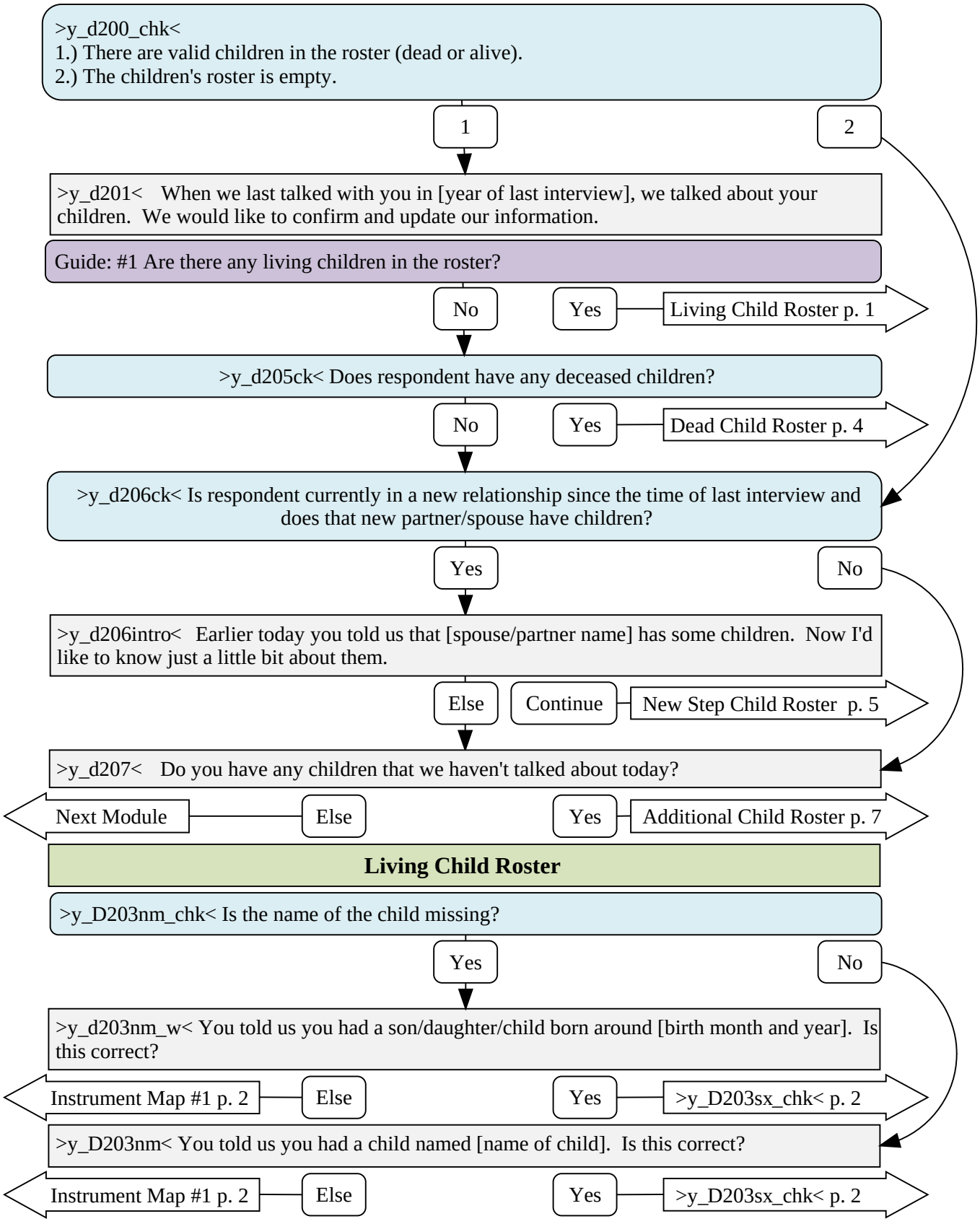
Three people maximum. After 3rd, go to Next Module

2X

>y_hh05elsea/b/c< p. 3

END OF HOUSEHOLD ROSTER MODULE

KID MODULE


>y_d200_chk<
1.) There are valid children in the roster (dead or alive).
2.) The children's roster is empty.
1
2
>y_d201< When we last talked with you in [year of last interview], we talked about your children. We would like to confirm and update our information.
Guide: #1 Are there any living children in the roster?
No
Yes
Living Child Roster p. 1
>y_d205ck< Does respondent have any deceased children?
No
Yes
Dead Child Roster p. 4
>y_d206ck< Is respondent currently in a new relationship since the time of last interview and does that new partner/spouse have children?
Yes
No
>y_d206intro< Earlier today you told us that [spouse/partner name] has some children. Now I'd like to know just a little bit about them.
Else
Continue
New Step Child Roster p. 5
>y_d207< Do you have any children that we haven't talked about today?
Next Module
Else
Yes
Additional Child Roster p. 7
Living Child Roster
>y_D203nm_chk< Is the name of the child missing?
Yes
No
>y_d203nm_w< You told us you had a son/daughter/child born around [birth month and year]. Is this correct?
Instrument Map #1 p. 2
Else
Yes
>y_D203sx_chk< p. 2
>y_D203nm< You told us you had a child named [name of child]. Is this correct?
Instrument Map #1 p. 2
Else
Yes
>y_D203sx_chk< p. 2

Instrument Map: #1 If either of the two previous items are not answered with a "yes" there are a number of possible paths for the instrument to take:
1.) If information is not confirmed OR the R denies knowledge of the child (go to next item).
2.) R refuses to talk about this specific child (go to Guide #3 on pg. 4)
3.) R volunteered the child is dead (go to y_DDOD@m - mortality closeout - on pg. 9)
4.) R refuses to talk about ANY children (end module and go to the parents module)

>y_d203sor< I'm sorry for the confusion, our records must be incorrect. Let's continue. We'll have a chance to talk about any children we may have missed later.

Guide #3 p. 4

>y_D203nm_y< What is/was that child's first name?

>y_D203sx_chk< Is the sex of the child missing?

Yes

No

>y_d203sx< Is/was [name of child] male or female?

>y_D203bd_chk< Is the birth year of the child missing?

Yes

No

>y_d203@m< What month and year was [name of child] born?

>y_d203rel_chk1< Is the relationship of child missing?

Yes

No

>y_d203rel< Is/was [name of child] your biological, adopted, or step child?

Is the relationship of the child to the R step (i.e. the R is the child's step-parent)?

Yes

No

>y_d203lv< p. 3

Guide: #2 Does the R have more than one step-child and has >y_d203step0a< not yet been asked? (NOTE: >y_d203step0a< should only be asked of the first step-child)

Yes

Else

>y_d203step0a< I see that you have more than one step child. Do all of your step-children have the same parent?

>y_d203stepa< Are you still married to [name of child]'s parent?

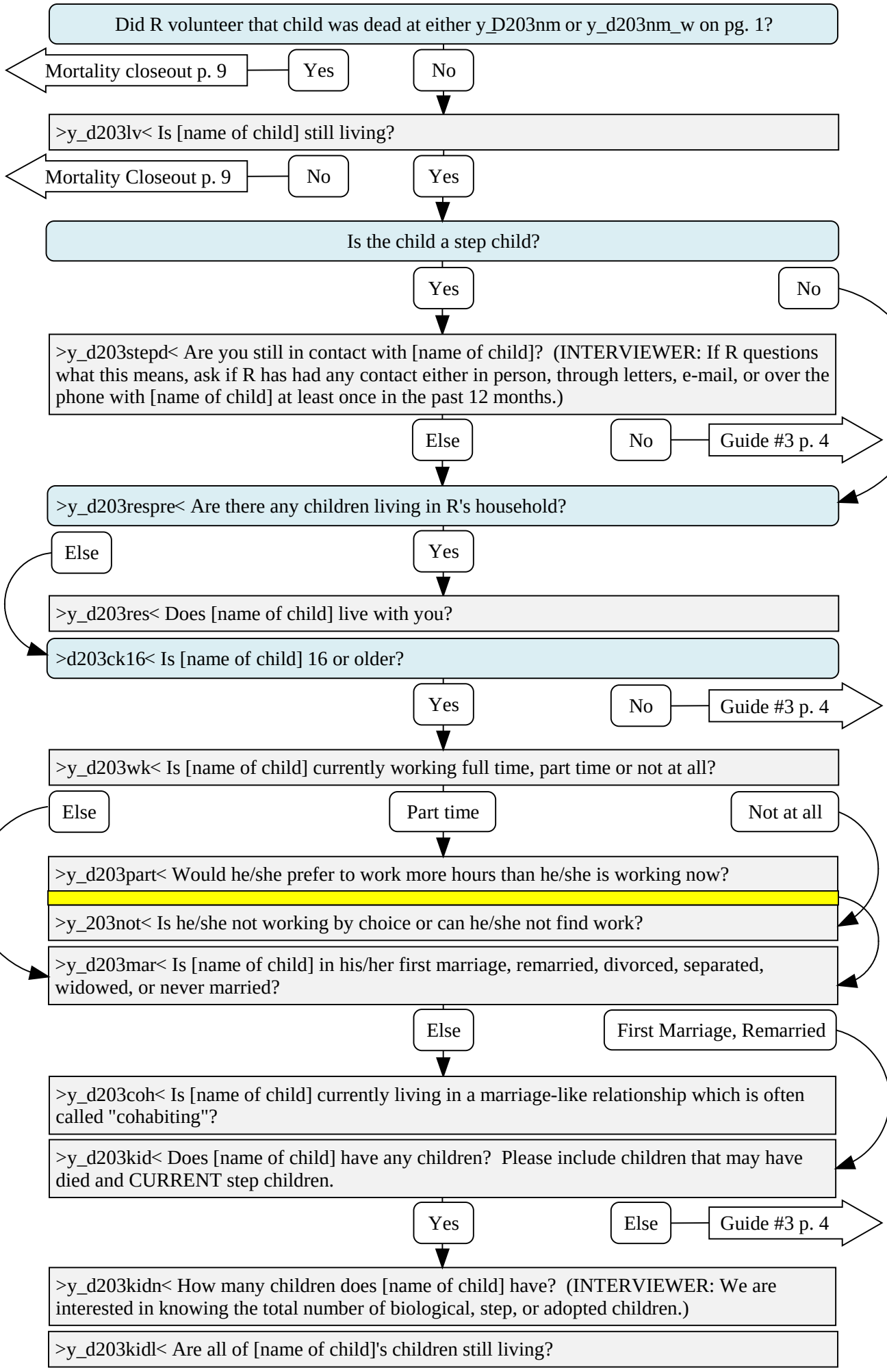
No

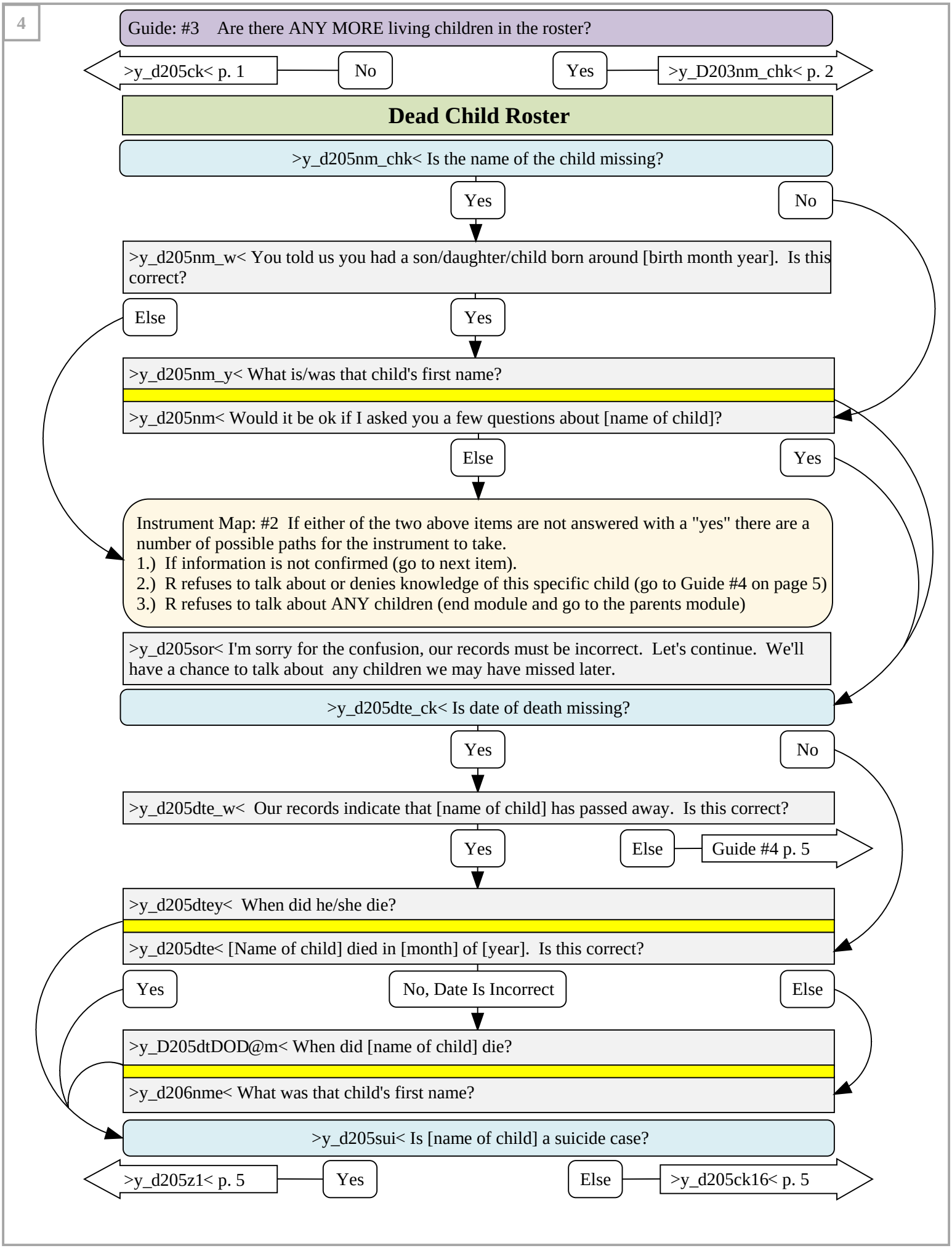
Else

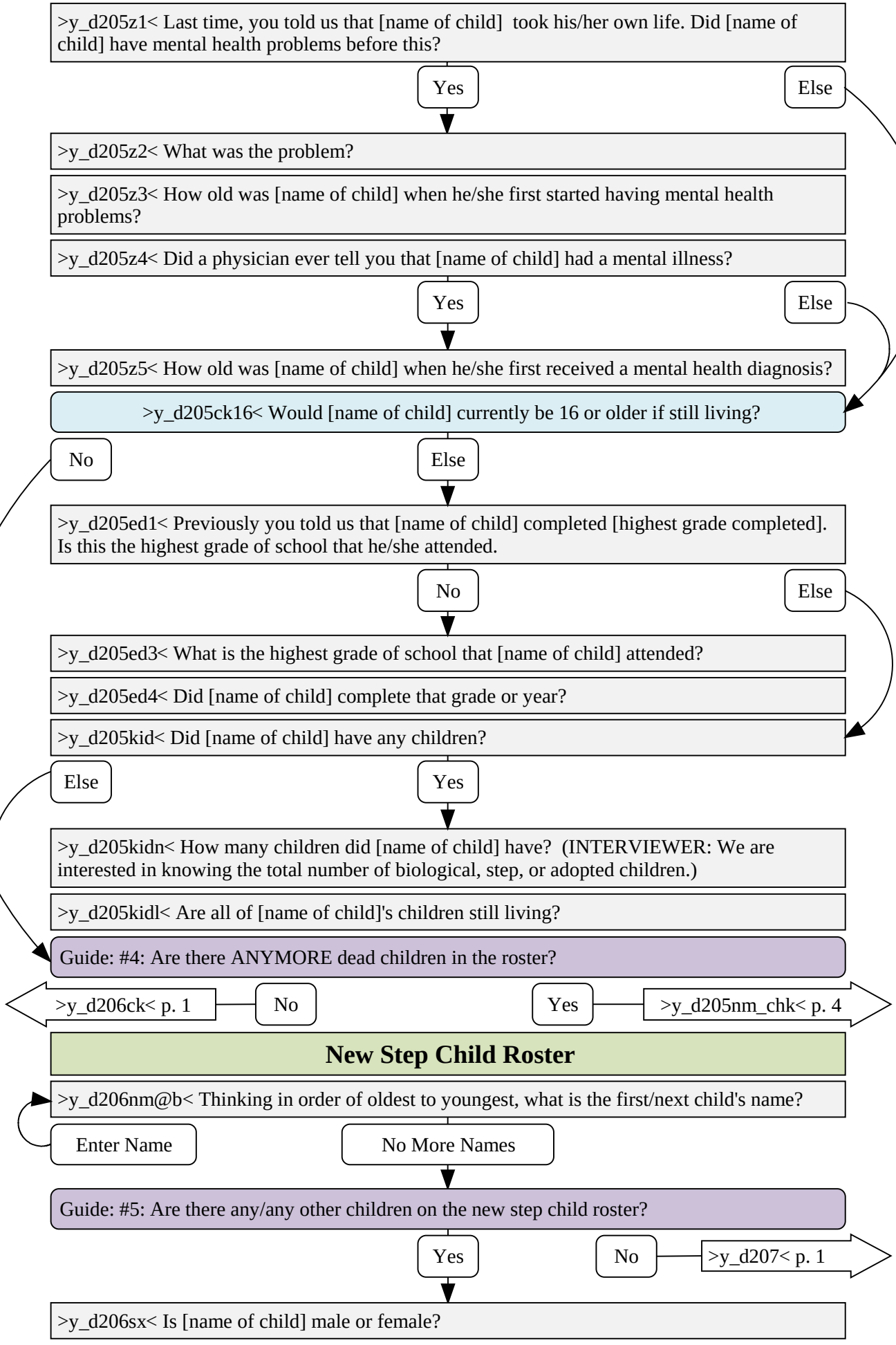
>y_d203lv< p. 3

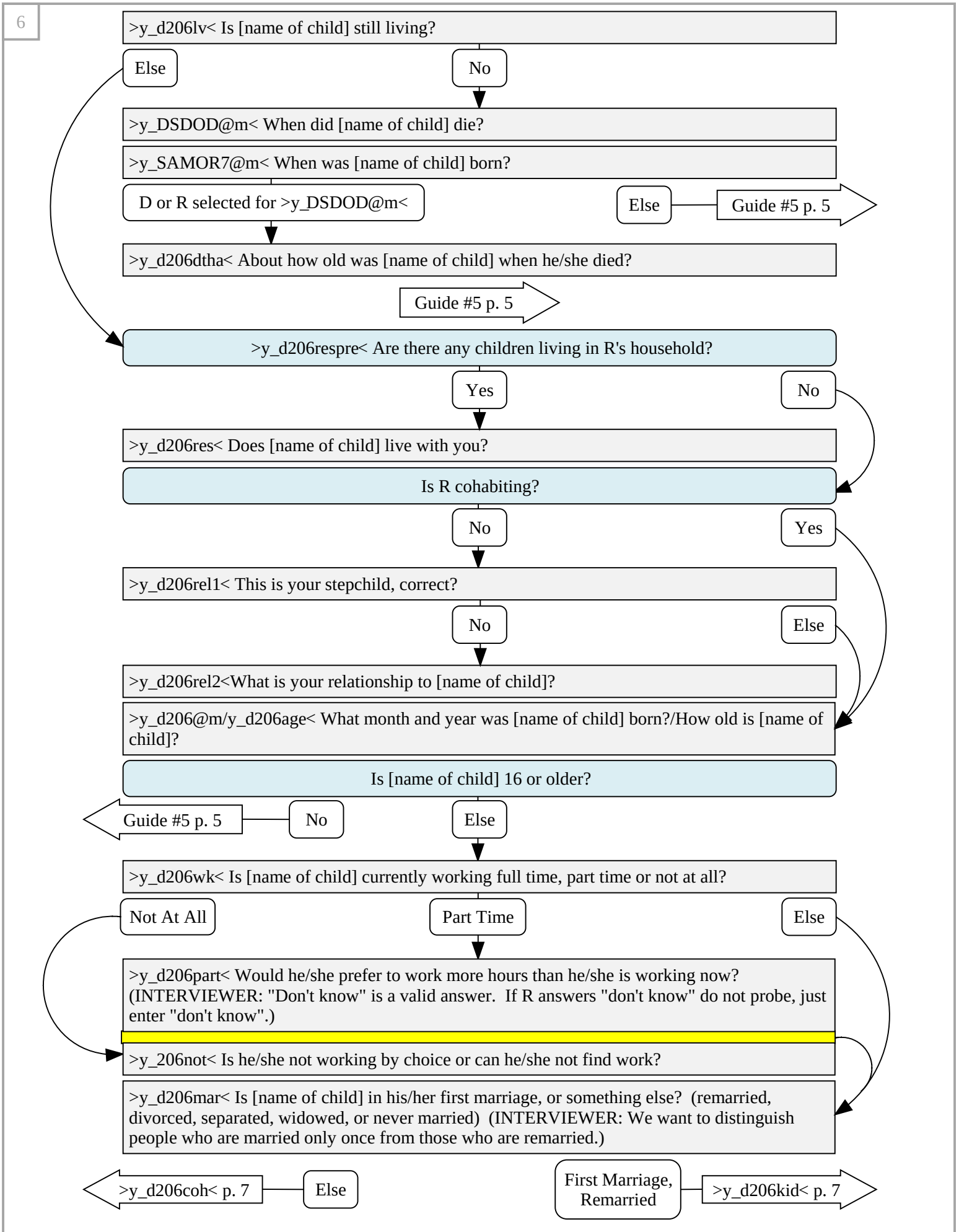
>y_d203stepb< Did [name of child]'s parent die or were you divorced?

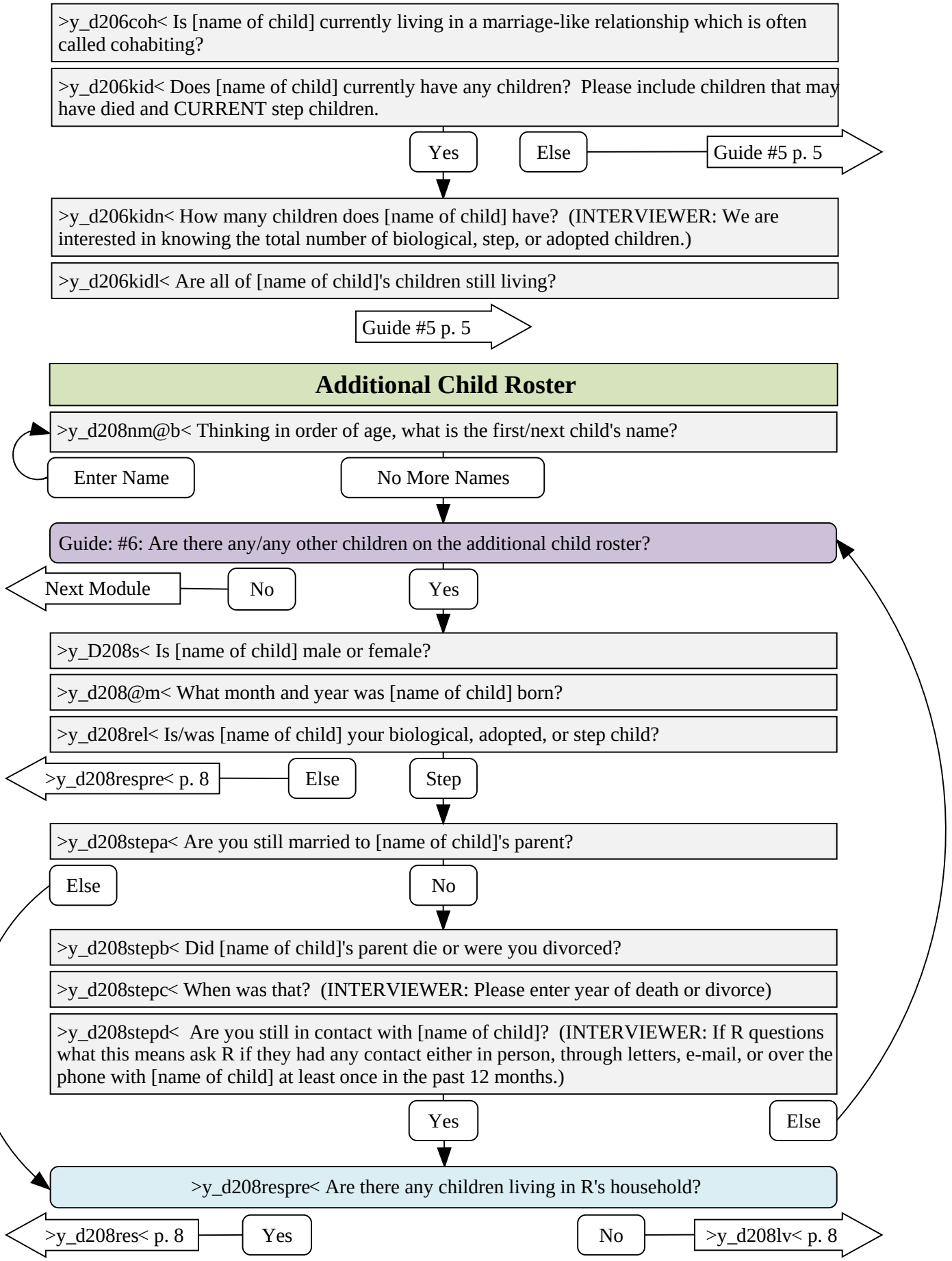
>y_d203stepc< When was that?

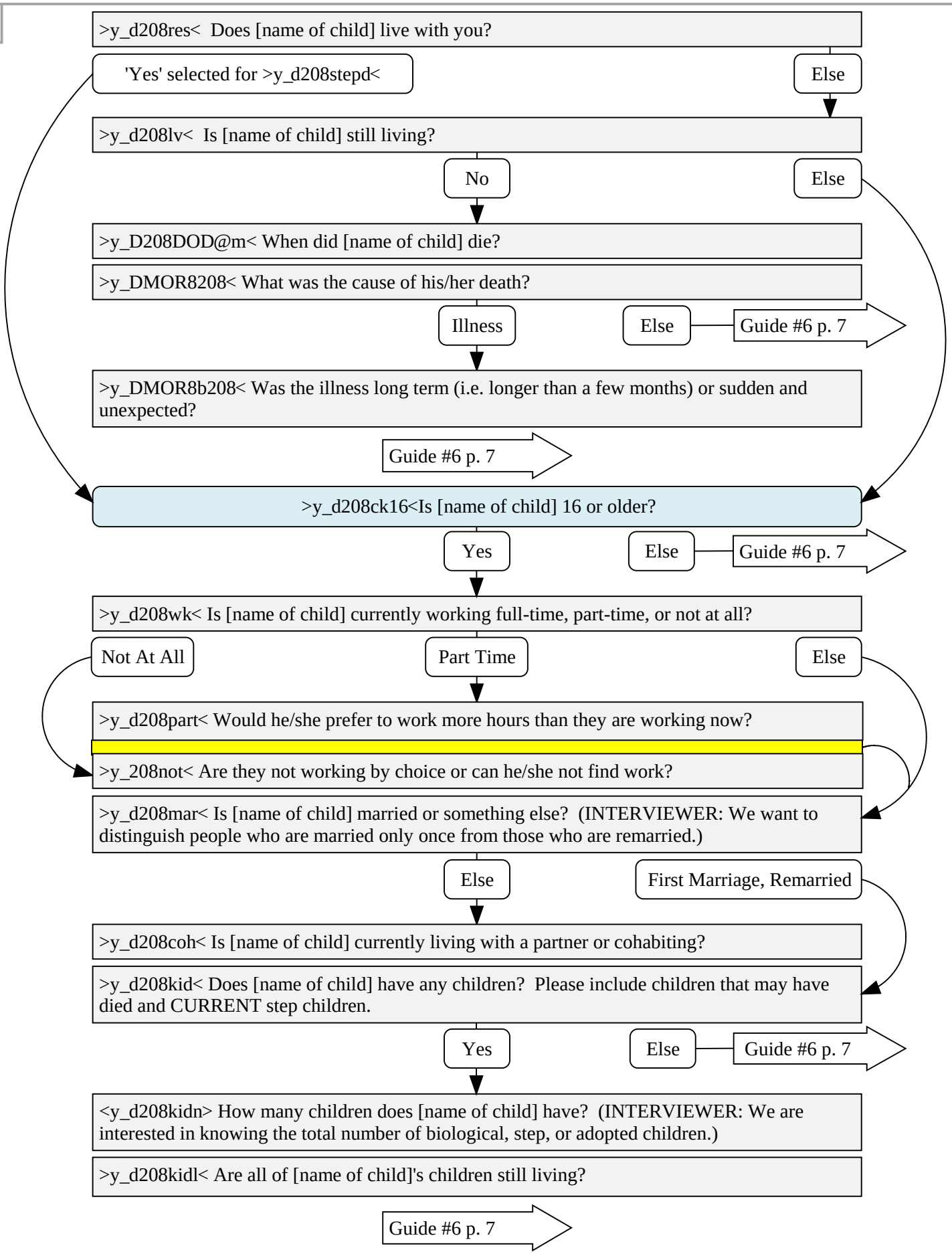

Did R volunteer that child was dead at either y_D203nm or y_d203nm_w on pg. 1?
Yes
Mortality closeout p. 9
No
>y_d203lv< Is [name of child] still living?
No
Mortality Closeout p. 9
Yes
Is the child a step child?
Yes
No
>y_d203stepd< Are you still in contact with [name of child]? (INTERVIEWER: If R questions what this means, ask if R has had any contact either in person, through letters, e-mail, or over the phone with [name of child] at least once in the past 12 months.)
Else
No
Guide #3 p. 4
>y_d203respre< Are there any children living in R's household?
Else
Yes
>y_d203res< Does [name of child] live with you?
>d203ck16< Is [name of child] 16 or older?
Yes
No
Guide #3 p. 4
>y_d203wk< Is [name of child] currently working full time, part time or not at all?
Else
Part time
Not at all
>y_d203part< Would he/she prefer to work more hours than he/she is working now?
>y_203not< Is he/she not working by choice or can he/she not find work?
>y_d203mar< Is [name of child] in his/her first marriage, remarried, divorced, separated, widowed, or never married?
Else
First Marriage, Remarried
>y_d203coh< Is [name of child] currently living in a marriage-like relationship which is often called "cohabiting"?
>y_d203kid< Does [name of child] have any children? Please include children that may have died and CURRENT step children.
Yes
Else
Guide #3 p. 4
>y_d203kidn< How many children does [name of child] have? (INTERVIEWER: We are interested in knowing the total number of biological, step, or adopted children.)
>y_d203kidl< Are all of [name of child]'s children still living?


Guide: #3 Are there ANY MORE living children in the roster?
>y_d205ck< p. 1
No
Yes
>y_D203nm_chk< p. 2
Dead Child Roster
>y_d205nm_chk< Is the name of the child missing?
Yes
No
>y_d205nm_w< You told us you had a son/daughter/child born around [birth month year]. Is this correct?
Else
Yes
>y_d205nm_y< What is/was that child's first name?
>y_d205nm< Would it be ok if I asked you a few questions about [name of child]?
Else
Yes
Instrument Map: #2 If either of the two above items are not answered with a "yes" there are a number of possible paths for the instrument to take.
1.) If information is not confirmed (go to next item).
2.) R refuses to talk about or denies knowledge of this specific child (go to Guide #4 on page 5)
3.) R refuses to talk about ANY children (end module and go to the parents module)
>y_d205sor< I'm sorry for the confusion, our records must be incorrect. Let's continue. We'll have a chance to talk about any children we may have missed later.
>y_d205dte_ck< Is date of death missing?
Yes
No
>y_d205dte_w< Our records indicate that [name of child] has passed away. Is this correct?
Yes
Else
Guide #4 p. 5
>y_d205dtey< When did he/she die?
>y_d205dte< [Name of child] died in [month] of [year]. Is this correct?
Yes
No, Date Is Incorrect
Else
>y_D205dtDOD@m< When did [name of child] die?
>y_d206nme< What was that child's first name?
>y_d205sui< Is [name of child] a suicide case?
>y_d205z1< p. 5
Yes
Else
>y_d205ck16< p. 5

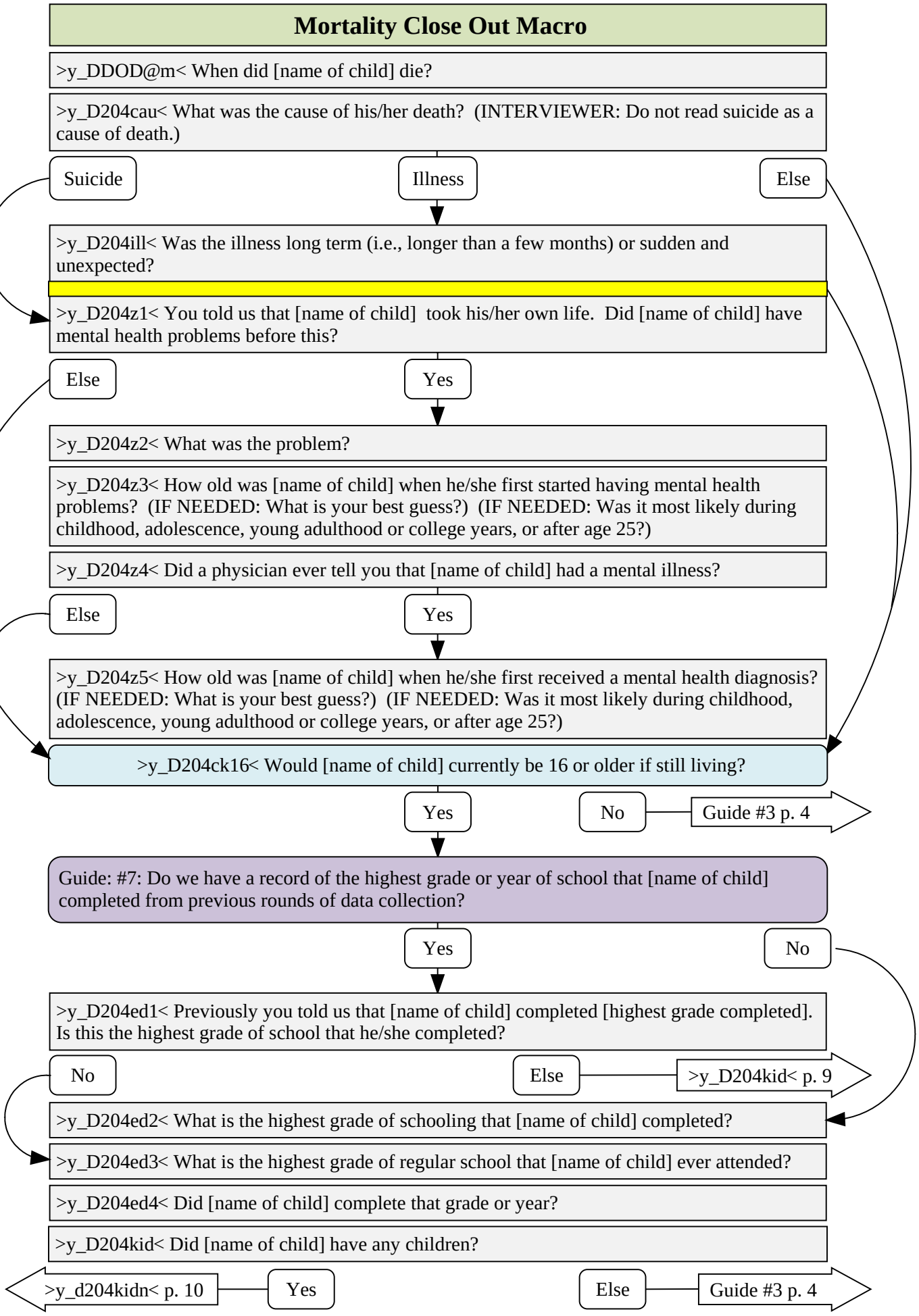

>y_d205z1< Last time, you told us that [name of child] took his/her own life. Did [name of child] have mental health problems before this?
Yes
Else
>y_d205z2< What was the problem?
>y_d205z3< How old was [name of child] when he/she first started having mental health problems?
>y_d205z4< Did a physician ever tell you that [name of child] had a mental illness?
Yes
Else
>y_d205z5< How old was [name of child] when he/she first received a mental health diagnosis?
>y_d205ck16< Would [name of child] currently be 16 or older if still living?
No
Else
>y_d205ed1< Previously you told us that [name of child] completed [highest grade completed]. Is this the highest grade of school that he/she attended.
No
Else
>y_d205ed3< What is the highest grade of school that [name of child] attended?
>y_d205ed4< Did [name of child] complete that grade or year?
>y_d205kid< Did [name of child] have any children?
Else
Yes
>y_d205kidn< How many children did [name of child] have? (INTERVIEWER: We are interested in knowing the total number of biological, step, or adopted children.)
>y_d205kidl< Are all of [name of child]'s children still living?
Guide: #4: Are there ANYMORE dead children in the roster?
>y_d206ck< p. 1
No
Yes
>y_d205nm_chk< p. 4
New Step Child Roster
>y_d206nm@b< Thinking in order of oldest to youngest, what is the first/next child's name?
Enter Name
No More Names
Guide: #5: Are there any/any other children on the new step child roster?
Yes
No
>y_d207< p. 1
>y_d206sx< Is [name of child] male or female?


>y_d206lv< Is [name of child] still living?
Else
No
>y_DSDOD@m< When did [name of child] die?
>y_SAMOR7@m< When was [name of child] born?
D or R selected for >y_DSDOD@m<
Else
Guide #5 p. 5
>y_d206dtha< About how old was [name of child] when he/she died?
Guide #5 p. 5
>y_d206respre< Are there any children living in R's household?
Yes
No
>y_d206res< Does [name of child] live with you?
Is R cohabiting?
No
Yes
>y_d206rel1< This is your stepchild, correct?
No
Else
>y_d206rel2<What is your relationship to [name of child]?
>y_d206@m/y_d206age< What month and year was [name of child] born?/How old is [name of child]?
Is [name of child] 16 or older?
Guide #5 p. 5
No
Else
>y_d206wk< Is [name of child] currently working full time, part time or not at all?
Not At All
Part Time
Else
>y_d206part< Would he/she prefer to work more hours than he/she is working now? (INTERVIEWER: "Don't know" is a valid answer. If R answers "don't know" do not probe, just enter "don't know".)
>y_206not< Is he/she not working by choice or can he/she not find work?
>y_d206mar< Is [name of child] in his/her first marriage, or something else? (remarried, divorced, separated, widowed, or never married) (INTERVIEWER: We want to distinguish people who are married only once from those who are remarried.)
>y_d206coh< p. 7
Else
First Marriage, Remarried
>y_d206kid< p. 7


>y_d206coh< Is [name of child] currently living in a marriage-like relationship which is often called cohabiting?
>y_d206kid< Does [name of child] currently have any children? Please include children that may have died and CURRENT step children.
Yes
Else
Guide #5 p. 5
>y_d206kidn< How many children does [name of child] have? (INTERVIEWER: We are interested in knowing the total number of biological, step, or adopted children.)
>y_d206kidl< Are all of [name of child]'s children still living?
Guide #5 p. 5
Additional Child Roster
>y_d208nm@b< Thinking in order of age, what is the first/next child's name?
Enter Name
No More Names
Guide: #6: Are there any/any other children on the additional child roster?
Next Module
No
Yes
>y_D208s< Is [name of child] male or female?
>y_d208@m< What month and year was [name of child] born?
>y_d208rel< Is/was [name of child] your biological, adopted, or step child?
>y_d208respre< p. 8
Else
Step
>y_d208stepa< Are you still married to [name of child]'s parent?
Else
No
>y_d208stepb< Did [name of child]'s parent die or were you divorced?
>y_d208stepc< When was that? (INTERVIEWER: Please enter year of death or divorce)
>y_d208stepd< Are you still in contact with [name of child]? (INTERVIEWER: If R questions what this means ask R if they had any contact either in person, through letters, e-mail, or over the phone with [name of child] at least once in the past 12 months.)
Yes
Else
>y_d208respre< Are there any children living in R's household?
>y_d208res< p. 8
Yes
No
>y_d208lv< p. 8


>y_d208res< Does [name of child] live with you?
'Yes' selected for >y_d208stepd<
Else
>y_d208lv< Is [name of child] still living?
No
Else
>y_D208DOD@m< When did [name of child] die?
>y_DMOR8208< What was the cause of his/her death?
Illness
Else
Guide #6 p. 7
>y_DMOR8b208< Was the illness long term (i.e. longer than a few months) or sudden and unexpected?
Guide #6 p. 7
>y_d208ck16<Is [name of child] 16 or older?
Yes
Else
Guide #6 p. 7
>y_d208wk< Is [name of child] currently working full-time, part-time, or not at all?
Not At All
Part Time
Else
>y_d208part< Would he/she prefer to work more hours than they are working now?
>y_208not< Are they not working by choice or can he/she not find work?
>y_d208mar< Is [name of child] married or something else? (INTERVIEWER: We want to distinguish people who are married only once from those who are remarried.)
Else
First Marriage, Remarried
>y_d208coh< Is [name of child] currently living with a partner or cohabiting?
>y_d208kid< Does [name of child] have any children? Please include children that may have died and CURRENT step children.
Yes
Else
Guide #6 p. 7
<y_d208kidn> How many children does [name of child] have? (INTERVIEWER: We are interested in knowing the total number of biological, step, or adopted children.)
>y_d208kidl< Are all of [name of child]'s children still living?
Guide #6 p. 7

Mortality Close Out Macro



>y_D204kidn< How many children did [name of child] have? (INTERVIEWER: We are interested in knowing the total number of biological, step, or adopted children.)

>y_D204kidl< Is [name of child]'s child still living?/Are all of [name of child]'s children still living?

No

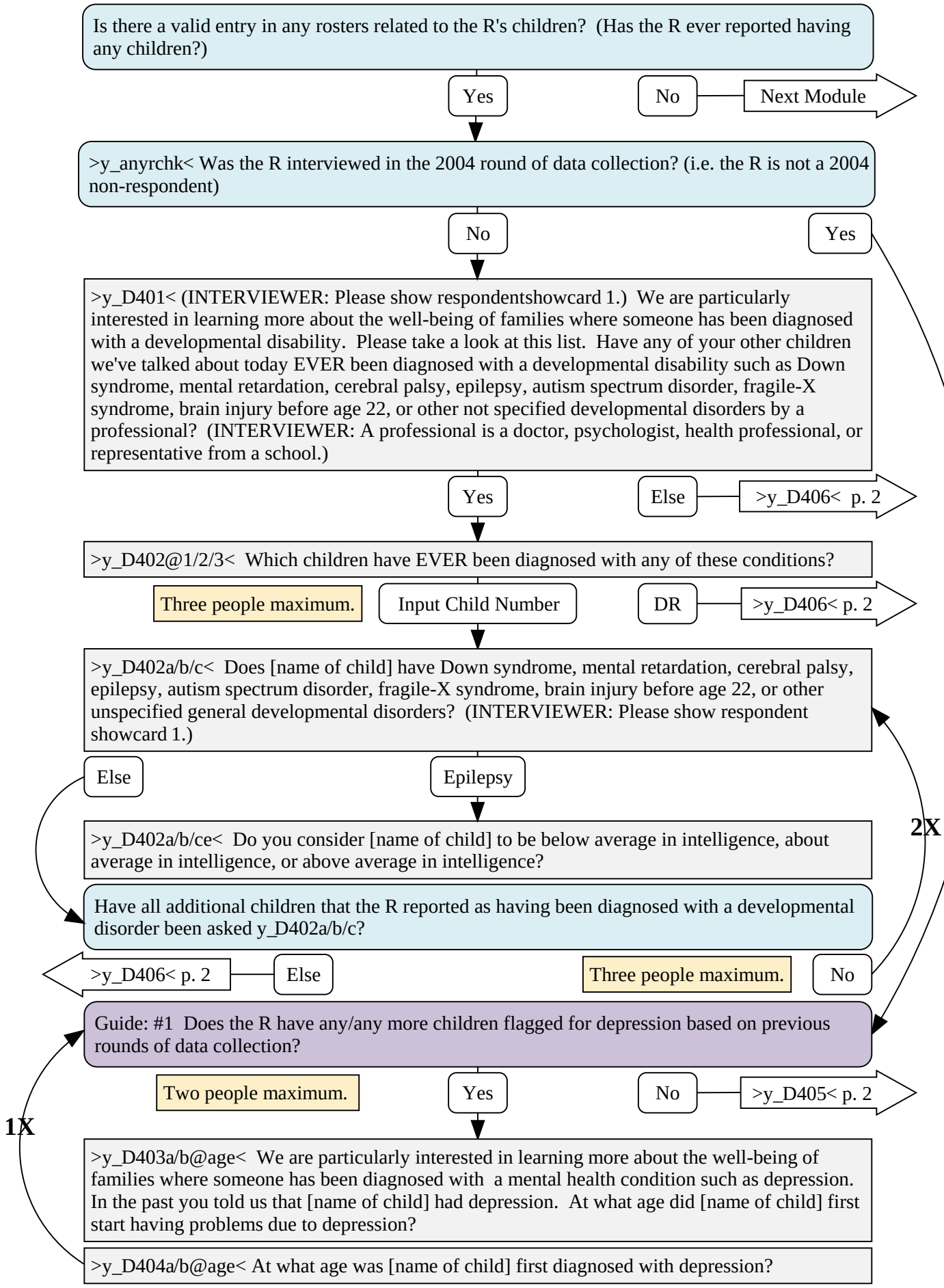
Else → Guide #3 p. 4

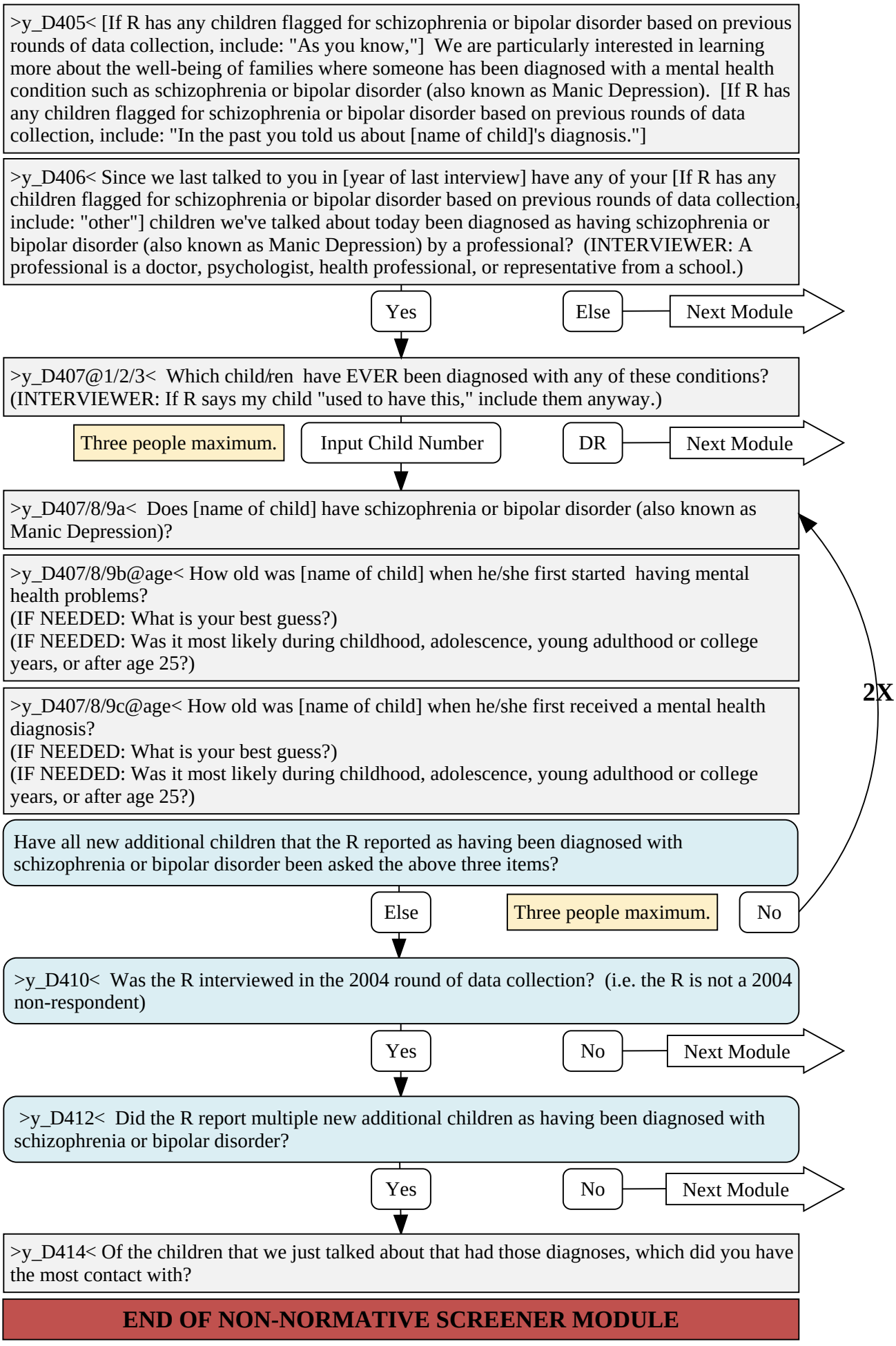
>y_D204kidls< I'm very sorry for your loss.

Guide #3 p. 4

END OF KID MODULE

NON-NORMATIVE SCREENER




>y_D405< [If R has any children flagged for schizophrenia or bipolar disorder based on previous rounds of data collection, include: "As you know,"] We are particularly interested in learning more about the well-being of families where someone has been diagnosed with a mental health condition such as schizophrenia or bipolar disorder (also known as Manic Depression). [If R has any children flagged for schizophrenia or bipolar disorder based on previous rounds of data collection, include: "In the past you told us about [name of child]'s diagnosis."]
>y_D406< Since we last talked to you in [year of last interview] have any of your [If R has any children flagged for schizophrenia or bipolar disorder based on previous rounds of data collection, include: "other"] children we've talked about today been diagnosed as having schizophrenia or bipolar disorder (also known as Manic Depression) by a professional? (INTERVIEWER: A professional is a doctor, psychologist, health professional, or representative from a school.)
Yes
Else
Next Module
>y_D407@1/2/3< Which child/ren have EVER been diagnosed with any of these conditions? (INTERVIEWER: If R says my child "used to have this," include them anyway.)
Three people maximum.
Input Child Number
DR
Next Module
>y_D407/8/9a< Does [name of child] have schizophrenia or bipolar disorder (also known as Manic Depression)?
>y_D407/8/9b@age< How old was [name of child] when he/she first started having mental health problems?
(IF NEEDED: What is your best guess?)
(IF NEEDED: Was it most likely during childhood, adolescence, young adulthood or college years, or after age 25?)
>y_D407/8/9c@age< How old was [name of child] when he/she first received a mental health diagnosis?
(IF NEEDED: What is your best guess?)
(IF NEEDED: Was it most likely during childhood, adolescence, young adulthood or college years, or after age 25?)
2X
Have all new additional children that the R reported as having been diagnosed with schizophrenia or bipolar disorder been asked the above three items?
Else
Three people maximum.
No
>y_D410< Was the R interviewed in the 2004 round of data collection? (i.e. the R is not a 2004 non-respondent)
Yes
No
Next Module
>y_D412< Did the R report multiple new additional children as having been diagnosed with schizophrenia or bipolar disorder?
Yes
No
Next Module
>y_D414< Of the children that we just talked about that had those diagnoses, which did you have the most contact with?
END OF NON-NORMATIVE SCREENER MODULE

SELECTED CHILD MODULE

CHECK FOR ELIGIBLE SELECTED CHILD/QUESTIONS ABOUT ALL CHILDREN

For R's who reported having children during previous rounds of data collection, a 'selected child' has been pre-designated for more detailed inquiry. So long as the 'selected child', whether being reported as dead or alive during the Kid Module, remains a valid entry in the child roster, the Selected Child Module will be entered. If, however, the R claims our record of their having that child is incorrect or denies knowledge of him/her, the Selected Child Module will be skipped.

Does R have any children? (i.e. Is there a valid entry, alive or dead, in the child roster?)

Yes

No → Next Module

Is the selected child still living OR are any of the R's other children - if applicable - who are at least 16 years of age still living?

No

Yes

>y_DSEX16< Does R belong to the random 25% sub-sample selected to receive additional questions about how they interact with their child(ren)? (In other words, does y_selkidflg = 1?)

No

Yes

>y_DLIVE16x< Is there more than one valid entry in the child roster?

Yes

No

>y_Du118fa< In the next few questions, we want you to think about [your child/all of your children who are 16 years old or older.]

>y_Du118f< How much [does your child/do your children] make you feel loved and cared for? A great deal, quite a bit, some, a little, or not at all?

>y_Du118g< How much do you feel he/she/they make too many demands of you? (A great deal, quite a bit, some, a little, or not at all?)

>y_Du118h< How much is/are he/she/they willing to listen when you need to talk about worries or problems? (A great deal, quite a bit, some, a little, or not at all?)

>y_Du118i< How much is/are he/she/they critical of what you do? (A great deal, quite a bit, some, a little, or not at all?)

>y_DSKALIVE< Is the selected child still living?

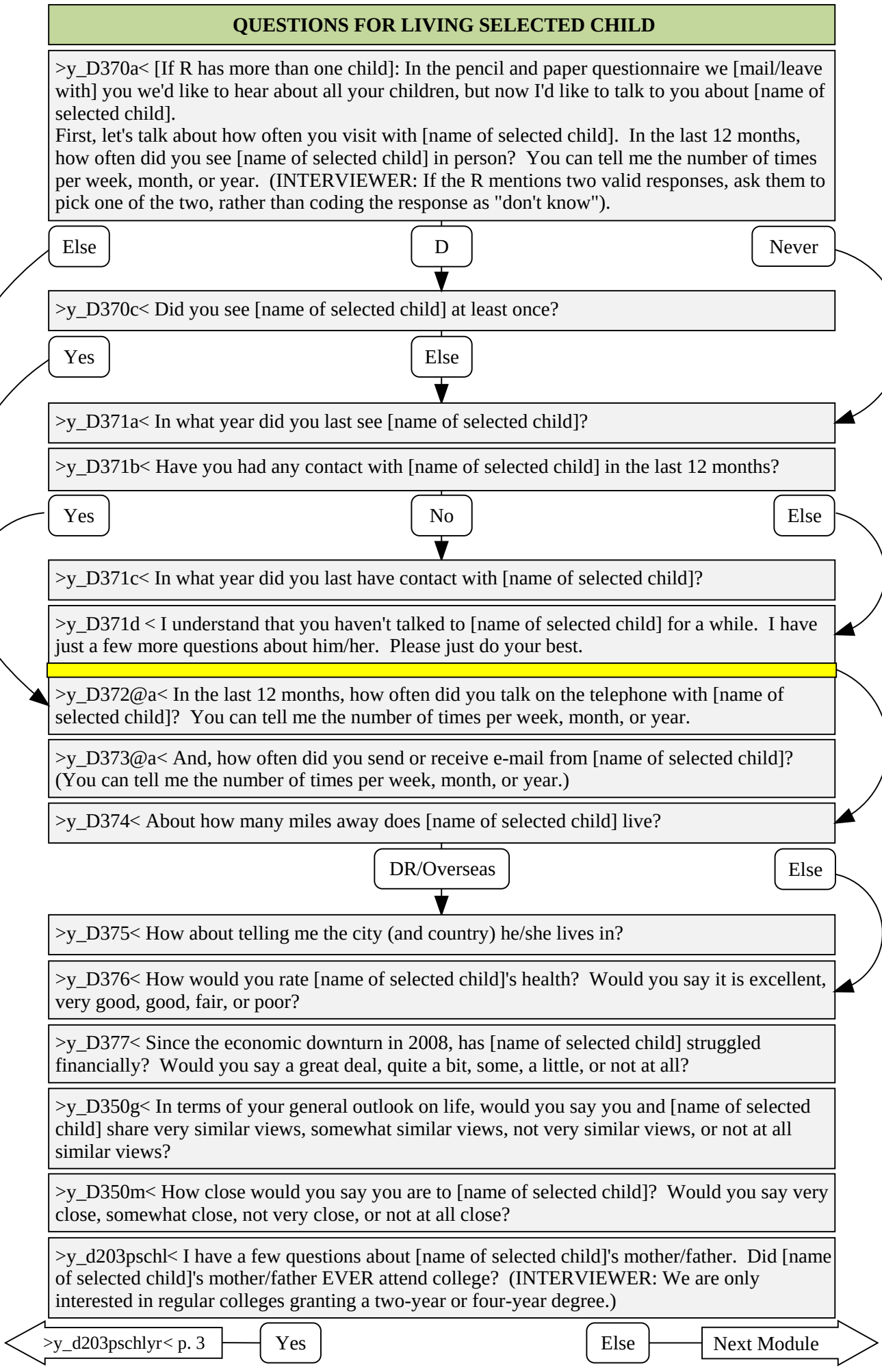
No

Yes → >y_D370a< p. 2

>y_DS1< Did R report that the selected child had died during a previous round of data collection AND refused to talk about or denied knowledge of the child during the Kid Module?

>y_DM321a< p. 3 ← Else

Yes → >y_d203pschl< p. 2


QUESTIONS FOR LIVING SELECTED CHILD
>y_D370a< [If R has more than one child]: In the pencil and paper questionnaire we [mail/leave with] you we'd like to hear about all your children, but now I'd like to talk to you about [name of selected child].
First, let's talk about how often you visit with [name of selected child]. In the last 12 months, how often did you see [name of selected child] in person? You can tell me the number of times per week, month, or year. (INTERVIEWER: If the R mentions two valid responses, ask them to pick one of the two, rather than coding the response as "don't know").
Else
D
Never
>y_D370c< Did you see [name of selected child] at least once?
Yes
Else
>y_D371a< In what year did you last see [name of selected child]?
>y_D371b< Have you had any contact with [name of selected child] in the last 12 months?
Yes
No
Else
>y_D371c< In what year did you last have contact with [name of selected child]?
>y_D371d < I understand that you haven't talked to [name of selected child] for a while. I have just a few more questions about him/her. Please just do your best.
>y_D372@a< In the last 12 months, how often did you talk on the telephone with [name of selected child]? You can tell me the number of times per week, month, or year.
>y_D373@a< And, how often did you send or receive e-mail from [name of selected child]? (You can tell me the number of times per week, month, or year.)
>y_D374< About how many miles away does [name of selected child] live?
DR/Overseas
Else
>y_D375< How about telling me the city (and country) he/she lives in?
>y_D376< How would you rate [name of selected child]'s health? Would you say it is excellent, very good, good, fair, or poor?
>y_D377< Since the economic downturn in 2008, has [name of selected child] struggled financially? Would you say a great deal, quite a bit, some, a little, or not at all?
>y_D350g< In terms of your general outlook on life, would you say you and [name of selected child] share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>y_D350m< How close would you say you are to [name of selected child]? Would you say very close, somewhat close, not very close, or not at all close?
>y_d203pschl< I have a few questions about [name of selected child]'s mother/father. Did [name of selected child]'s mother/father EVER attend college? (INTERVIEWER: We are only interested in regular colleges granting a two-year or four-year degree.)
>y_d203pschlyr< p. 3
Yes
Else
Next Module

>y_d203pschlyr< What year did [name of selected child]'s mother/father FIRST attend college?

>y_d203pschln< What is the name and city and state of the college where [name of selected child]'s mother/father first attended college?

>y_d203pschlBA< Did [name of selected child]'s mother/father EVER complete a Bachelor's degree?

Yes

Else → Next Module

>y_d203pschlBAyr< What year did [name of selected child]'s mother/father complete his/her FIRST Bachelor's degree?

>y_d203pschlsame< Did [name of selected child]'s mother/father complete his/her first Bachelor's degree at the college you just named?

No

Else → Next Module

>y_d203pschlnBA< What is the name and location of the college where [name of selected child]'s mother/father completed his/her first Bachelor's degree?

Next Module

MORTALITY ITEMS FOR DECEASED SELECTED CHILD

>y_DM321a< [If R reported child had died during a previous round of data collection]: I'd like to ask you just a few more questions about [name of selected child].
[If R reported child had died during this round of data collection]: Would it be all right if I asked you a few more questions about [name of selected child]?

Yes

Else → >y_d203pschl< p. 2

>y_DMOR5< In what city and state did he/she die?

>y_agecheck< Was selected child at least 18 years old at the time of his/her death?

Yes

Else → >y_d203pschl< p. 2

>y_DMOR9< Was there a kind of work he/she usually did?

Yes

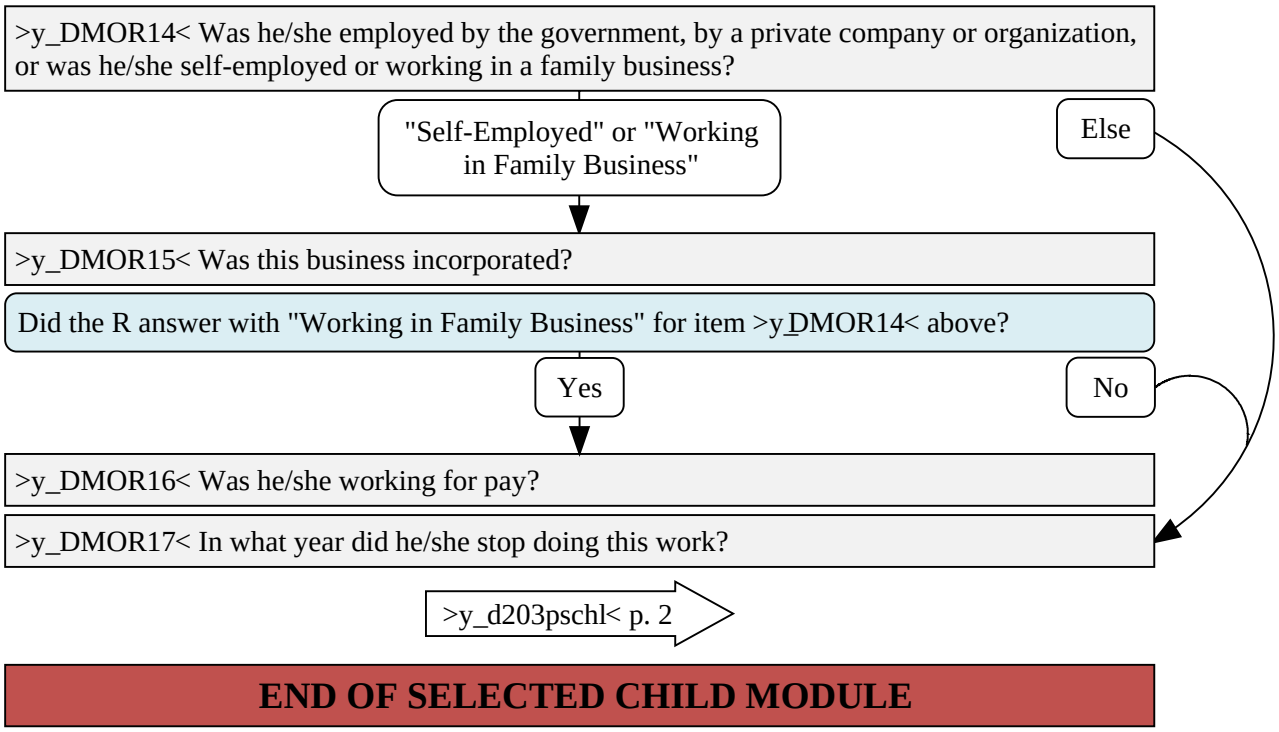
Else → >y_d203pschl< p. 2

>y_DMOR10< I'd like to know more about the last job he/she held when he/she was doing this usual kind of work. What kind of work did [name of selected child] do? (For example: electrical engineer; stock clerk; farmer)

>y_DMOR11< What were his/her principal activities or duties? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)

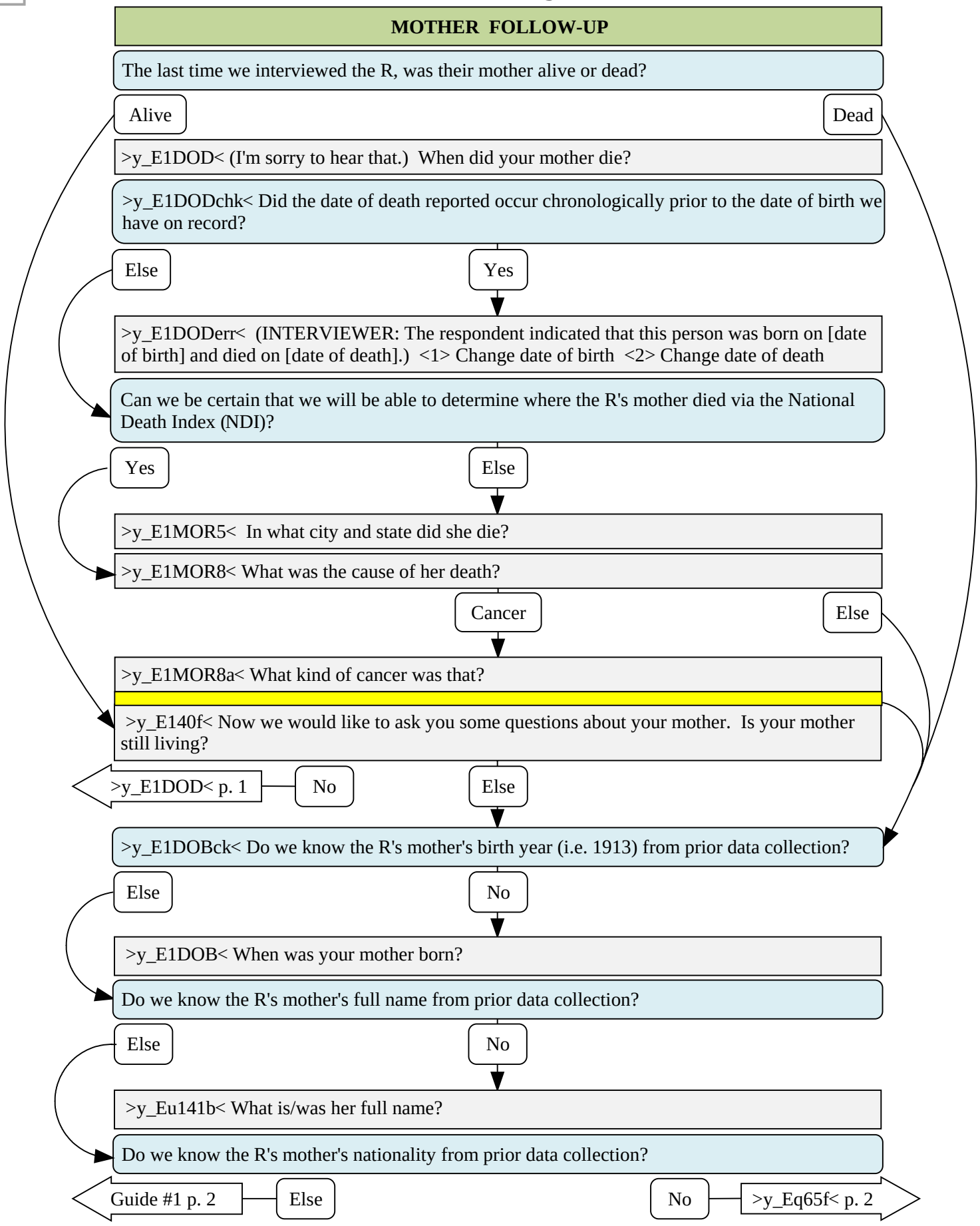
>y_DMOR12< What kind of business or industry was this? (For example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)

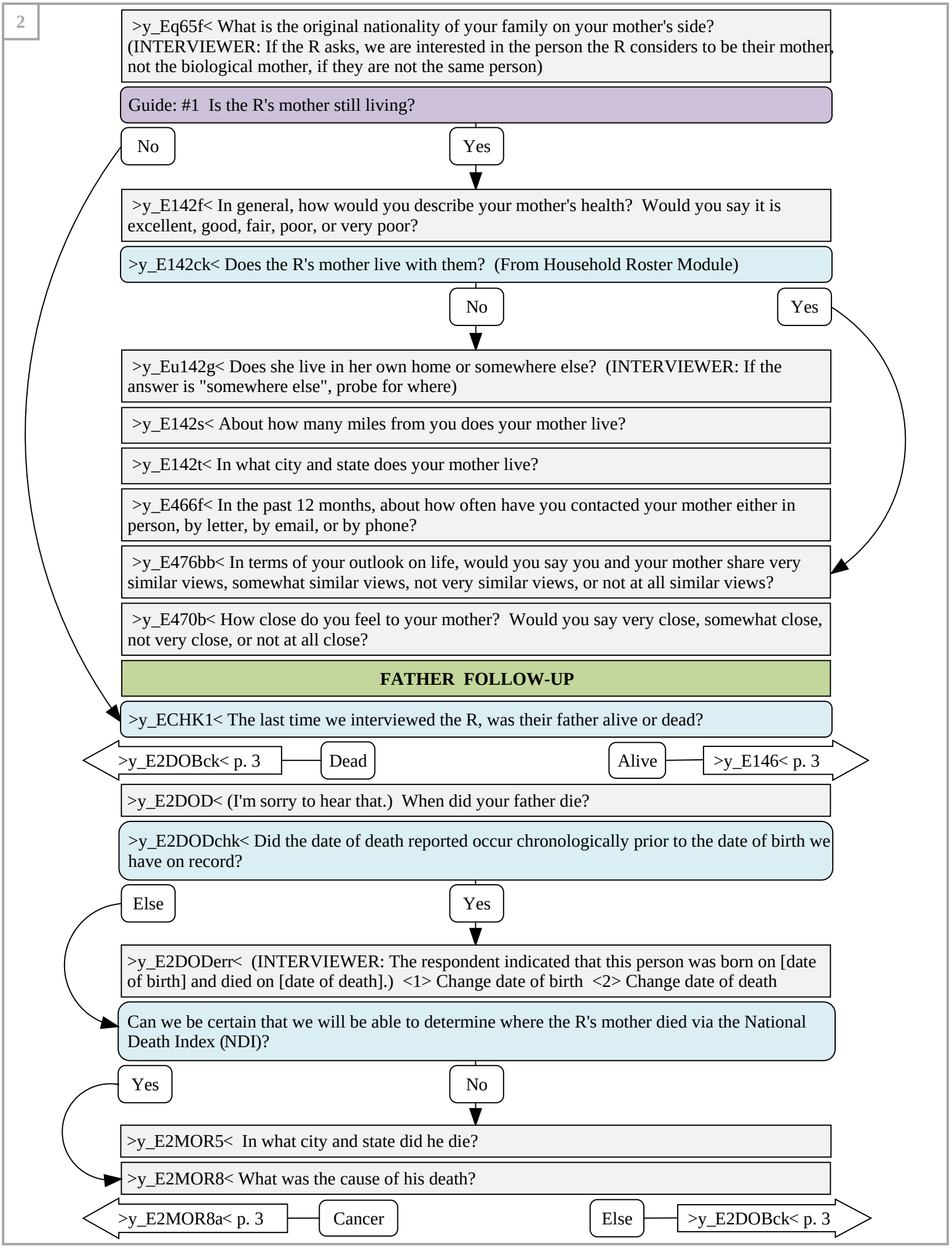
>y_DMOR13< Was this mainly manufacturing, wholesale trade, retail trade, or something else?

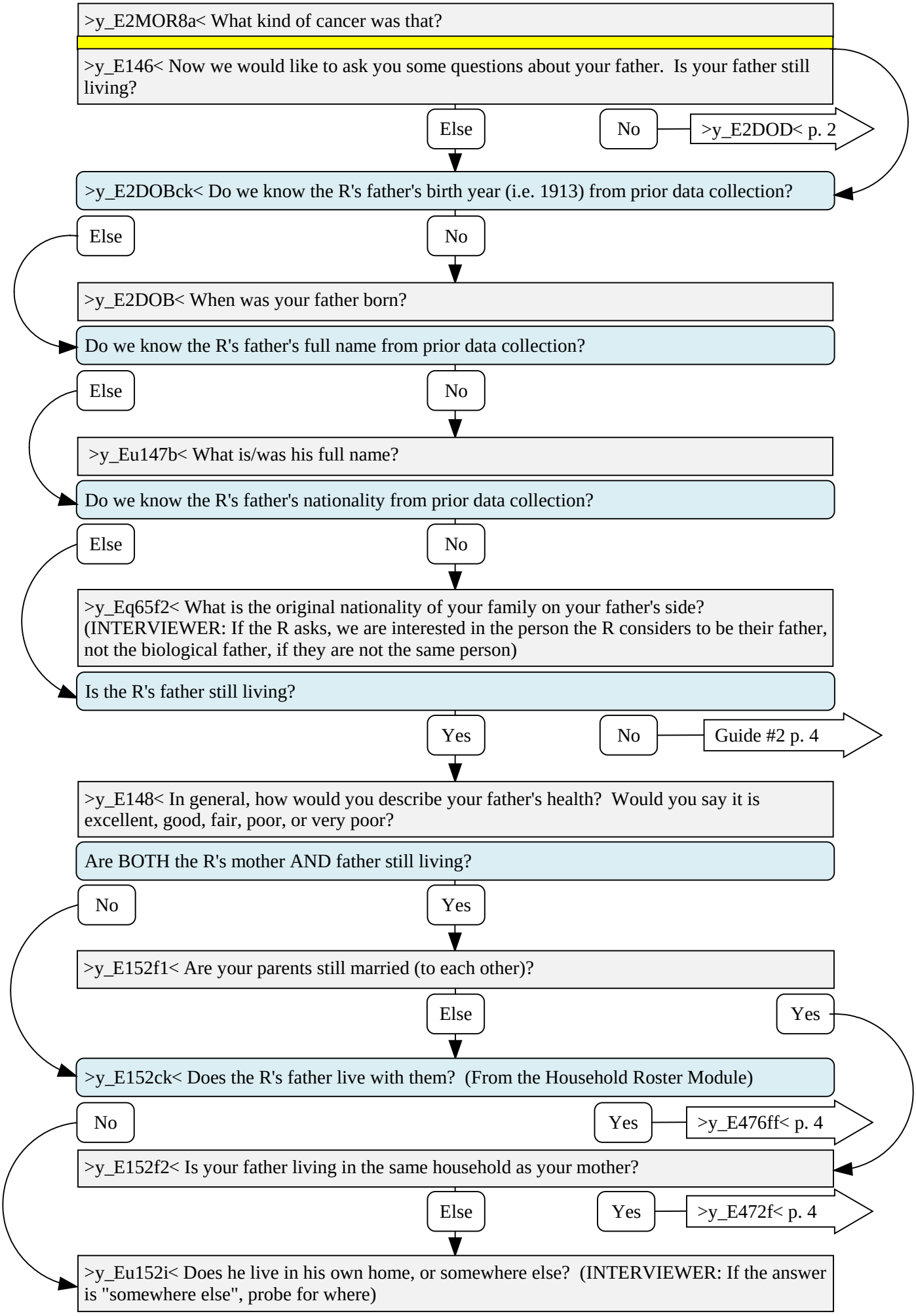

>y_DMOR14< Was he/she employed by the government, by a private company or organization, or was he/she self-employed or working in a family business?
"Self-Employed" or "Working in Family Business"
Else
>y_DMOR15< Was this business incorporated?
Did the R answer with "Working in Family Business" for item >y_DMOR14< above?
Yes
No
>y_DMOR16< Was he/she working for pay?
>y_DMOR17< In what year did he/she stop doing this work?
>y_d203pschl< p. 2
END OF SELECTED CHILD MODULE

PARENTS

MOTHER FOLLOW-UP




>y_Eq65f< What is the original nationality of your family on your mother's side? (INTERVIEWER: If the R asks, we are interested in the person the R considers to be their mother, not the biological mother, if they are not the same person)
Guide: #1 Is the R's mother still living?
No
Yes
>y_E142f< In general, how would you describe your mother's health? Would you say it is excellent, good, fair, poor, or very poor?
>y_E142ck< Does the R's mother live with them? (From Household Roster Module)
No
Yes
>y_Eu142g< Does she live in her own home or somewhere else? (INTERVIEWER: If the answer is "somewhere else", probe for where)
>y_E142s< About how many miles from you does your mother live?
>y_E142t< In what city and state does your mother live?
>y_E466f< In the past 12 months, about how often have you contacted your mother either in person, by letter, by email, or by phone?
>y_E476bb< In terms of your outlook on life, would you say you and your mother share very similar views, somewhat similar views, not very similar views, or not at all similar views?
>y_E470b< How close do you feel to your mother? Would you say very close, somewhat close, not very close, or not at all close?
FATHER FOLLOW-UP
>y_ECHK1< The last time we interviewed the R, was their father alive or dead?
>y_E2DOBck< p. 3
Dead
Alive
>y_E146< p. 3
>y_E2DOD< (I'm sorry to hear that.) When did your father die?
>y_E2DODchk< Did the date of death reported occur chronologically prior to the date of birth we have on record?
Else
Yes
>y_E2DODerr< (INTERVIEWER: The respondent indicated that this person was born on [date of birth] and died on [date of death].) <1> Change date of birth <2> Change date of death
Can we be certain that we will be able to determine where the R's mother died via the National Death Index (NDI)?
Yes
No
>y_E2MOR5< In what city and state did he die?
>y_E2MOR8< What was the cause of his death?
>y_E2MOR8a< p. 3
Cancer
Else
>y_E2DOBck< p. 3


>y_E2MOR8a< What kind of cancer was that?
>y_E146< Now we would like to ask you some questions about your father. Is your father still living?
Else
No
>y_E2DOD< p. 2
>y_E2DOBck< Do we know the R's father's birth year (i.e. 1913) from prior data collection?
Else
No
>y_E2DOB< When was your father born?
Do we know the R's father's full name from prior data collection?
Else
No
>y_Eu147b< What is/was his full name?
Do we know the R's father's nationality from prior data collection?
Else
No
>y_Eq65f2< What is the original nationality of your family on your father's side? (INTERVIEWER: If the R asks, we are interested in the person the R considers to be their father, not the biological father, if they are not the same person)
Is the R's father still living?
Yes
No
Guide #2 p. 4
>y_E148< In general, how would you describe your father's health? Would you say it is excellent, good, fair, poor, or very poor?
Are BOTH the R's mother AND father still living?
No
Yes
>y_E152f1< Are your parents still married (to each other)?
Else
Yes
>y_E152ck< Does the R's father live with them? (From the Household Roster Module)
No
Yes
>y_E476ff< p. 4
>y_E152f2< Is your father living in the same household as your mother?
Else
Yes
>y_E472f< p. 4
>y_Eu152i< Does he live in his own home, or somewhere else? (INTERVIEWER: If the answer is "somewhere else", probe for where)

>y_E148mm< About how many miles from you does your father live?

>y_E148nn< In what city and state does your father live?

>y_E472f< During the past 12 months, about how often did you have any contact with your father either in person, by letter, by email, or by phone?

>y_E476ff< In terms of your outlook on life, would you say you and your father share very similar views, somewhat similar views, not very similar views, or not at all similar views?

>y_E476f< How close do you feel to your father? Would you say very close, somewhat close, not very close, or not at all close?

MOTHER AND FATHER OF SPOUSE/PARTNER (IN-LAWS) FOLLOW-UP

Guide: #2 Is R married or partnered? (From Marriage Module)

No

Yes

>y_E158f< Is your (partner's mother/mother-in-law) still living?

>y_E162f< Is your (partner's father/father-in-law) still living?

END OF PARENTS MODULE

SELECTED SIBLING AND ALL SIBLING MORTALITY

>y_kinitck< Is R an only child OR are all of the R's sibling dead and have we already collected all relevant information about them? (In other words, does y_ssmodskp = 1?)

No

Else → Next Module

>y_KINIT< Now we would like to turn to another part of your family life -- your brothers and sisters.

For R's with any siblings, a 'selected sibling' has been pre-designated for more detailed inquiry.

>y_KR4< What is the mortality status for the selected sibling?
1.) Selected sibling is deceased and we have all relevant information
2.) Selected sibling is deceased and we don't have all relevant information
3.) Selected sibling is alive OR we don't know their mortality status

1 → >y_K14< p. 4

2

3

>y_KMa< Our records indicate that your brother/sister [name of selected sibling] passed away. Is this correct?

Else → >y_K403l< p. 2

Yes

>y_KM1a< When did [name of selected sibling] die?

>y_KM2a< What was the cause of his/her death?

Is the first OR last name of the R's selected sibling missing/unknown?

Yes

Else

>y_KM3a< Is/Was [full name of selected sibling] his/her full name?

Else

Yes → >y_K14< p. 4

>y_KM4a< What was [name of selected sibling]'s complete name?

>y_KM5< p. 2

>y_K4int< I would like to ask you some questions about your brother/sister [name of selected sibling]. Is he/she still living?

DK → >y_K410t< p. 3

No

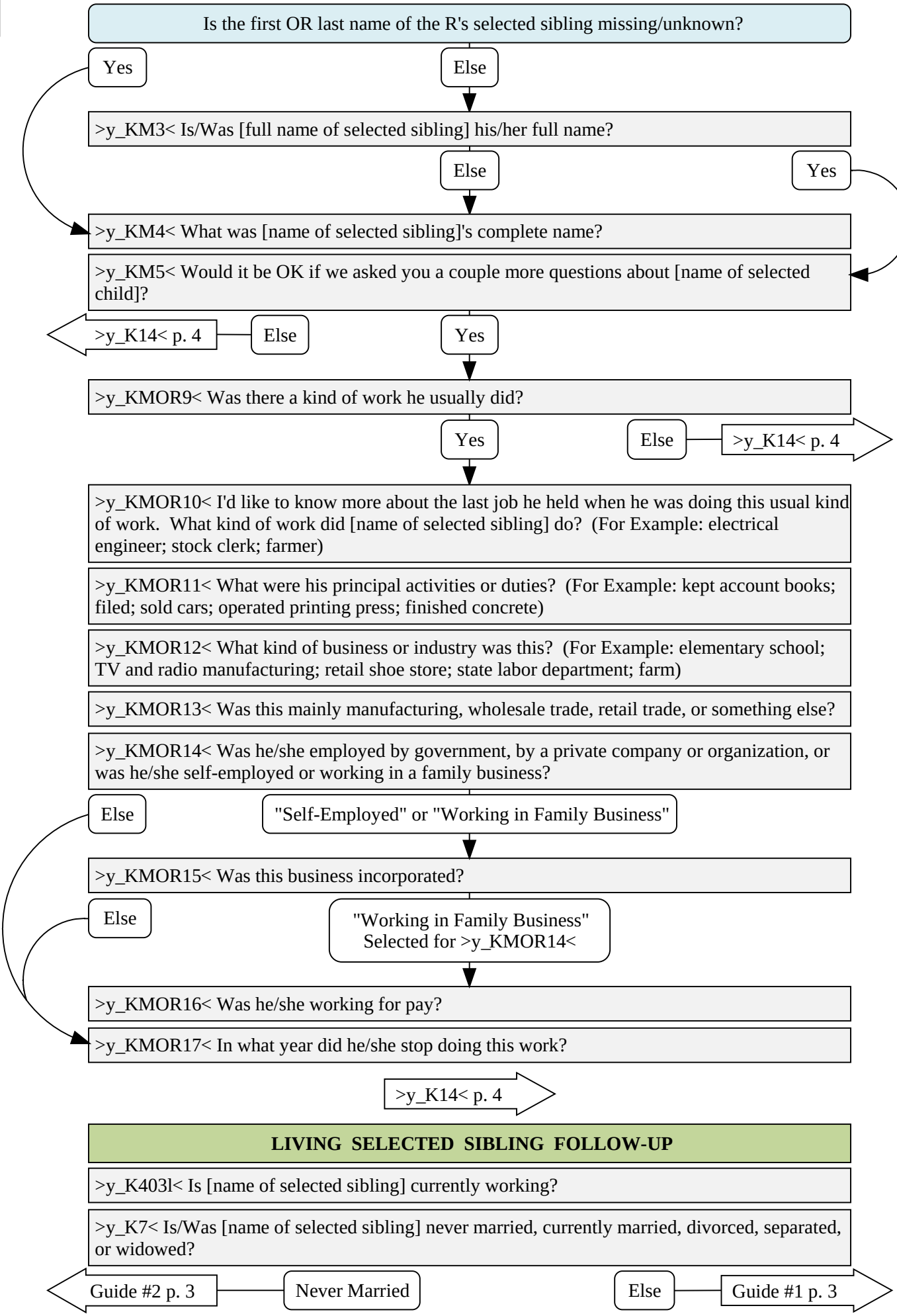
R → >y_K14< p. 4

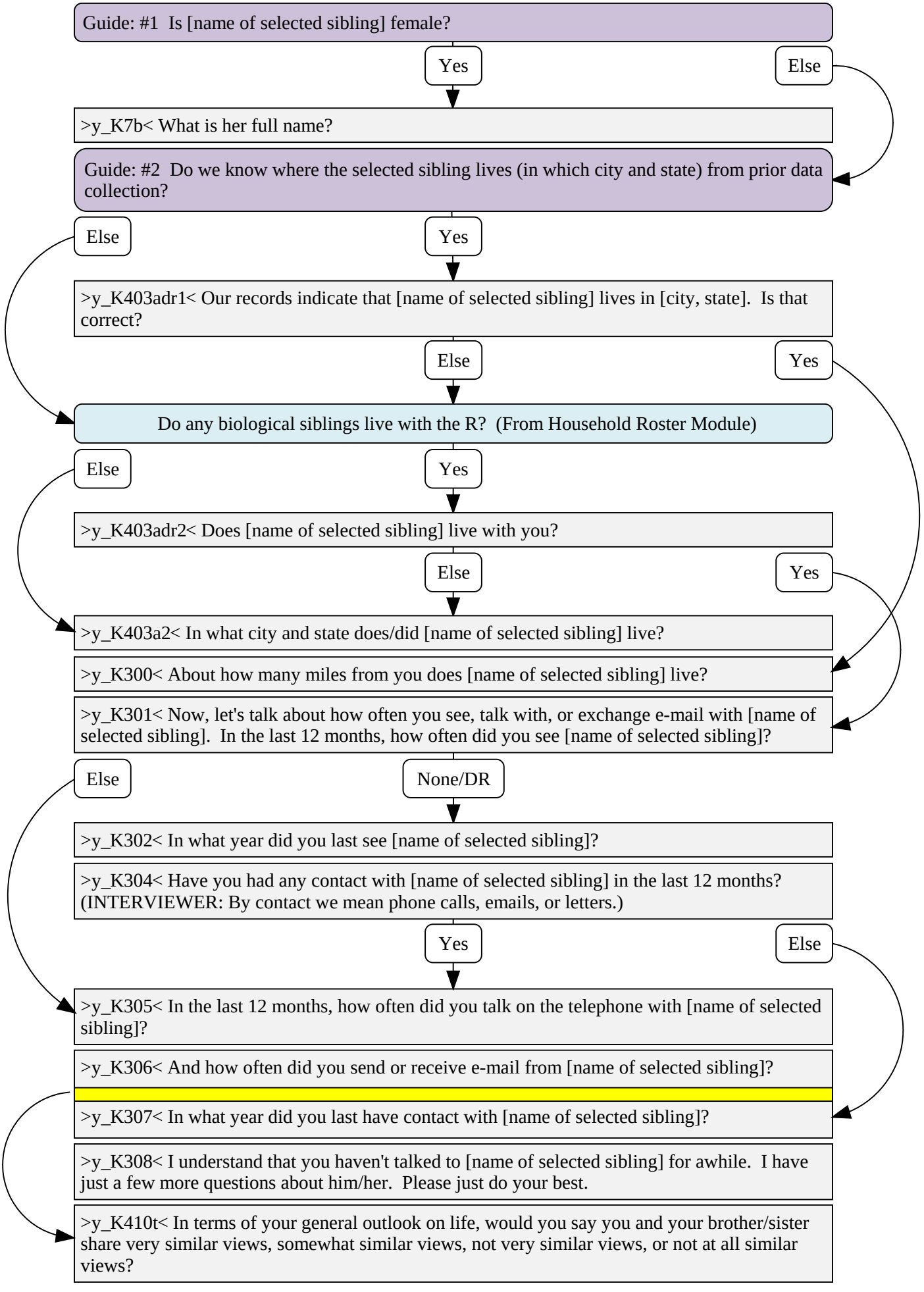
Yes → >y_K403l< p. 2

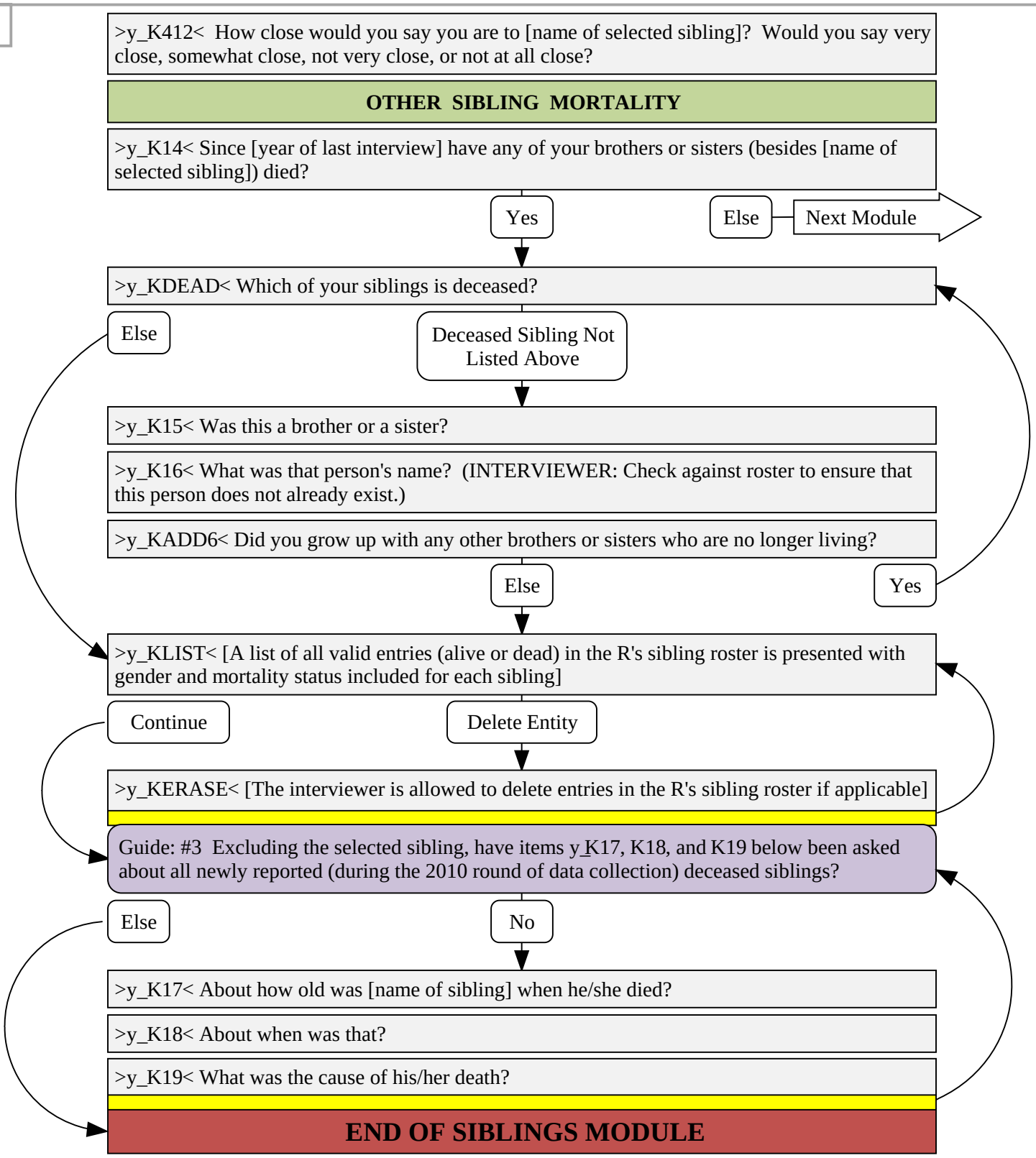
DECEASED SELECTED SIBLING FOLLOW-UP

>y_KM1< (I'm sorry to hear that.) When did [name of selected sibling] die?

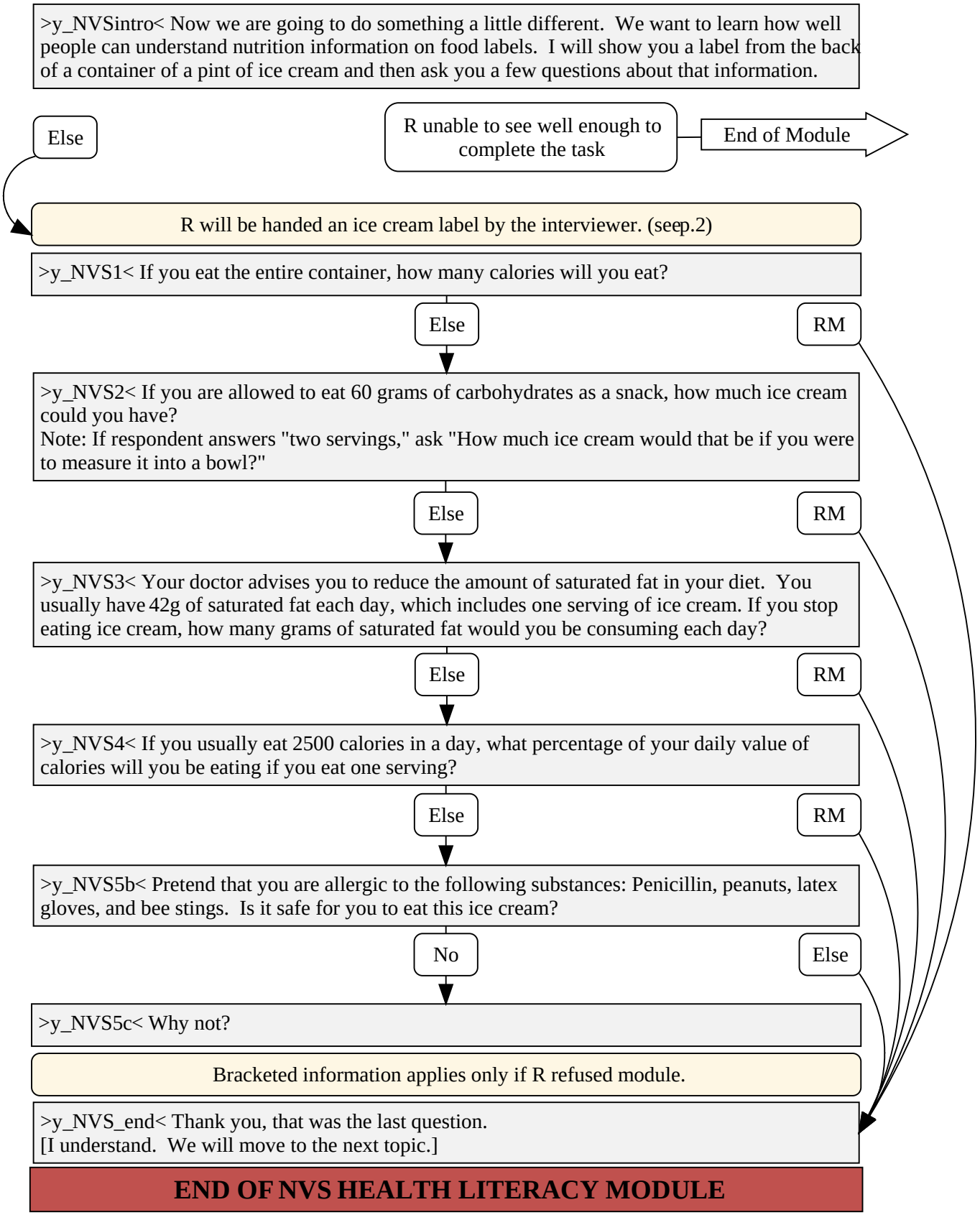
>y_KM2< What was the cause of his/her death?


Is the first OR last name of the R's selected sibling missing/unknown?
Yes
Else
>y_KM3< Is/Was [full name of selected sibling] his/her full name?
Else
Yes
>y_KM4< What was [name of selected sibling]'s complete name?
>y_KM5< Would it be OK if we asked you a couple more questions about [name of selected child]?
>y_K14< p. 4
Else
Yes
>y_KMOR9< Was there a kind of work he usually did?
Yes
Else
>y_K14< p. 4
>y_KMOR10< I'd like to know more about the last job he held when he was doing this usual kind of work. What kind of work did [name of selected sibling] do? (For Example: electrical engineer; stock clerk; farmer)
>y_KMOR11< What were his principal activities or duties? (For Example: kept account books; filed; sold cars; operated printing press; finished concrete)
>y_KMOR12< What kind of business or industry was this? (For Example: elementary school; TV and radio manufacturing; retail shoe store; state labor department; farm)
>y_KMOR13< Was this mainly manufacturing, wholesale trade, retail trade, or something else?
>y_KMOR14< Was he/she employed by government, by a private company or organization, or was he/she self-employed or working in a family business?
Else
"Self-Employed" or "Working in Family Business"
>y_KMOR15< Was this business incorporated?
Else
"Working in Family Business" Selected for >y_KMOR14<
>y_KMOR16< Was he/she working for pay?
>y_KMOR17< In what year did he/she stop doing this work?
>y_K14< p. 4
LIVING SELECTED SIBLING FOLLOW-UP
>y_K403l< Is [name of selected sibling] currently working?
>y_K7< Is/Was [name of selected sibling] never married, currently married, divorced, separated, or widowed?
Guide #2 p. 3
Never Married
Else
Guide #1 p. 3


Guide: #1 Is [name of selected sibling] female?
Yes
Else
>y_K7b< What is her full name?
Guide: #2 Do we know where the selected sibling lives (in which city and state) from prior data collection?
Else
Yes
>y_K403adr1< Our records indicate that [name of selected sibling] lives in [city, state]. Is that correct?
Else
Yes
Do any biological siblings live with the R? (From Household Roster Module)
Else
Yes
>y_K403adr2< Does [name of selected sibling] live with you?
Else
Yes
>y_K403a2< In what city and state does/did [name of selected sibling] live?
>y_K300< About how many miles from you does [name of selected sibling] live?
>y_K301< Now, let's talk about how often you see, talk with, or exchange e-mail with [name of selected sibling]. In the last 12 months, how often did you see [name of selected sibling]?
Else
None/DR
>y_K302< In what year did you last see [name of selected sibling]?
>y_K304< Have you had any contact with [name of selected sibling] in the last 12 months? (INTERVIEWER: By contact we mean phone calls, emails, or letters.)
Yes
Else
>y_K305< In the last 12 months, how often did you talk on the telephone with [name of selected sibling]?
>y_K306< And how often did you send or receive e-mail from [name of selected sibling]?
>y_K307< In what year did you last have contact with [name of selected sibling]?
>y_K308< I understand that you haven't talked to [name of selected sibling] for awhile. I have just a few more questions about him/her. Please just do your best.
>y_K410t< In terms of your general outlook on life, would you say you and your brother/sister share very similar views, somewhat similar views, not very similar views, or not at all similar views?


>y_K412< How close would you say you are to [name of selected sibling]? Would you say very close, somewhat close, not very close, or not at all close?
OTHER SIBLING MORTALITY
>y_K14< Since [year of last interview] have any of your brothers or sisters (besides [name of selected sibling]) died?
Yes
Else
Next Module
>y_KDEAD< Which of your siblings is deceased?
Else
Deceased Sibling Not Listed Above
>y_K15< Was this a brother or a sister?
>y_K16< What was that person's name? (INTERVIEWER: Check against roster to ensure that this person does not already exist.)
>y_KADD6< Did you grow up with any other brothers or sisters who are no longer living?
Else
Yes
>y_KLIST< [A list of all valid entries (alive or dead) in the R's sibling roster is presented with gender and mortality status included for each sibling]
Continue
Delete Entity
>y_KERASE< [The interviewer is allowed to delete entries in the R's sibling roster if applicable]
Guide: #3 Excluding the selected sibling, have items y_K17, K18, and K19 below been asked about all newly reported (during the 2010 round of data collection) deceased siblings?
Else
No
>y_K17< About how old was [name of sibling] when he/she died?
>y_K18< About when was that?
>y_K19< What was the cause of his/her death?
END OF SIBLINGS MODULE

NVS Health Literacy



Nutrition Facts

Serving Size	½ cup
Servings per container	4

Amount per serving			
Calories	250	Fat Cal	120
			%DV
Total Fat 13g			20%
Sat Fat 9g			40%
Cholesterol 28mg			12%
Sodium 55mg			2%
Total Carbohydrate 30g			12%
Dietary Fiber 2g			
Sugars 23g			
Protein 4g			8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

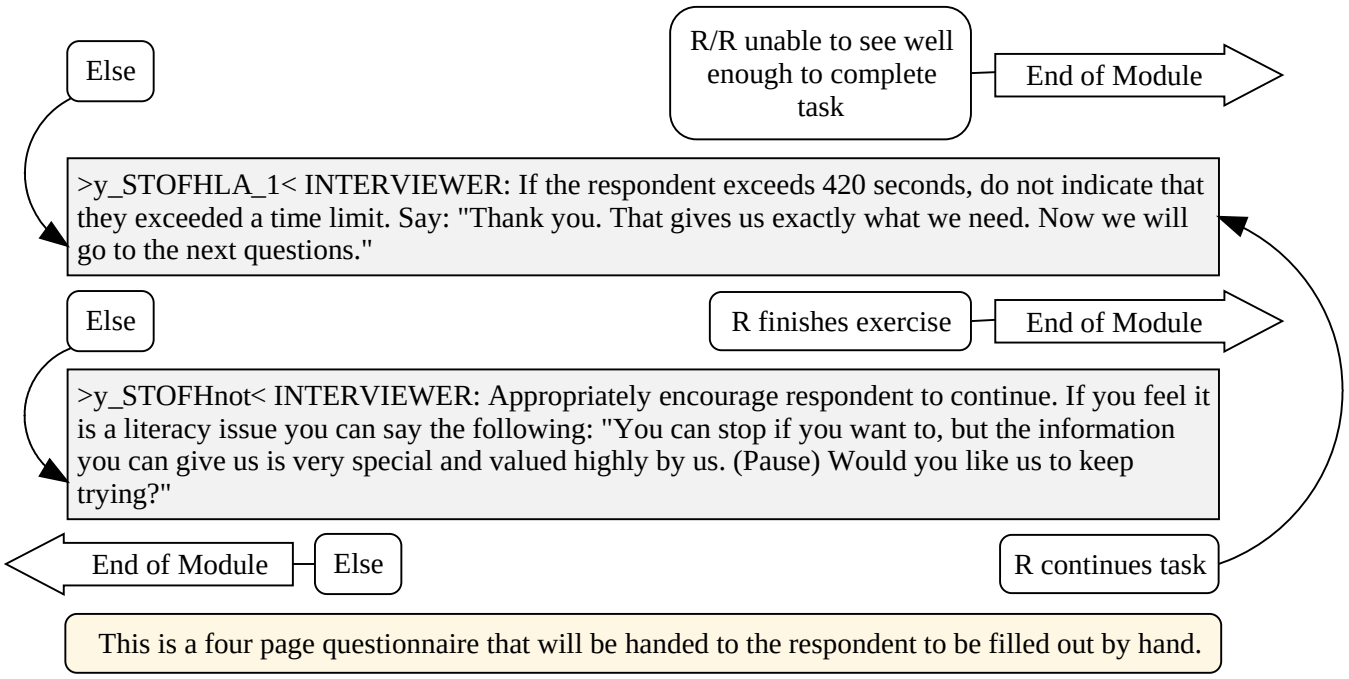
Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Health Literacy Test

>y_STOFHintro< Next, we have a reading exercise. The reading exercise is made up of two sets of medical instructions that you or anyone might see around a hospital or other healthcare facility.

Please read each set of medical instructions carefully. Each sentence has shaded boxes where you will see a list of four words. Choose the one word from the list that makes the most sense in the sentence. Mark your choice by writing an "X" in the box next to the word. When you finish a page, continue at the top of the next page.

INTERVIEWER: If R does not have the use of hands, offer to select responses at R's dictation. Do not read booklet to R. Please hand R theSTOFHLA questionnaire.
INTERVIEWER: Stop the test at the end of 7 minutes.



This is a four page questionnaire that will be handed to the respondent to be filled out by hand.

Medical Instructions A

1) **Your doctor has sent you to have a** ❑ stomach ❑ diabetes ❑ stitches ❑ germs **X-ray. You must have an** ❑ asthma ❑ empty ❑ incest ❑ anemia **stomach when you come for** ❑ is ❑ am ❑ if ❑ it **. The X-ray will** ❑ take ❑ view ❑ talk ❑ look **from 1 to 3** ❑ beds ❑ brains ❑ hours ❑ diets **to do.**

2) **The day before the X-ray, for supper have only a** ❑ little ❑ broth ❑ attack ❑ nausea **snack of fruit,** ❑ toes ❑ throat ❑ toast ❑ thigh **, and jelly, with coffee or tea. After** ❑ minute ❑ midnight ❑ during ❑ before **, you must not** ❑ easy ❑ ate ❑ drank ❑ eat **or drink anything at** ❑ ill ❑ all ❑ each ❑ any **until <u>after</u> you have** ❑ are ❑ has ❑ had ❑ was **the X-ray.**

3) **The day of the X-ray, do not eat** ❑ appointment / ❑ walk-in / ❑ breakfast / ❑ clinic **. Do not** ❑ drive / ❑ drink / ❑ dress / ❑ dose **,**

even ❑ heart / ❑ breath / ❑ water / ❑ cancer **. If you have any** ❑ answers / ❑ exercises / ❑ tracts / ❑ questions **, call the X-ray**

❑ Department / ❑ Sprain / ❑ Pharmacy / ❑ Toothache **at 616-4500.**

Medical Instructions B

1) **I agree to give correct information to** ❑ hair / ❑ salt / ❑ see / ❑ ache **if I can receive Medicaid.**

I ❑ agree / ❑ probe / ❑ send / ❑ gain **to provide the county information to** ❑ hide / ❑ risk / ❑ discharge / ❑ prove **any**

statements given in this ❑ emphysema / ❑ application / ❑ gallbladder / ❑ relationship **and hereby give permission**

to the ❑ inflammation / ❑ religion / ❑ iron / ❑ county **to get such proof.**

2) I ❑ investigate / ❑ entertain / ❑ understand / ❑ establish **that for Medicaid I must report any** ❑ changes / ❑ hormones / ❑ antacids / ❑ charges **in my circumstances within** ❑ three / ❑ one / ❑ five / ❑ ten **(10) days of becoming** ❑ award / ❑ aware / ❑ away / ❑ await **of the change.**

3) **I understand** ❑ thus / ❑ this / ❑ that / ❑ than **if I DO NOT like the** ❑ marital / ❑ occupation / ❑ adult / ❑ decision **made on my case, I have the** ❑ bright / ❑ left / ❑ wrong / ❑ right **to a fair hearing.**

I can ❑ request / ❑ refuse / ❑ fail / ❑ mend **a hearing by writing or** ❑ counting / ❑ reading / ❑ calling / ❑ smelling **the county where I applied.**

4) **If you** ❑ wash ❑ want ❑ cover ❑ tape **TANF for any family** ❑ member ❑ history ❑ weight ❑ seatbelt **, you will have to** ❑ relax ❑ break ❑ inhale ❑ sign **a different application form.** ❑ Since ❑ Whether ❑ However ❑ Because **, we will use the** ❑ lung ❑ date ❑ meal ❑ pelvic **on this form to determine your** ❑ hypoglycemia ❑ eligibility ❑ osteoporosis ❑ schizophrenia **.**

END OF HEALTH LITERACY MODULE

HEALTH

>y_x1< Now we want to ask you about your health. You may feel that some of these questions do not apply to you, but please bear with us because it is important that we ask the same questions of everyone.
In general, would you say your health is: excellent, very good, good, fair, or poor?

HEALTH UTILITIES

>y_x2< During the past four weeks, have you been able to see well enough to read ordinary newsprint **without** glasses or contact lenses?

NDR

Yes

>y_x3< (During the past four weeks have you been able to see well enough to read ordinary newsprint...) What about **with** glasses/contacts?

NDR

Yes

>y_x4< (During the past four weeks:) Have you been able to see at all?

NDR

Yes

>y_x5< (During the past four weeks:) Have you been able to see well enough to recognize a friend on the other side of the street **without** glasses or contact lenses?

NDR

Yes

>y_x6< (During the past four weeks, have you been able to see well enough to recognize a friend on the other side of the street)
What about **with** glasses or contact lenses?

>y_x7< (During the past four weeks:)
Without a hearing aid and while in a group conversation with at least three other people, have you been able to hear what is said?

NDR

Yes → >y_x12< p.2

>y_x8< (Have you been able to hear what is said in a group conversation with at least three other people) What about **with** a hearing aid?

NDR

Yes

>y_x9< (During the past four weeks,) have you been able to hear at all?

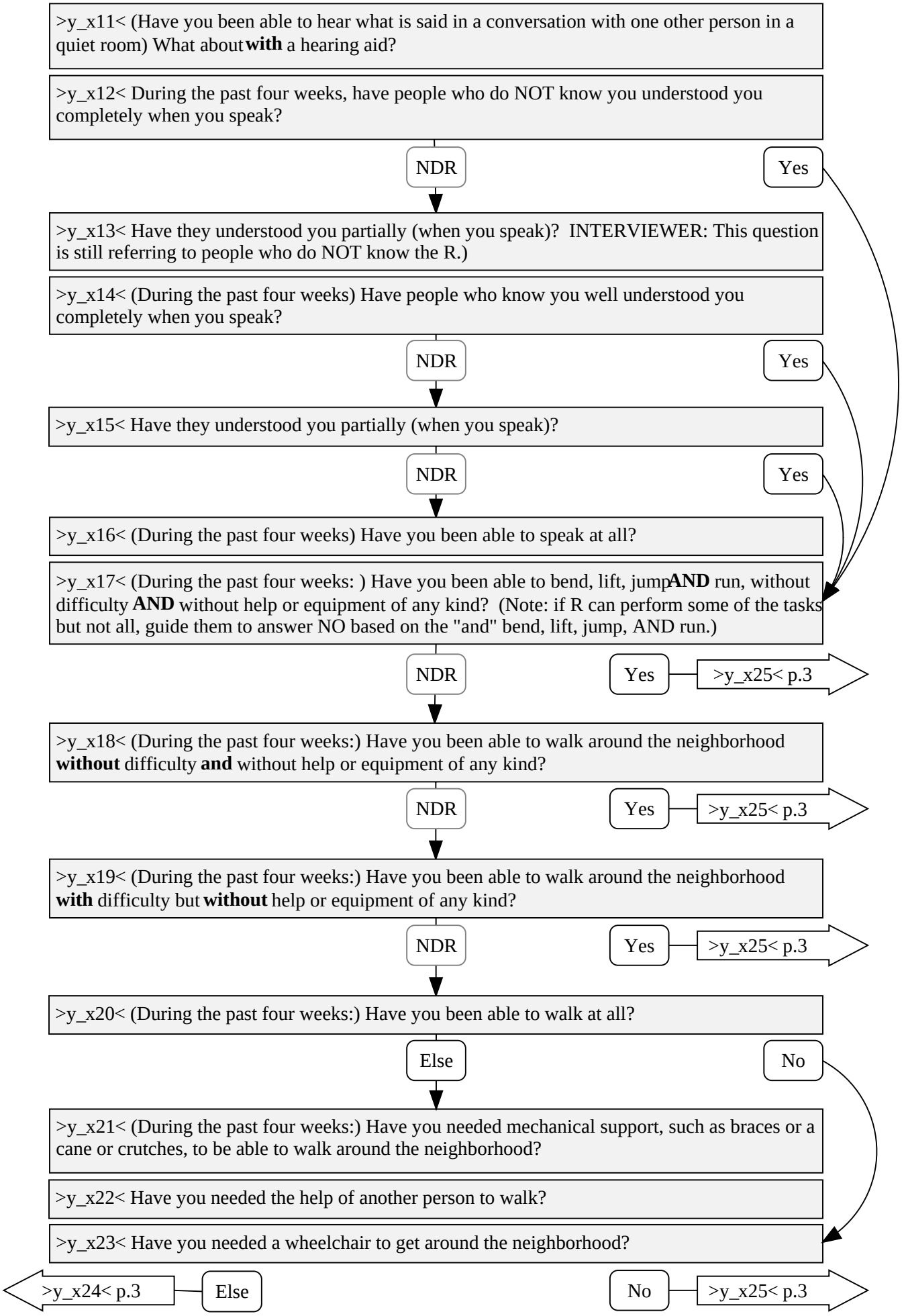
Else

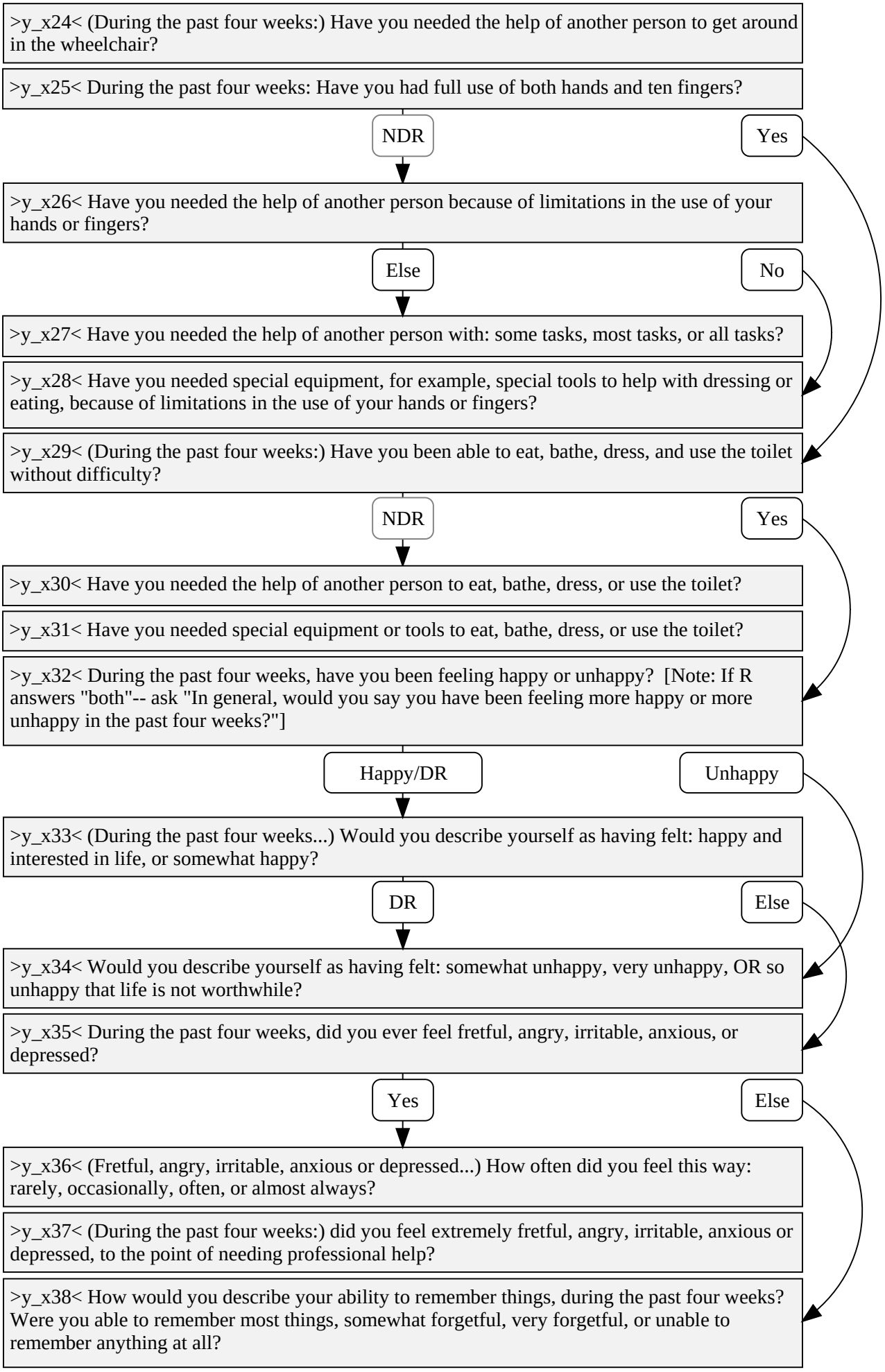
No → >y_x12< p.2

>y_x10< (During the past four weeks:)
Without a hearing aid, in a conversation with one other person in a quiet room, have you been able to hear what is said?

>y_x11< p.2 ← NDR

Yes → >y_x12< p.2


>y_x11< (Have you been able to hear what is said in a conversation with one other person in a quiet room) What about **with** a hearing aid?
>y_x12< During the past four weeks, have people who do NOT know you understood you completely when you speak?
NDR
Yes
>y_x13< Have they understood you partially (when you speak)? INTERVIEWER: This question is still referring to people who do NOT know the R.)
>y_x14< (During the past four weeks) Have people who know you well understood you completely when you speak?
NDR
Yes
>y_x15< Have they understood you partially (when you speak)?
NDR
Yes
>y_x16< (During the past four weeks) Have you been able to speak at all?
>y_x17< (During the past four weeks:) Have you been able to bend, lift, jump **AND** run, without difficulty **AND** without help or equipment of any kind? (Note: if R can perform some of the tasks but not all, guide them to answer NO based on the "and" bend, lift, jump, AND run.)
NDR
Yes
>y_x25< p.3
>y_x18< (During the past four weeks:) Have you been able to walk around the neighborhood **without** difficulty **and** without help or equipment of any kind?
NDR
Yes
>y_x25< p.3
>y_x19< (During the past four weeks:) Have you been able to walk around the neighborhood **with** difficulty but **without** help or equipment of any kind?
NDR
Yes
>y_x25< p.3
>y_x20< (During the past four weeks:) Have you been able to walk at all?
Else
No
>y_x21< (During the past four weeks:) Have you needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?
>y_x22< Have you needed the help of another person to walk?
>y_x23< Have you needed a wheelchair to get around the neighborhood?
>y_x24< p.3
Else
No
>y_x25< p.3


>y_x24< (During the past four weeks:) Have you needed the help of another person to get around in the wheelchair?
>y_x25< During the past four weeks: Have you had full use of both hands and ten fingers?
NDR
Yes
>y_x26< Have you needed the help of another person because of limitations in the use of your hands or fingers?
Else
No
>y_x27< Have you needed the help of another person with: some tasks, most tasks, or all tasks?
>y_x28< Have you needed special equipment, for example, special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?
>y_x29< (During the past four weeks:) Have you been able to eat, bathe, dress, and use the toilet without difficulty?
NDR
Yes
>y_x30< Have you needed the help of another person to eat, bathe, dress, or use the toilet?
>y_x31< Have you needed special equipment or tools to eat, bathe, dress, or use the toilet?
>y_x32< During the past four weeks, have you been feeling happy or unhappy? [Note: If R answers "both"-- ask "In general, would you say you have been feeling more happy or more unhappy in the past four weeks?"]
Happy/DR
Unhappy
>y_x33< (During the past four weeks...) Would you describe yourself as having felt: happy and interested in life, or somewhat happy?
DR
Else
>y_x34< Would you describe yourself as having felt: somewhat unhappy, very unhappy, OR so unhappy that life is not worthwhile?
>y_x35< During the past four weeks, did you ever feel fretful, angry, irritable, anxious, or depressed?
Yes
Else
>y_x36< (Fretful, angry, irritable, anxious or depressed...) How often did you feel this way: rarely, occasionally, often, or almost always?
>y_x37< (During the past four weeks:) did you feel extremely fretful, angry, irritable, anxious or depressed, to the point of needing professional help?
>y_x38< How would you describe your ability to remember things, during the past four weeks? Were you able to remember most things, somewhat forgetful, very forgetful, or unable to remember anything at all?

>y_x39< How would you describe your ability to think and solve day to day problems during the past four weeks? Were you able to think clearly and solve problems, had a little difficulty, had some difficulty, had a great deal of difficulty, or unable to think and solve problems?

>y_x40< Have you had any trouble with pain or discomfort (during the past four weeks)?

Else

No

>y_x41< How many of your activities, (during the past four weeks,) were limited by pain or discomfort? Would you say none, a few, some, most, or all?

OTHER HEALTH HISTORY

>y_x1a2< Has a doctor **ever** told you that you have any of the following: High blood pressure or hypertension?

Yes

Else

>y_x1a2a< In what year was that first diagnosed?

>y_x1a3b< How much does your high blood pressure or hypertension currently interfere with what you like to do? Would you say not at all, a little, some, quite a bit, or a great deal?

>y_x1a3g< (Has a doctor ever told you that you have:) High blood sugar?

Yes

Else

>y_x1a3h< In what year was that first diagnosed?

>y_x1a3s< How much does high blood sugar currently interfere with what you like to do? Would you say not at all, a little, some, quite a bit, or a great deal?

>y_x1a3< (Has a doctor ever told you that you have:) Diabetes?

Yes

Else

>y_x1a4< p.5

>y_x1a3a< In what year was that first diagnosed?

>y_x1a3e< In order to treat or control your diabetes, are you now taking medication that you swallow?

>y_x1a3f< (In order to treat or control your diabetes) Are you now using insulin shots or a pump?

>y_x1aa1< Please tell me which type of diabetes the doctor said that you have:

>y_x1aa2< How much does your diabetes currently interfere with what you like to do? Would you say not at all, a little, some, quite a bit, or a great deal?

>y_x1aa3< Please tell me whether you use any of the other following ways to manage your diabetes: test your blood sugar, use diet control, exercise regularly, check for sores or irritation on your feet, take aspirin regularly, measure blood pressure at home.

>y_x1aa6< [Skip this question if R said she/he does not test blood sugar.] How often do you test your blood sugar?

>y_x1aa7< [Skip if R said she/he does not check feet] (How often do you) check for sores or irritation on your feet?

>y_x1aa5< [Skip if R said she/he does not take pills.] How often do you take pills (medication that you swallow)?

>y_x1aa4< [Skip if R said she/he does not use insulin.] How often do you take insulin (shots or pump)?

>y_x1ab1< In the past year, has a doctor or other health care professional examined your feet for sores or irritations?

>y_x1ab2< About how many times in the past year have you seen a doctor or other health care professional for diabetes?

>y_x1ab3< Has your doctor or other health professional talked to you about a treatment plan for managing diabetes?

>y_x1ab4< How often would you say that your blood sugar is well controlled? By "well controlled" we mean a recent hemoglobin "A one C" result of 7.5 or less or an average fasting blood test of 140 or less.

>y_x1ab5< Do you have problems with your feet as a result of diabetes?

>y_x1ab6< Do you have any problems with your eyes as a result of your diabetes?

>y_x1ab7< Do you have any problems with your kidneys as a result of your diabetes?

>y_x1ab8< Have you ever participated in a diabetes self-management course or class or received special training on how you can manage your diabetes?

>y_x1a4< (Has a doctor ever told you that you have:)
Cancer or a malignant tumor **not including** minor skin cancers?

Yes

Else → >y_x1a5< p.6

>y_x1a4b< In what year was this cancer diagnosed?

>y_x1a4c< In what organ or part of your body did this cancer occur?

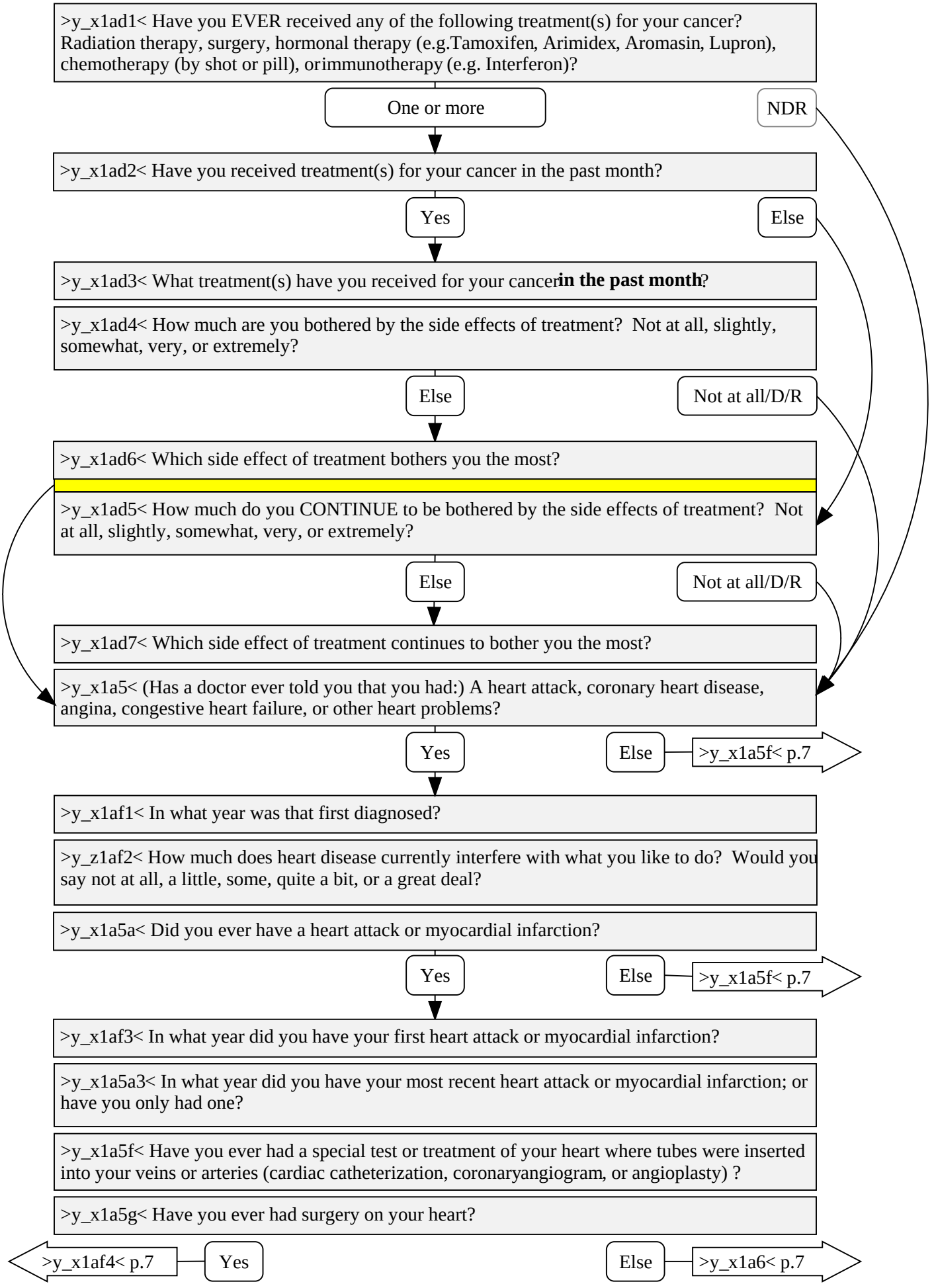
>y_x1ac1< Since your cancer was diagnosed, has the cancer gotten worse, better, or stayed about the same?

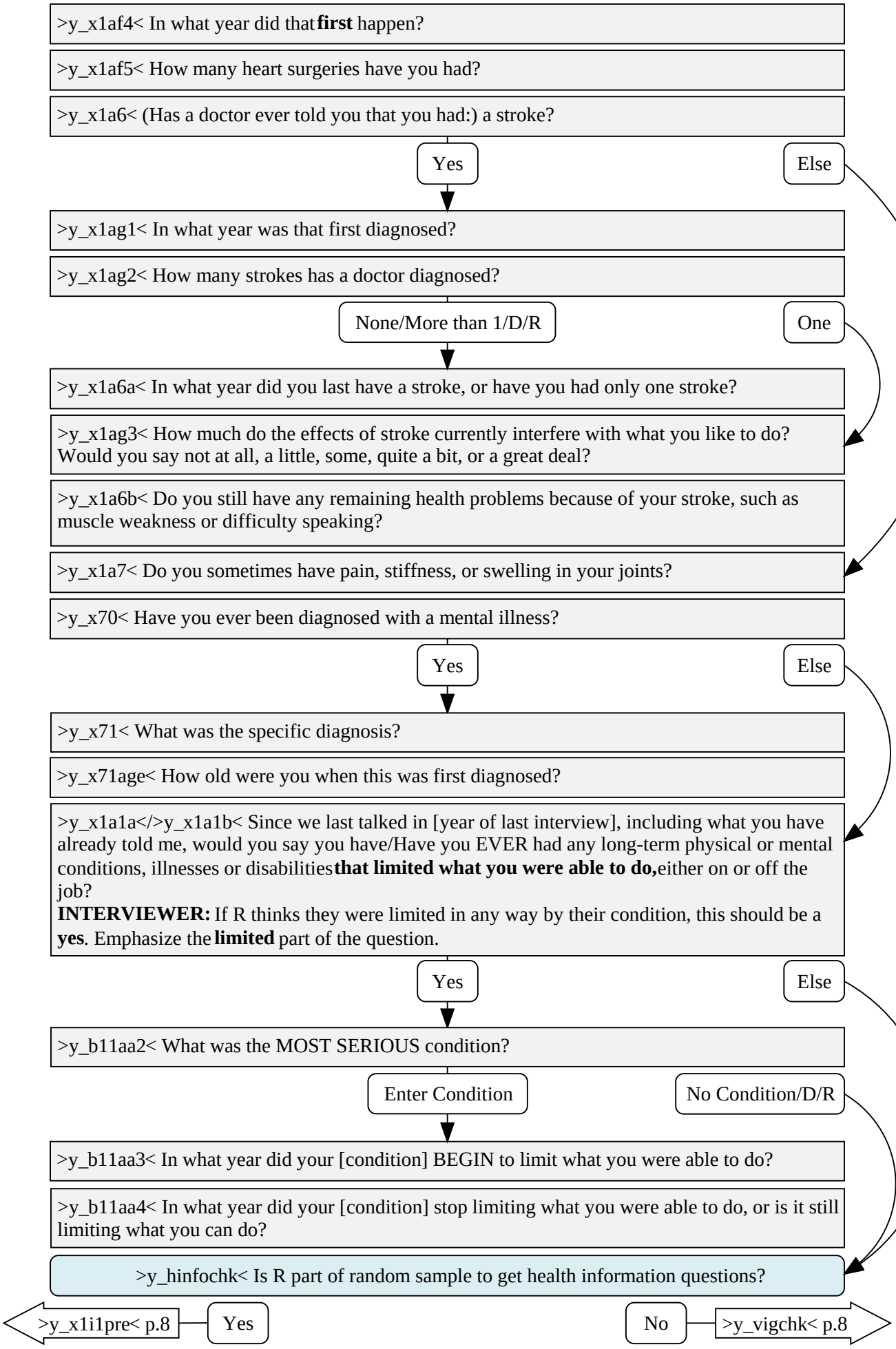
>y_x1ac2< Has a doctor ever told you that you had a recurrence of your cancer (i.e. that your cancer came back)?

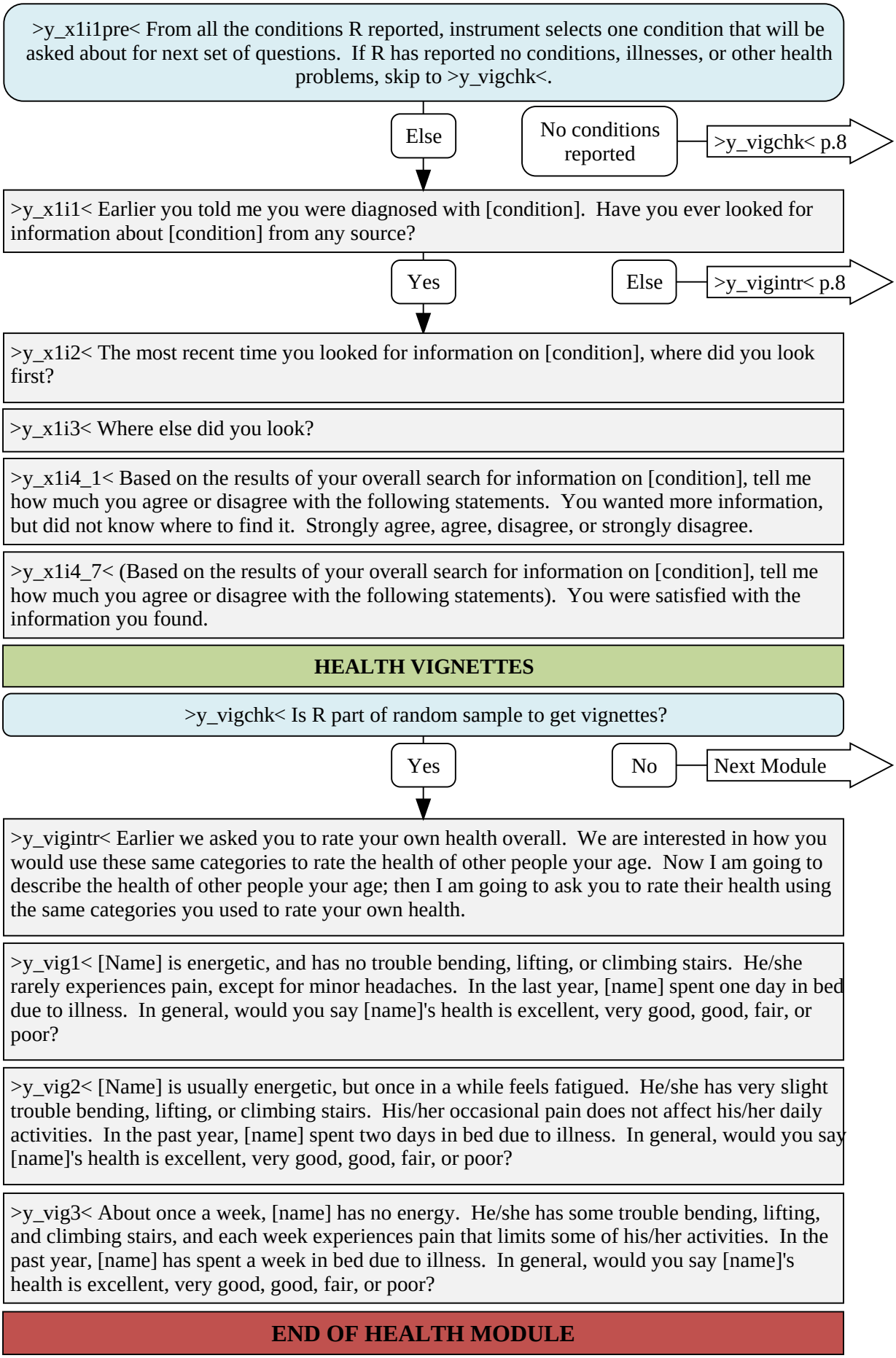
>y_x1ac3< Has your cancer ever spread to any lymph nodes?

>y_x1ac4< Has your cancer ever spread to another part of your body (other than to any lymph nodes)?

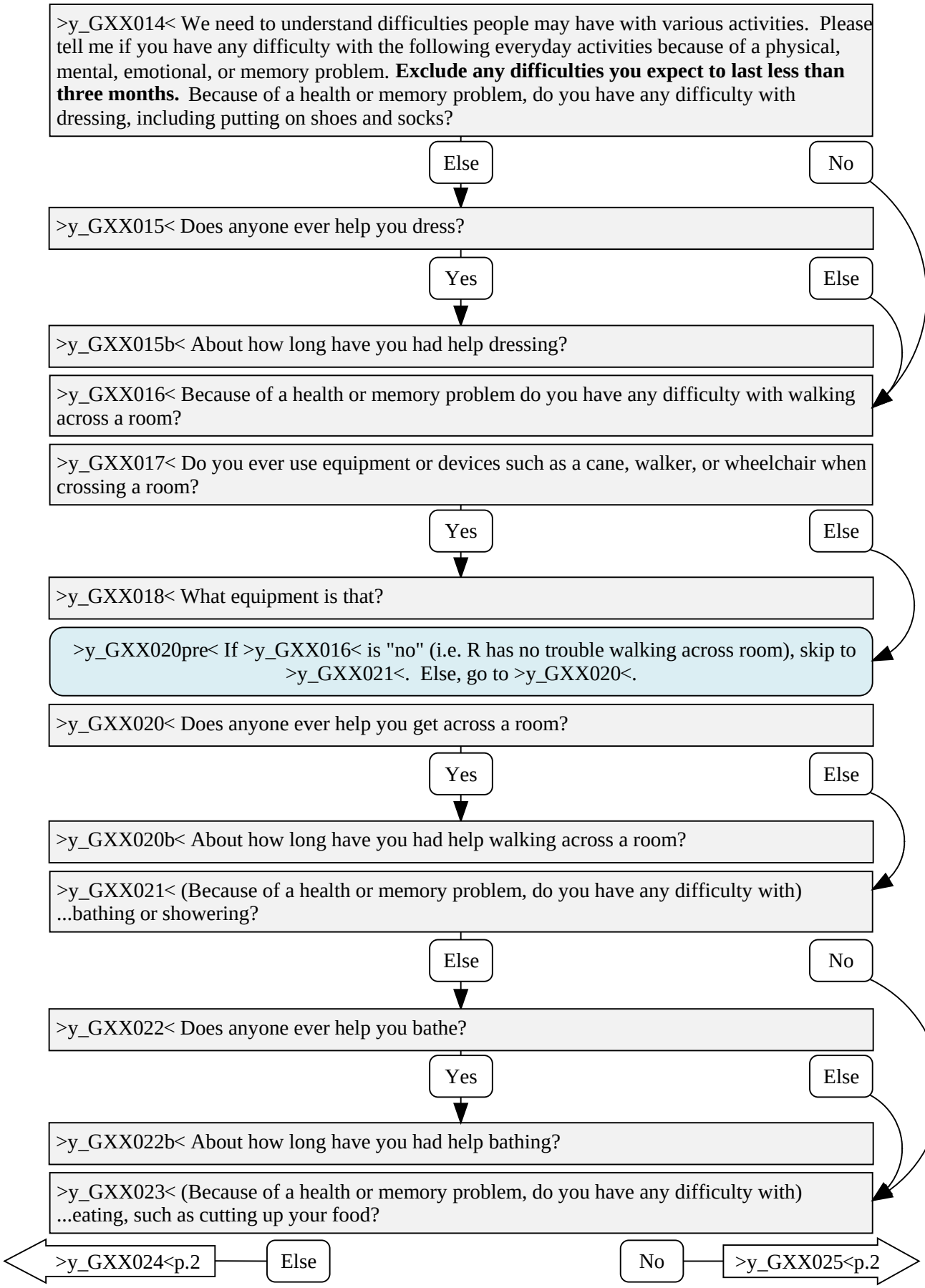
>y_x1ac5< How much does your cancer currently interfere with what you like to do? Would you say not at all, a little, some, quite a bit, or a great deal?

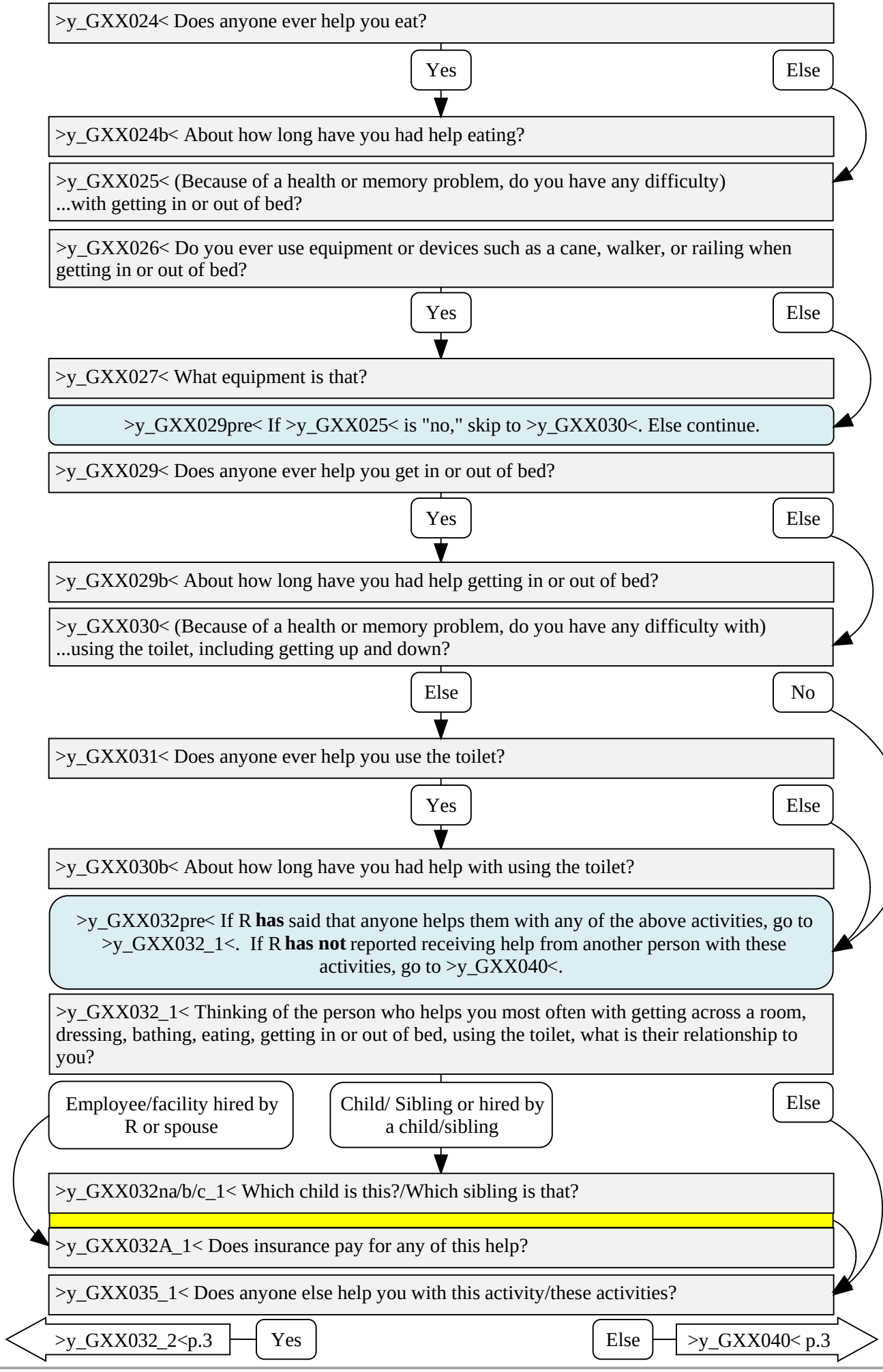

>y_x1ad1< Have you EVER received any of the following treatment(s) for your cancer? Radiation therapy, surgery, hormonal therapy (e.g.Tamoxifen, Arimidex, Aromasin, Lupron), chemotherapy (by shot or pill), orimmunotherapy (e.g. Interferon)?
One or more
NDR
>y_x1ad2< Have you received treatment(s) for your cancer in the past month?
Yes
Else
>y_x1ad3< What treatment(s) have you received for your cancer **in the past month**?
>y_x1ad4< How much are you bothered by the side effects of treatment? Not at all, slightly, somewhat, very, or extremely?
Else
Not at all/D/R
>y_x1ad6< Which side effect of treatment bothers you the most?
>y_x1ad5< How much do you CONTINUE to be bothered by the side effects of treatment? Not at all, slightly, somewhat, very, or extremely?
Else
Not at all/D/R
>y_x1ad7< Which side effect of treatment continues to bother you the most?
>y_x1a5< (Has a doctor ever told you that you had:) A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?
Yes
Else
>y_x1a5f< p.7
>y_x1af1< In what year was that first diagnosed?
>y_z1af2< How much does heart disease currently interfere with what you like to do? Would you say not at all, a little, some, quite a bit, or a great deal?
>y_x1a5a< Did you ever have a heart attack or myocardial infarction?
Yes
Else
>y_x1a5f< p.7
>y_x1af3< In what year did you have your first heart attack or myocardial infarction?
>y_x1a5a3< In what year did you have your most recent heart attack or myocardial infarction; or have you only had one?
>y_x1a5f< Have you ever had a special test or treatment of your heart where tubes were inserted into your veins or arteries (cardiac catheterization, coronaryangiogram, or angioplasty) ?
>y_x1a5g< Have you ever had surgery on your heart?
>y_x1af4< p.7
Yes
Else
>y_x1a6< p.7

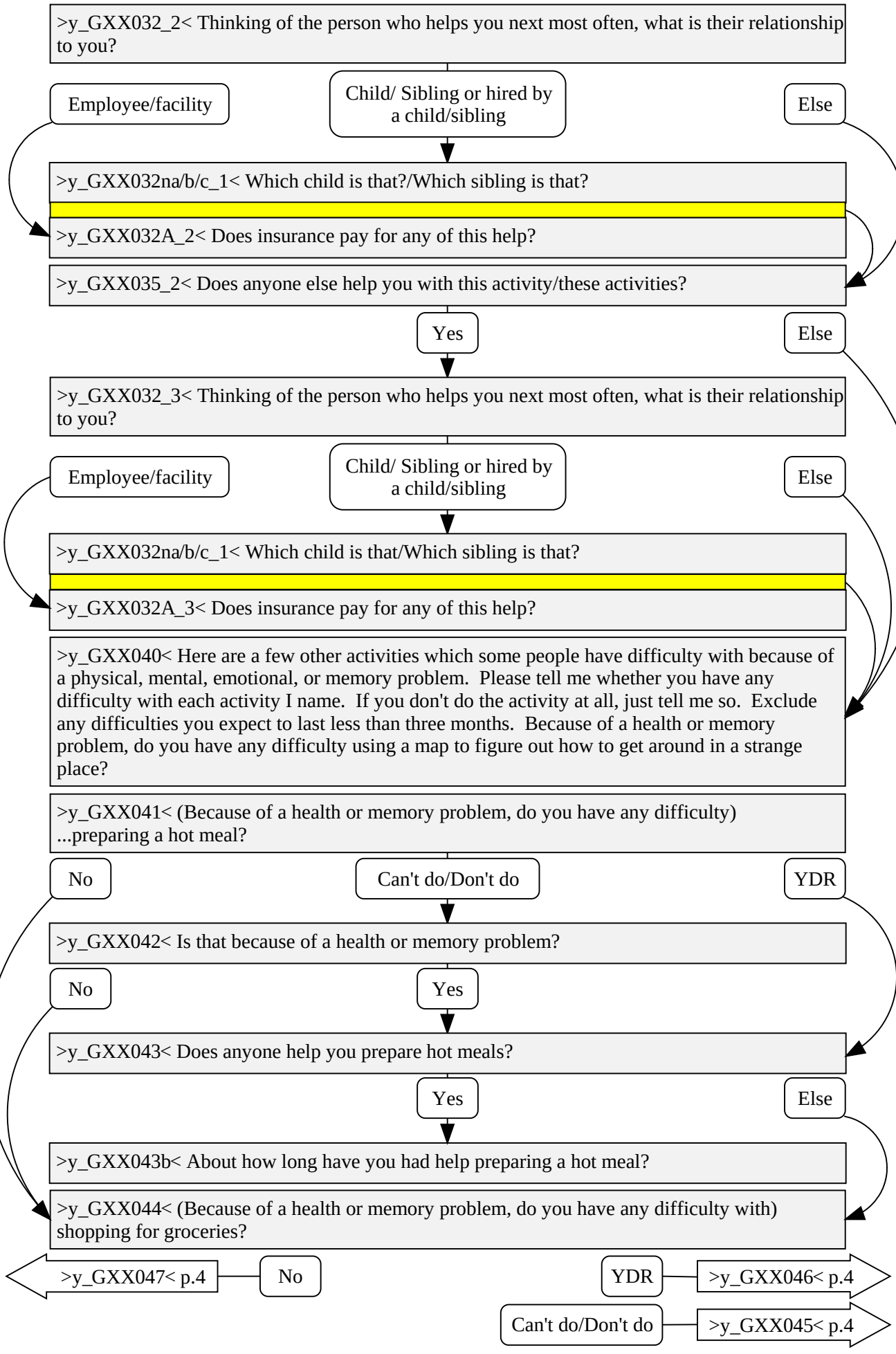

>y_x1af4< In what year did that **first** happen?
>y_x1af5< How many heart surgeries have you had?
>y_x1a6< (Has a doctor ever told you that you had:) a stroke?
Yes
Else
>y_x1ag1< In what year was that first diagnosed?
>y_x1ag2< How many strokes has a doctor diagnosed?
None/More than 1/D/R
One
>y_x1a6a< In what year did you last have a stroke, or have you had only one stroke?
>y_x1ag3< How much do the effects of stroke currently interfere with what you like to do? Would you say not at all, a little, some, quite a bit, or a great deal?
>y_x1a6b< Do you still have any remaining health problems because of your stroke, such as muscle weakness or difficulty speaking?
>y_x1a7< Do you sometimes have pain, stiffness, or swelling in your joints?
>y_x70< Have you ever been diagnosed with a mental illness?
Yes
Else
>y_x71< What was the specific diagnosis?
>y_x71age< How old were you when this was first diagnosed?
>y_x1a1a</>y_x1a1b< Since we last talked in [year of last interview], including what you have already told me, would you say you have/Have you EVER had any long-term physical or mental conditions, illnesses or disabilities **that limited what you were able to do,** either on or off the job?
INTERVIEWER: If R thinks they were limited in any way by their condition, this should be a **yes**. Emphasize the **limited** part of the question.
Yes
Else
>y_b11aa2< What was the MOST SERIOUS condition?
Enter Condition
No Condition/D/R
>y_b11aa3< In what year did your [condition] BEGIN to limit what you were able to do?
>y_b11aa4< In what year did your [condition] stop limiting what you were able to do, or is it still limiting what you can do?
>y_hinfochk< Is R part of random sample to get health information questions?
>y_x1i1pre< p.8
Yes
No
>y_vigchk< p.8

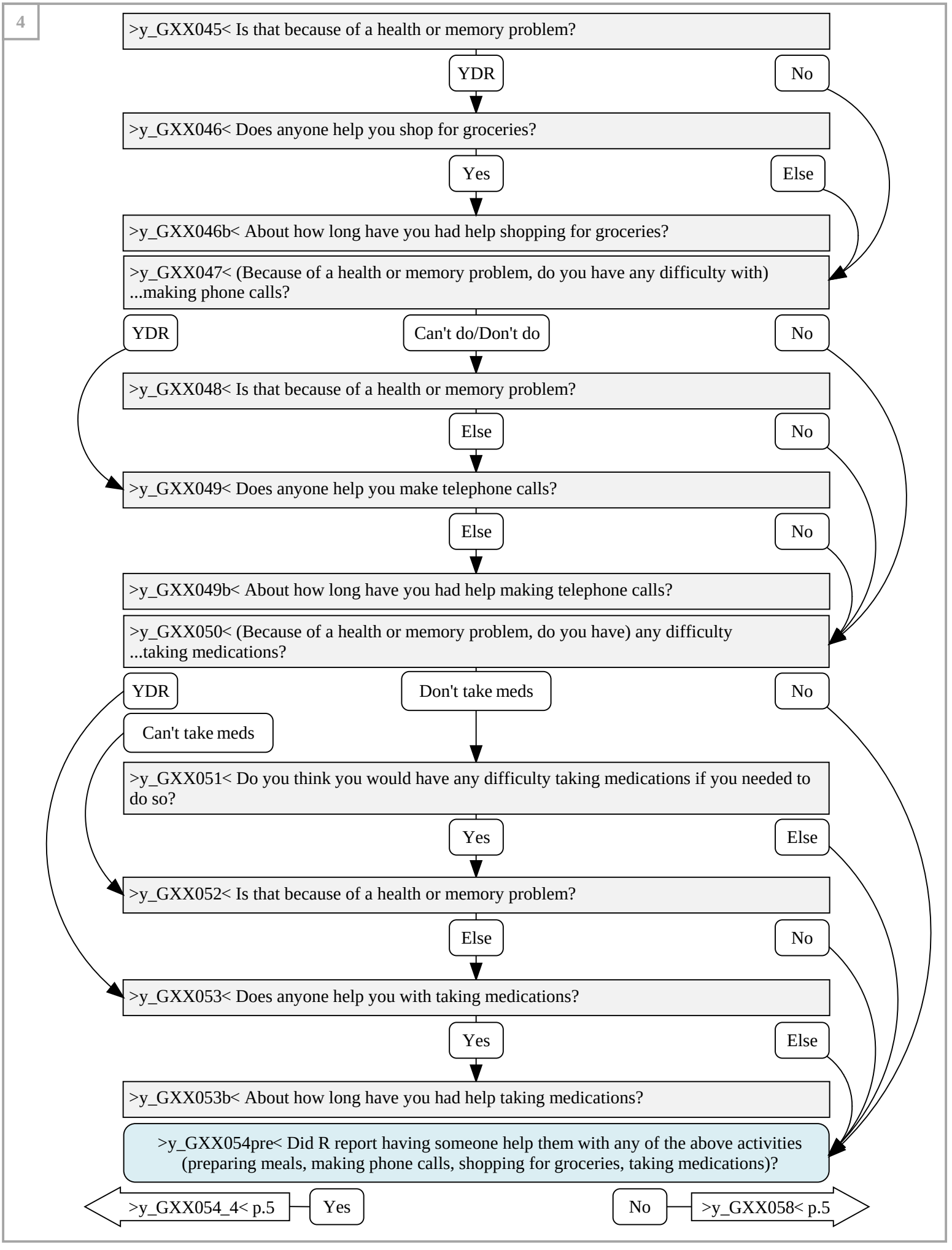

>y_x1i1pre< From all the conditions R reported, instrument selects one condition that will be asked about for next set of questions. If R has reported no conditions, illnesses, or other health problems, skip to >y_vigchk<.
Else
No conditions reported
>y_vigchk< p.8
>y_x1i1< Earlier you told me you were diagnosed with [condition]. Have you ever looked for information about [condition] from any source?
Yes
Else
>y_vigintr< p.8
>y_x1i2< The most recent time you looked for information on [condition], where did you look first?
>y_x1i3< Where else did you look?
>y_x1i4_1< Based on the results of your overall search for information on [condition], tell me how much you agree or disagree with the following statements. You wanted more information, but did not know where to find it. Strongly agree, agree, disagree, or strongly disagree.
>y_x1i4_7< (Based on the results of your overall search for information on [condition], tell me how much you agree or disagree with the following statements). You were satisfied with the information you found.
HEALTH VIGNETTES
>y_vigchk< Is R part of random sample to get vignettes?
Yes
No
Next Module
>y_vigintr< Earlier we asked you to rate your own health overall. We are interested in how you would use these same categories to rate the health of other people your age. Now I am going to describe the health of other people your age; then I am going to ask you to rate their health using the same categories you used to rate your own health.
>y_vig1< [Name] is energetic, and has no trouble bending, lifting, or climbing stairs. He/she rarely experiences pain, except for minor headaches. In the last year, [name] spent one day in bed due to illness. In general, would you say [name]'s health is excellent, very good, good, fair, or poor?
>y_vig2< [Name] is usually energetic, but once in a while feels fatigued. He/she has very slight trouble bending, lifting, or climbing stairs. His/her occasional pain does not affect his/her daily activities. In the past year, [name] spent two days in bed due to illness. In general, would you say [name]'s health is excellent, very good, good, fair, or poor?
>y_vig3< About once a week, [name] has no energy. He/she has some trouble bending, lifting, and climbing stairs, and each week experiences pain that limits some of his/her activities. In the past year, [name] has spent a week in bed due to illness. In general, would you say [name]'s health is excellent, very good, good, fair, or poor?
END OF HEALTH MODULE

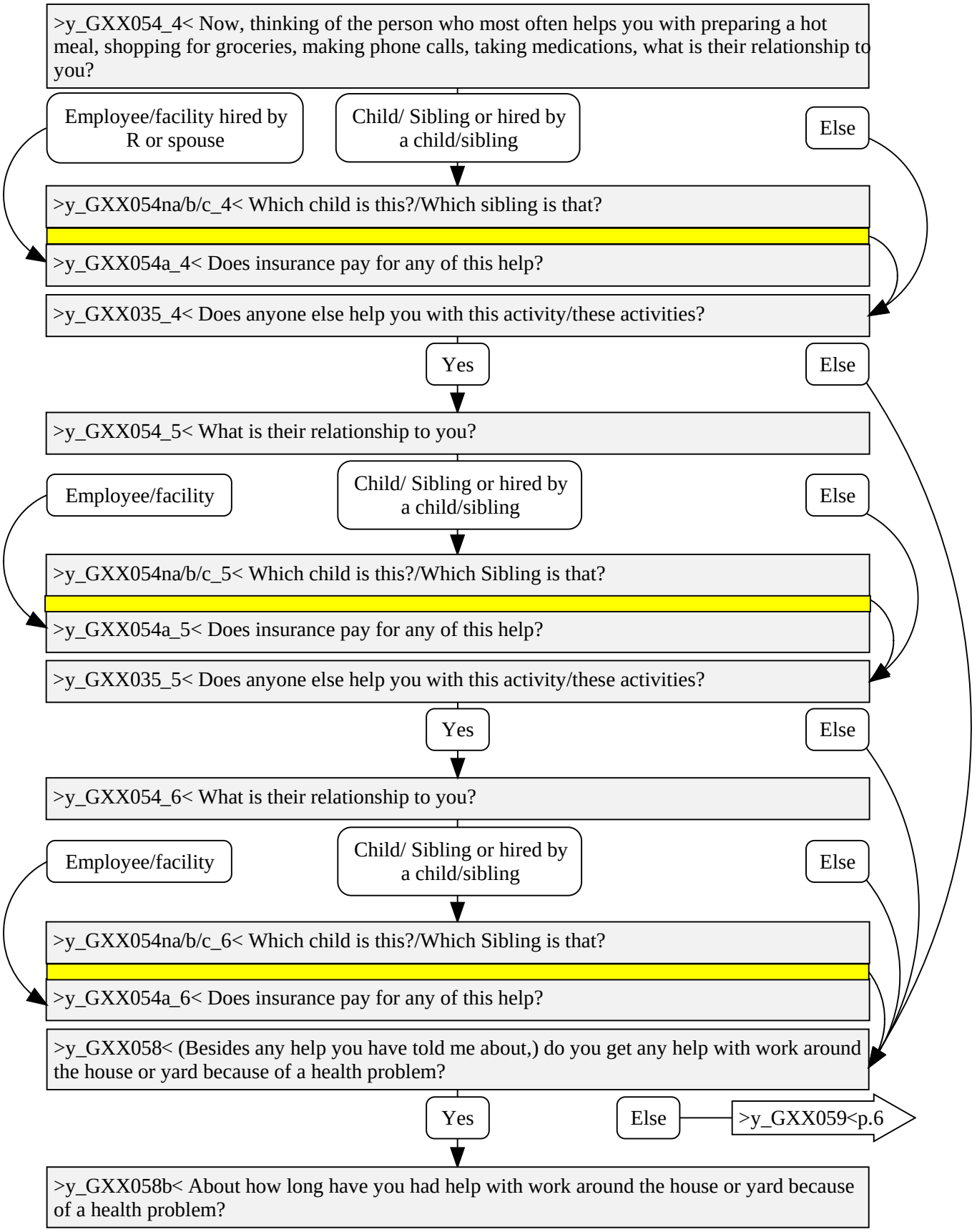
ACTIVITIES OF DAILY LIVING

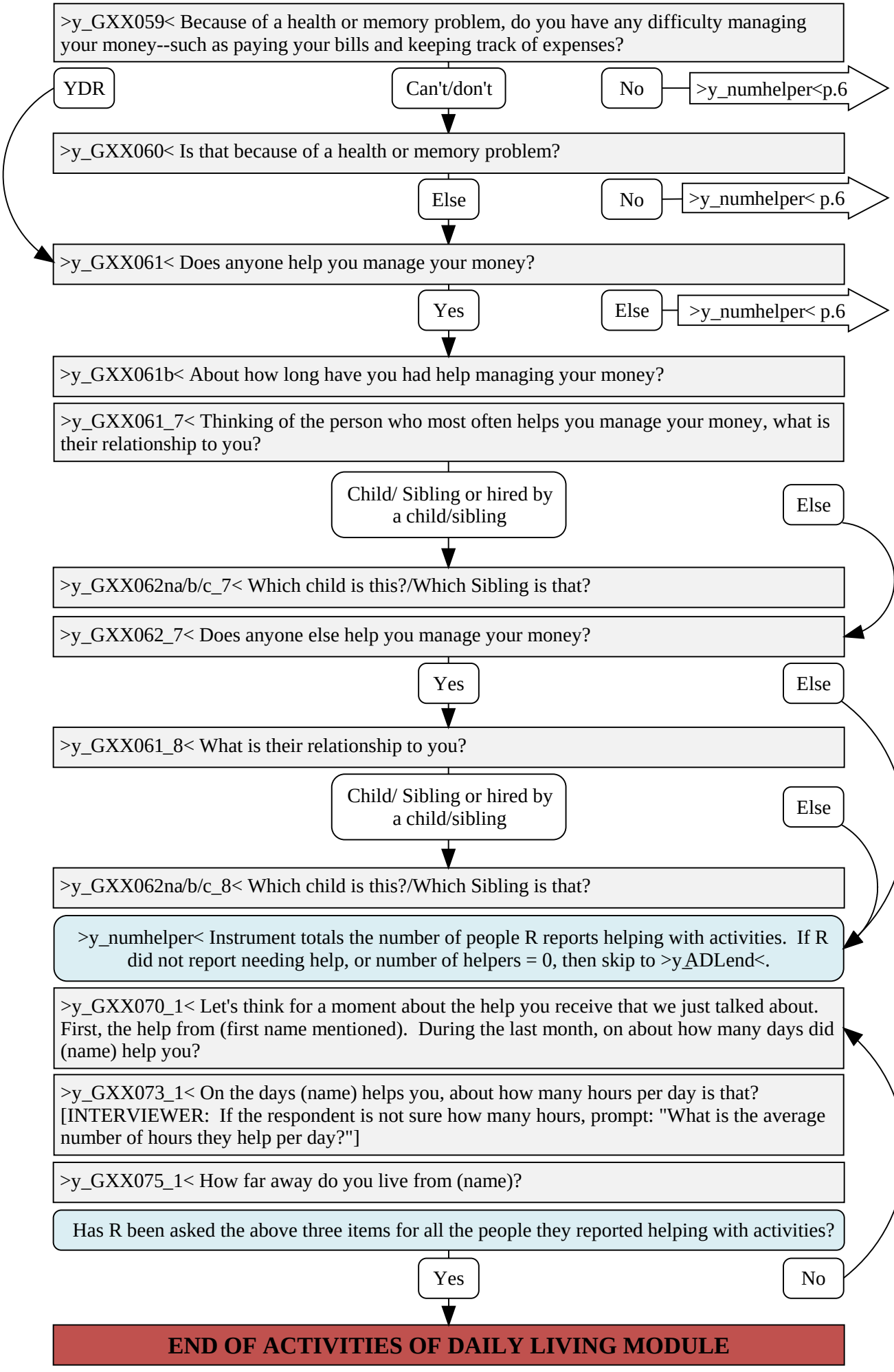



>y_GXX024< Does anyone ever help you eat?
Yes
Else
>y_GXX024b< About how long have you had help eating?
>y_GXX025< (Because of a health or memory problem, do you have any difficulty) ...with getting in or out of bed?
>y_GXX026< Do you ever use equipment or devices such as a cane, walker, or railing when getting in or out of bed?
Yes
Else
>y_GXX027< What equipment is that?
>y_GXX029pre< If >y_GXX025< is "no," skip to >y_GXX030<. Else continue.
>y_GXX029< Does anyone ever help you get in or out of bed?
Yes
Else
>y_GXX029b< About how long have you had help getting in or out of bed?
>y_GXX030< (Because of a health or memory problem, do you have any difficulty with) ...using the toilet, including getting up and down?
Else
No
>y_GXX031< Does anyone ever help you use the toilet?
Yes
Else
>y_GXX030b< About how long have you had help with using the toilet?
>y_GXX032pre< If R **has** said that anyone helps them with any of the above activities, go to >y_GXX032_1<. If R **has not** reported receiving help from another person with these activities, go to >y_GXX040<.
>y_GXX032_1< Thinking of the person who helps you most often with getting across a room, dressing, bathing, eating, getting in or out of bed, using the toilet, what is their relationship to you?
Employee/facility hired by R or spouse
Child/ Sibling or hired by a child/sibling
Else
>y_GXX032na/b/c_1< Which child is this?/Which sibling is that?
>y_GXX032A_1< Does insurance pay for any of this help?
>y_GXX035_1< Does anyone else help you with this activity/these activities?
>y_GXX032_2<p.3
Yes
Else
>y_GXX040< p.3

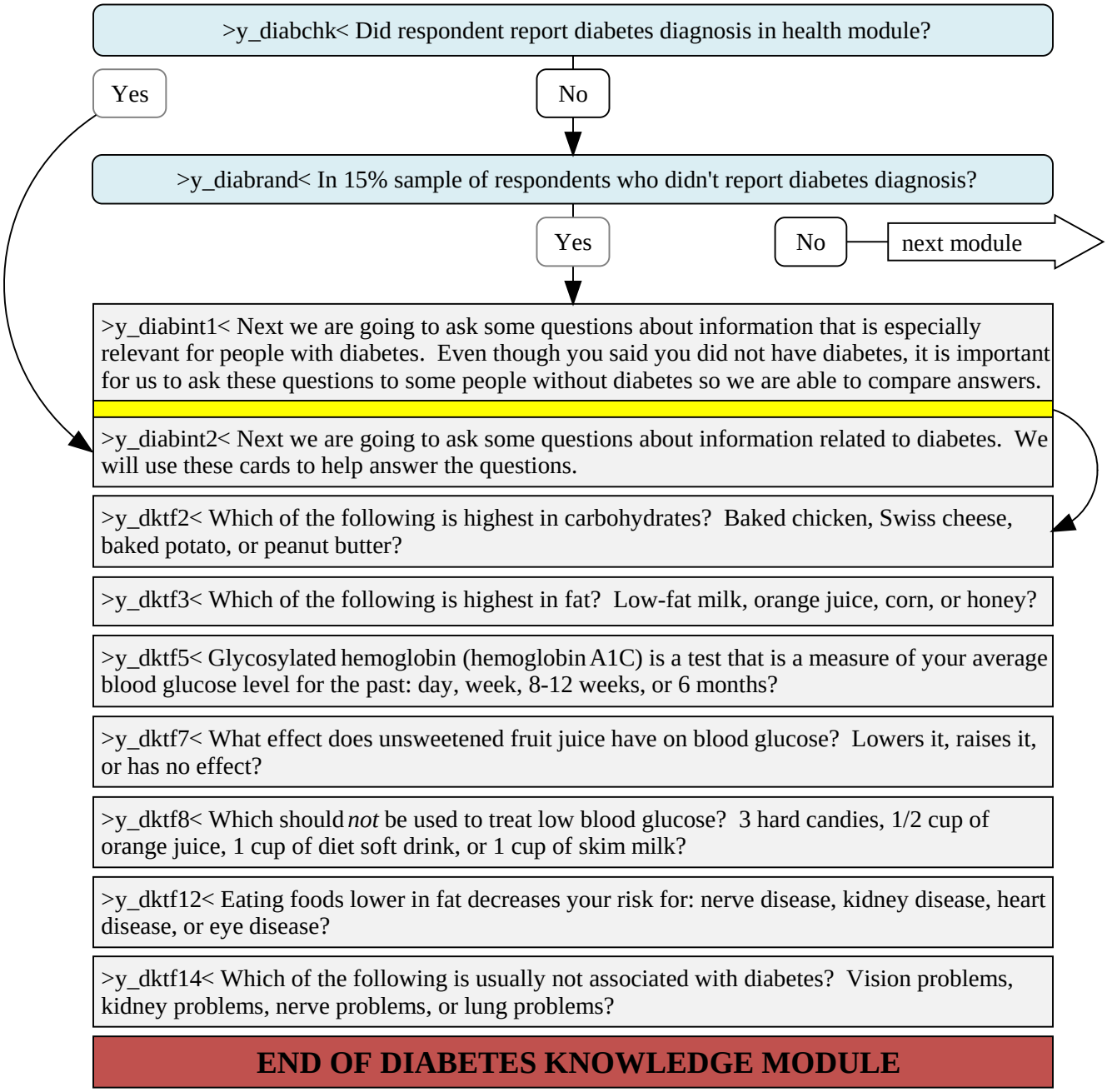

>y_GXX032_2< Thinking of the person who helps you next most often, what is their relationship to you?
Employee/facility
Child/ Sibling or hired by a child/sibling
Else
>y_GXX032na/b/c_1< Which child is that?/Which sibling is that?
>y_GXX032A_2< Does insurance pay for any of this help?
>y_GXX035_2< Does anyone else help you with this activity/these activities?
Yes
Else
>y_GXX032_3< Thinking of the person who helps you next most often, what is their relationship to you?
Employee/facility
Child/ Sibling or hired by a child/sibling
Else
>y_GXX032na/b/c_1< Which child is that/Which sibling is that?
>y_GXX032A_3< Does insurance pay for any of this help?
>y_GXX040< Here are a few other activities which some people have difficulty with because of a physical, mental, emotional, or memory problem. Please tell me whether you have any difficulty with each activity I name. If you don't do the activity at all, just tell me so. Exclude any difficulties you expect to last less than three months. Because of a health or memory problem, do you have any difficulty using a map to figure out how to get around in a strange place?
>y_GXX041< (Because of a health or memory problem, do you have any difficulty) ...preparing a hot meal?
No
Can't do/Don't do
YDR
>y_GXX042< Is that because of a health or memory problem?
No
Yes
>y_GXX043< Does anyone help you prepare hot meals?
Yes
Else
>y_GXX043b< About how long have you had help preparing a hot meal?
>y_GXX044< (Because of a health or memory problem, do you have any difficulty with) shopping for groceries?
>y_GXX047< p.4
No
YDR
>y_GXX046< p.4
Can't do/Don't do
>y_GXX045< p.4


>y_GXX045< Is that because of a health or memory problem?
YDR
No
>y_GXX046< Does anyone help you shop for groceries?
Yes
Else
>y_GXX046b< About how long have you had help shopping for groceries?
>y_GXX047< (Because of a health or memory problem, do you have any difficulty with) ...making phone calls?
YDR
Can't do/Don't do
No
>y_GXX048< Is that because of a health or memory problem?
Else
No
>y_GXX049< Does anyone help you make telephone calls?
Else
No
>y_GXX049b< About how long have you had help making telephone calls?
>y_GXX050< (Because of a health or memory problem, do you have) any difficulty ...taking medications?
YDR
Don't take meds
No
Can't take meds
>y_GXX051< Do you think you would have any difficulty taking medications if you needed to do so?
Yes
Else
>y_GXX052< Is that because of a health or memory problem?
Else
No
>y_GXX053< Does anyone help you with taking medications?
Yes
Else
>y_GXX053b< About how long have you had help taking medications?
>y_GXX054pre< Did R report having someone help them with any of the above activities (preparing meals, making phone calls, shopping for groceries, taking medications)?
>y_GXX054_4< p.5
Yes
No
>y_GXX058< p.5

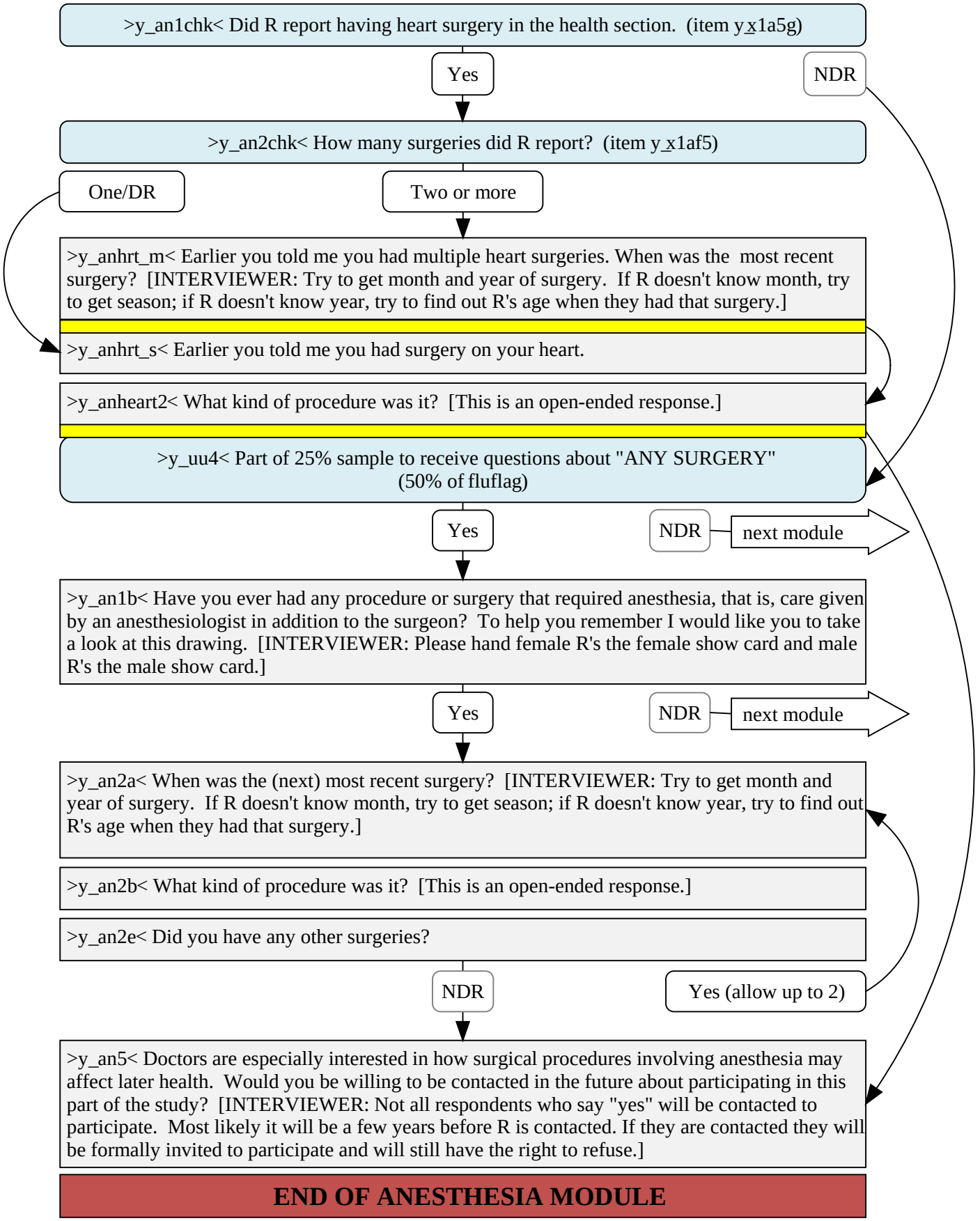

>y_GXX054_4< Now, thinking of the person who most often helps you with preparing a hot meal, shopping for groceries, making phone calls, taking medications, what is their relationship to you?
Employee/facility hired by R or spouse
Child/ Sibling or hired by a child/sibling
Else
>y_GXX054na/b/c_4< Which child is this?/Which sibling is that?
>y_GXX054a_4< Does insurance pay for any of this help?
>y_GXX035_4< Does anyone else help you with this activity/these activities?
Yes
Else
>y_GXX054_5< What is their relationship to you?
Employee/facility
Child/ Sibling or hired by a child/sibling
Else
>y_GXX054na/b/c_5< Which child is this?/Which Sibling is that?
>y_GXX054a_5< Does insurance pay for any of this help?
>y_GXX035_5< Does anyone else help you with this activity/these activities?
Yes
Else
>y_GXX054_6< What is their relationship to you?
Employee/facility
Child/ Sibling or hired by a child/sibling
Else
>y_GXX054na/b/c_6< Which child is this?/Which Sibling is that?
>y_GXX054a_6< Does insurance pay for any of this help?
>y_GXX058< (Besides any help you have told me about,) do you get any help with work around the house or yard because of a health problem?
Yes
Else
>y_GXX059<p.6
>y_GXX058b< About how long have you had help with work around the house or yard because of a health problem?


>y_GXX059< Because of a health or memory problem, do you have any difficulty managing your money--such as paying your bills and keeping track of expenses?
YDR
Can't/don't
No
>y_numhelper<p.6
>y_GXX060< Is that because of a health or memory problem?
Else
No
>y_numhelper< p.6
>y_GXX061< Does anyone help you manage your money?
Yes
Else
>y_numhelper< p.6
>y_GXX061b< About how long have you had help managing your money?
>y_GXX061_7< Thinking of the person who most often helps you manage your money, what is their relationship to you?
Child/ Sibling or hired by a child/sibling
Else
>y_GXX062na/b/c_7< Which child is this?/Which Sibling is that?
>y_GXX062_7< Does anyone else help you manage your money?
Yes
Else
>y_GXX061_8< What is their relationship to you?
Child/ Sibling or hired by a child/sibling
Else
>y_GXX062na/b/c_8< Which child is this?/Which Sibling is that?
>y_numhelper< Instrument totals the number of people R reports helping with activities. If R did not report needing help, or number of helpers = 0, then skip to >y_ADLend<.
>y_GXX070_1< Let's think for a moment about the help you receive that we just talked about. First, the help from (first name mentioned). During the last month, on about how many days did (name) help you?
>y_GXX073_1< On the days (name) helps you, about how many hours per day is that? [INTERVIEWER: If the respondent is not sure how many hours, prompt: "What is the average number of hours they help per day?"]
>y_GXX075_1< How far away do you live from (name)?
Has R been asked the above three items for all the people they reported helping with activities?
Yes
No
END OF ACTIVITIES OF DAILY LIVING MODULE

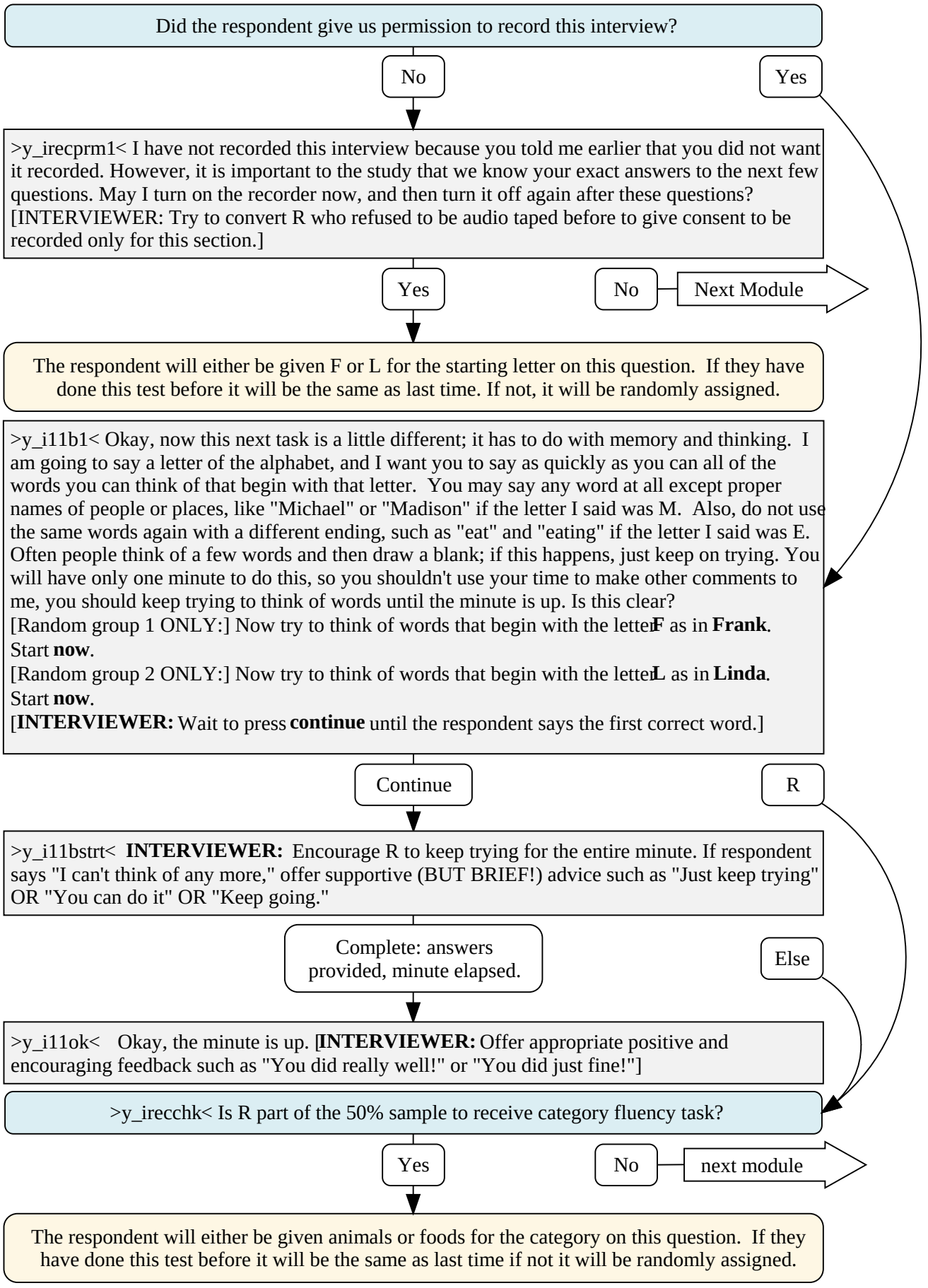
DIABETES KNOWLEDGE

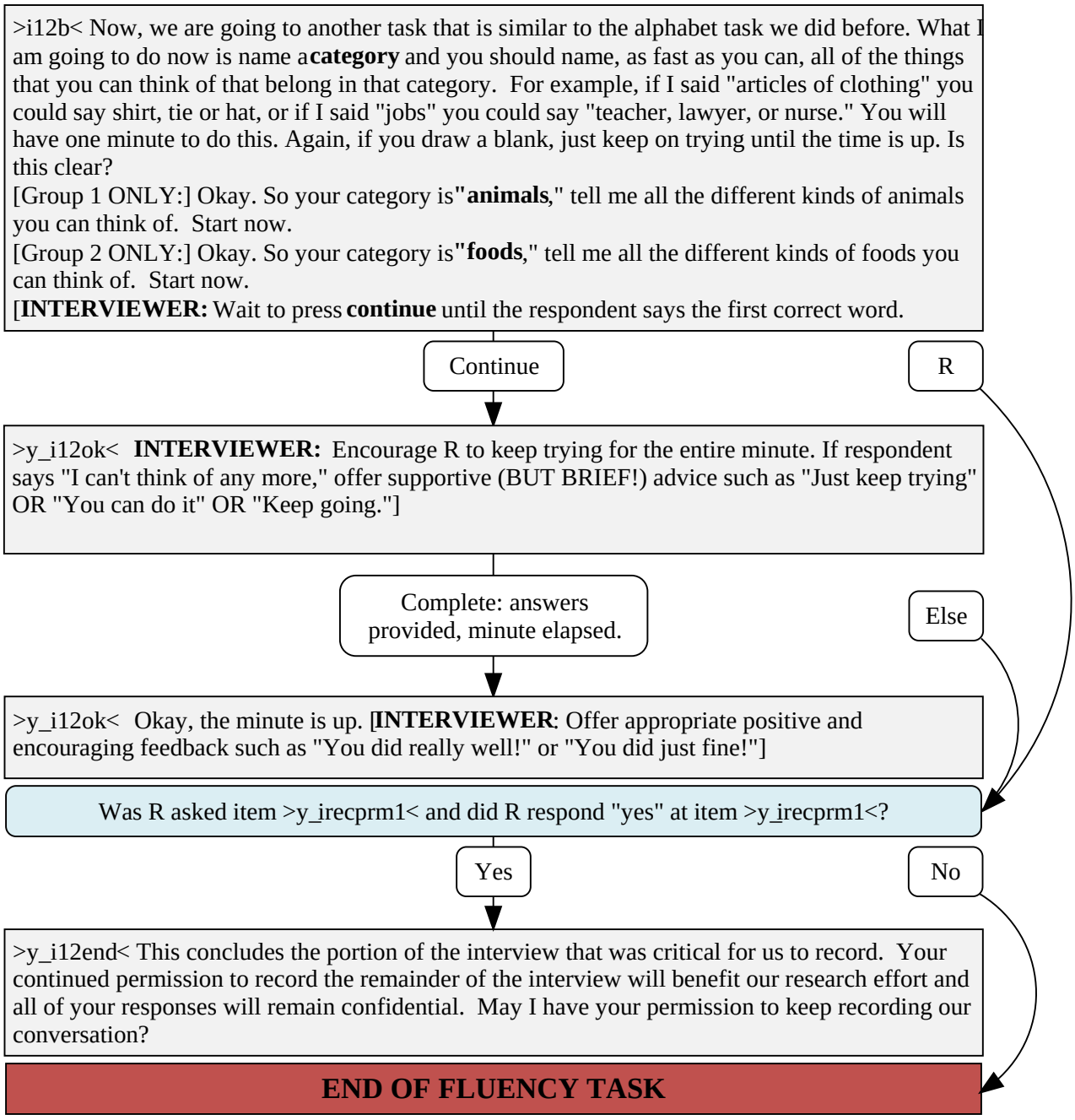


ANESTHESIA HISTORY

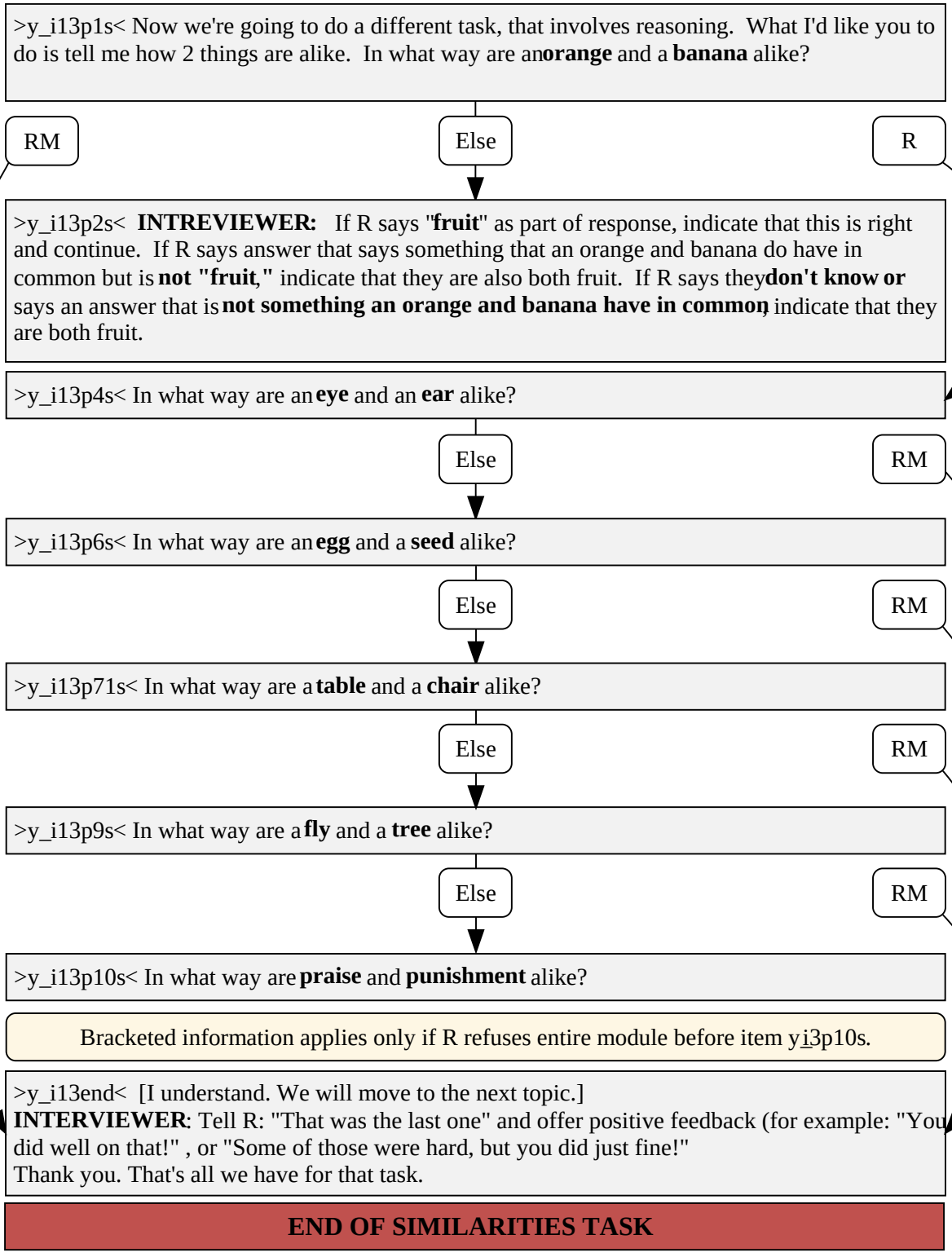


COGNITION FLUENCY

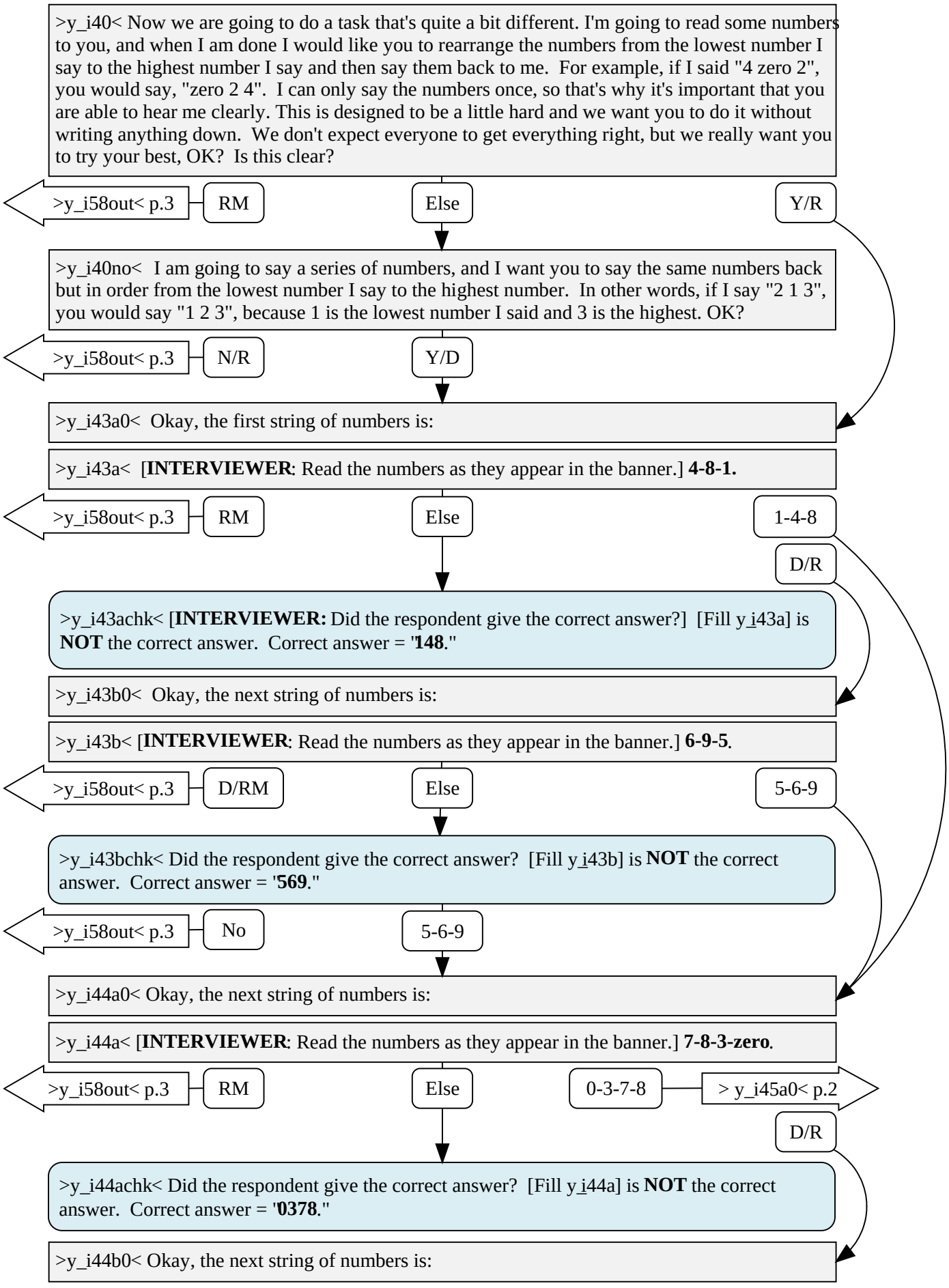


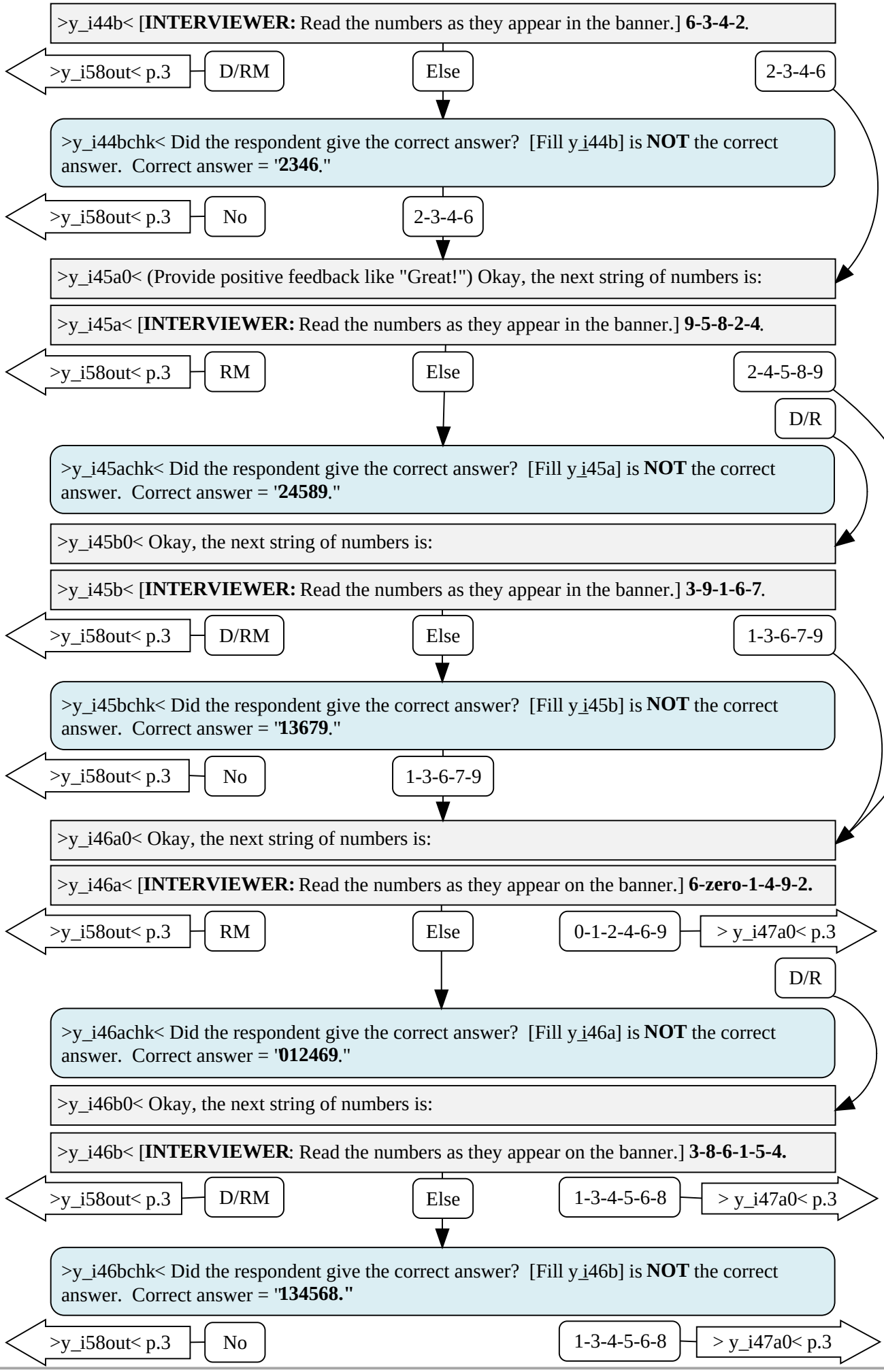

>i12b< Now, we are going to another task that is similar to the alphabet task we did before. What I am going to do now is name a **category** and you should name, as fast as you can, all of the things that you can think of that belong in that category. For example, if I said "articles of clothing" you could say shirt, tie or hat, or if I said "jobs" you could say "teacher, lawyer, or nurse." You will have one minute to do this. Again, if you draw a blank, just keep on trying until the time is up. Is this clear?
[Group 1 ONLY:] Okay. So your category is **"animals**," tell me all the different kinds of animals you can think of. Start now.
[Group 2 ONLY:] Okay. So your category is **"foods**," tell me all the different kinds of foods you can think of. Start now.
[**INTERVIEWER:** Wait to press **continue** until the respondent says the first correct word.
Continue
R
>y_i12ok< **INTERVIEWER:** Encourage R to keep trying for the entire minute. If respondent says "I can't think of any more," offer supportive (BUT BRIEF!) advice such as "Just keep trying" OR "You can do it" OR "Keep going."]
Complete: answers provided, minute elapsed.
Else
>y_i12ok< Okay, the minute is up. [**INTERVIEWER**: Offer appropriate positive and encouraging feedback such as "You did really well!" or "You did just fine!"]
Was R asked item >y_irecprm1< and did R respond "yes" at item >y_irecprm1<?
Yes
No
>y_i12end< This concludes the portion of the interview that was critical for us to record. Your continued permission to record the remainder of the interview will benefit our research effort and all of your responses will remain confidential. May I have your permission to keep recording our conversation?
END OF FLUENCY TASK

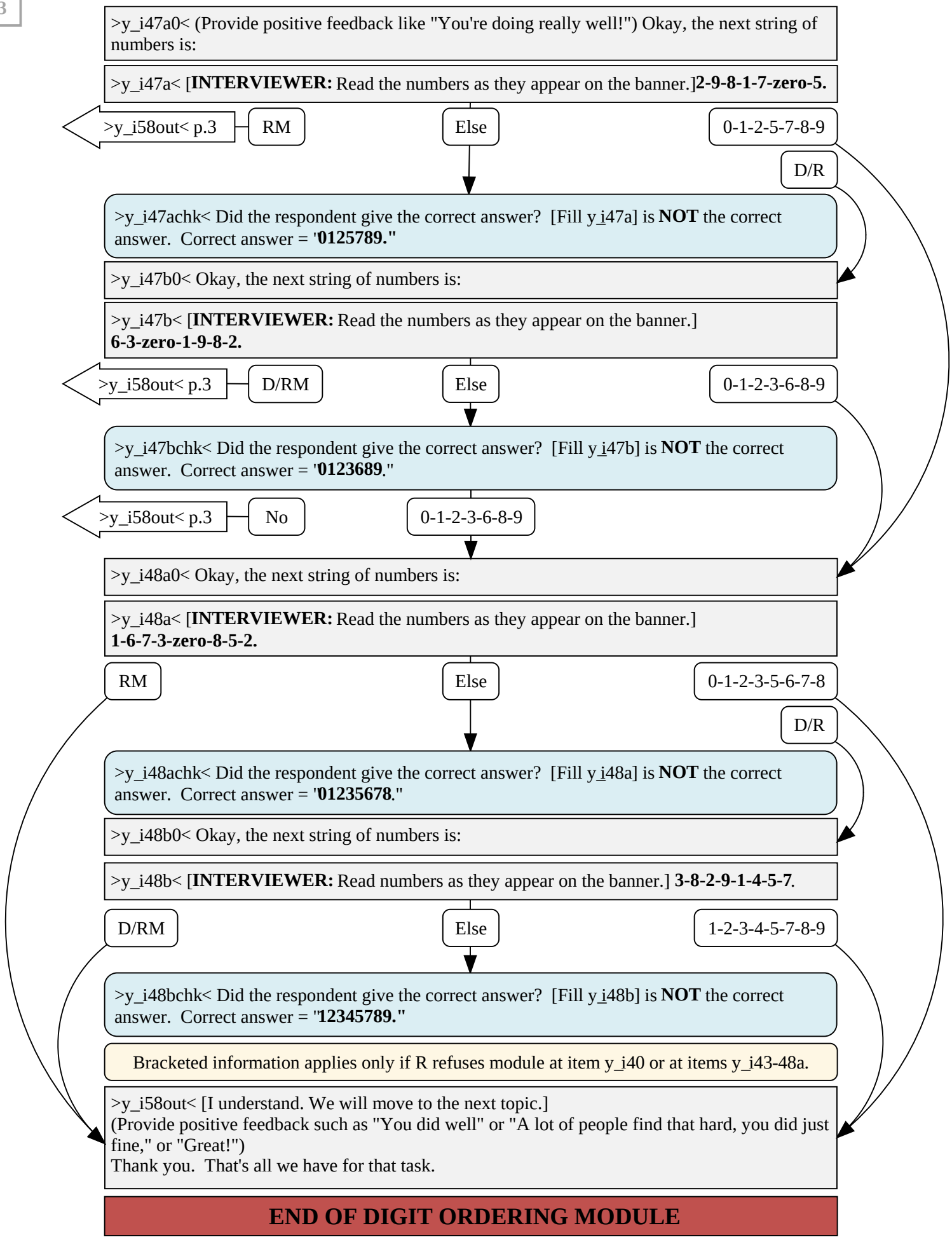
COGNITION-SIMILARITIES



COGNITION--DIGIT ORDERING




>y_i44b< [INTERVIEWER: Read the numbers as they appear in the banner.] 6-3-4-2.
>y_i58out< p.3
D/RM
Else
2-3-4-6
>y_i44bchk< Did the respondent give the correct answer? [Fill y_i44b] is NOT the correct answer. Correct answer = "2346."
>y_i58out< p.3
No
2-3-4-6
>y_i45a0< (Provide positive feedback like "Great!") Okay, the next string of numbers is:
>y_i45a< [INTERVIEWER: Read the numbers as they appear in the banner.] 9-5-8-2-4.
>y_i58out< p.3
RM
Else
2-4-5-8-9
D/R
>y_i45achk< Did the respondent give the correct answer? [Fill y_i45a] is NOT the correct answer. Correct answer = "24589."
>y_i45b0< Okay, the next string of numbers is:
>y_i45b< [INTERVIEWER: Read the numbers as they appear in the banner.] 3-9-1-6-7.
>y_i58out< p.3
D/RM
Else
1-3-6-7-9
>y_i45bchk< Did the respondent give the correct answer? [Fill y_i45b] is NOT the correct answer. Correct answer = "13679."
>y_i58out< p.3
No
1-3-6-7-9
>y_i46a0< Okay, the next string of numbers is:
>y_i46a< [INTERVIEWER: Read the numbers as they appear on the banner.] 6-zero-1-4-9-2.
>y_i58out< p.3
RM
Else
0-1-2-4-6-9
> y_i47a0< p.3
D/R
>y_i46achk< Did the respondent give the correct answer? [Fill y_i46a] is NOT the correct answer. Correct answer = "012469."
>y_i46b0< Okay, the next string of numbers is:
>y_i46b< [INTERVIEWER: Read the numbers as they appear on the banner.] 3-8-6-1-5-4.
>y_i58out< p.3
D/RM
Else
1-3-4-5-6-8
> y_i47a0< p.3
>y_i46bchk< Did the respondent give the correct answer? [Fill y_i46b] is NOT the correct answer. Correct answer = "134568."
>y_i58out< p.3
No
1-3-4-5-6-8
> y_i47a0< p.3


>y_i47a0< (Provide positive feedback like "You're doing really well!") Okay, the next string of numbers is:
>y_i47a< [INTERVIEWER: Read the numbers as they appear on the banner.]2-9-8-1-7-zero-5.
>y_i58out< p.3
RM
Else
0-1-2-5-7-8-9
D/R
>y_i47achk< Did the respondent give the correct answer? [Fill y_i47a] is NOT the correct answer. Correct answer = '0125789."
>y_i47b0< Okay, the next string of numbers is:
>y_i47b< [INTERVIEWER: Read the numbers as they appear on the banner.]
6-3-zero-1-9-8-2.
>y_i58out< p.3
D/RM
Else
0-1-2-3-6-8-9
>y_i47bchk< Did the respondent give the correct answer? [Fill y_i47b] is NOT the correct answer. Correct answer = '0123689."
>y_i58out< p.3
No
0-1-2-3-6-8-9
>y_i48a0< Okay, the next string of numbers is:
>y_i48a< [INTERVIEWER: Read the numbers as they appear on the banner.]
1-6-7-3-zero-8-5-2.
RM
Else
0-1-2-3-5-6-7-8
D/R
>y_i48achk< Did the respondent give the correct answer? [Fill y_i48a] is NOT the correct answer. Correct answer = '01235678."
>y_i48b0< Okay, the next string of numbers is:
>y_i48b< [INTERVIEWER: Read numbers as they appear on the banner.] 3-8-2-9-1-4-5-7.
D/RM
Else
1-2-3-4-5-7-8-9
>y_i48bchk< Did the respondent give the correct answer? [Fill y_i48b] is NOT the correct answer. Correct answer = '12345789."
Bracketed information applies only if R refuses module at item y_i40 or at items y_i43-48a.
>y_i58out< [I understand. We will move to the next topic.]
(Provide positive feedback such as "You did well" or "A lot of people find that hard, you did just fine," or "Great!")
Thank you. That's all we have for that task.
END OF DIGIT ORDERING MODULE

COOKIE THEFT

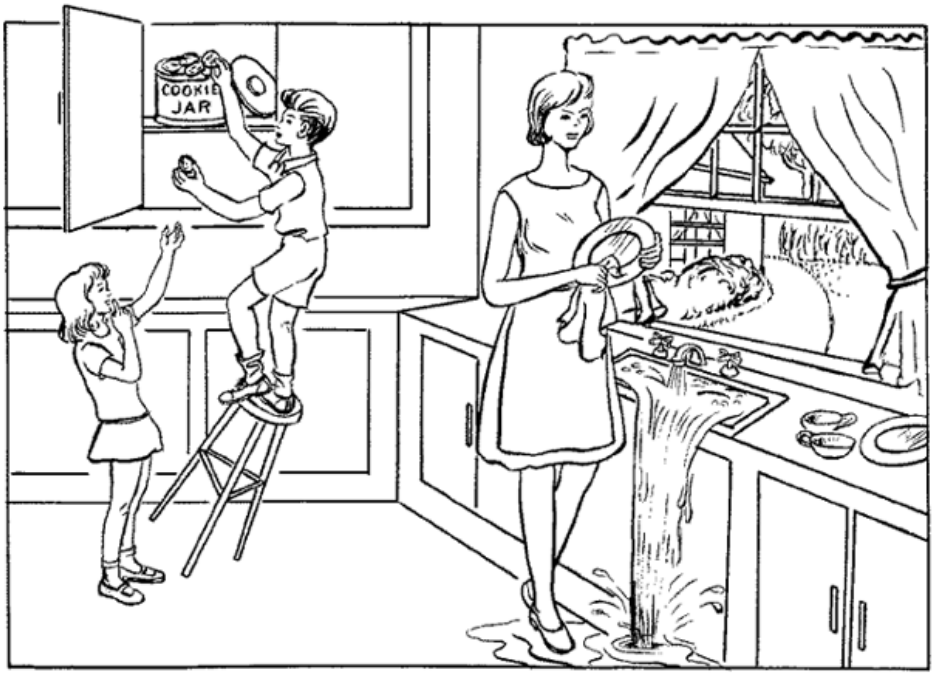
If respondent is being recorded the interviewer does not have to type the description.

>y_cook20< [**INTERVIEWER**: Hand the respondent the cookie theft task card.]
Please take a look at this picture, and describe everything that you see here.

Else

R/Not completed for other reasons (e.g. vision problems)

>y_cook40< If the respondent does not mention the key characters (children, mother) and key events (cookie, theft, doing dishes, over-running water), then: probe by saying "Is there anything else?" Once the respondent has finished, or after 2 minutes (120 seconds), continue.



Bracketed information applies if R refused the task after instructions [y_cook20] or could not complete the task for other reasons.

>y_cook50< [I understand. We will move to the next topic.]
Thank you, that's just what we were looking for.

Did the respondent allow us to record cognition tasks and not the whole interview?

Yes

No

>y_i12end<This concludes the portion of the interview that was critical for us to record. Your continued permission to record the remainder of the interview will benefit our research effort and all your responses will remain confidential. May I have your permission to keep recording our conversation?

END OF COOKIE THEFT MODULE

ANTHROPOMORPHIC MEASUREMENT

>y_nhchk1< [**INTERVIEWER**: Does R live in a skilled nursing facility?] Earlier you indicated [yes/no] R lives in a [private residence/skilled nursing facility/assisted living center/religious/group housing/other residence] [**Skilled nursing facility:** A residential nursing home where paid care givers are available 24/7. **Assisted living:** Community living where care is available as needed.]

Yes

No

>y_nhchk2< Did the respondent previously say they live in a skilled nursing facility?

No

Yes → >y_pixstart< p.4

Did the respondent previously say that they live in a type of residence other than a skilled nursing facility?

No

Yes

>y_nhchk3< [INTERVIEWER: Explain why you said R [lived/didn't live] in a skilled nursing facility earlier in the interview but [does/doesn't] now.]

>y_a0< [**INTERVIEWER**: Check that the mic light is on.]
The next section consists of a few physical measurements like your healthcare provider would take at a routine visit. Researchers are interested in how these measurements relate to the other areas that we've been covering in this interview. I would first like to take your height, weight, waist, and hip measurements, and two photos. Then I would like to measure your lung and hand strength. And finally I would like to time you as you as you rise from a chair and as you normally walk. Most of these measurements will be taken from the standing position, so you might find it easier to stand the whole time. If you would like to sit down between the measurements, however, that is totally fine.
Please do not eat, drink, or smoke while we conduct these measurements. If you have any concerns as we go along, please let me know and we will skip the measurement.
Do you feel it would be safe for you to do these activities?
[INTERVIEWER: Pause for questions or objections. If the respondent answers "no," ask them to let you know after you introduce each measure whether they are unwilling or unable to participate.]
Do you have any questions?
[INTERVIEWER: Pause for questions or objections to give the opportunity for consent.]
Let's begin.

>y_handsan< Before we begin, I will apply some hand sanitizer just to make sure my hands are as clean as they can be. Would you like some too?

>y_h1< [**INTERVIEWER:** Equipment needed: tape measure, triangle, post-it note, pencil]
The first measure I would like to take is your height. To complete this measurement, I'll ask you to take off your shoes and stand up against a wall. I will then place a triangle on top of your head and mark your height on a post-it note.

>y_h2< p. 2 ← Else

R → >y_w1< p.2

>y_h2< [**INTERVIEWER:** Instructions for height measurement. Note: If the R is too tall for you to conduct the measurement using the protocol below, ask the R to self-report height.]
1) Confirm that R has removed shoes/slippers. If R refuses to remove shoes, measurement should be conducted anyway.
2) Ask R for location to conduct measurement and for permission to place the post-it note on the wall.
3) Ask R to stand with heels, back side, upper back, and back of head against the wall or door frame.
4) Place a post-it note on the wall behind R's head.
5) Position triangle against the wall and resting on top of R's head.
6) Make a mark on the post-it note where the triangle meets the wall.
7) Ask the R to move away from the wall.
8) Position the tape measure under a door frame, floor molding, or your foot, and measure from the floor to the mark on the post-it note.
9) Record R's height in inches (rounded down to the nearest quarter inch) on post-it note on the wall and remove it from the wall.
10) Tell R the next measurement also will be taken without shoes.

>y_h3< [INTERVIEWER: Were you able to conduct this height measurement?]

Yes, self-reported

Yes, using tape measure

NR

>y_h4< [INTERVIEWER: Record height measurement, rounding down to the nearest quarter inch.]

>y_h5< [INTERVIEWER: Record height measurement.]

>y_h7< [INTERVIEWER: Was R wearing anything at all (shoes, socks, slippers, etc.) on their feet during the height measurement?]

No

Yes

>y_h7a< [INTERVIEWER: What was the R wearing on their feet during the height measurement?]

>y_hfinal< [INTERVIEWER: Did anything affect the results of the measurement you already recorded?]

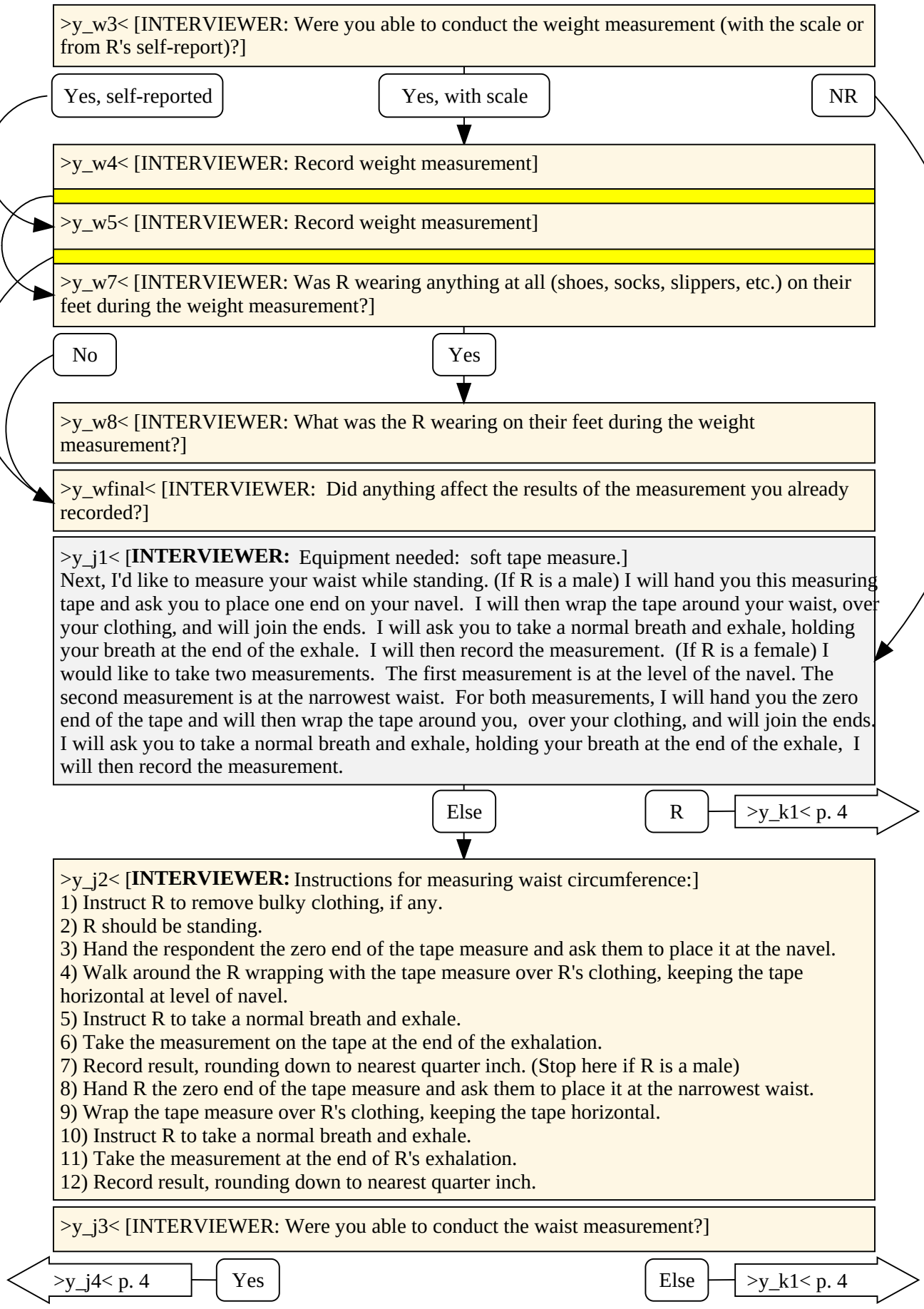
>y_w1< [**INTERVIEWER:** Equipment needed: Scale, post-it note, and pencil.]
Now, I'd like to measure your weight. I will ask you to stand on a scale, with your shoes off, while I read the display.

Else

R

>y_j1< p.3

>y_w2< [**INTERVIEWER**: Instructions for the weight measurement.]
1) Locate, with R's help, a hard-surface floor on which to place the scale.
2) Ask R to remove heavy objects from pockets and/or heavy sweaters as needed.
3) Position scale so you can see display while R is standing on it.
4) Turn scale on, tap middle of scale with foot, and wait for 000.0 to appear.
5) Ask R to stand on scale. Tell R that the measurement is complete when the numbers blink.
6) If the R refuses to stand on scale, say to R "That's fine. Can you please tell me your weight?"
7) If the scale displays an error message, say to the R: "The scale appears to be malfunctioning. can you please tell me your weight?"
8) Record R's weight.
9) (If R removed shoes) Tell the R that s/he can put shoes back on.


>y_w3< [INTERVIEWER: Were you able to conduct the weight measurement (with the scale or from R's self-report)?]
Yes, self-reported
Yes, with scale
NR
>y_w4< [INTERVIEWER: Record weight measurement]
>y_w5< [INTERVIEWER: Record weight measurement]
>y_w7< [INTERVIEWER: Was R wearing anything at all (shoes, socks, slippers, etc.) on their feet during the weight measurement?]
No
Yes
>y_w8< [INTERVIEWER: What was the R wearing on their feet during the weight measurement?]
>y_wfinal< [INTERVIEWER: Did anything affect the results of the measurement you already recorded?]
>y_j1< [INTERVIEWER: Equipment needed: soft tape measure.]
Next, I'd like to measure your waist while standing. (If R is a male) I will hand you this measuring tape and ask you to place one end on your navel. I will then wrap the tape around your waist, over your clothing, and will join the ends. I will ask you to take a normal breath and exhale, holding your breath at the end of the exhale. I will then record the measurement. (If R is a female) I would like to take two measurements. The first measurement is at the level of the navel. The second measurement is at the narrowest waist. For both measurements, I will hand you the zero end of the tape and will then wrap the tape around you, over your clothing, and will join the ends. I will ask you to take a normal breath and exhale, holding your breath at the end of the exhale, I will then record the measurement.
Else
R
>y_k1< p. 4
>y_j2< [INTERVIEWER: Instructions for measuring waist circumference:]
1) Instruct R to remove bulky clothing, if any.
2) R should be standing.
3) Hand the respondent the zero end of the tape measure and ask them to place it at the navel.
4) Walk around the R wrapping with the tape measure over R's clothing, keeping the tape horizontal at level of navel.
5) Instruct R to take a normal breath and exhale.
6) Take the measurement on the tape at the end of the exhalation.
7) Record result, rounding down to nearest quarter inch. (Stop here if R is a male)
8) Hand R the zero end of the tape measure and ask them to place it at the narrowest waist.
9) Wrap the tape measure over R's clothing, keeping the tape horizontal.
10) Instruct R to take a normal breath and exhale.
11) Take the measurement at the end of R's exhalation.
12) Record result, rounding down to nearest quarter inch.
>y_j3< [INTERVIEWER: Were you able to conduct the waist measurement?]
>y_j4< p. 4
Yes
Else
>y_k1< p. 4

>y_j4< [INTERVIEWER: Record the waist measurement, rounding down to the nearest quarter inch.]

>y_jfinal< [INTERVIEWER: Did anything affect the results of the measurement you already recorded?]

>y_k1< [**INTERVIEWER:** Equipment needed: soft tape measure.] Next I would like to measure your hip circumference while standing. I will ask you to place the zero end of the measuring tape on your hip at the side. I will then wrap the tape around your hip, over your clothing, and will record the measurement.

Else

R

>y_k2< [**INTERVIEWER**: Instructions for measuring hip circumference]
1) Instruct R to remove bulky clothing.
2) R should be standing.
3) Identify the widest part of R's hips and select a spot on the side of the R's hips to place the zero end of the tape measure
4) Give R the zero end of the tape measure and ask the R to place it on the selected spot..
5) Wrap the tape around R's hip taking care to keep the tape horizontal
6) Overlap your end of the tape with the zero end, note the measurement, and record the result, rounding down to the nearest quarter inch.

>y_k3< [INTERVIEWER: Were you able to conduct the hip measurement?]

Yes

Else

>y_k4< [INTERVIEWER: Record the hip measurement, rounding down to the nearest quarter inch.]

>y_kfinal< [INTERVIEWER: Did anything affect the results of the measurement you already recorded?]

>y_pixstart< [**INTERVIEWER:** Prepare to take R's portrait using the digital camera.
INTERVIEWER: Equipment needed: digital camera.]
We are interested in the way that people's appearance changes as they age so we would like to take two pictures of you. The photos will be stored completely separately from any other information that you have ever provided in order to protect your privacy. The information that we learn from the photos will be completely secure. May I take your picture?

Yes

R

Guide: #1 p. 5

>y_pix1< [**INTERVIEWER:** Compose and take 2 photos: (1) Head and shoulder (2) Full body while standing]
If thr R asks to "freshen up" before the photos, answer: "That really isn't necessary. We are interested in how people look in everyday life." If the R asks why we are taking the photos, answer: "Having a picture of you along with the other information we've collected over the past 50 years can provide researchers with a better way to study the effects of appearance on people's lives."
Position the R 3-5 feet from a suitable (solid color, non-reflective) backdrop.
Use zoom as needed to compose the 2 photos and use portrait setting.
Take head-and-shoulders shot with camera in horizontal position.
Take head-to-toe shot with camera in vertical position.
Brace your elbow against the table if possible.
Review photo for focus and brightness.
Re-take photo if necessary.

>y_pix2< [INTERVIEWER: Did anything affect the results of the measurement you already recorded?]

Guide: #1 Does R live in a skilled nursing facility?

No

Yes → next module

>y_a1< [**INTERVIEWER:** Equipment needed: (2) peak flow meters, (2) disposable mouthpieces (each in its own baggie), stopwatch.]
Now I would like to measure how fast you can expel air from your lungs. For this measure, please stand up straight. Inhale as deeply as you can. When your lungs are full, put the mouthpiece of the lung strength meter into your mouth and close your lips tightly around it. Be sure to keep your tongue away from the mouthpiece. Then blow out all the air in your lungs as hard and as fast as you can. This will be a blast of air. I would like to take this measurement three times.
First, I'll ask you to help me set up the lung strength meters. Each time, I'll let you know when to begin. Please begin each measurement only when I prompt you to.

Else

R → >y_c1@a< p. 6

>y_a2< Instructions for administering the lung strength measurement:
1) Hand R the measurement peak-flow meter and the mouthpiece in the plastic baggie, and demonstrate how to insert mouthpiece using your demo peak-flow meter.
2) Demonstrate the measurement on your demo peak-flow meter.
3) Say the full form of the instructions (a. take as deep a breath as possible, b. put mouth around mouthpiece, c. keep tongue out of the way, d. hold meter without obstructing the pointer, e. give a blast of air with all the air in your lungs) and ask the R to perform measurement #1
4) After measurement #1, ask R to show you the scale and pointer and record the liters per minute, rounding down to the nearest ten liters-per-minute mark.
5) Instruct the R (or confirm aloud if already done) to return the pointer to zero
6) Say the short form of the instructions (a. take as deep a breath as possible, b. give a blast of air with all the air in your lungs) and ask the R to do measurement #2
7) Record the result of measurement #2 and instruct the R (or confirm aloud if already done) to return the pointer to zero.
8) Say the short form of the instructions (a. take as deep a breath as possible, b. give a blast of air with all the air in your lungs), ask the R to do measurement #3, and record the result.
9) Ask R to remove mouthpiece and place in disposable baggie.
10) Ask respondent if there is anywhere you could throw out the disposable mouthpiece.
11) Allow 30 seconds between measurements.

>y_a3< [**INTERVIEWER**: Were you able to conduct the peak flow measurement?]

Yes

Else → >y_c1@a< p.6

>y_a4< Enter peak flow measurement readings here, rounding down to the nearest ten liters/min mark.

>y_a8< [INTERVIEWER: What was R's position for this test?]

>y_afinal< [INTERVIEWER: Did anything affect the results of the measurement you already recorded?]

>y_c1@a< [**INTERVIEWER**: Equipment needed: chair, stopwatch, measuring tape.] In the next measurement, I'll be asking you to stand up from a chair without using your arms. I will ask you to stand up from the chair as quickly as you can five times, without stopping in between. After standing up each time, sit down and then stand up again. Keep your arms folded across your chest. I'll be counting as you go and will time you with a stopwatch. Please begin the measurement only when I prompt you to.

Else

R → >y_b1< p.6

>y_c1@b< Do you have a regular dining or folding chair that we could use for this exercise?

Yes

N/R → >y_b1< p.6

>y_c7< Instructions for administering the chair-rise measure:
1) **INTERVIEWER**: Demonstrate (2 rises only) after saying the demo instructions: The measurement starts from an upright sitting position, with arms across your chest. You'll be rising as fast as you can.
2) When the participant is seated, position yourself 4-6 feet away, and instruct (or confirm aloud): The measurement starts from an upright sitting position, with arms across your chest. You'll be rising as fast as you can five times. The measurement ends when you stand completely the fifth time.
3) When the R is seated, say: "Ready?" when the R confirms, say: "Please begin" and start stopwatch immediately.
4) Count aloud as the R rises each time, up to five times, and stop the stopwatch when the R fully stands up the fifth time.
5) Measure the height of the chair seat in the middle front.
6) If the participant stops and appears to be fatigued before completing the five stands, confirm this by asking "**Can you continue**?"
7) If participant says **"Yes,"** continue timing. If participant says **"No,"** stop the measurement and the stopwatch.

>y_c8< [**INTERVIEWER**: Were you able to conduct this measurement?]

Yes

Else

>y_c9< [**INTERVIEWER**: Record the repeated chair rises measurement.]

>y_c11< [**INTERVIEWER**: Record type of seat on the chair.]

>y_c12< **[INTERVIEWER**: Record height of chair seat from floor, rounding down to the nearest quarter inch.]

>y_cfinal< [**INTERVIEWER**: Did anything affect the results of the measurement you already recorded?]

>y_b1< [**INTERVIEWER:** Equipment needed: Dynamometer.] Now I would like to measure the grip strength of your dominant hand. I will ask you to squeeze this handle as hard as you can for one second and then relax. I will take two measurements from the sitting position, and I will let you know when to begin each time.

>y_b2< p. 7 ← Else

R → >y_g1< p.7

>y_b2< [**INTERVIEWER**: The "dominant hand" is the hand one is more skilled with. One writes with the dominant hand, for example.] Which is your dominant hand?

Both

Else

>y_b2a< **[INTERVIEWER:** R may choose non-dominant hand for measurement if measurement cannot be done with dominant hand. Record below which hand will be measured.]

>y_b3i< Instructions for administering the hand strength measurement:
1) Find a suitable chair.
2) Demonstrate the hand strength measurement one time from a sitting position. Give the demo instructions (a. arm at 90 degree angle, b. elbow down at side ,c. squeeze as hard as you can for one second, then relax, d. the hand grip doesn't move.)
3) Give the dynamometer to the R, and give the first measurement instructions (a. arm at 90 degree angle, b. elbow down at side ,c. squeeze as hard as you can for one second, then relax)
4) Note kilograms of force on dynamometer visually and record the measurement, rounding down to the nearest whole kilogram.
5) Reset gauge pointer to zero (while R holds dynamometer).
6) Give the second measurement instructions (a. arm at 90 degree angle, b. elbow down at side , c. squeeze as hard as you can for one second, then relax)
7) Ask R to give you the dynamometer. Record the measurement, rounding down to the nearest whole kilogram.

>y_b4< [**INTERVIEWER**: Were you able to conduct the hand strength measurement?]

Yes

Else

>y_b4a< [**INTERVIEWER**: Which hand was tested for the hand strength measurements?]

>y_b5< [**INTERVIEWER**: Enter hand strength measurement results here, rounding down to the nearest whole kilogram.]

>y_bfinal< [**INTERVIEWER**: Did anything affect the results of the measurement you already recorded?]

>y_g1< [**INTERVIEWER:** Equipment needed: tape measure, stopwatch, masking tape.] The next measurement is about walking a short distance (using a walking stick or other aid if necessary). For this measurement, I would like to lay out a walking course. For that, we'll need about 12 feet of clear space with a hard floor or light carpeting.
[INTERVIEWER: Agree on space with R, then set up the course--98.5 inches.] This will be our walking course. I am going to time you as you walk the course. I will ask you to walk the course two times. To measure the time accurately, I'll walk alongside you. I'll let you know when to begin each measurement. First, I'll demonstrate how to do the measurement.

>y_g3< p. 8 — Else

R — >y_fnl< p.5

>y_g3< [**INTERVIEWER:** Instructions for administering for walking speed measurement:]
1) Ask respondent to put on sturdy shoes, if needed. If the R refuses to put on shoes, continue with the measurement.
2) Lay out walking course.
3) Say the instructions: (a. toes at the starting line, b. walk at a normal pace, c. measurement ends when you fully cross the finish line)
4) Demonstrate the measurement (walk the course).
5) Repeat the instructions: (a. toes at the starting line, b. walk at a normal pace, c. measurement ends when you fully cross the finish line.)
6) When R is lined up at the start line, say: "Are you ready?" When R says yes, say: "Please begin"
7) Start stopwatch when R's first heel fully crosses start line and touches the floor; stop the stopwatch when R's first heel fully crosses the finish line and touches the floor.
8) Record the time of the first measurement to the hundredth of a second.
9) Repeat the instructions, repeat the measurement, and record the time.

>y_g4< **[INTERVIEWER**: Were you able to conduct the walking speed measurement?]

Yes

NR

>y_g5< [**INTERVIEWER**: Record walking speed measurements.]

>y_g8< [**INTERVIEWER**: Record type of aid used.]

>y_g9< Did the R show a pronounced asymmetry in arm or leg movement during the walking speed measure?

>y_gfinal< [**INTERVIEWER**: Did anything affect the results of the measurement you already recorded?]

>y_fnl< That is our last exercise. Thank you. Let's move on to other questions.

END OF ANTHROPOMORPHIC MODULE

EMPLOYMENT

EMPLOYMENT AT TIME OF LAST INTERVIEW

>y_b2q5< Now we have a number of questions about your work experience since [year of last interview]. I'm going to ask you about full-time and part-time jobs, self employment, and working for an employer.

>y_b2q14< Do we have any knowledge of employment from last interview?

Yes

No → >y_b2q15< p.1

Was the respondent working in last interview?

Yes

No → >y_b2q20< p.1

Do we know the company name?

No

Yes → >y_b2q25< p.1

Was the respondent self employed?

>y_b2q35< p.1 ← ND

Yes → >y_b2q30< p.1

>y_b2q15< Specifically, In [month of last interview] of [year of last interview], did you hold a full- or part-time job, including working in your own business?

>y_bx5acn< p.2 ← Yes

NDR → >y_b4q5< p.2

>y_b2q20< In [month of last interview] of [year of last interview] you told us that you were not employed. Is this correct?

>y_bx5acn< p.2 ← No

YDR → >y_b4q5< p.2

>y_b2q25< In [month of last interview] of [year of last interview], you told us that (you were self-employed at/ your main job was working for) [name of company]. Is this correct?

>y_bx3cmpn< p.2 ← Name changed/misspelled

Yes → Guide: #1 p.2 → DR

>y_bx5acn< p.2 ← Employed but wrong info

No, Not employed → >y_b4q5< p.2

>y_b2q30< In [month of last interview] of [year of last interview] you told us that you were self-employed. Is this correct?

>y_bx5acn< p.2 ← Yes

NDR → >y_b2q15< p.1

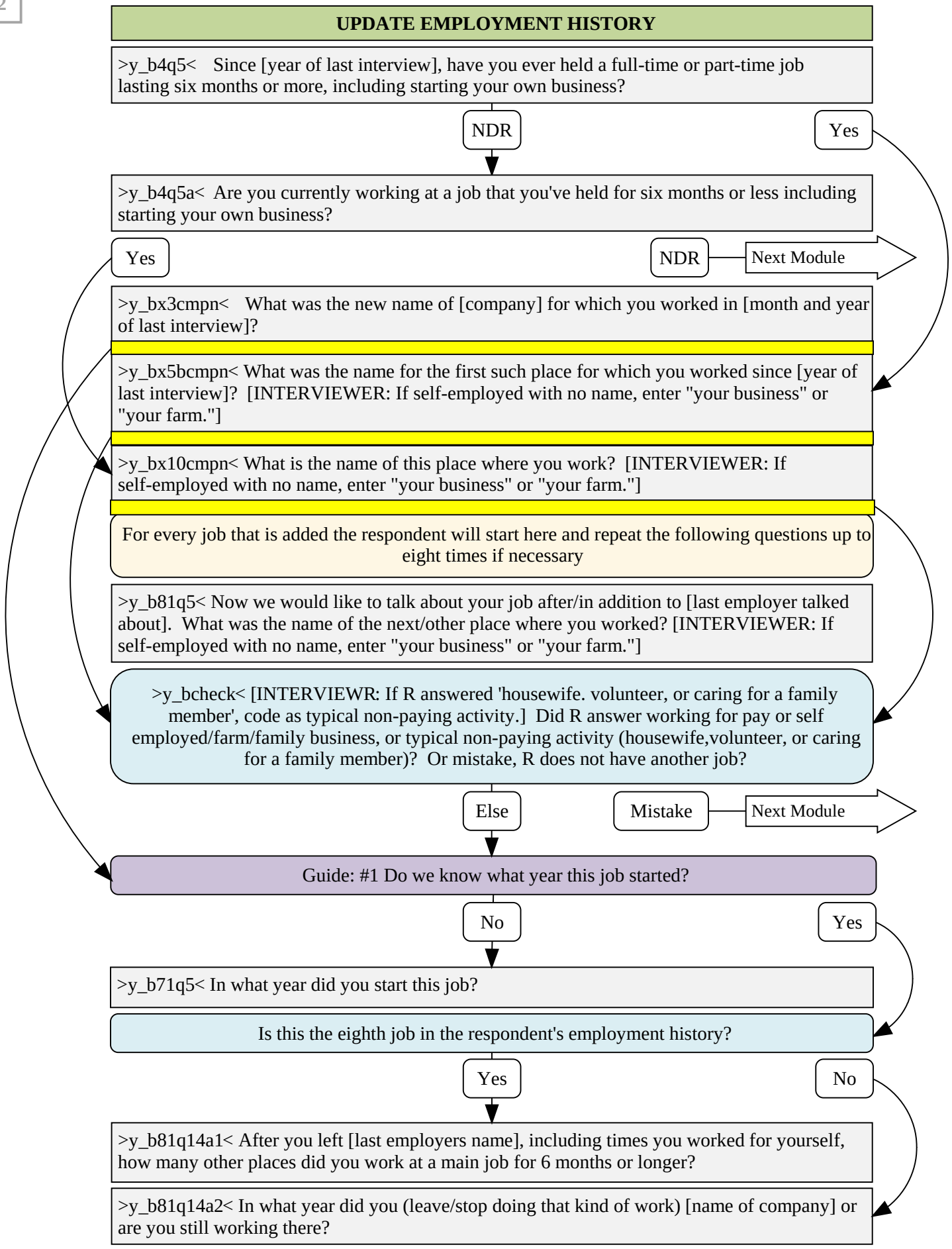
>y_b2q35< In [month of last interview] of [year of last interview], you told us that you were employed. Is this correct?

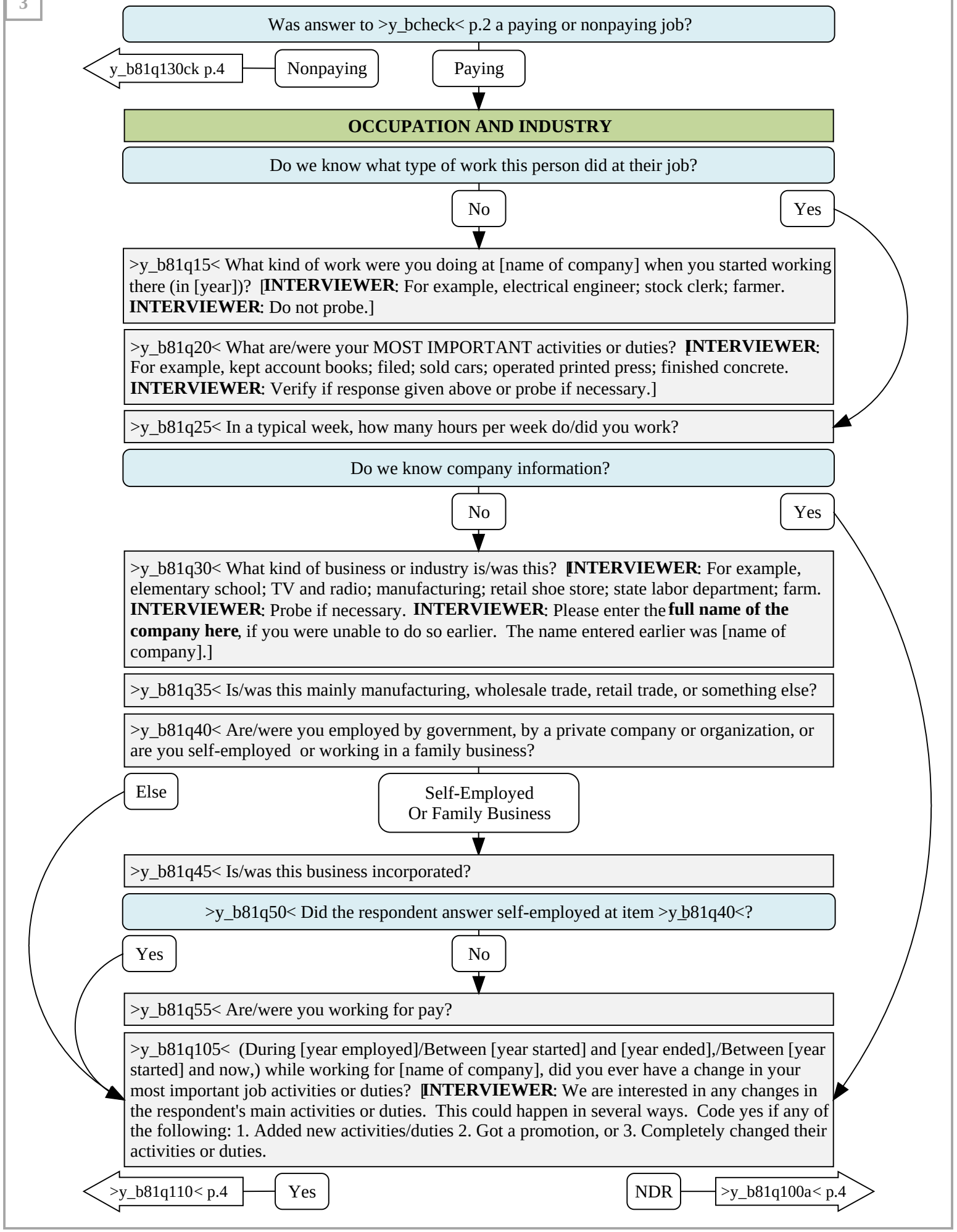
>y_bx5acn< p.2 ← Yes

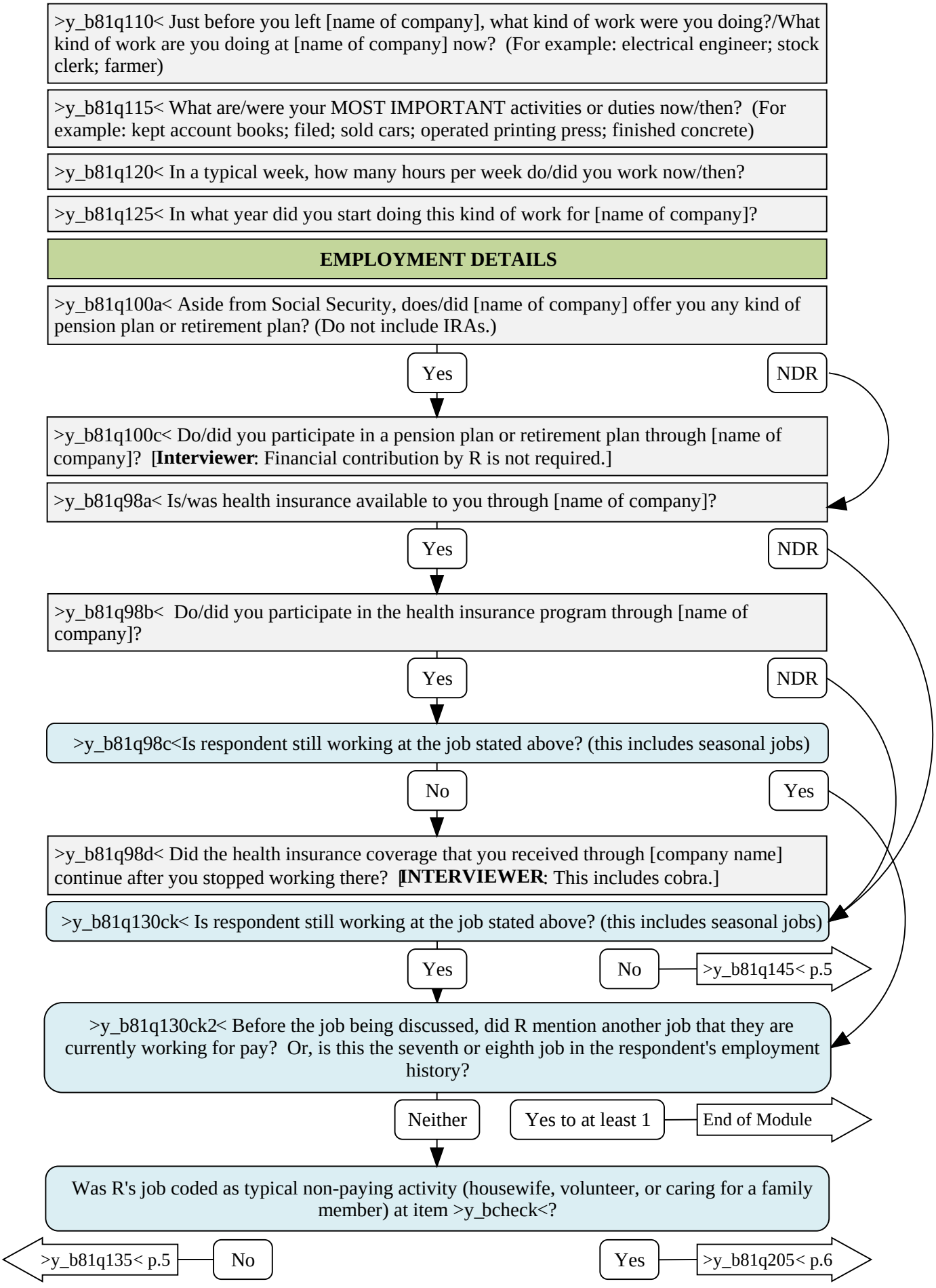
NDR → >y_b4q5< p.2

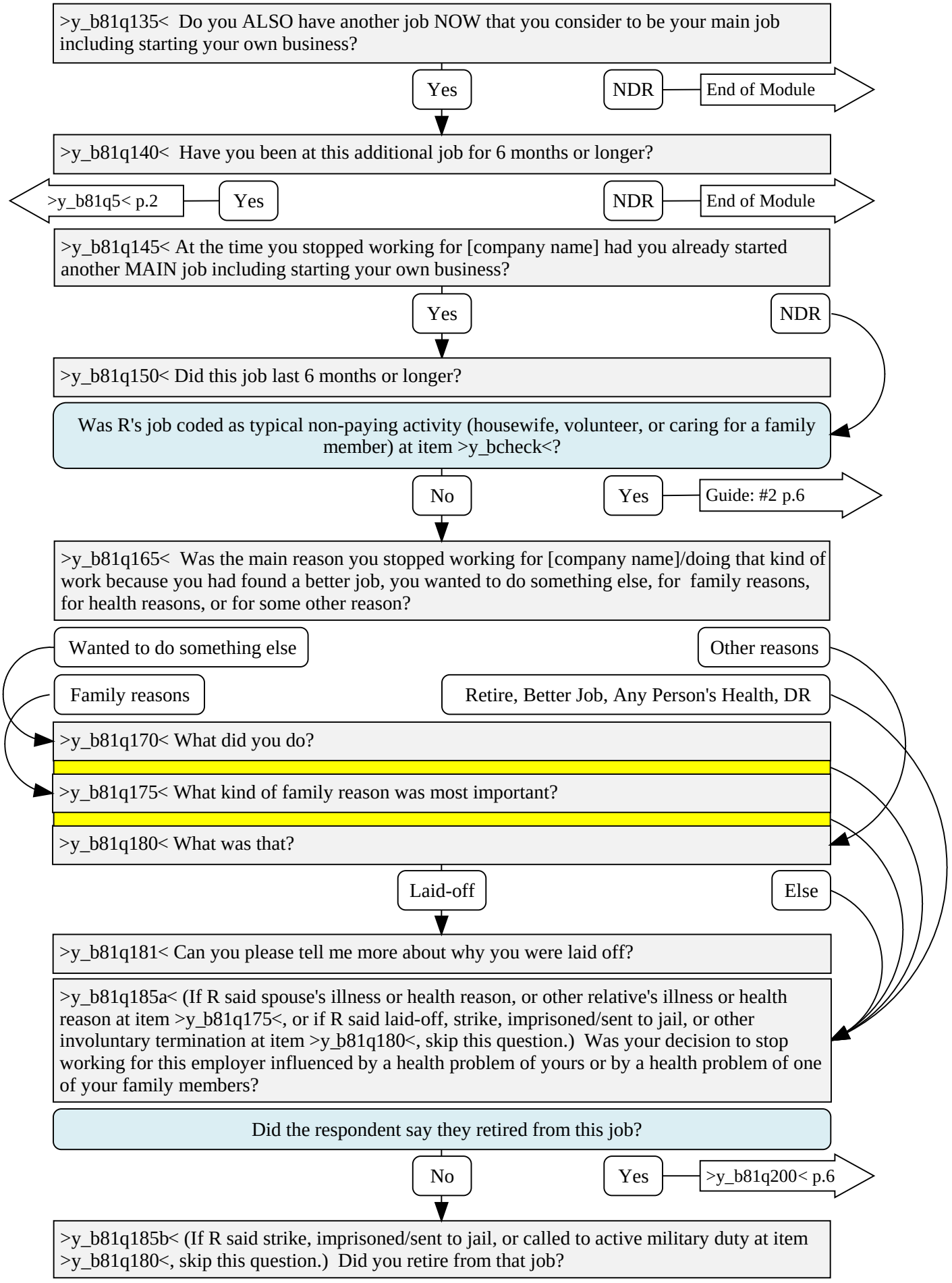
>y_bx5acn<What was the name of this place where you worked in [year of last interview]?

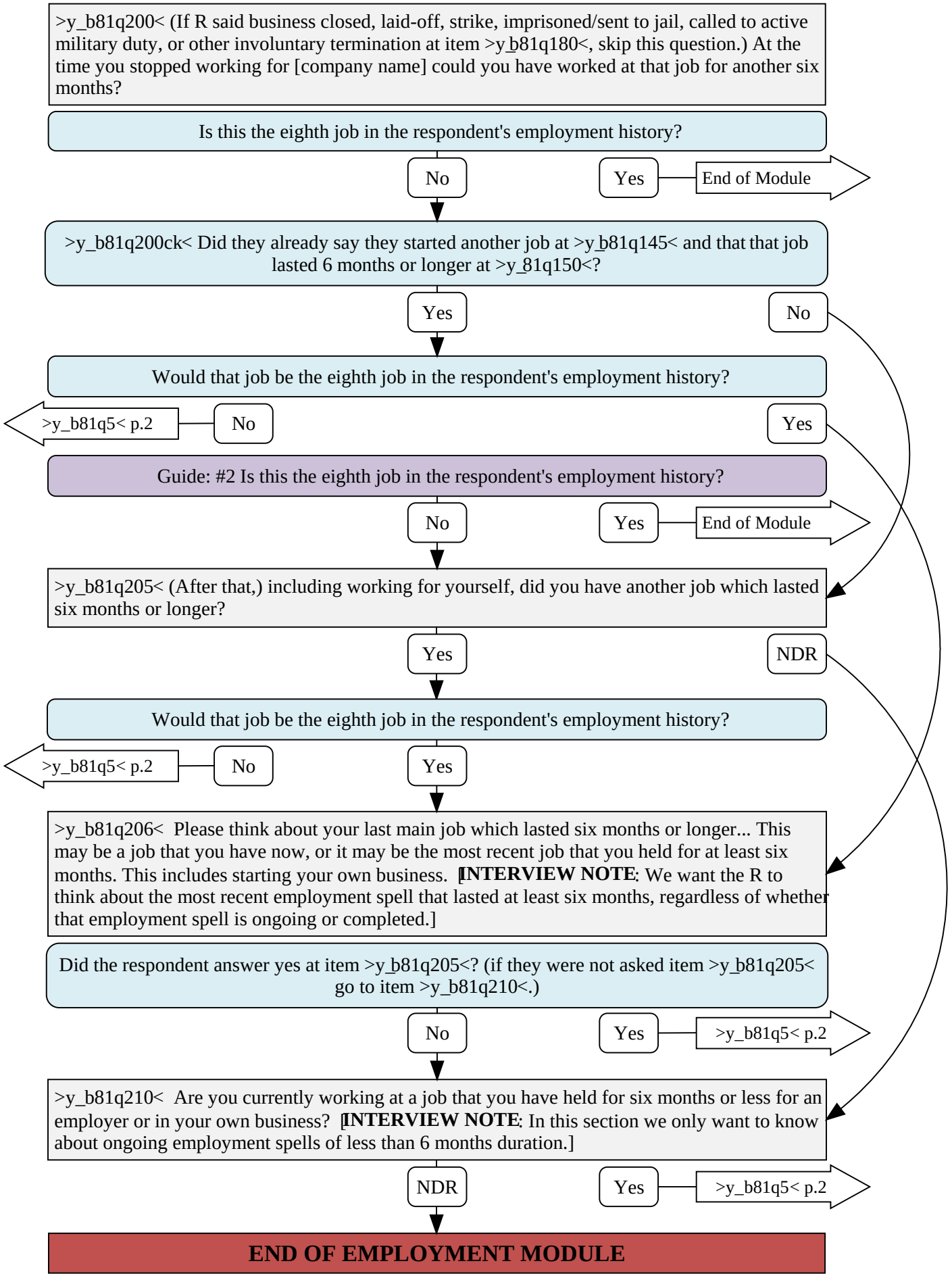
>y_bcheck< p.2


UPDATE EMPLOYMENT HISTORY
>y_b4q5< Since [year of last interview], have you ever held a full-time or part-time job lasting six months or more, including starting your own business?
NDR
Yes
>y_b4q5a< Are you currently working at a job that you've held for six months or less including starting your own business?
Yes
NDR
Next Module
>y_bx3cmpn< What was the new name of [company] for which you worked in [month and year of last interview]?
>y_bx5bcmpn< What was the name for the first such place for which you worked since [year of last interview]? [INTERVIEWER: If self-employed with no name, enter "your business" or "your farm."]
>y_bx10cmpn< What is the name of this place where you work? [INTERVIEWER: If self-employed with no name, enter "your business" or "your farm."]
For every job that is added the respondent will start here and repeat the following questions up to eight times if necessary
>y_b81q5< Now we would like to talk about your job after/in addition to [last employer talked about]. What was the name of the next/other place where you worked? [INTERVIEWER: If self-employed with no name, enter "your business" or "your farm."]
>y_bcheck< [INTERVIEWR: If R answered 'housewife. volunteer, or caring for a family member', code as typical non-paying activity.] Did R answer working for pay or self employed/farm/family business, or typical non-paying activity (housewife,volunteer, or caring for a family member)? Or mistake, R does not have another job?
Else
Mistake
Next Module
Guide: #1 Do we know what year this job started?
No
Yes
>y_b71q5< In what year did you start this job?
Is this the eighth job in the respondent's employment history?
Yes
No
>y_b81q14a1< After you left [last employers name], including times you worked for yourself, how many other places did you work at a main job for 6 months or longer?
>y_b81q14a2< In what year did you (leave/stop doing that kind of work) [name of company] or are you still working there?

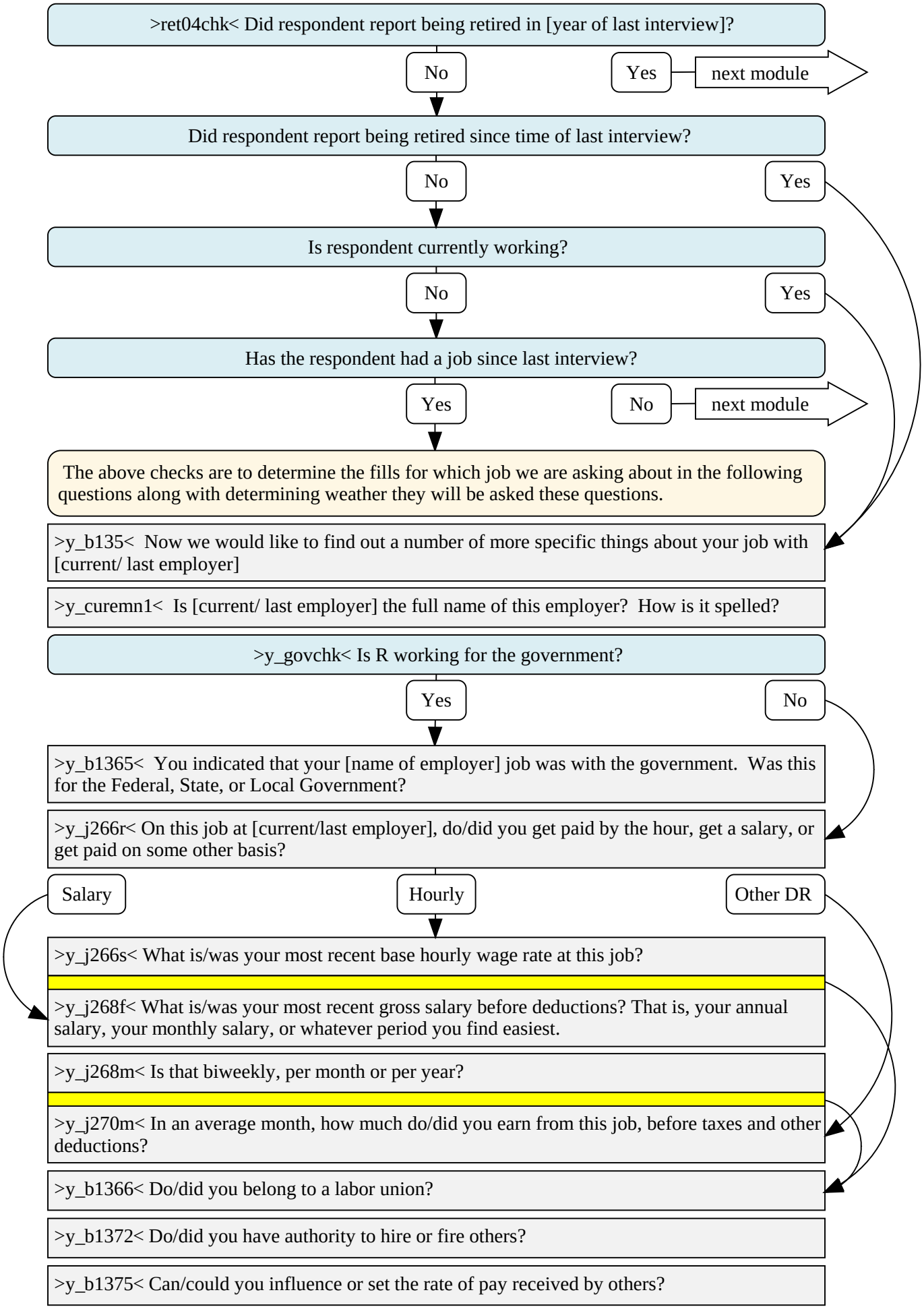

Was answer to >y_bcheck< p.2 a paying or nonpaying job?
Nonpaying
y_b81q130ck p.4
Paying
OCCUPATION AND INDUSTRY
Do we know what type of work this person did at their job?
No
Yes
>y_b81q15< What kind of work were you doing at [name of company] when you started working there (in [year])? [INTERVIEWER: For example, electrical engineer; stock clerk; farmer. INTERVIEWER: Do not probe.]
>y_b81q20< What are/were your MOST IMPORTANT activities or duties? [INTERVIEWER: For example, kept account books; filed; sold cars; operated printed press; finished concrete. INTERVIEWER: Verify if response given above or probe if necessary.]
>y_b81q25< In a typical week, how many hours per week do/did you work?
Do we know company information?
No
Yes
>y_b81q30< What kind of business or industry is/was this? [INTERVIEWER: For example, elementary school; TV and radio; manufacturing; retail shoe store; state labor department; farm. INTERVIEWER: Probe if necessary. INTERVIEWER: Please enter the full name of the company here, if you were unable to do so earlier. The name entered earlier was [name of company].]
>y_b81q35< Is/was this mainly manufacturing, wholesale trade, retail trade, or something else?
>y_b81q40< Are/were you employed by government, by a private company or organization, or are you self-employed or working in a family business?
Else
Self-Employed
Or Family Business
>y_b81q45< Is/was this business incorporated?
>y_b81q50< Did the respondent answer self-employed at item >y_b81q40<?
Yes
No
>y_b81q55< Are/were you working for pay?
>y_b81q105< (During [year employed]/Between [year started] and [year ended],/Between [year started] and now,) while working for [name of company], did you ever have a change in your most important job activities or duties? [INTERVIEWER: We are interested in any changes in the respondent's main activities or duties. This could happen in several ways. Code yes if any of the following: 1. Added new activities/duties 2. Got a promotion, or 3. Completely changed their activities or duties.
>y_b81q110< p.4
Yes
NDR
>y_b81q100a< p.4


>y_b81q110< Just before you left [name of company], what kind of work were you doing?/What kind of work are you doing at [name of company] now? (For example: electrical engineer; stock clerk; farmer)
>y_b81q115< What are/were your MOST IMPORTANT activities or duties now/then? (For example: kept account books; filed; sold cars; operated printing press; finished concrete)
>y_b81q120< In a typical week, how many hours per week do/did you work now/then?
>y_b81q125< In what year did you start doing this kind of work for [name of company]?
EMPLOYMENT DETAILS
>y_b81q100a< Aside from Social Security, does/did [name of company] offer you any kind of pension plan or retirement plan? (Do not include IRAs.)
Yes
NDR
>y_b81q100c< Do/did you participate in a pension plan or retirement plan through [name of company]? [Interviewer: Financial contribution by R is not required.]
>y_b81q98a< Is/was health insurance available to you through [name of company]?
Yes
NDR
>y_b81q98b< Do/did you participate in the health insurance program through [name of company]?
Yes
NDR
>y_b81q98c<Is respondent still working at the job stated above? (this includes seasonal jobs)
No
Yes
>y_b81q98d< Did the health insurance coverage that you received through [company name] continue after you stopped working there? [INTERVIEWER: This includes cobra.]
>y_b81q130ck< Is respondent still working at the job stated above? (this includes seasonal jobs)
Yes
No
>y_b81q145< p.5
>y_b81q130ck2< Before the job being discussed, did R mention another job that they are currently working for pay? Or, is this the seventh or eighth job in the respondent's employment history?
Neither
Yes to at least 1
End of Module
Was R's job coded as typical non-paying activity (housewife, volunteer, or caring for a family member) at item >y_bcheck<?
>y_b81q135< p.5
No
Yes
>y_b81q205< p.6


>y_b81q135< Do you ALSO have another job NOW that you consider to be your main job including starting your own business?
Yes
NDR
End of Module
>y_b81q140< Have you been at this additional job for 6 months or longer?
>y_b81q5< p.2
Yes
NDR
End of Module
>y_b81q145< At the time you stopped working for [company name] had you already started another MAIN job including starting your own business?
Yes
NDR
>y_b81q150< Did this job last 6 months or longer?
Was R's job coded as typical non-paying activity (housewife, volunteer, or caring for a family member) at item >y_bcheck<?
No
Yes
Guide: #2 p.6
>y_b81q165< Was the main reason you stopped working for [company name]/doing that kind of work because you had found a better job, you wanted to do something else, for family reasons, for health reasons, or for some other reason?
Wanted to do something else
Other reasons
Family reasons
Retire, Better Job, Any Person's Health, DR
>y_b81q170< What did you do?
>y_b81q175< What kind of family reason was most important?
>y_b81q180< What was that?
Laid-off
Else
>y_b81q181< Can you please tell me more about why you were laid off?
>y_b81q185a< (If R said spouse's illness or health reason, or other relative's illness or health reason at item >y_b81q175<, or if R said laid-off, strike, imprisoned/sent to jail, or other involuntary termination at item >y_b81q180<, skip this question.) Was your decision to stop working for this employer influenced by a health problem of yours or by a health problem of one of your family members?
Did the respondent say they retired from this job?
No
Yes
>y_b81q200< p.6
>y_b81q185b< (If R said strike, imprisoned/sent to jail, or called to active military duty at item >y_b81q180<, skip this question.) Did you retire from that job?


>y_b81q200< (If R said business closed, laid-off, strike, imprisoned/sent to jail, called to active military duty, or other involuntary termination at item >y_b81q180<, skip this question.) At the time you stopped working for [company name] could you have worked at that job for another six months?
Is this the eighth job in the respondent's employment history?
No
Yes
End of Module
>y_b81q200ck< Did they already say they started another job at >y_b81q145< and that that job lasted 6 months or longer at >y_81q150<?
Yes
No
Would that job be the eighth job in the respondent's employment history?
>y_b81q5< p.2
No
Yes
Guide: #2 Is this the eighth job in the respondent's employment history?
No
Yes
End of Module
>y_b81q205< (After that,) including working for yourself, did you have another job which lasted six months or longer?
Yes
NDR
Would that job be the eighth job in the respondent's employment history?
>y_b81q5< p.2
No
Yes
>y_b81q206< Please think about your last main job which lasted six months or longer... This may be a job that you have now, or it may be the most recent job that you held for at least six months. This includes starting your own business. [INTERVIEW NOTE: We want the R to think about the most recent employment spell that lasted at least six months, regardless of whether that employment spell is ongoing or completed.]
Did the respondent answer yes at item >y_b81q205<? (if they were not asked item >y_b81q205< go to item >y_b81q210<.)
No
Yes
>y_b81q5< p.2
>y_b81q210< Are you currently working at a job that you have held for six months or less for an employer or in your own business? [INTERVIEW NOTE: In this section we only want to know about ongoing employment spells of less than 6 months duration.]
NDR
Yes
>y_b81q5< p.2
END OF EMPLOYMENT MODULE

Pre-retirement or current/last job characteristics



>y_b1380< Do/did you supervise the work of others? That is, what they produce or how much?

>y_b1385< Does/did someone else supervise your work? That is, what you produce or how much?

>y_b13115< Can/could you decide what time to come to work and when to leave, either officially or unofficially?

>y_b13125< All things considered, how satisfied are/were you with your job as a whole -- are/were you very satisfied, fairly satisfied, somewhat dissatisfied, or very dissatisfied?

>y_b13127< How often do/did you find your work stressful? Would you say always, often, sometimes, hardly ever, or never?

>y_b13128< How often during the past/a typical month have/did you felt/feel used up at the end of the day? Would you say very often, often, sometimes, rarely, or never?

>y_b139a< Do/did you use a computer for this job?

Yes

NDR

>y_b139b< For this job, how many hours in a typical week would you estimate that you use a computer?

>y_b139b< When you use a computer for this job, do/did you connect to theinternet or use email

>y_b13140< I am going to list some things about jobs. Please tell me whether your job involve/s/d these things always, frequently, sometimes, rarely, or never. How frequently does/did your job require lots of physical effort?

>y_b13145< How frequently does/did your job require intense concentration or attention?

>y_b13150< How frequently do/did you have to work under the pressure of time?

>y_b13175< How dirty do/did you get on the job? Would you say very dirty, fairly dirty, a little dirty, or not at all dirty?

>y_b13180< At your job with [last/ current employer], are/were you**ever** exposed to dangerous chemicals, equipment or machinery, fumes, gases, fires or other dangerous working conditions?

Yes

NDR

>y_b13181< What are/were those conditions?

>y_b13182< How frequently are/were you exposed to those conditions? Is it always, frequently, sometimes, rarely or never?

Is the respondent still working at this job?

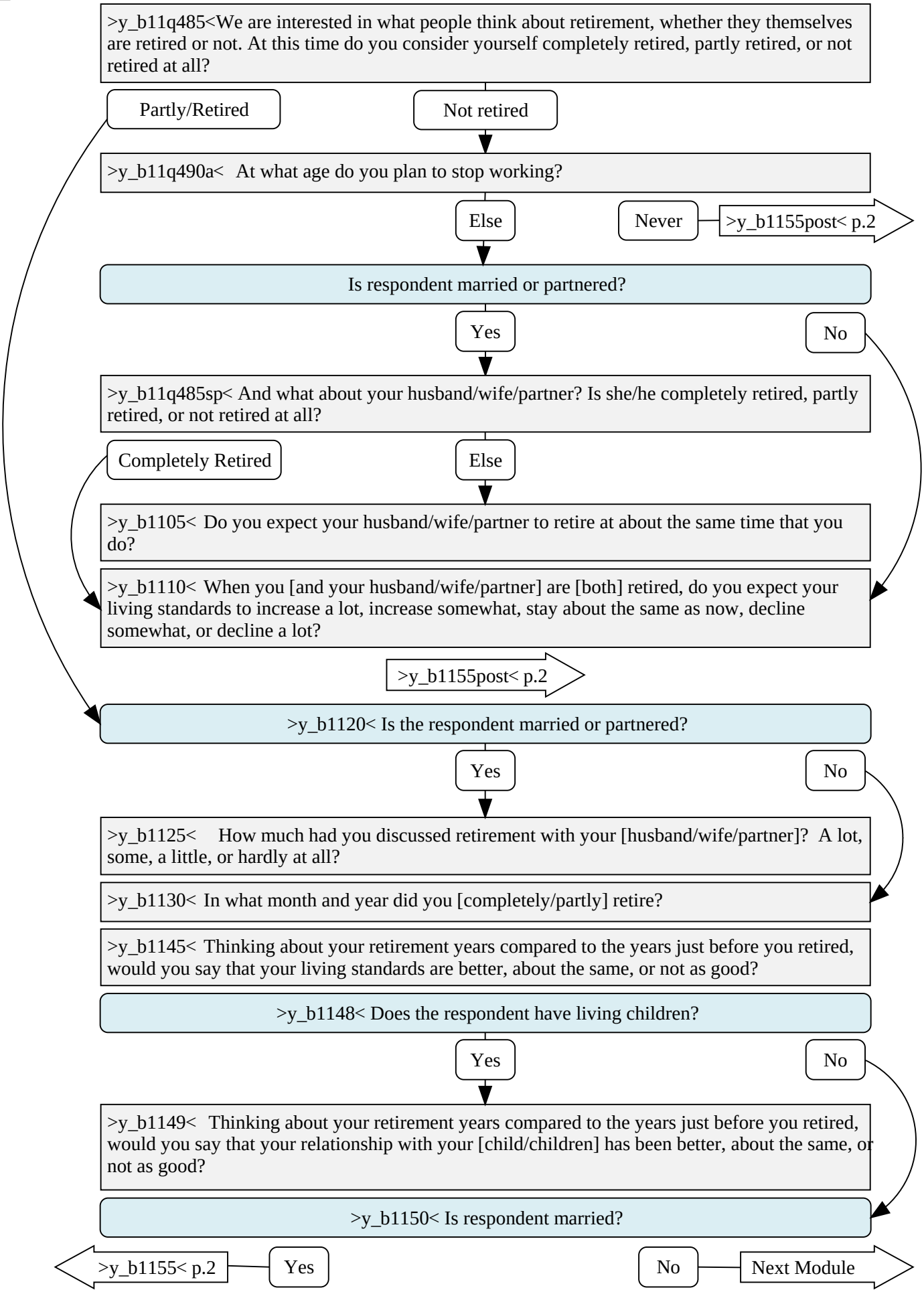
Yes

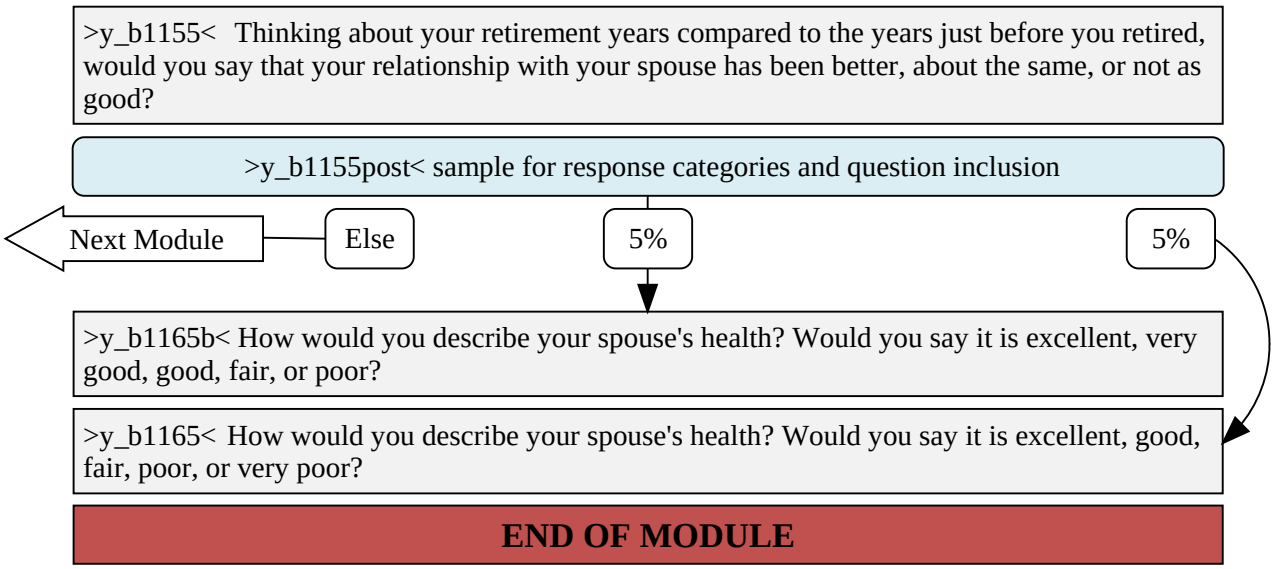
No

>y_b13198< Sometimes people lose jobs they want to keep. On a scale from zero to ten, what chance do you think there is that you will lose your job completely in the next two years? On this scale, zero means that there is absolutely no chance that you will lose your job completely, and ten means that you are certain that you will lose your job completely in the next two years.

END OF JOB CHARACTERISTICS

RETIREMENT ATTITUDES




>y_b1155< Thinking about your retirement years compared to the years just before you retired, would you say that your relationship with your spouse has been better, about the same, or not as good?
>y_b1155post< sample for response categories and question inclusion
Next Module
Else
5%
5%
>y_b1165b< How would you describe your spouse's health? Would you say it is excellent, very good, good, fair, or poor?
>y_b1165< How would you describe your spouse's health? Would you say it is excellent, good, fair, poor, or very poor?
END OF MODULE

MCARDLE TASK

Respondents are randomly grouped into series A and series B; each group performs the same task but with different numbers. 50% of Rs are in A, and 50% in B.

>y_nsintro< Next we are going to do some number exercises. I'm going to read you several numbers and I'd like you to write them down. There will be a blank number in the series that I read to you. For each number series problem I would like you to tell me what number goes in the blank. For example, if I said the numbers "1 2 BLANK 4." Then you would simply reply with "3". OK? Some of the problems may be easy but others may be hard. Just do the best you can. There is no credit for answering quickly - it is more important to answer the item correctly, but it is okay if you do not know the answer because some of the items are intended to be very difficult. You can go on to the next item at any time. Are you ready to begin?
INTERVIEWER: Make sure R has pencil and paper ready for writing down the numbers. Clarify instructions for the R as necessary.
INTERVIEWER: Permit as much time as R wishes for each question. If the R has not given an answer after about a minute, ask: "Would you just like to go on to the next question?"

Else

RM → >y_mca_end< p.4

>y_nstest< Is R in group A or group B?

A

B → >y_nsb4< p.2

>y_nsa4< **INTERVIEWER**: Make sure R has pencil ready for writing down the numbers. Clarify Instructions for the R if necessary. If the R has not given an answer after **ONE** minute, ask: "Would you just like to go on to the next question?" After **TWO** minutes, say: "We are done" or "We are moving on to the next item now".
INTERVIEWER: Read number series #1-A and enter R's answer.

Else

RM → >y_mca_end< p.4

>y_nsa7< INTERVIEWER: Read number series #2-A and enter R's answer.

Else

RM → >y_mca_end< p.4

>y_nsa11< INTERVIEWER: Read number series #3-A and enter R's answer.

Else

RM → >y_mca_end< p.4

>y_nsas_1< Did R get three correct, two correct, one correct, or none correct?

3 → >y_nsa13< p.2

1 → >y_nsa5< p.2

2 → >y_nsa9< p.2

0

>y_nsa1< INTERVIEWER: Read number series #4-A and enter R's answer.

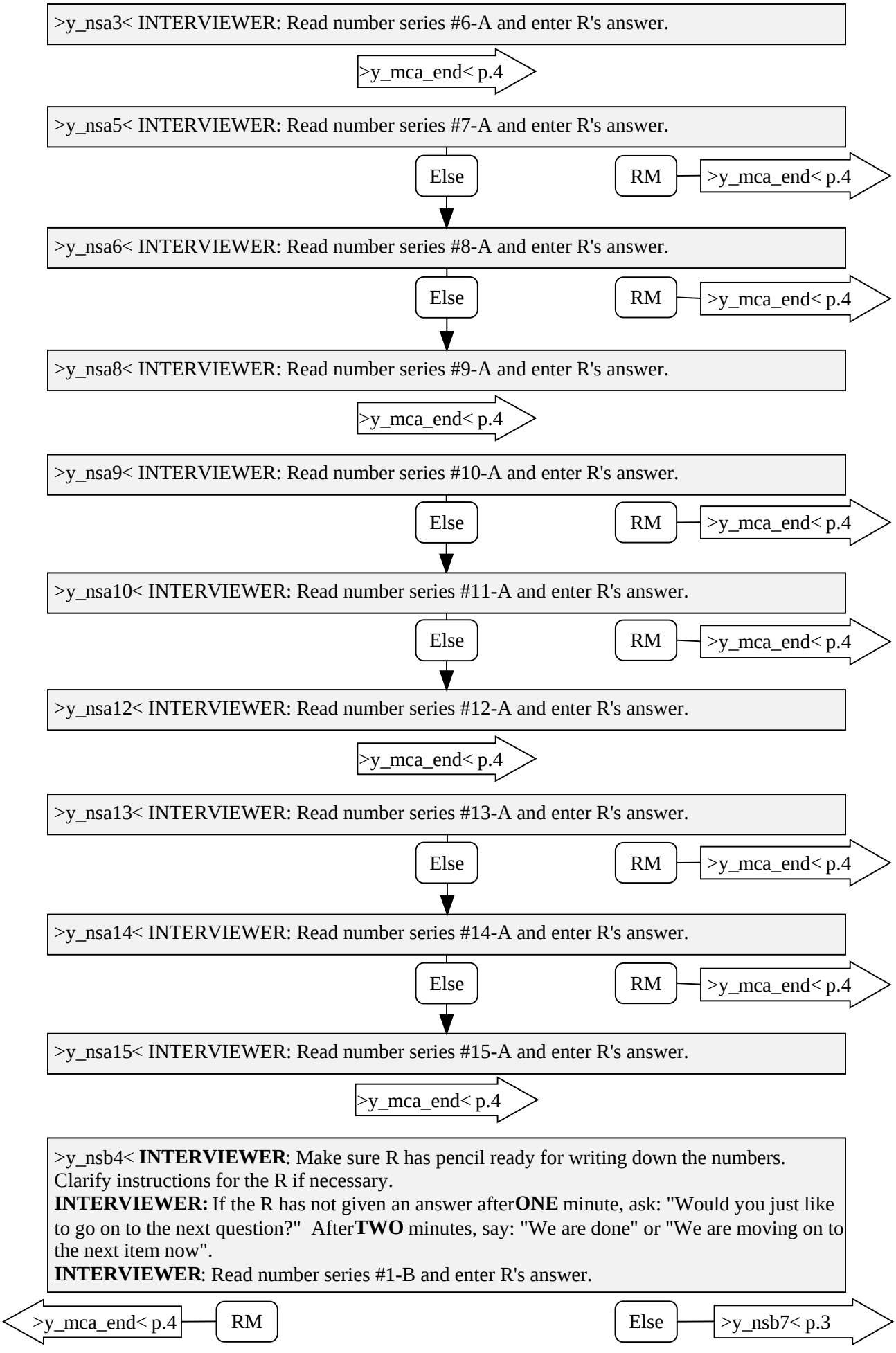
Else

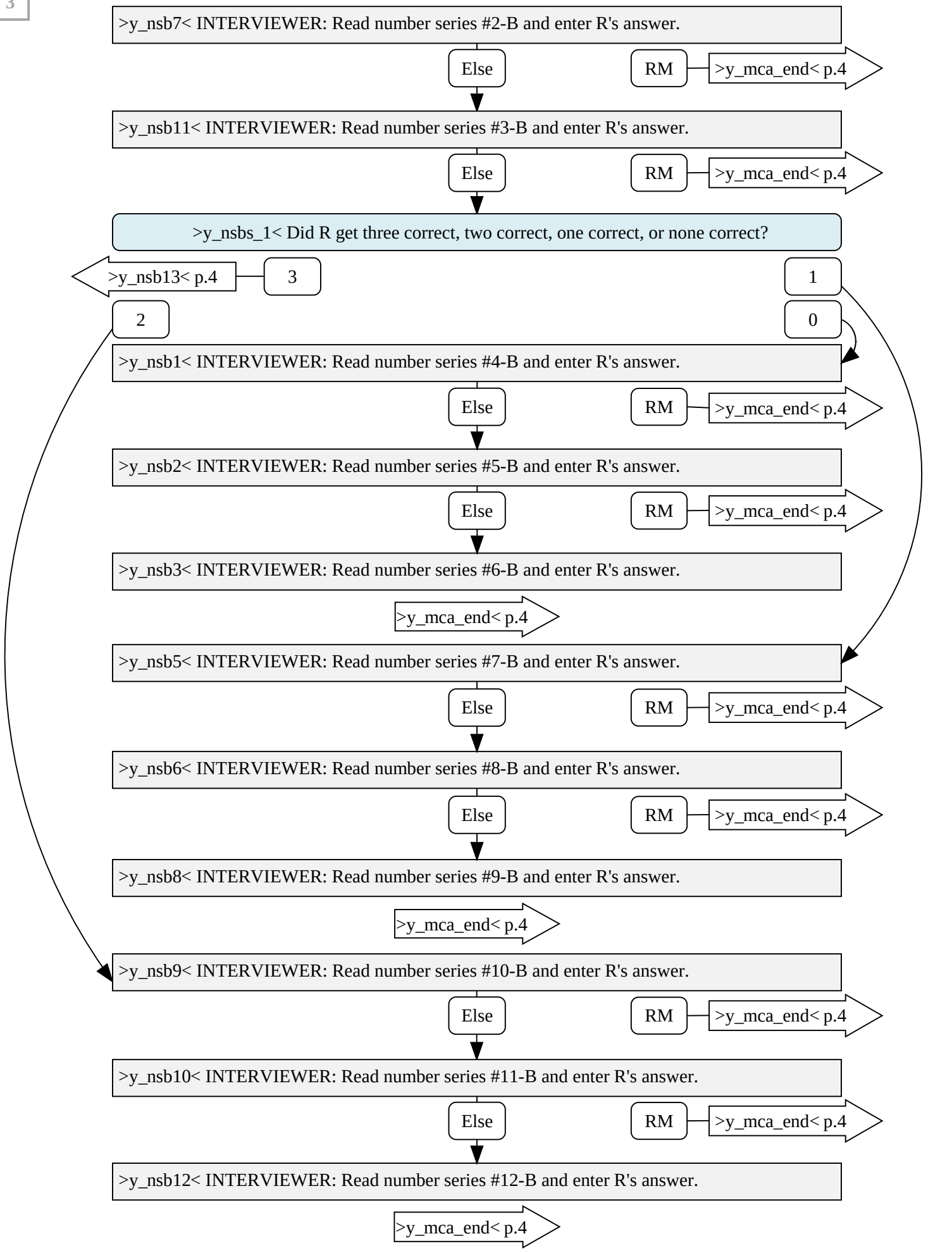
RM → >y_mca_end< p.4

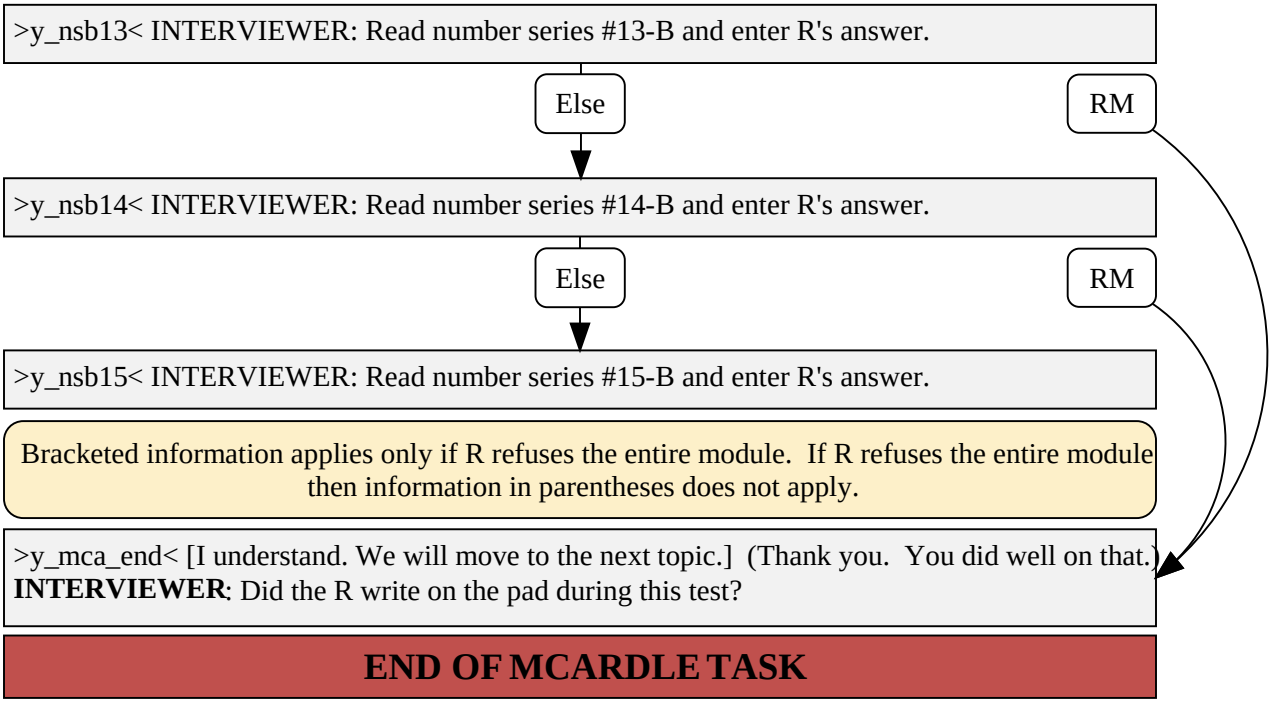
>y_nsa2< INTERVIEWER: Read number series #5-A and enter R's answer.

RM → >y_mca_end< p.4

Else → >y_nsa3< p.2


>y_nsa3< INTERVIEWER: Read number series #6-A and enter R's answer.
>y_mca_end< p.4
>y_nsa5< INTERVIEWER: Read number series #7-A and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsa6< INTERVIEWER: Read number series #8-A and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsa8< INTERVIEWER: Read number series #9-A and enter R's answer.
>y_mca_end< p.4
>y_nsa9< INTERVIEWER: Read number series #10-A and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsa10< INTERVIEWER: Read number series #11-A and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsa12< INTERVIEWER: Read number series #12-A and enter R's answer.
>y_mca_end< p.4
>y_nsa13< INTERVIEWER: Read number series #13-A and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsa14< INTERVIEWER: Read number series #14-A and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsa15< INTERVIEWER: Read number series #15-A and enter R's answer.
>y_mca_end< p.4
>y_nsb4< **INTERVIEWER**: Make sure R has pencil ready for writing down the numbers. Clarify instructions for the R if necessary.
INTERVIEWER: If the R has not given an answer after**ONE** minute, ask: "Would you just like to go on to the next question?" After**TWO** minutes, say: "We are done" or "We are moving on to the next item now".
INTERVIEWER: Read number series #1-B and enter R's answer.
>y_mca_end< p.4
RM
Else
>y_nsb7< p.3


>y_nsb7< INTERVIEWER: Read number series #2-B and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsb11< INTERVIEWER: Read number series #3-B and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsbs_1< Did R get three correct, two correct, one correct, or none correct?
>y_nsb13< p.4
3
1
2
0
>y_nsb1< INTERVIEWER: Read number series #4-B and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsb2< INTERVIEWER: Read number series #5-B and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsb3< INTERVIEWER: Read number series #6-B and enter R's answer.
>y_mca_end< p.4
>y_nsb5< INTERVIEWER: Read number series #7-B and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsb6< INTERVIEWER: Read number series #8-B and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsb8< INTERVIEWER: Read number series #9-B and enter R's answer.
>y_mca_end< p.4
>y_nsb9< INTERVIEWER: Read number series #10-B and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsb10< INTERVIEWER: Read number series #11-B and enter R's answer.
Else
RM
>y_mca_end< p.4
>y_nsb12< INTERVIEWER: Read number series #12-B and enter R's answer.
>y_mca_end< p.4


>y_nsb13< INTERVIEWER: Read number series #13-B and enter R's answer.
Else
RM
>y_nsb14< INTERVIEWER: Read number series #14-B and enter R's answer.
Else
RM
>y_nsb15< INTERVIEWER: Read number series #15-B and enter R's answer.
Bracketed information applies only if R refuses the entire module. If R refuses the entire module then information in parentheses does not apply.
>y_mca_end< [I understand. We will move to the next topic.] (Thank you. You did well on that.)
INTERVIEWER: Did the R write on the pad during this test?
END OF MCARDLE TASK

E-PRIME TASK

>y_vis1< Now we're going to take a break from answering questions. First, we are going to check your vision and then we are going to turn my computer around so you can see the screen and use the computer yourself.
But first let's start with your vision. I'm going to ask you to read the letters on a chart just like you might at the doctor's office. Please give me a moment to set the chart up and then we will begin.
[INTERVIEWER: Set up the easel. Set up the respondent's chair 10 feet from the easel. Set up the Snellen chart after the respondent is seated 10 feet away.]

R Does not have use of hands. Will not be able to complete E-PRIME.

End Module

Continue

>y_vis2@a< Please look at this chart and read the lowest complete line you can see. While you are doing this activity, please try to keep your back against the back of the chair.
[INTERVIEWER: If the respondent is unable to read the complete line, ask: "Please read the line above that one." If the R's chair does not have a back, ask: "Please sit up as straight as you can." If the respondent is able to read the complete line, ask: "Can you read the letters on the line below that one?" If yes: "Please read them out loud." "Thank you."]

>y_epr0< [**INTERVIEWER**: This is the beginning of the E-PRIME modules. Read the following instructions to the respondent.]
Now we are going to do something a little different. I'm going to turn the computer around and give it to you to use. We will do several activities that will involve you looking at the screen and using some of the keys. Some of the items in this task are difficult, just do your best and answer as quickly and accurately as possible. I will give you instructions for each task.
[**INTERVIEWER**: Before handing over the laptop press Fn +F8 and select "disable touch pad" (option 2). Press 1 to continue. Give the laptop to the respondent. Make sure they are comfortable and oriented.]

Next Module

Refused

Begin E-PRIME Modules

>y_epr1< Please listen to instructions from the interviewer.

For the E-Prime task, respondents complete a variety of computer exercises that assess basic aspects of cognition that have been implicated in age-related cognitive change. For the digit reading and single-word reading exercises, respondents articulate the digits and words that appear on their screen as quickly as they can. For the picture-naming exercise, respondents indicate what various pictures are depicting. The number judgment exercise provides a basic measure of processing speed while the reverse number judgment exercise measures inhibitory control. For the word-recognition task, respondents are shown two "words" and asked to identify which of them is a real word. Finally, for the category verification task, the respondent is to indicate which of two pictures corresponds to a word that flashes on their screen. For each of these exercises, the time between when a stimulus is presented and the respondent answers is recorded. Respondents use the interviewer's computer to complete the E-Prime task.

END OF E-PRIME TASK

IMMEDIATE RECALL

>y_ipause< **INTERVIEWER**: The next section is the immediate recall module. If you think the R may take a long break within the next 15 minutes, see if they want to partial now so we don't interrupt the immediate & delayed recall timing.

If R was given the first set of words last round they will be given the second set this round and visa versa. If R was not given either set last round, it will be randomly selected.

First Set

Second Set

>y_i1a< Part of this study is concerned with people's memory. I'll read a set of 10 words and ask you to recall as many as you can. Please listen carefully as I read the set of words. I'm not allowed to repeat any of the words, so it's important that you can hear me very well. When I finish, I will ask you to recall aloud as many of the words as you can, in any order. Is this clear? Ok. The list is:

>y_i1alist< **INTERVIEWER**: Read the words as they appear in the banner
HOTEL, RIVER, TREE, SKIN, GOLD, MARKET, PAPER, CHILD, KING, BOOK

Continue

Else → >y_istoptmr< p.2

>y_i1a2< Now please tell me the words you can recall.
INTERVIEWER: Permit as much times as R wishes- up to about 2 minutes. Enter letter for words recalled. Enter/arrows to move to next field. Press x if you cannot record a recalled word accurately. Press q to exit list immediately. Probe with "Are you sure?" If they say they can't recall any.

Problem hearing or recording one or more words

Else → >y_istoptmr< p.2

>y_i1b< Part of this study is concerned with people's memory. I'll read a set of 10 words and ask you to recall as many as you can. Please listen carefully as I read the set of words. I'm not allowed to repeat any of the words, so it's important that you can hear me very well. When I finish, I will ask you to recall aloud as many of the words as you can, in any order. Is this clear? Ok. The list is:

>y_i1blist< **INTERVIEWER**: Read the words as they appear in the banner
WATER, CHURCH, DOCTOR, PALACE, FIRE, GARDEN, SEA, VILLAGE, BABY, TABLE

Continue

Else → >y_istoptmr< p.2

>y_i1b2< Now please tell me the words you can recall.
INTERVIEWER: Permit as much times as R wishes- up to about 2 minutes. Enter letter for words recalled. Enter/arrows to move to next field. Press x if you cannot record a recalled word accurately. Press q to exit list immediately.

Problem hearing or recording one or more words

Else → >y_istoptmr< p.2

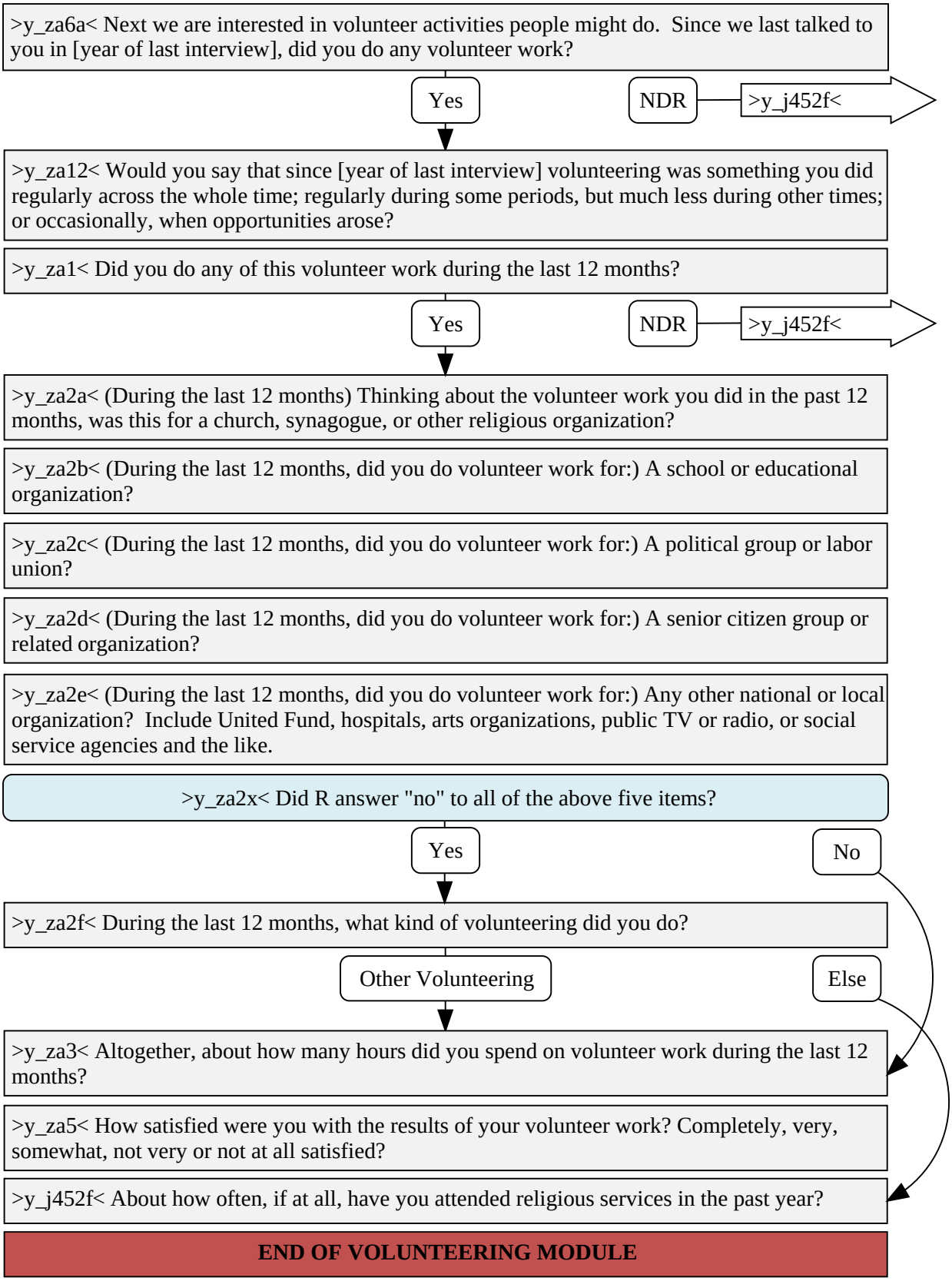
>y_i1a2spfy</>y_i1b2spfy< **INTERVIEWER**: Enter specific problems you had hearing, understanding, or recording words recalled by respondent.

Bracketed information applies only if R quit task before or after hearing the list of words (y_i1alist/y_i1blist) or does not provide any answers when prompted to do so (y_i1a2/y_i1b2). If R does either of these then the information in parentheses does not apply.

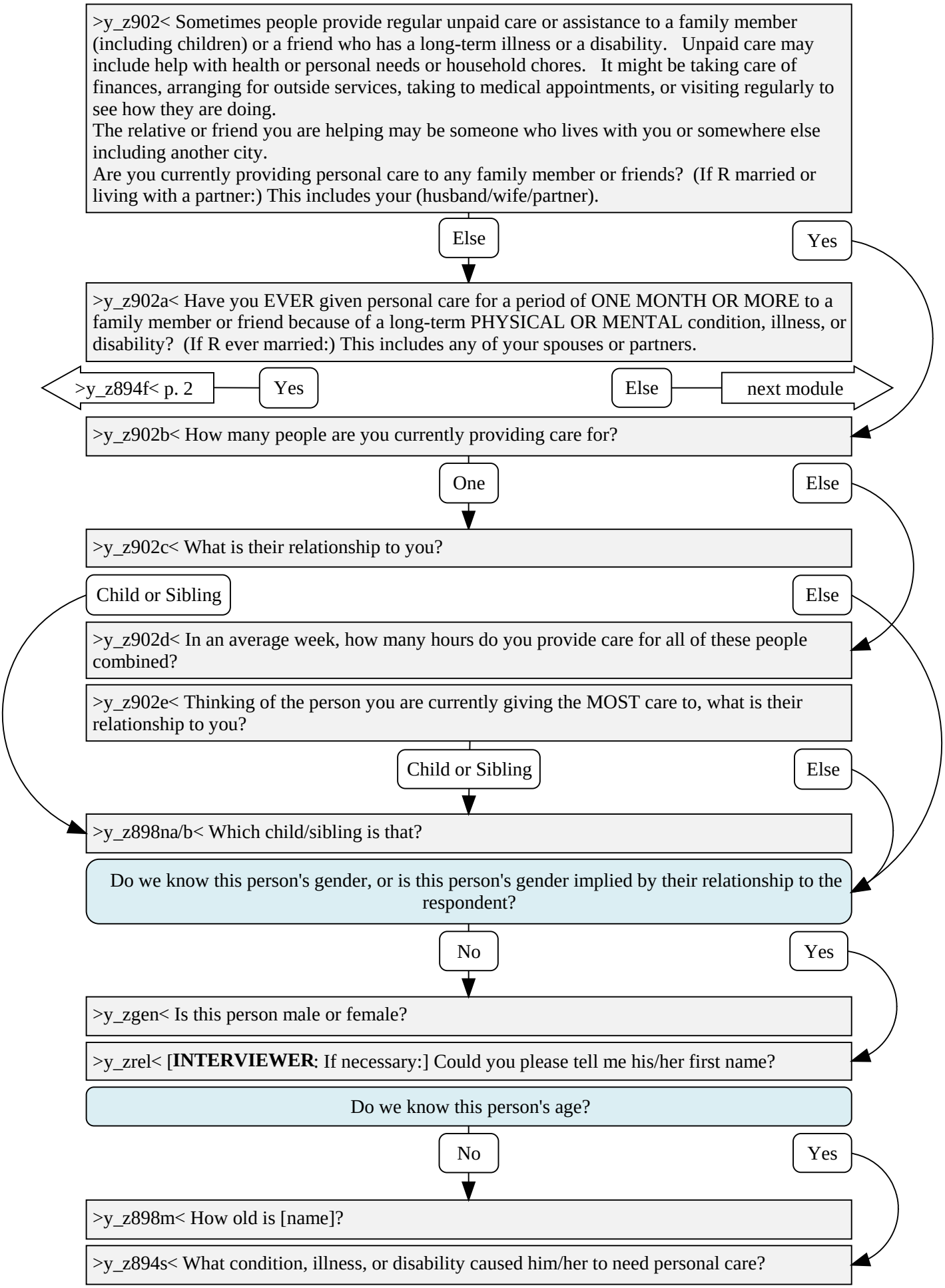
>y_istoptmr< [I understand. We will move on to the next topic.]
(Thank you. You did well on that.)

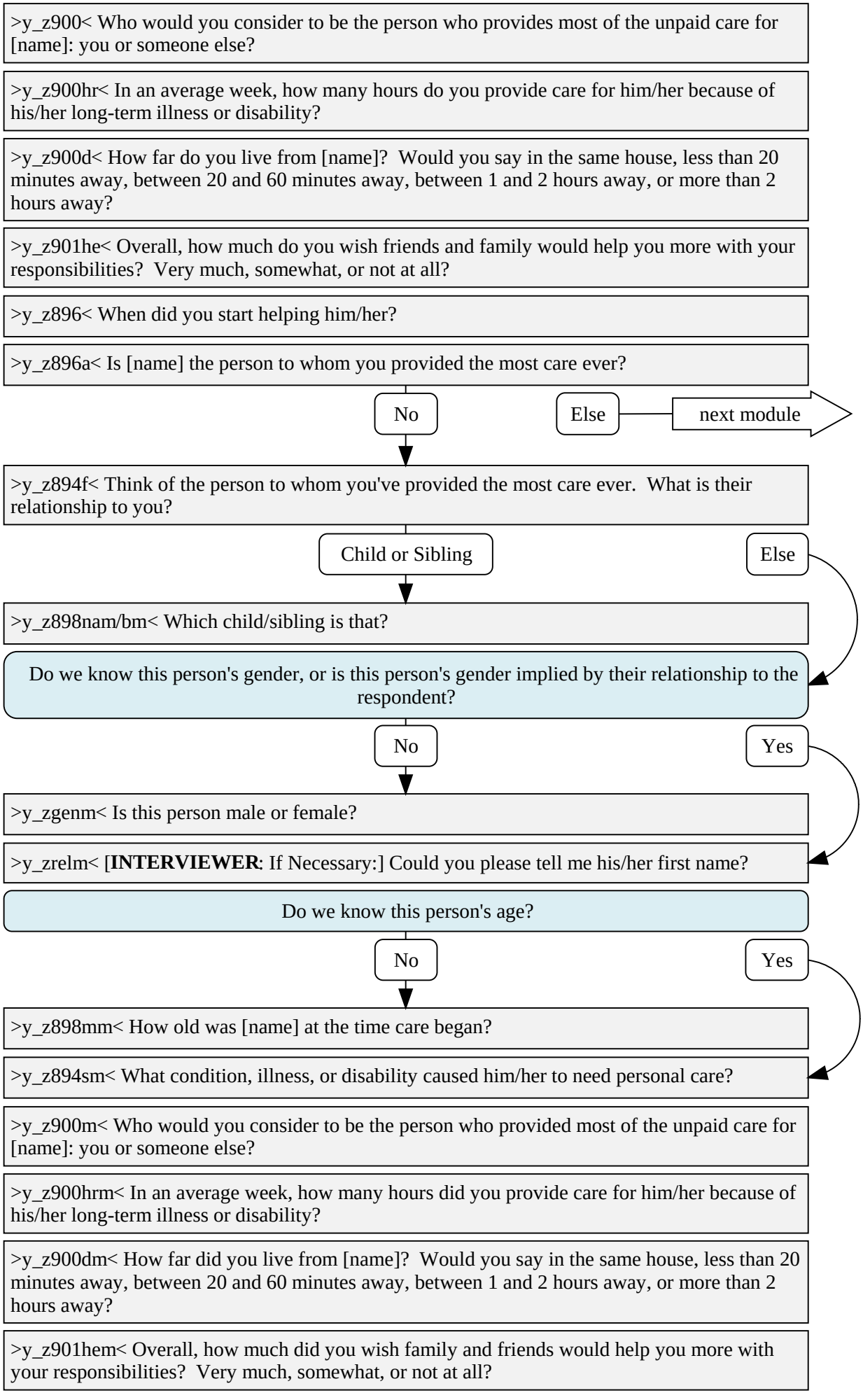
END OF COGNITION IMMEDIATE RECALL MODULE

VOLUNTEERING



CARE GIVING


>y_z902< Sometimes people provide regular unpaid care or assistance to a family member (including children) or a friend who has a long-term illness or a disability. Unpaid care may include help with health or personal needs or household chores. It might be taking care of finances, arranging for outside services, taking to medical appointments, or visiting regularly to see how they are doing.
The relative or friend you are helping may be someone who lives with you or somewhere else including another city.
Are you currently providing personal care to any family member or friends? (If R married or living with a partner:) This includes your (husband/wife/partner).
Else
Yes
>y_z902a< Have you EVER given personal care for a period of ONE MONTH OR MORE to a family member or friend because of a long-term PHYSICAL OR MENTAL condition, illness, or disability? (If R ever married:) This includes any of your spouses or partners.
>y_z894f< p. 2
Yes
Else
next module
>y_z902b< How many people are you currently providing care for?
One
Else
>y_z902c< What is their relationship to you?
Child or Sibling
Else
>y_z902d< In an average week, how many hours do you provide care for all of these people combined?
>y_z902e< Thinking of the person you are currently giving the MOST care to, what is their relationship to you?
Child or Sibling
Else
>y_z898na/b< Which child/sibling is that?
Do we know this person's gender, or is this person's gender implied by their relationship to the respondent?
No
Yes
>y_zgen< Is this person male or female?
>y_zrel< [**INTERVIEWER**: If necessary:] Could you please tell me his/her first name?
Do we know this person's age?
No
Yes
>y_z898m< How old is [name]?
>y_z894s< What condition, illness, or disability caused him/her to need personal care?


>y_z900< Who would you consider to be the person who provides most of the unpaid care for [name]: you or someone else?
>y_z900hr< In an average week, how many hours do you provide care for him/her because of his/her long-term illness or disability?
>y_z900d< How far do you live from [name]? Would you say in the same house, less than 20 minutes away, between 20 and 60 minutes away, between 1 and 2 hours away, or more than 2 hours away?
>y_z901he< Overall, how much do you wish friends and family would help you more with your responsibilities? Very much, somewhat, or not at all?
>y_z896< When did you start helping him/her?
>y_z896a< Is [name] the person to whom you provided the most care ever?
No
Else
next module
>y_z894f< Think of the person to whom you've provided the most care ever. What is their relationship to you?
Child or Sibling
Else
>y_z898nam/bm< Which child/sibling is that?
Do we know this person's gender, or is this person's gender implied by their relationship to the respondent?
No
Yes
>y_zgenm< Is this person male or female?
>y_zrelm< [**INTERVIEWER**: If Necessary:] Could you please tell me his/her first name?
Do we know this person's age?
No
Yes
>y_z898mm< How old was [name] at the time care began?
>y_z894sm< What condition, illness, or disability caused him/her to need personal care?
>y_z900m< Who would you consider to be the person who provided most of the unpaid care for [name]: you or someone else?
>y_z900hrm< In an average week, how many hours did you provide care for him/her because of his/her long-term illness or disability?
>y_z900dm< How far did you live from [name]? Would you say in the same house, less than 20 minutes away, between 20 and 60 minutes away, between 1 and 2 hours away, or more than 2 hours away?
>y_z901hem< Overall, how much did you wish family and friends would help you more with your responsibilities? Very much, somewhat, or not at all?

>y_z896m< When did you start helping him/her?

>y_z896s< Why are you no longer helping? (Is it because he/she no longer needs care, someone else is helping him/her, he/she is deceased, or for some other reason?)

END OF CARE GIVING MODULE

INTERNET USE

>y_z1< We would also like to ask you some questions about personal computers and the Internet. By personal computers we mean either desktop computers or laptop computers. Is there a computer in your household that someone uses? [**INTERVIEWER**: Count WebTV as having an computer/Internet access.]

NDR

Yes → >y_z8< p.1

Is R part of sub-sample to be asked additional questions regarding Internet use?

Yes

No → next module

>y_z2< In the last five years, has there been a computer in your household that someone used?

NDR

Yes

>y_z3< Respondents are randomly divided into two groups; the same question is asked, but it's asked in a different way for each of the two groups. If R is in the first random group, go to >y_z3a<; if in the second group, go to >y_z3b<.

>y_z3a< What would you say is the MAIN reason that your household does not have a computer? Would you say it is because you don't think you would find it useful, you think that it's too expensive, you don't think you would know how to use it, or you can use it somewhere else?

next module

>y_z3b< What is the MAIN reason that your household does not have a computer? Is it because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, or you think that it's too expensive?

next module

>y_z4< Did anyone in this household use this computer to connect to the Internet from home (for example, to use e-mail of the Web)?

>y_z5< Did you personally use this computer to connect to the Internet from home?

NDR

Yes

>y_z6< Did you personally use this computer to do anything else?

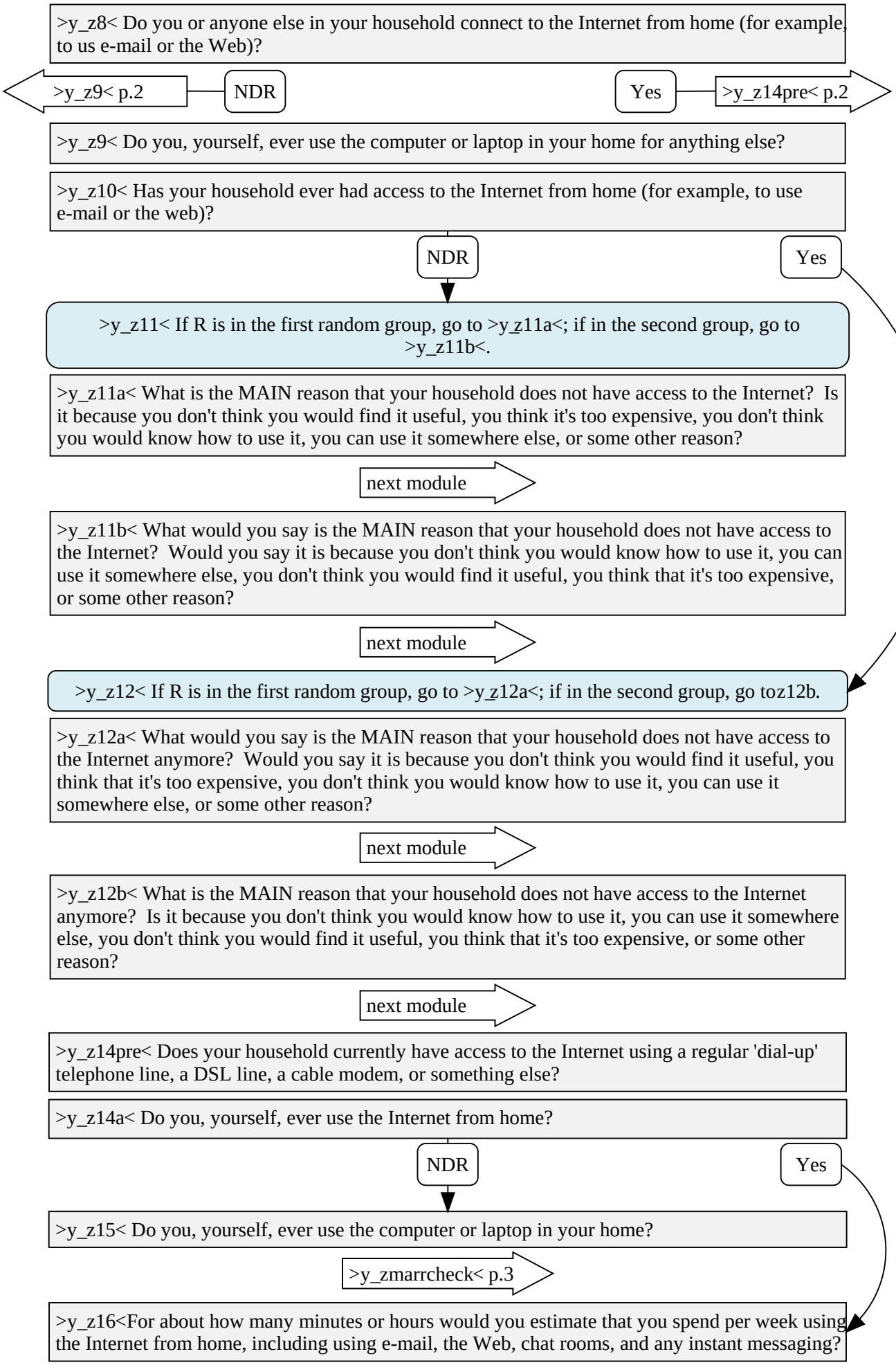
>y_z7< If R is in the first random group, go to >y_z7a<; if in the second group, go to >y_z7b<.

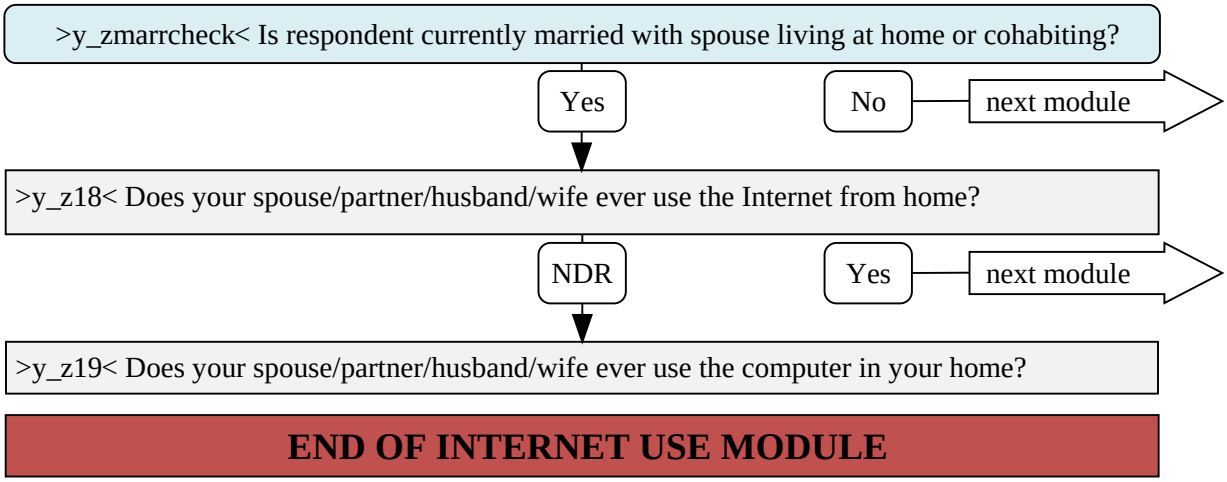
>y_z7a< What is the MAIN reason that your household does not have a computer anymore? Is it because you don't think you would find it useful, you think that it's too expensive, you don't think you would know how to use it, you can use it somewhere else, or some other reason?

next module

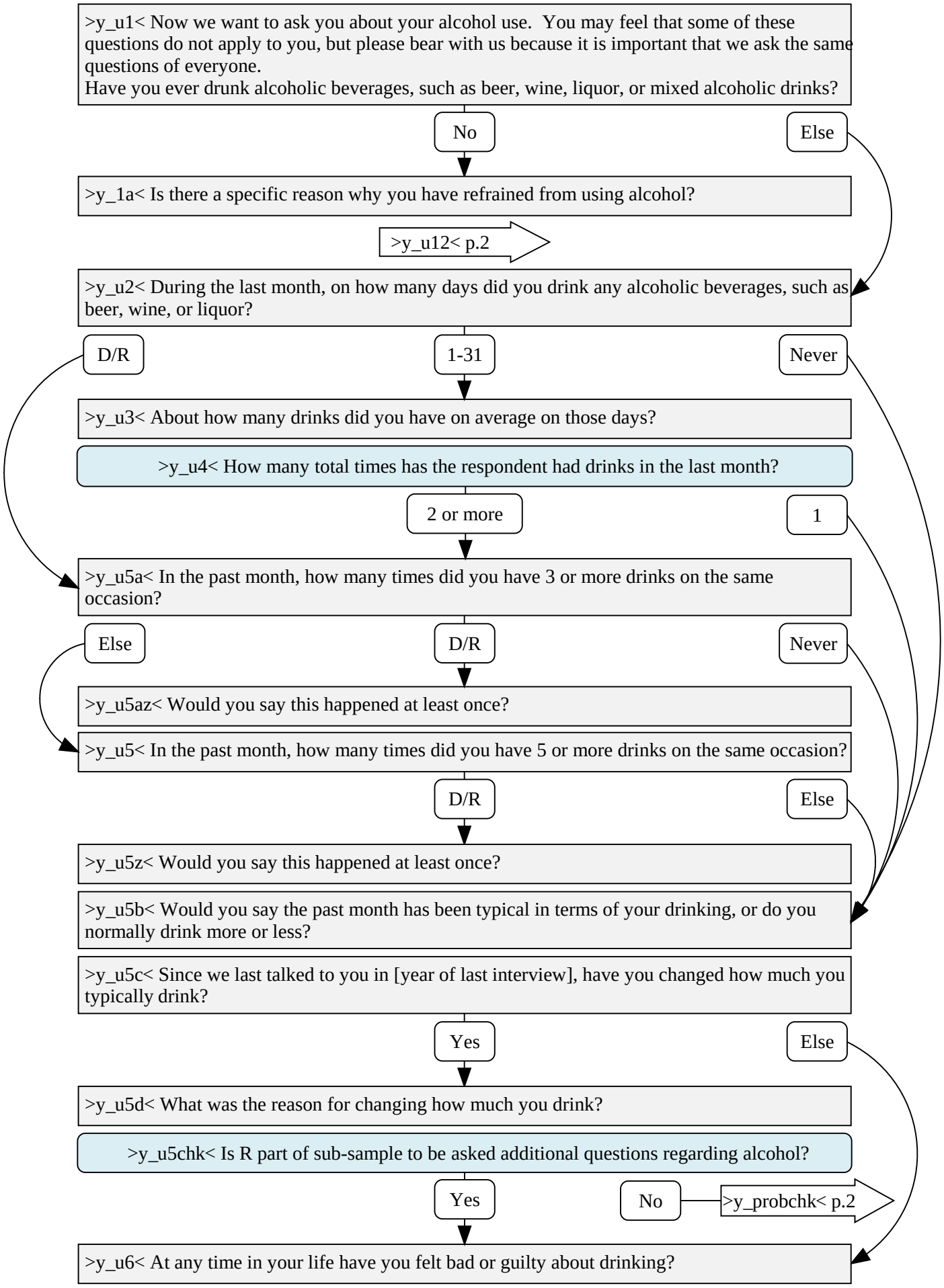
>y_z7b< What would you say is the MAIN reason that your household does not have a computer anymore? Would you say it is because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, you think that it's too expensive, or some other reason?

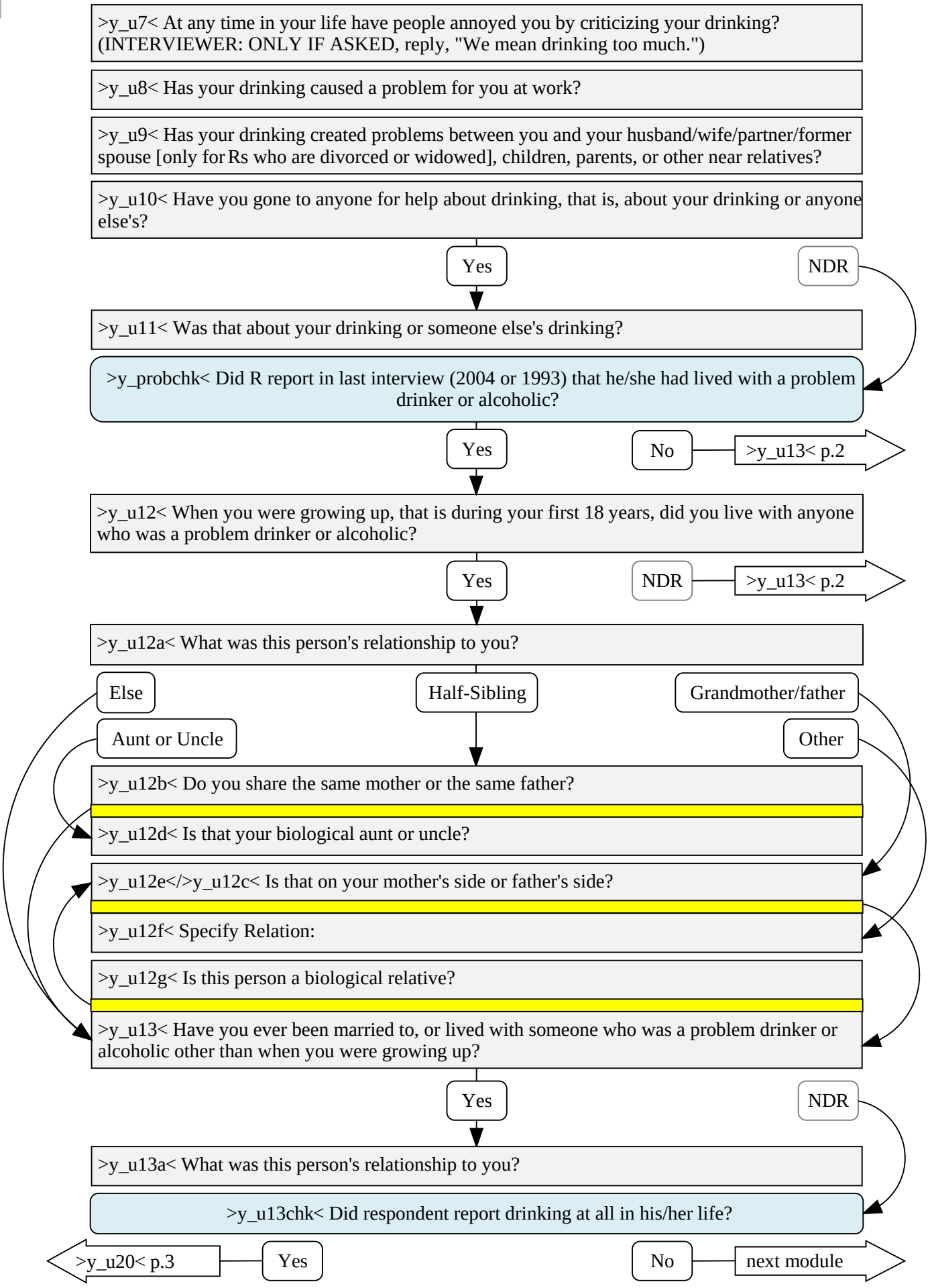
next module

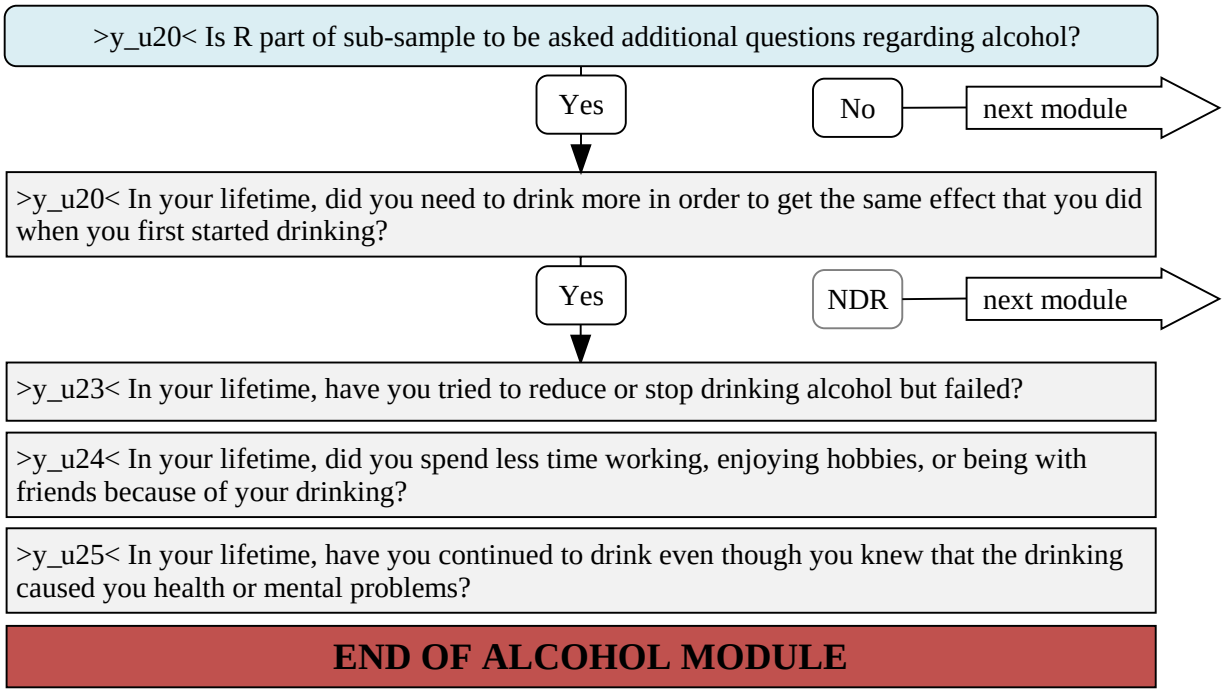

>y_z8< Do you or anyone else in your household connect to the Internet from home (for example, to us e-mail or the Web)?
>y_z9< p.2
NDR
Yes
>y_z14pre< p.2
>y_z9< Do you, yourself, ever use the computer or laptop in your home for anything else?
>y_z10< Has your household ever had access to the Internet from home (for example, to use e-mail or the web)?
NDR
Yes
>y_z11< If R is in the first random group, go to >y_z11a<; if in the second group, go to >y_z11b<.
>y_z11a< What is the MAIN reason that your household does not have access to the Internet? Is it because you don't think you would find it useful, you think it's too expensive, you don't think you would know how to use it, you can use it somewhere else, or some other reason?
next module
>y_z11b< What would you say is the MAIN reason that your household does not have access to the Internet? Would you say it is because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, you think that it's too expensive, or some other reason?
next module
>y_z12< If R is in the first random group, go to >y_z12a<; if in the second group, go toz12b.
>y_z12a< What would you say is the MAIN reason that your household does not have access to the Internet anymore? Would you say it is because you don't think you would find it useful, you think that it's too expensive, you don't think you would know how to use it, you can use it somewhere else, or some other reason?
next module
>y_z12b< What is the MAIN reason that your household does not have access to the Internet anymore? Is it because you don't think you would know how to use it, you can use it somewhere else, you don't think you would find it useful, you think that it's too expensive, or some other reason?
next module
>y_z14pre< Does your household currently have access to the Internet using a regular 'dial-up' telephone line, a DSL line, a cable modem, or something else?
>y_z14a< Do you, yourself, ever use the Internet from home?
NDR
Yes
>y_z15< Do you, yourself, ever use the computer or laptop in your home?
>y_zmarrcheck< p.3
>y_z16<For about how many minutes or hours would you estimate that you spend per week using the Internet from home, including using e-mail, the Web, chat rooms, and any instant messaging?


>y_zmarrcheck< Is respondent currently married with spouse living at home or cohabiting?
Yes
No
next module
>y_z18< Does your spouse/partner/husband/wife ever use the Internet from home?
NDR
Yes
next module
>y_z19< Does your spouse/partner/husband/wife ever use the computer in your home?
END OF INTERNET USE MODULE

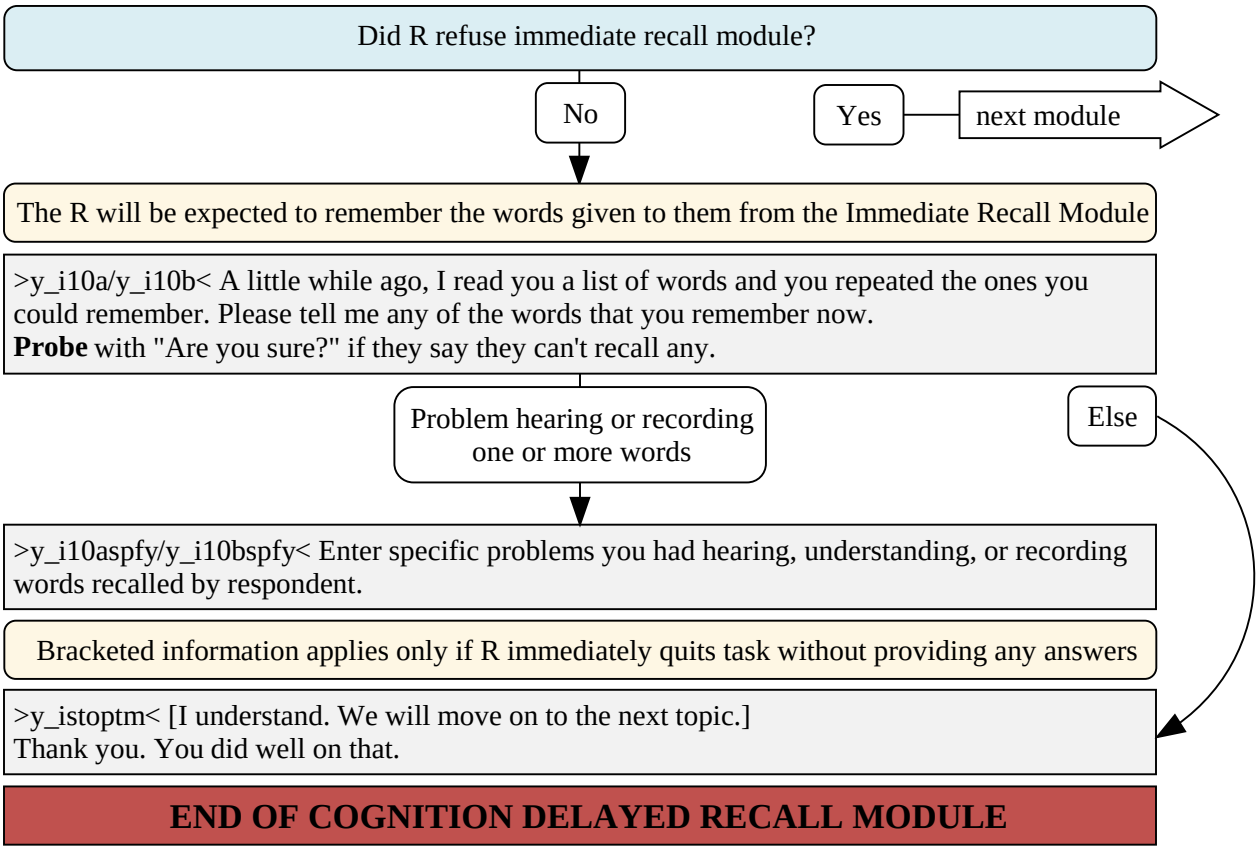
ALCOHOL


>y_u1< Now we want to ask you about your alcohol use. You may feel that some of these questions do not apply to you, but please bear with us because it is important that we ask the same questions of everyone.
Have you ever drunk alcoholic beverages, such as beer, wine, liquor, or mixed alcoholic drinks?
No
Else
>y_1a< Is there a specific reason why you have refrained from using alcohol?
>y_u12< p.2
>y_u2< During the last month, on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor?
D/R
1-31
Never
>y_u3< About how many drinks did you have on average on those days?
>y_u4< How many total times has the respondent had drinks in the last month?
2 or more
1
>y_u5a< In the past month, how many times did you have 3 or more drinks on the same occasion?
Else
D/R
Never
>y_u5az< Would you say this happened at least once?
>y_u5< In the past month, how many times did you have 5 or more drinks on the same occasion?
D/R
Else
>y_u5z< Would you say this happened at least once?
>y_u5b< Would you say the past month has been typical in terms of your drinking, or do you normally drink more or less?
>y_u5c< Since we last talked to you in [year of last interview], have you changed how much you typically drink?
Yes
Else
>y_u5d< What was the reason for changing how much you drink?
>y_u5chk< Is R part of sub-sample to be asked additional questions regarding alcohol?
Yes
No
>y_probchk< p.2
>y_u6< At any time in your life have you felt bad or guilty about drinking?

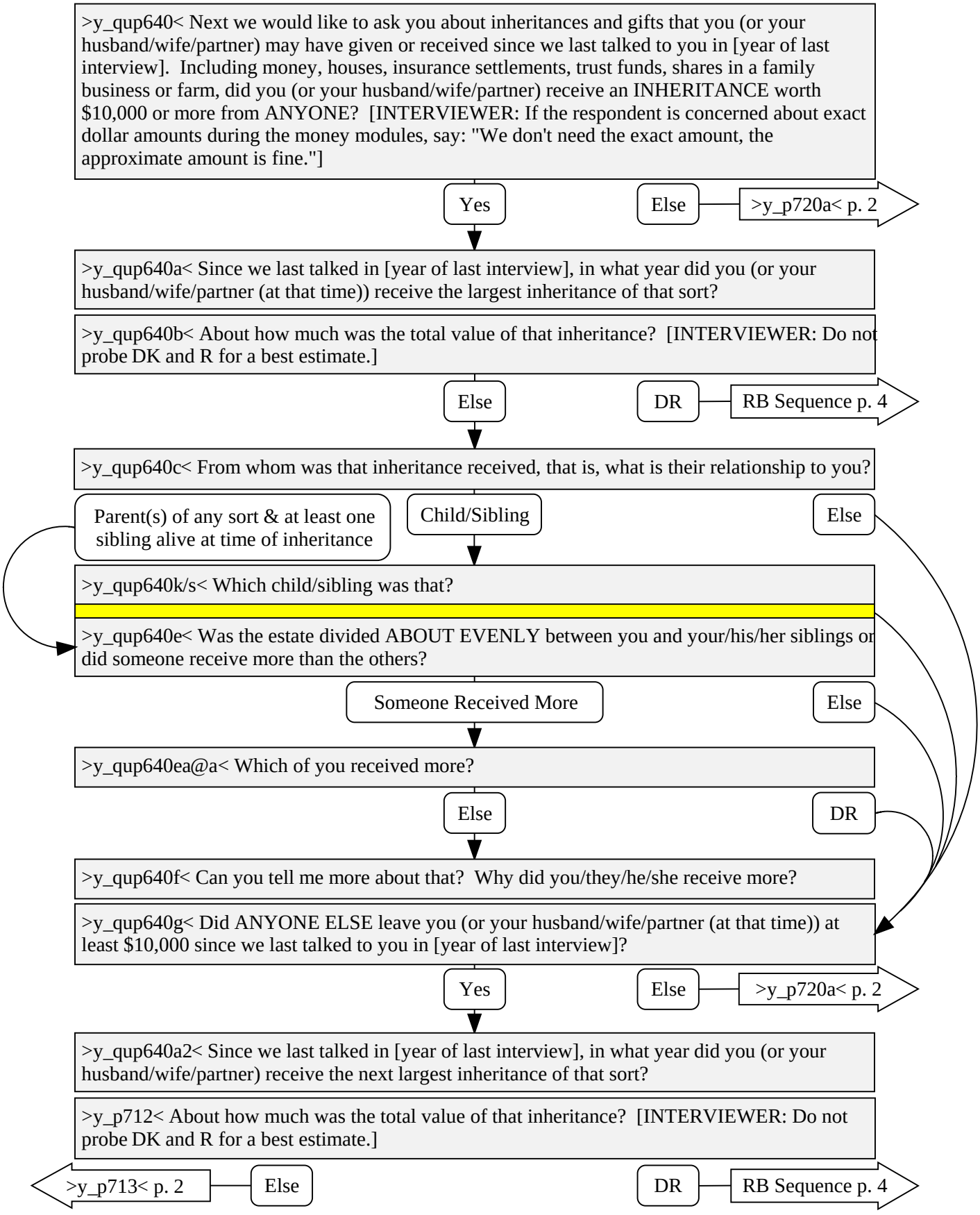

>y_u7< At any time in your life have people annoyed you by criticizing your drinking? (INTERVIEWER: ONLY IF ASKED, reply, "We mean drinking too much.")
>y_u8< Has your drinking caused a problem for you at work?
>y_u9< Has your drinking created problems between you and your husband/wife/partner/former spouse [only for Rs who are divorced or widowed], children, parents, or other near relatives?
>y_u10< Have you gone to anyone for help about drinking, that is, about your drinking or anyone else's?
Yes
NDR
>y_u11< Was that about your drinking or someone else's drinking?
>y_probchk< Did R report in last interview (2004 or 1993) that he/she had lived with a problem drinker or alcoholic?
Yes
No
>y_u13< p.2
>y_u12< When you were growing up, that is during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?
Yes
NDR
>y_u13< p.2
>y_u12a< What was this person's relationship to you?
Else
Half-Sibling
Grandmother/father
Aunt or Uncle
Other
>y_u12b< Do you share the same mother or the same father?
>y_u12d< Is that your biological aunt or uncle?
>y_u12e</>y_u12c< Is that on your mother's side or father's side?
>y_u12f< Specify Relation:
>y_u12g< Is this person a biological relative?
>y_u13< Have you ever been married to, or lived with someone who was a problem drinker or alcoholic other than when you were growing up?
Yes
NDR
>y_u13a< What was this person's relationship to you?
>y_u13chk< Did respondent report drinking at all in his/her life?
>y_u20< p.3
Yes
No
next module

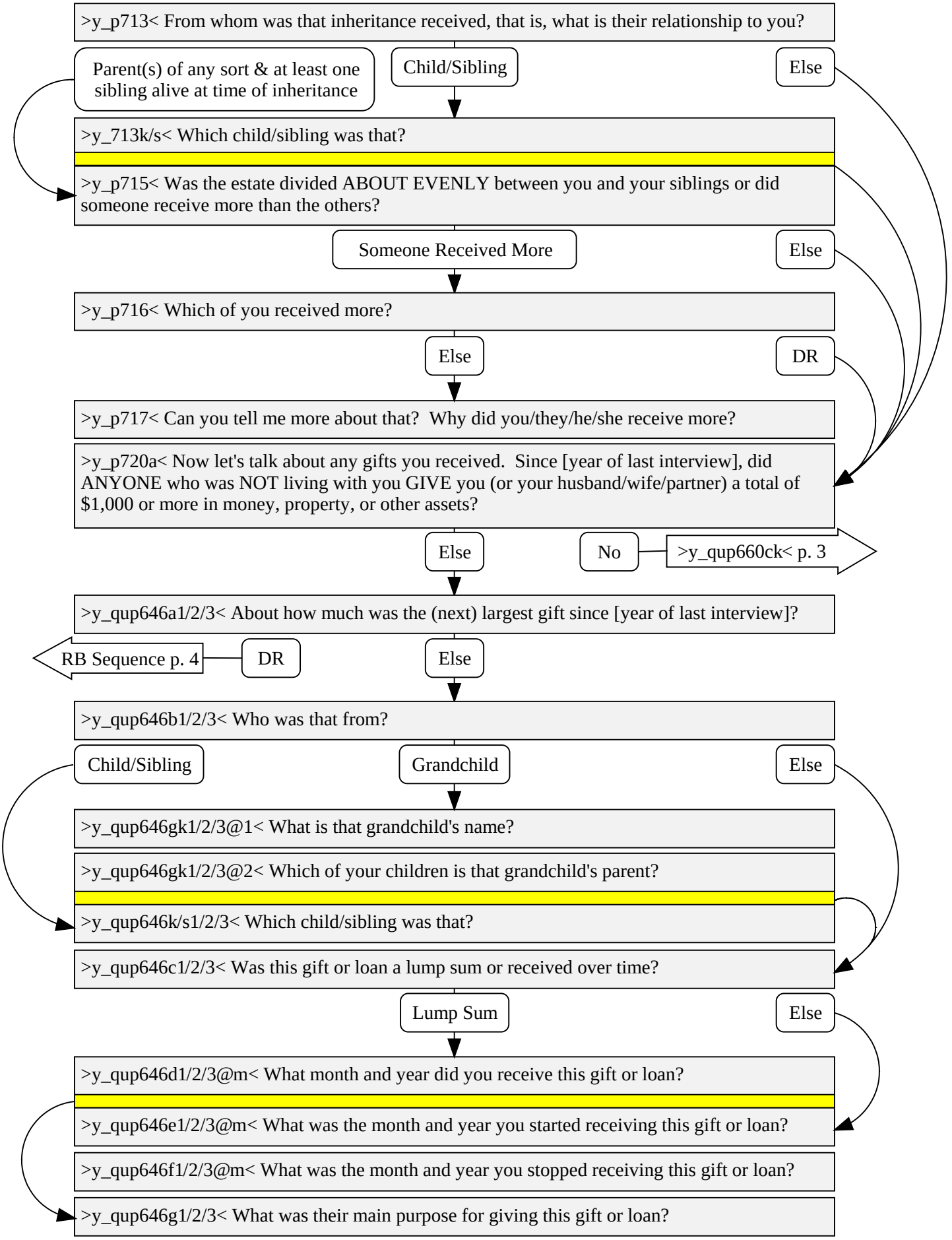

>y_u20< Is R part of sub-sample to be asked additional questions regarding alcohol?
Yes
No
next module
>y_u20< In your lifetime, did you need to drink more in order to get the same effect that you did when you first started drinking?
Yes
NDR
next module
>y_u23< In your lifetime, have you tried to reduce or stop drinking alcohol but failed?
>y_u24< In your lifetime, did you spend less time working, enjoying hobbies, or being with friends because of your drinking?
>y_u25< In your lifetime, have you continued to drink even though you knew that the drinking caused you health or mental problems?
END OF ALCOHOL MODULE

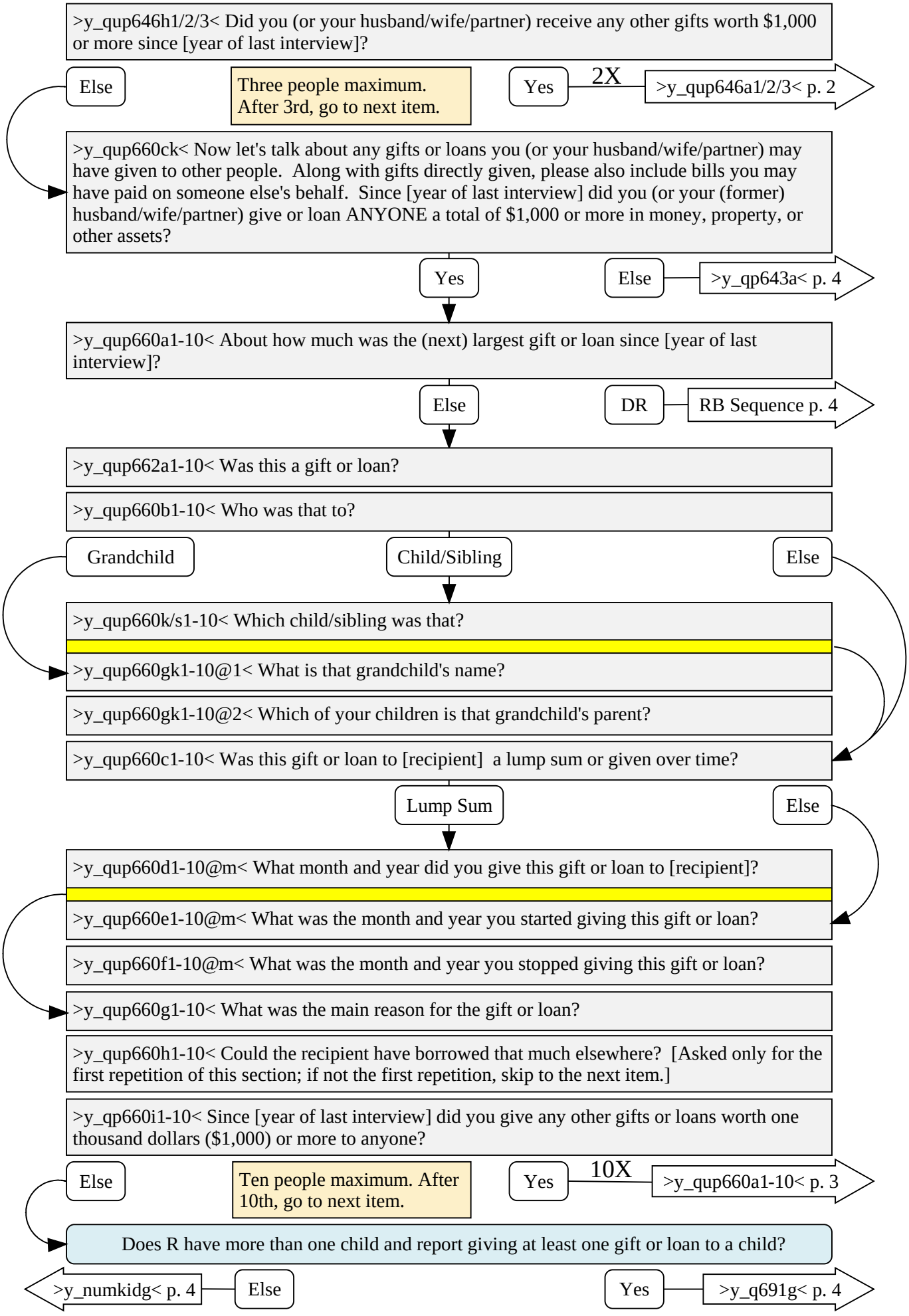
Cognition Delayed Recall

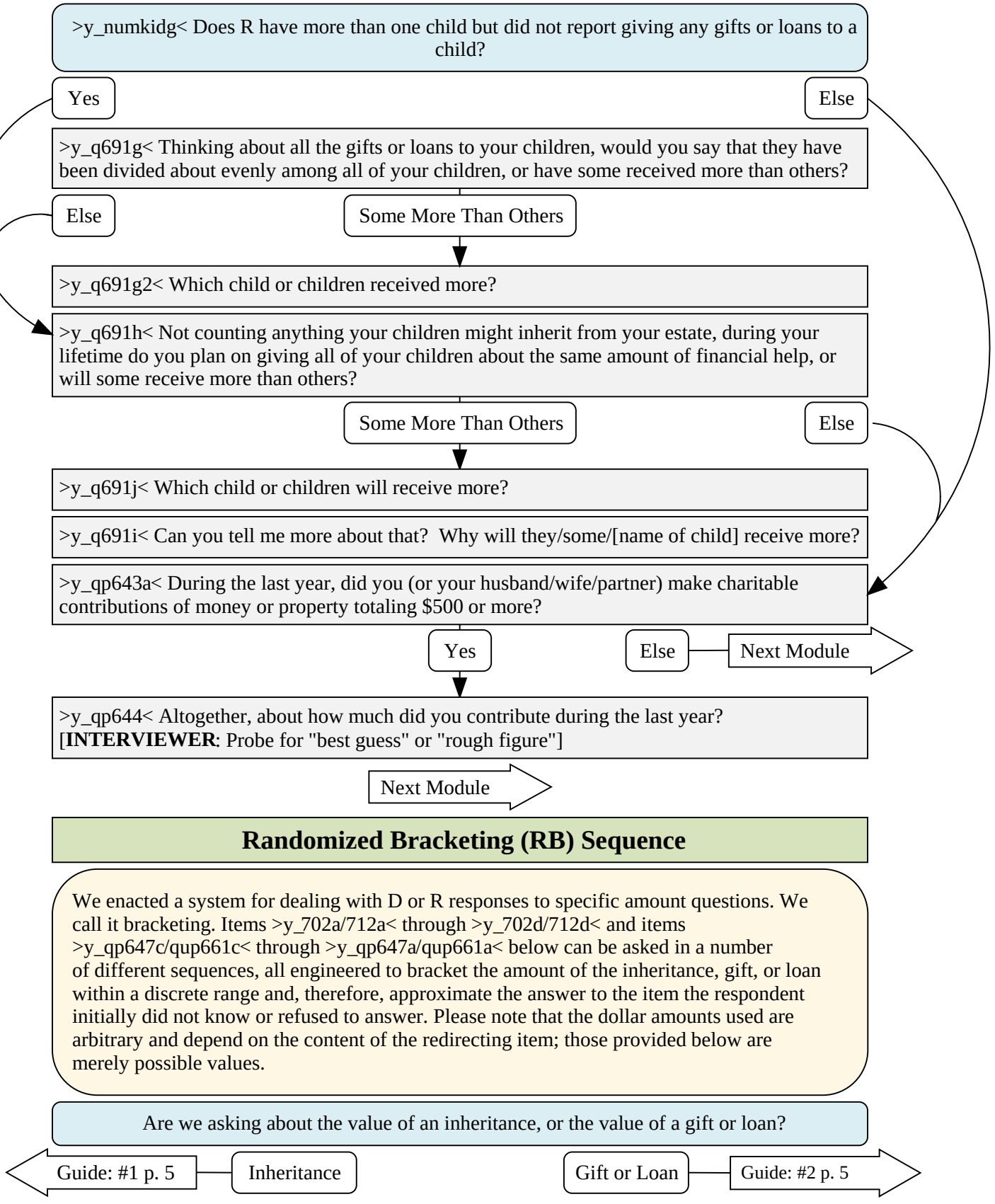


INTER-TRANSFERS




>y_p713< From whom was that inheritance received, that is, what is their relationship to you?
Parent(s) of any sort & at least one sibling alive at time of inheritance
Child/Sibling
Else
>y_713k/s< Which child/sibling was that?
>y_p715< Was the estate divided ABOUT EVENLY between you and your siblings or did someone receive more than the others?
Someone Received More
Else
>y_p716< Which of you received more?
Else
DR
>y_p717< Can you tell me more about that? Why did you/they/he/she receive more?
>y_p720a< Now let's talk about any gifts you received. Since [year of last interview], did ANYONE who was NOT living with you GIVE you (or your husband/wife/partner) a total of $1,000 or more in money, property, or other assets?
Else
No
>y_qup660ck< p. 3
>y_qup646a1/2/3< About how much was the (next) largest gift since [year of last interview]?
RB Sequence p. 4
DR
Else
>y_qup646b1/2/3< Who was that from?
Child/Sibling
Grandchild
Else
>y_qup646gk1/2/3@1< What is that grandchild's name?
>y_qup646gk1/2/3@2< Which of your children is that grandchild's parent?
>y_qup646k/s1/2/3< Which child/sibling was that?
>y_qup646c1/2/3< Was this gift or loan a lump sum or received over time?
Lump Sum
Else
>y_qup646d1/2/3@m< What month and year did you receive this gift or loan?
>y_qup646e1/2/3@m< What was the month and year you started receiving this gift or loan?
>y_qup646f1/2/3@m< What was the month and year you stopped receiving this gift or loan?
>y_qup646g1/2/3< What was their main purpose for giving this gift or loan?


>y_qup646h1/2/3< Did you (or your husband/wife/partner) receive any other gifts worth $1,000 or more since [year of last interview]?
Else
Three people maximum. After 3rd, go to next item.
Yes
2X
>y_qup646a1/2/3< p. 2
>y_qup660ck< Now let's talk about any gifts or loans you (or your husband/wife/partner) may have given to other people. Along with gifts directly given, please also include bills you may have paid on someone else's behalf. Since [year of last interview] did you (or your (former) husband/wife/partner) give or loan ANYONE a total of $1,000 or more in money, property, or other assets?
Yes
Else
>y_qp643a< p. 4
>y_qup660a1-10< About how much was the (next) largest gift or loan since [year of last interview]?
Else
DR
RB Sequence p. 4
>y_qup662a1-10< Was this a gift or loan?
>y_qup660b1-10< Who was that to?
Grandchild
Child/Sibling
Else
>y_qup660k/s1-10< Which child/sibling was that?
>y_qup660gk1-10@1< What is that grandchild's name?
>y_qup660gk1-10@2< Which of your children is that grandchild's parent?
>y_qup660c1-10< Was this gift or loan to [recipient] a lump sum or given over time?
Lump Sum
Else
>y_qup660d1-10@m< What month and year did you give this gift or loan to [recipient]?
>y_qup660e1-10@m< What was the month and year you started giving this gift or loan?
>y_qup660f1-10@m< What was the month and year you stopped giving this gift or loan?
>y_qup660g1-10< What was the main reason for the gift or loan?
>y_qup660h1-10< Could the recipient have borrowed that much elsewhere? [Asked only for the first repetition of this section; if not the first repetition, skip to the next item.]
>y_qp660i1-10< Since [year of last interview] did you give any other gifts or loans worth one thousand dollars ($1,000) or more to anyone?
Else
Ten people maximum. After 10th, go to next item.
Yes
10X
>y_qup660a1-10< p. 3
Does R have more than one child and report giving at least one gift or loan to a child?
>y_numkidg< p. 4
Else
Yes
>y_q691g< p. 4



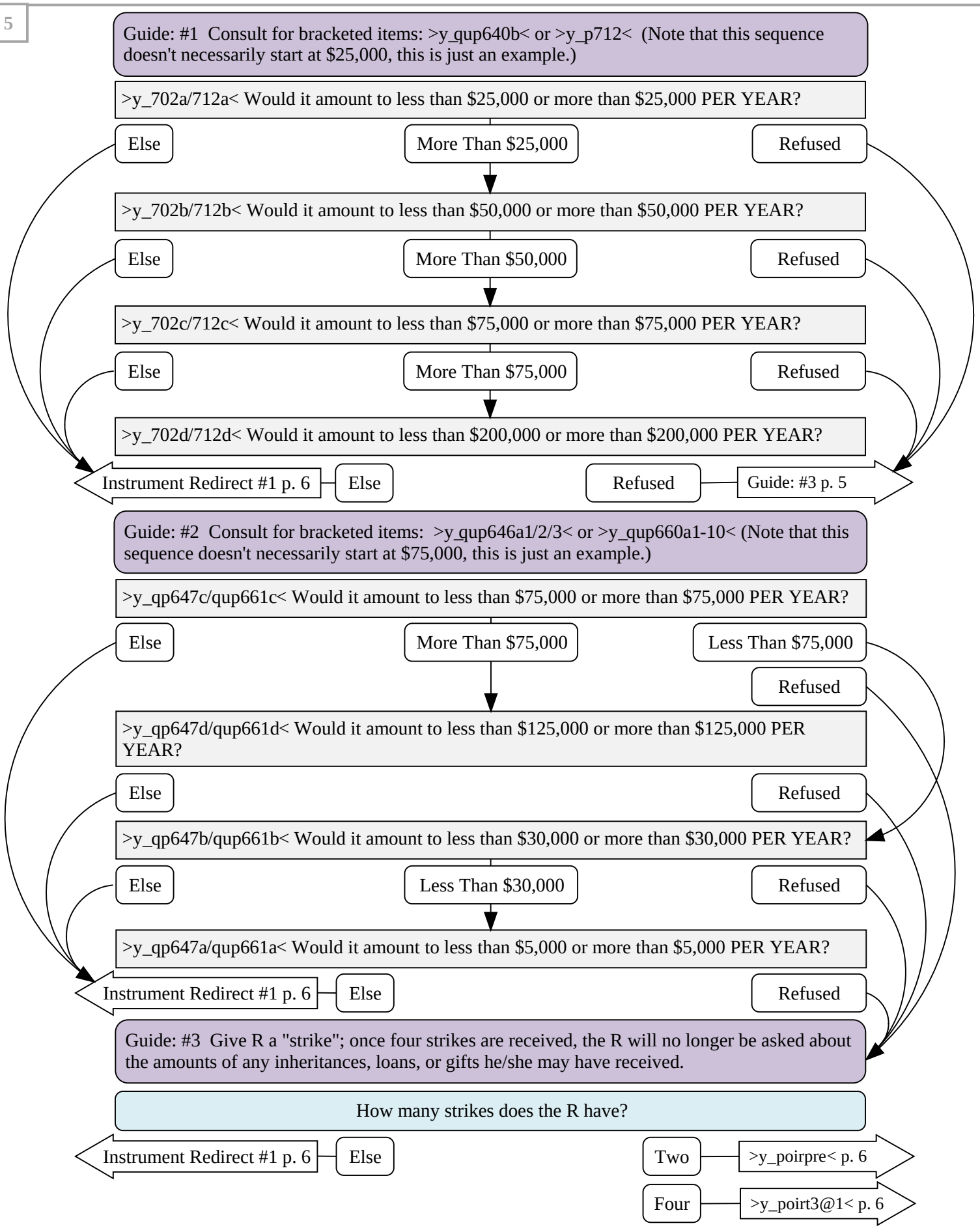
Randomized Bracketing (RB) Sequence

We enacted a system for dealing with D or R responses to specific amount questions. We call it bracketing. Items >y_702a/712a< through >y_702d/712d< and items >y_qp647c/qup661c< through >y_qp647a/qup661a< below can be asked in a number of different sequences, all engineered to bracket the amount of the inheritance, gift, or loan within a discrete range and, therefore, approximate the answer to the item the respondent initially did not know or refused to answer. Please note that the dollar amounts used are arbitrary and depend on the content of the redirecting item; those provided below are merely possible values.

Are we asking about the value of an inheritance, or the value of a gift or loan?

Inheritance → Guide: #1 p. 5

Gift or Loan → Guide: #2 p. 5


Guide: #1 Consult for bracketed items: >y_qup640b< or >y_p712< (Note that this sequence doesn't necessarily start at $25,000, this is just an example.)
>y_702a/712a< Would it amount to less than $25,000 or more than $25,000 PER YEAR?
Else
More Than $25,000
Refused
>y_702b/712b< Would it amount to less than $50,000 or more than $50,000 PER YEAR?
Else
More Than $50,000
Refused
>y_702c/712c< Would it amount to less than $75,000 or more than $75,000 PER YEAR?
Else
More Than $75,000
Refused
>y_702d/712d< Would it amount to less than $200,000 or more than $200,000 PER YEAR?
Instrument Redirect #1 p. 6
Else
Refused
Guide: #3 p. 5
Guide: #2 Consult for bracketed items: >y_qup646a1/2/3< or >y_qup660a1-10< (Note that this sequence doesn't necessarily start at $75,000, this is just an example.)
>y_qp647c/qup661c< Would it amount to less than $75,000 or more than $75,000 PER YEAR?
Else
More Than $75,000
Less Than $75,000
Refused
>y_qp647d/qup661d< Would it amount to less than $125,000 or more than $125,000 PER YEAR?
Else
Refused
>y_qp647b/qup661b< Would it amount to less than $30,000 or more than $30,000 PER YEAR?
Else
Less Than $30,000
Refused
>y_qp647a/qup661a< Would it amount to less than $5,000 or more than $5,000 PER YEAR?
Instrument Redirect #1 p. 6
Else
Refused
Guide: #3 Give R a "strike"; once four strikes are received, the R will no longer be asked about the amounts of any inheritances, loans, or gifts he/she may have received.
How many strikes does the R have?
Instrument Redirect #1 p. 6
Else
Two
>y_poirpre< p. 6
Four
>y_poirt3@1< p. 6

>y_poirpre< INTERVIEWER: Did you already read the "bubble" script to R?

>y_poirtx@1< [If the "bubble" script has been read to R]: I understand your reluctance to answer these questions, and we respect your right to privacy. Would you be willing to answer the remainder of the questions in this section that ask for approximate dollar amounts?

[If the "bubble" script has not been read to R]: We certainly understand your reluctance to answer these questions, and you have every right to do so. Let me assure you again that all information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers. One of the purposes of this study is to learn how people prepare for and adjust to retirement. Specifically, we are interested in how people allocate their assets, how much they rely on Social Security or other income sources, and how they are affected by recent changes in the economy. Would you be willing to answer the remainder of the questions in this section that ask for approximate dollar amounts?

Yes

No

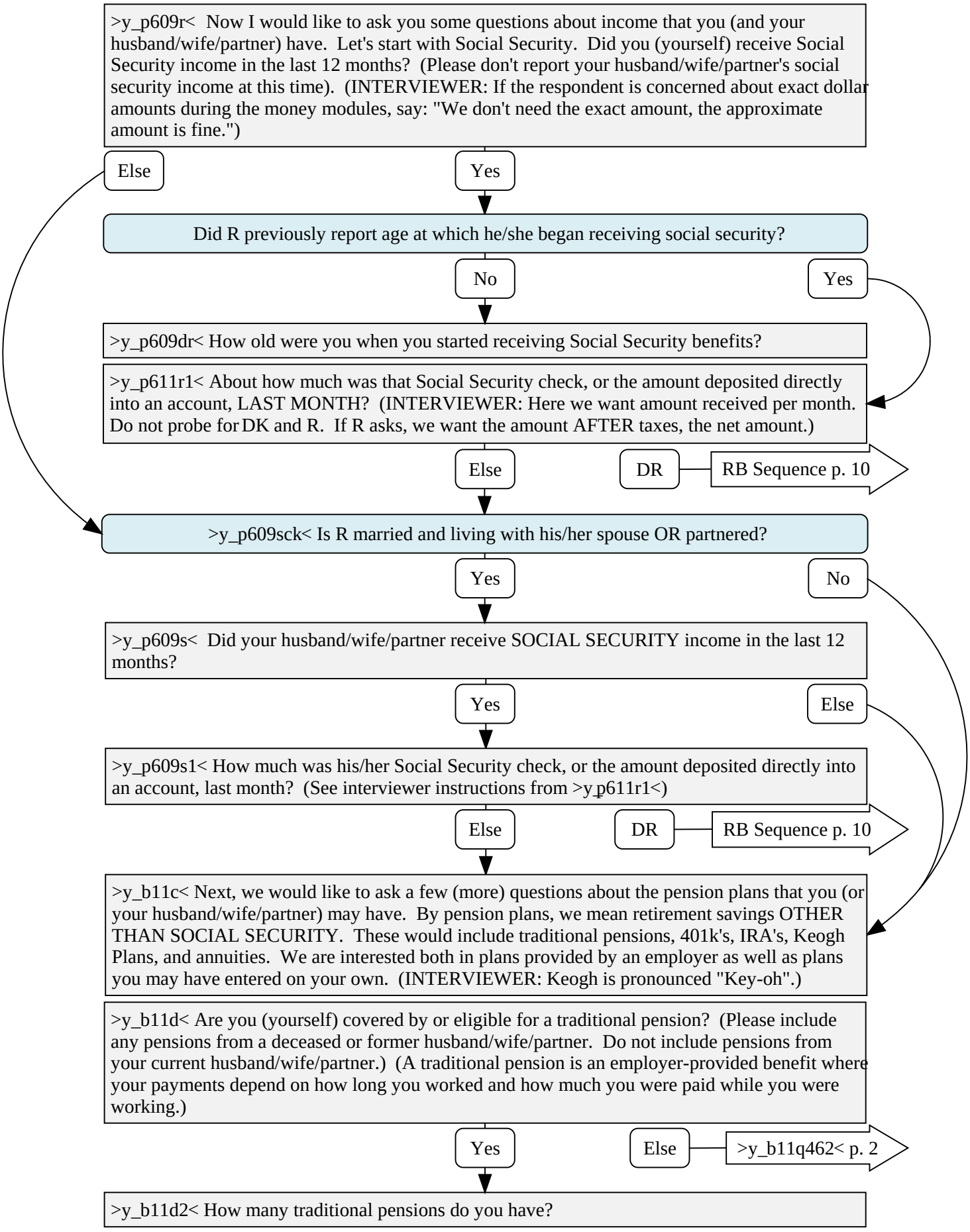
>y_poirt2@1< I understand, and we respect your right to privacy. I am going to continue to ask you about the TYPES of income you are receiving, but will not ask you for any more AMOUNTS in this section.

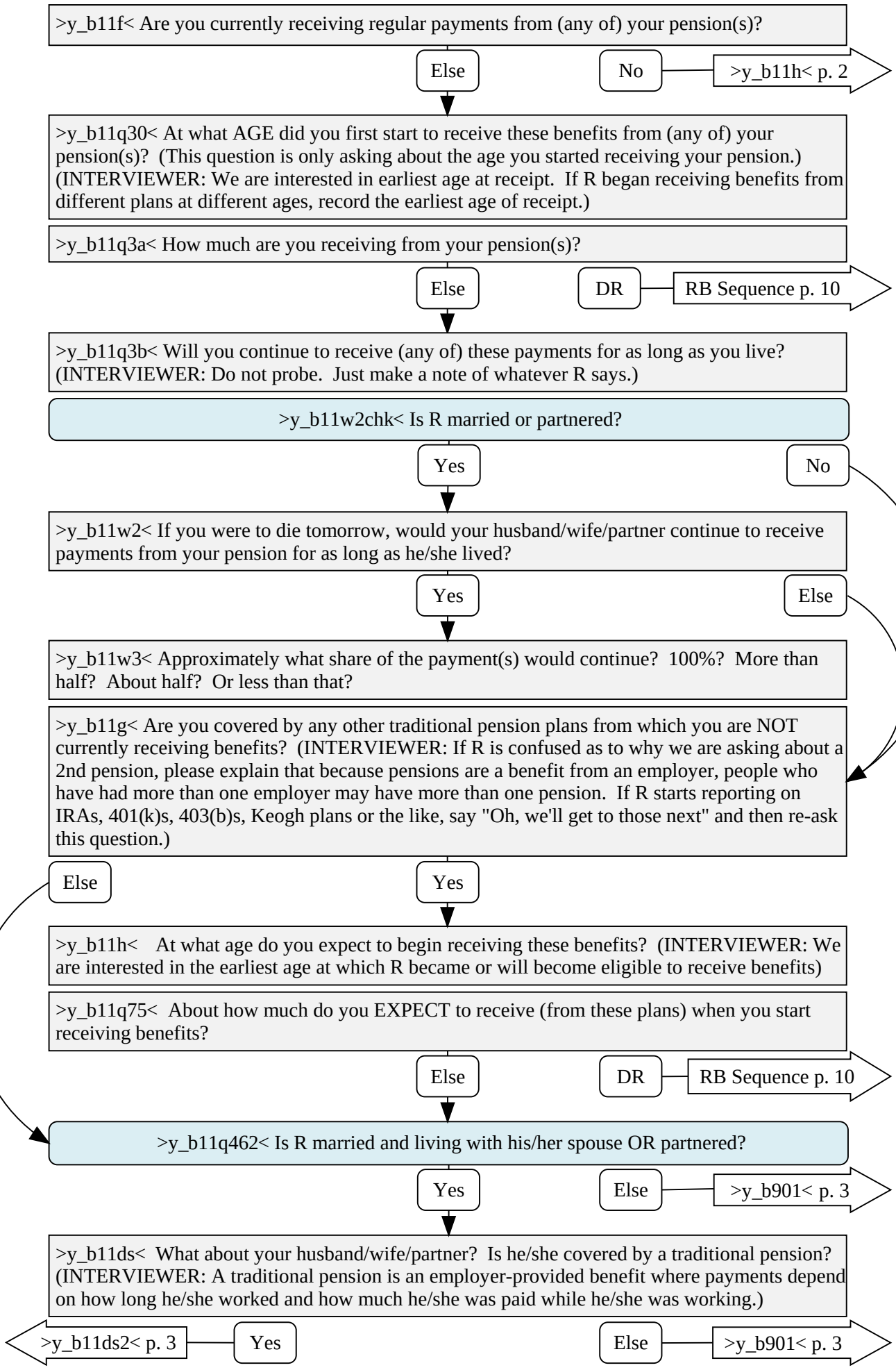
>y_poirt3@1< I understand your reluctance to answer these questions, and we respect your right to privacy. I am going to continue to ask you about the TYPES of income you are receiving, but will not ask you for any more AMOUNTS in this section.

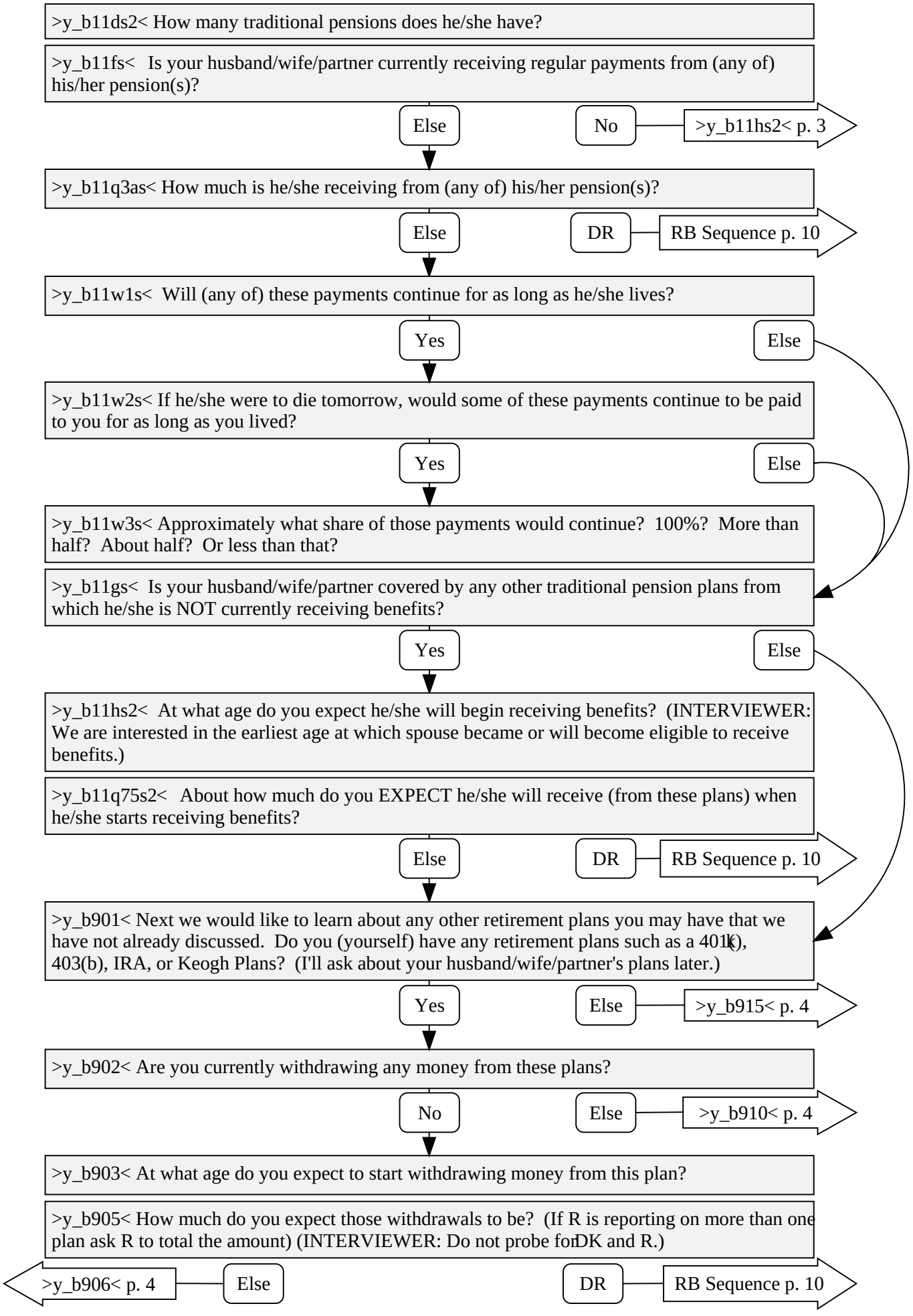
Instrument Redirect: #1 Exit RB; proceed to the subsequent item as would have been done if the R had initially answered by providing a dollar amount. (NOTE: This means following the "Else" path for all relevant items).

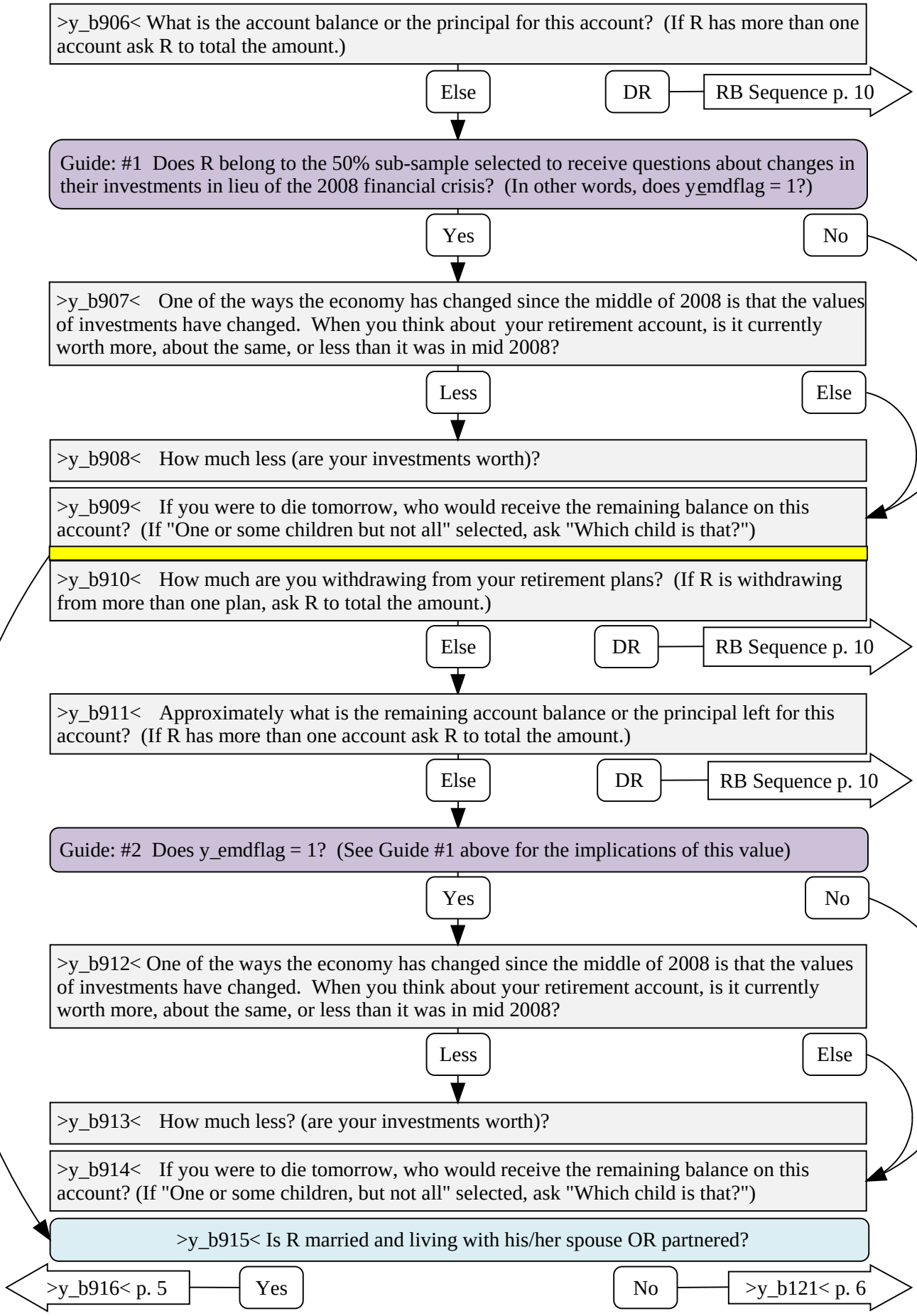
END OF INTER-TRANSFERS MODULE

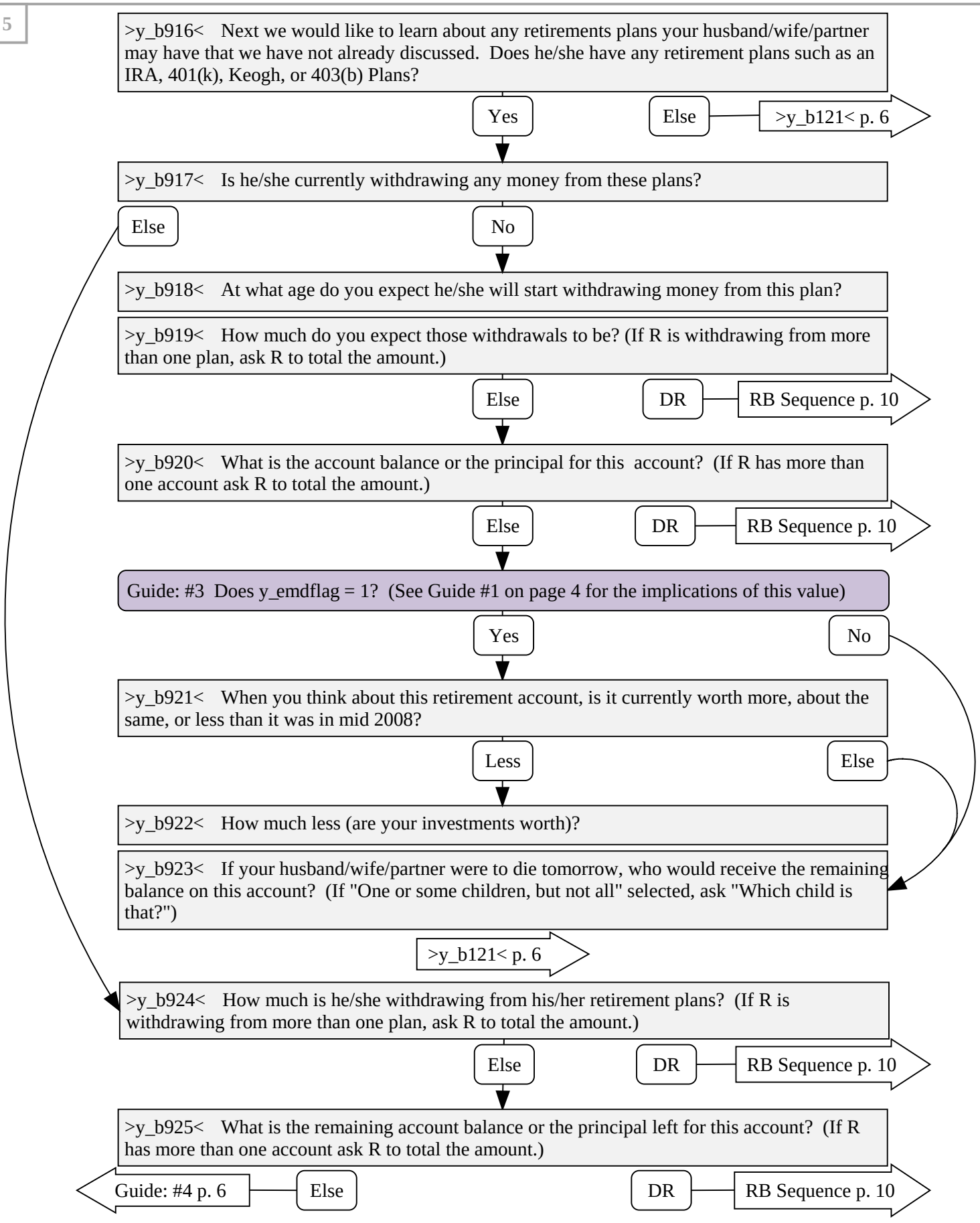
INCOME AND PENSIONS

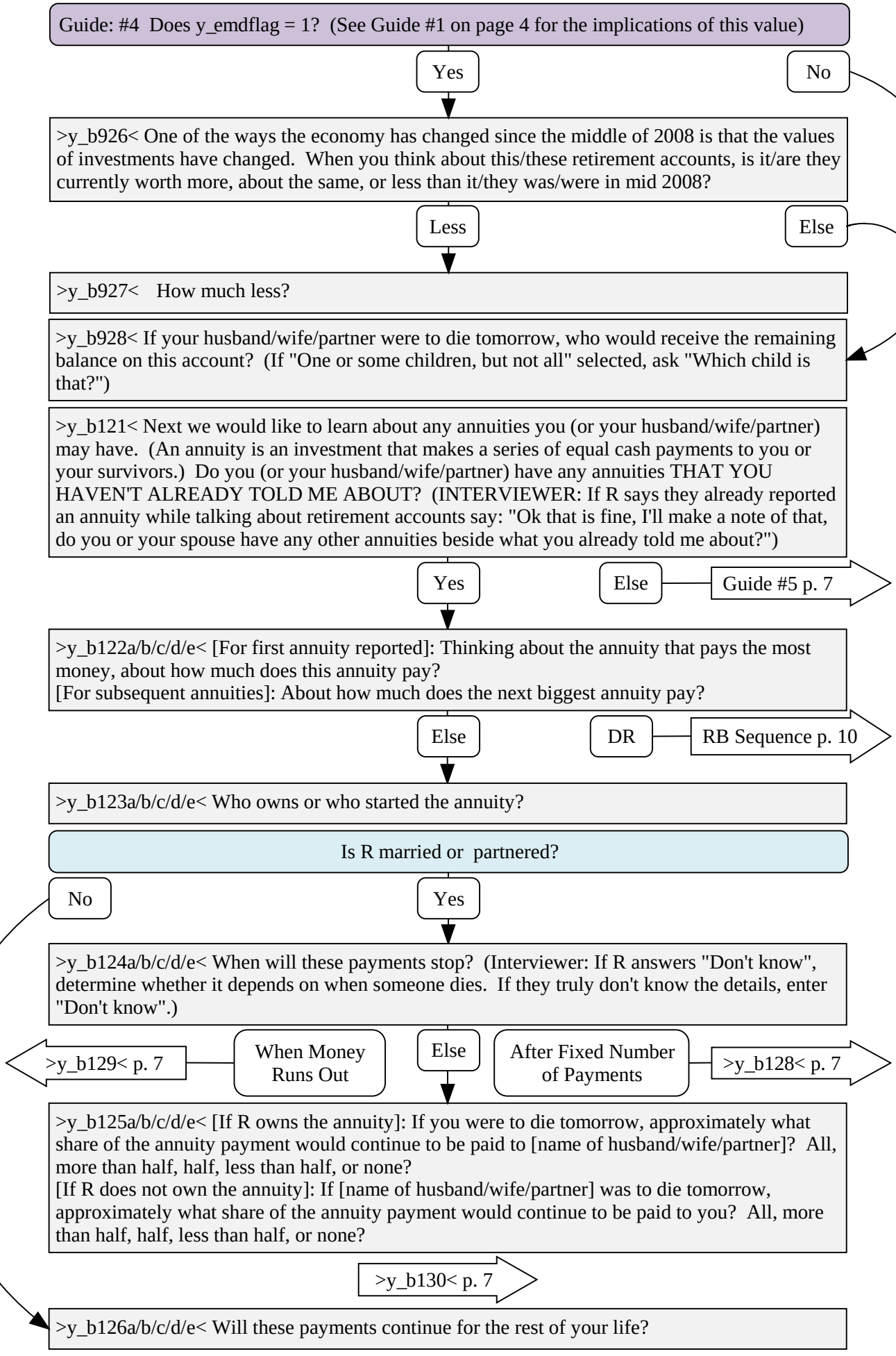


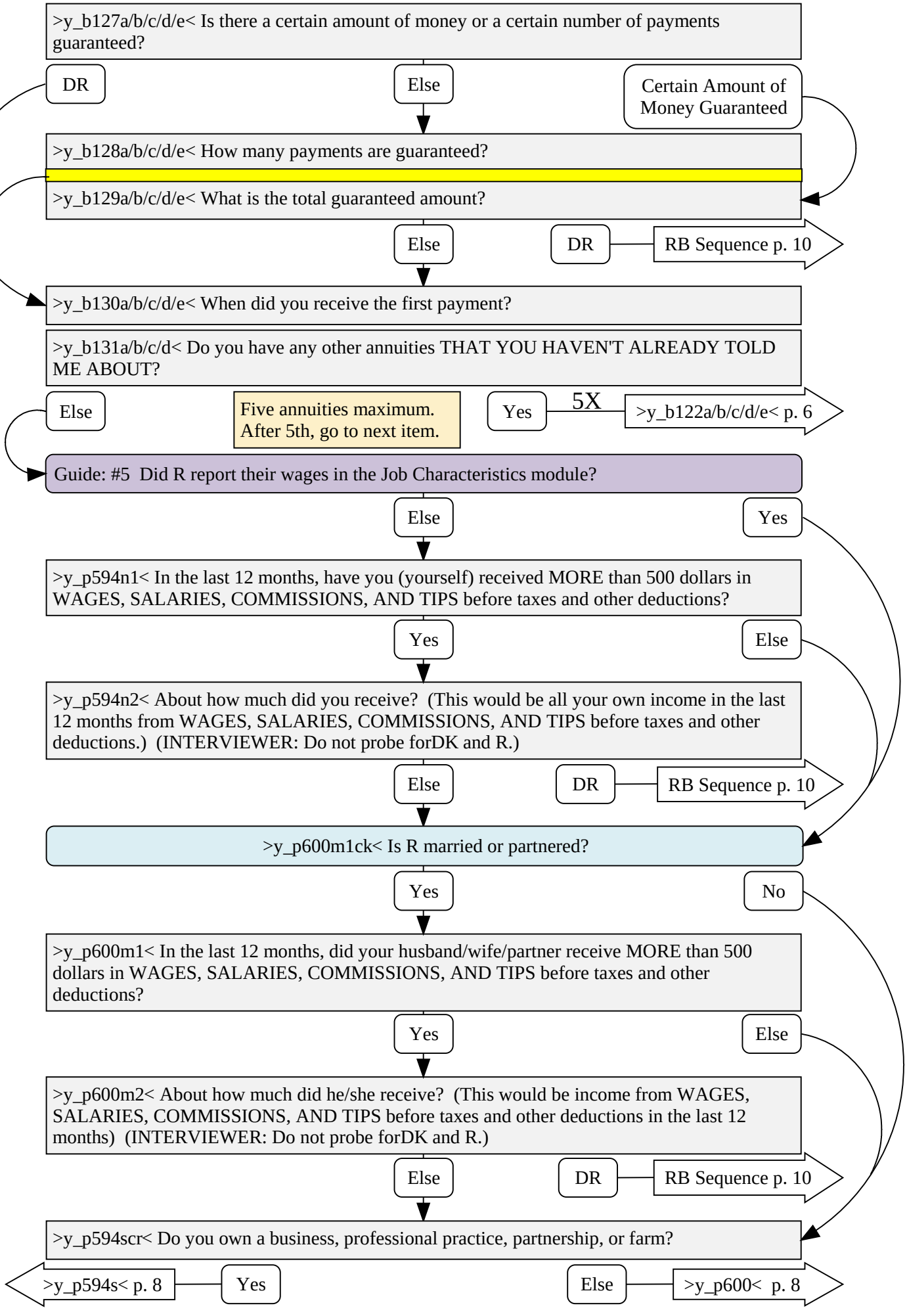

>y_b11f< Are you currently receiving regular payments from (any of) your pension(s)?
Else
No
>y_b11h< p. 2
>y_b11q30< At what AGE did you first start to receive these benefits from (any of) your pension(s)? (This question is only asking about the age you started receiving your pension.) (INTERVIEWER: We are interested in earliest age at receipt. If R began receiving benefits from different plans at different ages, record the earliest age of receipt.)
>y_b11q3a< How much are you receiving from your pension(s)?
Else
DR
RB Sequence p. 10
>y_b11q3b< Will you continue to receive (any of) these payments for as long as you live? (INTERVIEWER: Do not probe. Just make a note of whatever R says.)
>y_b11w2chk< Is R married or partnered?
Yes
No
>y_b11w2< If you were to die tomorrow, would your husband/wife/partner continue to receive payments from your pension for as long as he/she lived?
Yes
Else
>y_b11w3< Approximately what share of the payment(s) would continue? 100%? More than half? About half? Or less than that?
>y_b11g< Are you covered by any other traditional pension plans from which you are NOT currently receiving benefits? (INTERVIEWER: If R is confused as to why we are asking about a 2nd pension, please explain that because pensions are a benefit from an employer, people who have had more than one employer may have more than one pension. If R starts reporting on IRAs, 401(k)s, 403(b)s, Keogh plans or the like, say "Oh, we'll get to those next" and then re-ask this question.)
Else
Yes
>y_b11h< At what age do you expect to begin receiving these benefits? (INTERVIEWER: We are interested in the earliest age at which R became or will become eligible to receive benefits)
>y_b11q75< About how much do you EXPECT to receive (from these plans) when you start receiving benefits?
Else
DR
RB Sequence p. 10
>y_b11q462< Is R married and living with his/her spouse OR partnered?
Yes
Else
>y_b901< p. 3
>y_b11ds< What about your husband/wife/partner? Is he/she covered by a traditional pension? (INTERVIEWER: A traditional pension is an employer-provided benefit where payments depend on how long he/she worked and how much he/she was paid while he/she was working.)
>y_b11ds2< p. 3
Yes
Else
>y_b901< p. 3

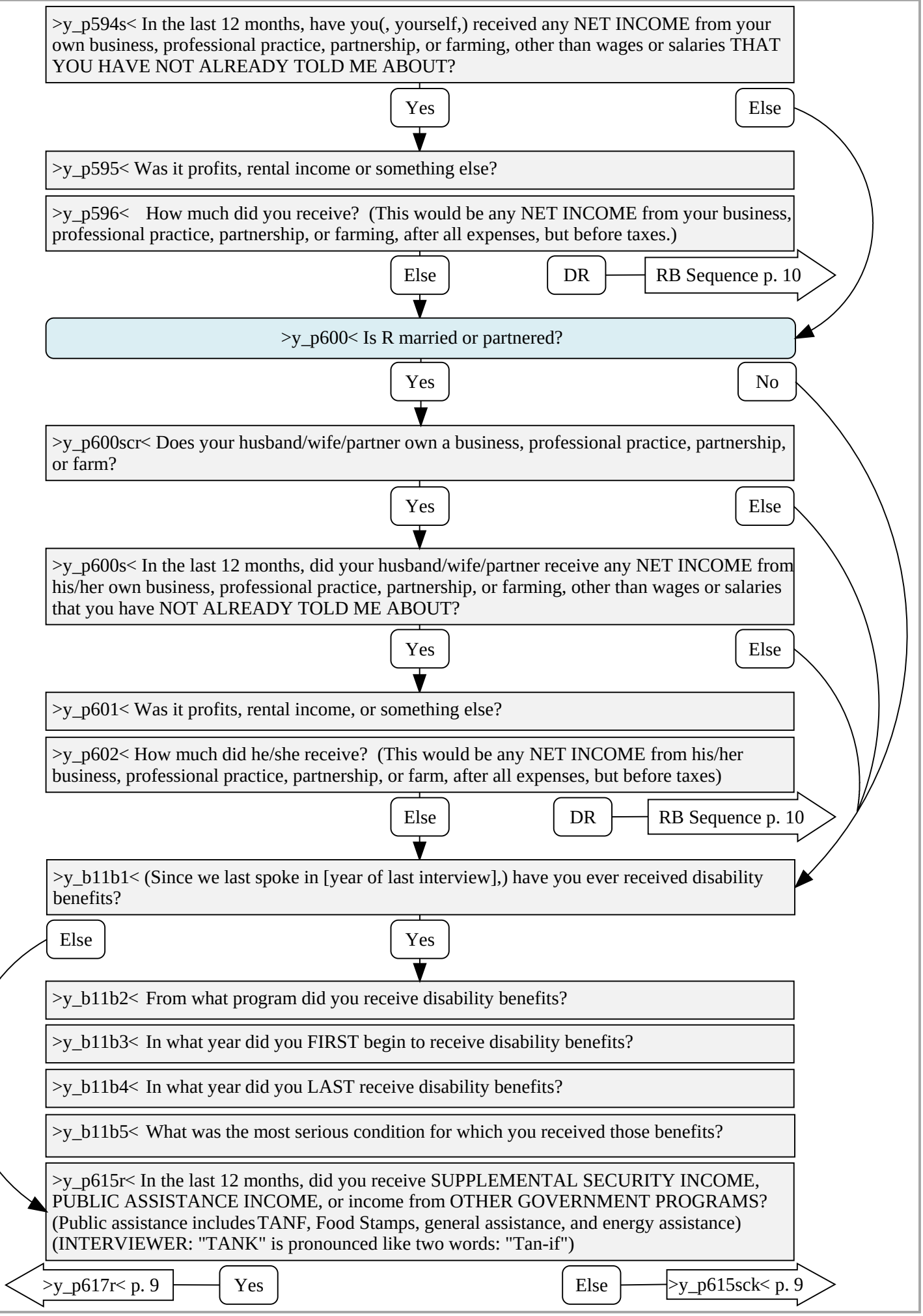

>y_b11ds2< How many traditional pensions does he/she have?
>y_b11fs< Is your husband/wife/partner currently receiving regular payments from (any of) his/her pension(s)?
Else
No
>y_b11hs2< p. 3
>y_b11q3as< How much is he/she receiving from (any of) his/her pension(s)?
Else
DR
RB Sequence p. 10
>y_b11w1s< Will (any of) these payments continue for as long as he/she lives?
Yes
Else
>y_b11w2s< If he/she were to die tomorrow, would some of these payments continue to be paid to you for as long as you lived?
Yes
Else
>y_b11w3s< Approximately what share of those payments would continue? 100%? More than half? About half? Or less than that?
>y_b11gs< Is your husband/wife/partner covered by any other traditional pension plans from which he/she is NOT currently receiving benefits?
Yes
Else
>y_b11hs2< At what age do you expect he/she will begin receiving benefits? (INTERVIEWER: We are interested in the earliest age at which spouse became or will become eligible to receive benefits.)
>y_b11q75s2< About how much do you EXPECT he/she will receive (from these plans) when he/she starts receiving benefits?
Else
DR
RB Sequence p. 10
>y_b901< Next we would like to learn about any other retirement plans you may have that we have not already discussed. Do you (yourself) have any retirement plans such as a 401(k), 403(b), IRA, or Keogh Plans? (I'll ask about your husband/wife/partner's plans later.)
Yes
Else
>y_b915< p. 4
>y_b902< Are you currently withdrawing any money from these plans?
No
Else
>y_b910< p. 4
>y_b903< At what age do you expect to start withdrawing money from this plan?
>y_b905< How much do you expect those withdrawals to be? (If R is reporting on more than one plan ask R to total the amount) (INTERVIEWER: Do not probe for DK and R.)
>y_b906< p. 4
Else
DR
RB Sequence p. 10

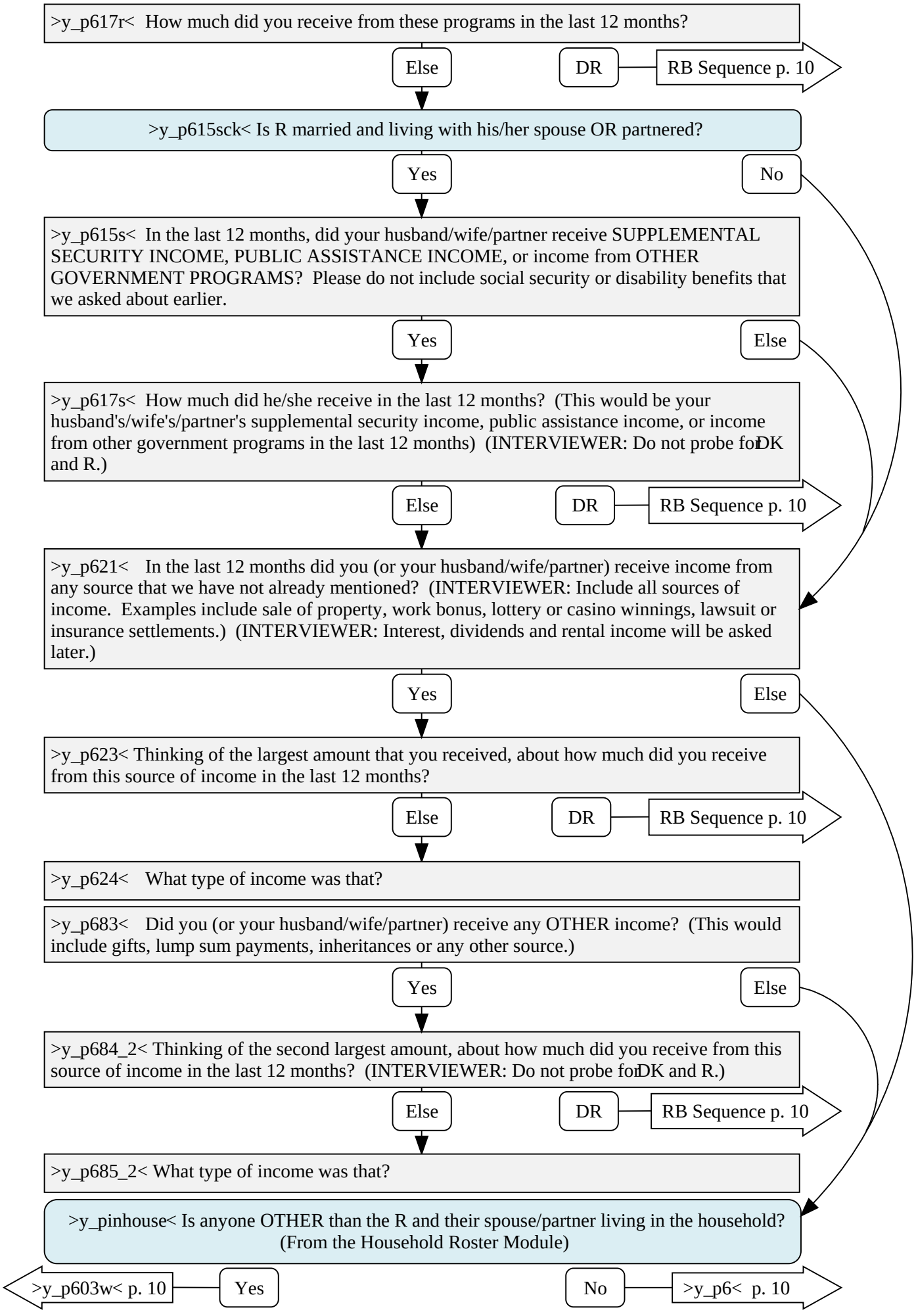

>y_b906< What is the account balance or the principal for this account? (If R has more than one account ask R to total the amount.)
Else
DR
RB Sequence p. 10
Guide: #1 Does R belong to the 50% sub-sample selected to receive questions about changes in their investments in lieu of the 2008 financial crisis? (In other words, does yemdflag = 1?)
Yes
No
>y_b907< One of the ways the economy has changed since the middle of 2008 is that the values of investments have changed. When you think about your retirement account, is it currently worth more, about the same, or less than it was in mid 2008?
Less
Else
>y_b908< How much less (are your investments worth)?
>y_b909< If you were to die tomorrow, who would receive the remaining balance on this account? (If "One or some children but not all" selected, ask "Which child is that?")
>y_b910< How much are you withdrawing from your retirement plans? (If R is withdrawing from more than one plan, ask R to total the amount.)
Else
DR
RB Sequence p. 10
>y_b911< Approximately what is the remaining account balance or the principal left for this account? (If R has more than one account ask R to total the amount.)
Else
DR
RB Sequence p. 10
Guide: #2 Does y_emdflag = 1? (See Guide #1 above for the implications of this value)
Yes
No
>y_b912< One of the ways the economy has changed since the middle of 2008 is that the values of investments have changed. When you think about your retirement account, is it currently worth more, about the same, or less than it was in mid 2008?
Less
Else
>y_b913< How much less? (are your investments worth)?
>y_b914< If you were to die tomorrow, who would receive the remaining balance on this account? (If "One or some children, but not all" selected, ask "Which child is that?")
>y_b915< Is R married and living with his/her spouse OR partnered?
>y_b916< p. 5
Yes
No
>y_b121< p. 6

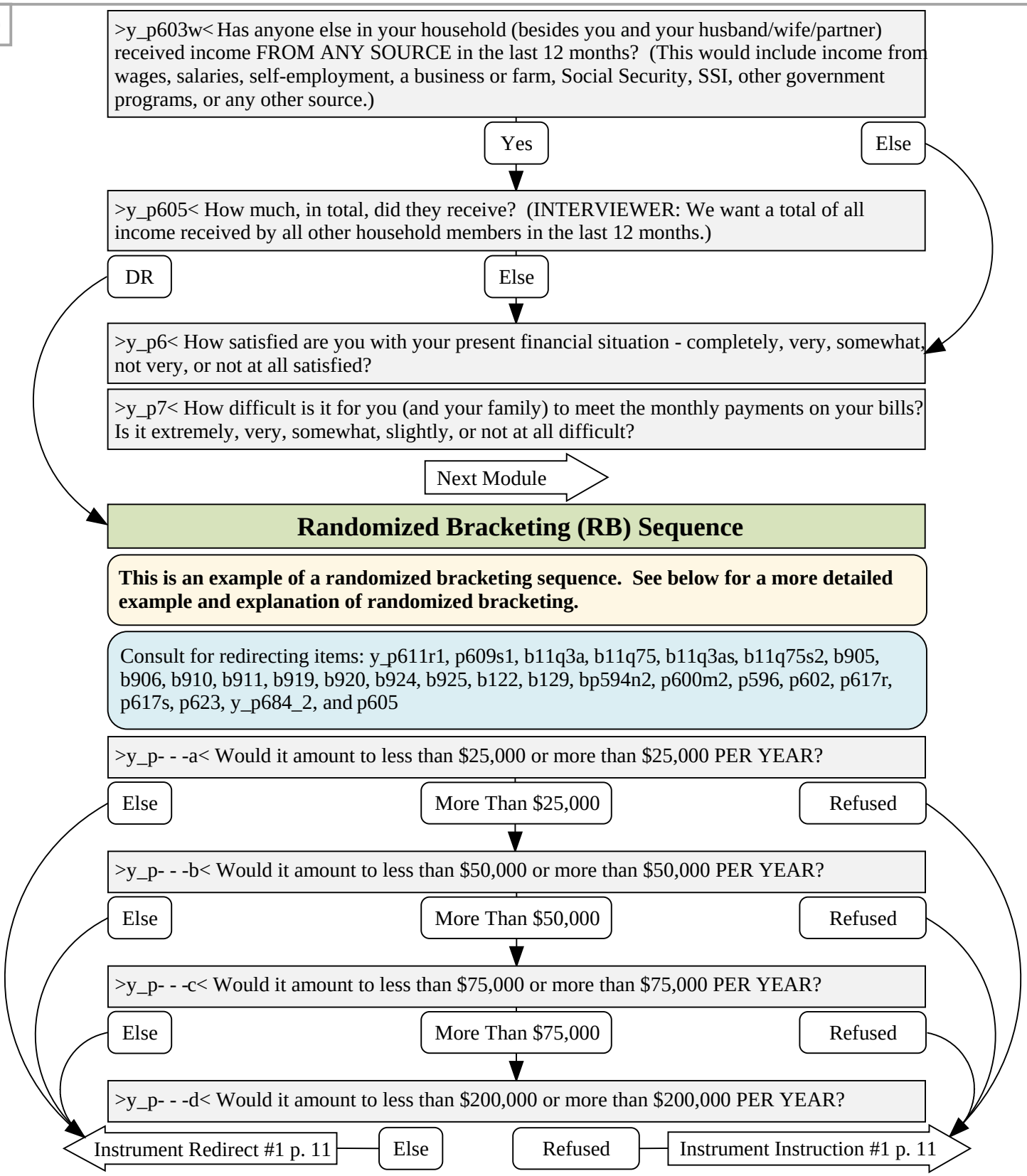

>y_b916< Next we would like to learn about any retirements plans your husband/wife/partner may have that we have not already discussed. Does he/she have any retirement plans such as an IRA, 401(k), Keogh, or 403(b) Plans?
Yes
Else
>y_b121< p. 6
>y_b917< Is he/she currently withdrawing any money from these plans?
Else
No
>y_b918< At what age do you expect he/she will start withdrawing money from this plan?
>y_b919< How much do you expect those withdrawals to be? (If R is withdrawing from more than one plan, ask R to total the amount.)
Else
DR
RB Sequence p. 10
>y_b920< What is the account balance or the principal for this account? (If R has more than one account ask R to total the amount.)
Else
DR
RB Sequence p. 10
Guide: #3 Does y_emdflag = 1? (See Guide #1 on page 4 for the implications of this value)
Yes
No
>y_b921< When you think about this retirement account, is it currently worth more, about the same, or less than it was in mid 2008?
Less
Else
>y_b922< How much less (are your investments worth)?
>y_b923< If your husband/wife/partner were to die tomorrow, who would receive the remaining balance on this account? (If "One or some children, but not all" selected, ask "Which child is that?")
>y_b121< p. 6
>y_b924< How much is he/she withdrawing from his/her retirement plans? (If R is withdrawing from more than one plan, ask R to total the amount.)
Else
DR
RB Sequence p. 10
>y_b925< What is the remaining account balance or the principal left for this account? (If R has more than one account ask R to total the amount.)
Guide: #4 p. 6
Else
DR
RB Sequence p. 10

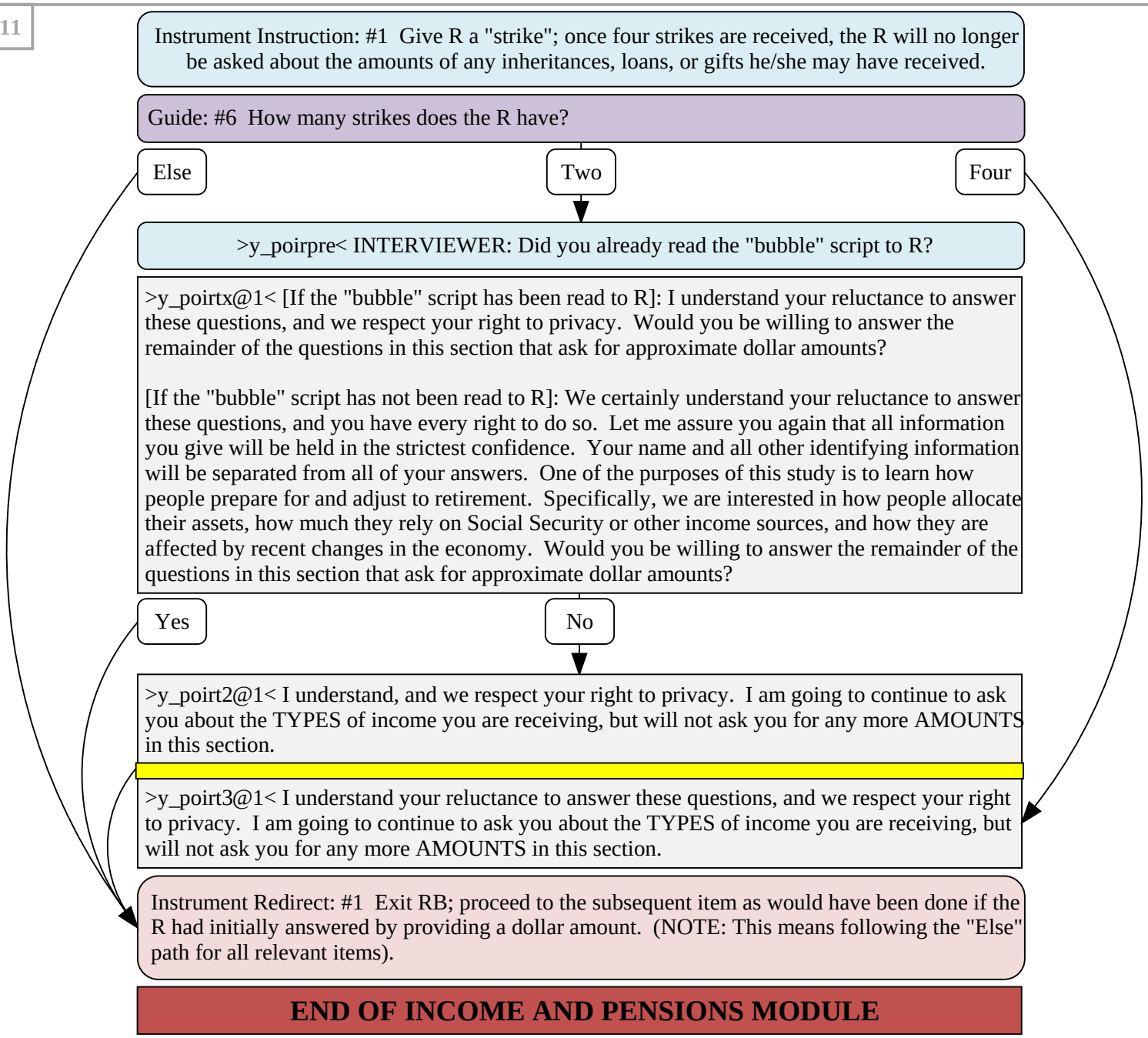

Guide: #4 Does y_emdflag = 1? (See Guide #1 on page 4 for the implications of this value)
Yes
No
>y_b926< One of the ways the economy has changed since the middle of 2008 is that the values of investments have changed. When you think about this/these retirement accounts, is it/are they currently worth more, about the same, or less than it/they was/were in mid 2008?
Less
Else
>y_b927< How much less?
>y_b928< If your husband/wife/partner were to die tomorrow, who would receive the remaining balance on this account? (If "One or some children, but not all" selected, ask "Which child is that?")
>y_b121< Next we would like to learn about any annuities you (or your husband/wife/partner) may have. (An annuity is an investment that makes a series of equal cash payments to you or your survivors.) Do you (or your husband/wife/partner) have any annuities THAT YOU HAVEN'T ALREADY TOLD ME ABOUT? (INTERVIEWER: If R says they already reported an annuity while talking about retirement accounts say: "Ok that is fine, I'll make a note of that, do you or your spouse have any other annuities beside what you already told me about?")
Yes
Else
Guide #5 p. 7
>y_b122a/b/c/d/e< [For first annuity reported]: Thinking about the annuity that pays the most money, about how much does this annuity pay?
[For subsequent annuities]: About how much does the next biggest annuity pay?
Else
DR
RB Sequence p. 10
>y_b123a/b/c/d/e< Who owns or who started the annuity?
Is R married or partnered?
No
Yes
>y_b124a/b/c/d/e< When will these payments stop? (Interviewer: If R answers "Don't know", determine whether it depends on when someone dies. If they truly don't know the details, enter "Don't know".)
>y_b129< p. 7
When Money Runs Out
Else
After Fixed Number of Payments
>y_b128< p. 7
>y_b125a/b/c/d/e< [If R owns the annuity]: If you were to die tomorrow, approximately what share of the annuity payment would continue to be paid to [name of husband/wife/partner]? All, more than half, half, less than half, or none?
[If R does not own the annuity]: If [name of husband/wife/partner] was to die tomorrow, approximately what share of the annuity payment would continue to be paid to you? All, more than half, half, less than half, or none?
>y_b130< p. 7
>y_b126a/b/c/d/e< Will these payments continue for the rest of your life?


>y_b127a/b/c/d/e< Is there a certain amount of money or a certain number of payments guaranteed?
DR
Else
Certain Amount of Money Guaranteed
>y_b128a/b/c/d/e< How many payments are guaranteed?
>y_b129a/b/c/d/e< What is the total guaranteed amount?
Else
DR
RB Sequence p. 10
>y_b130a/b/c/d/e< When did you receive the first payment?
>y_b131a/b/c/d< Do you have any other annuities THAT YOU HAVEN'T ALREADY TOLD ME ABOUT?
Else
Five annuities maximum. After 5th, go to next item.
Yes
5X
>y_b122a/b/c/d/e< p. 6
Guide: #5 Did R report their wages in the Job Characteristics module?
Else
Yes
>y_p594n1< In the last 12 months, have you (yourself) received MORE than 500 dollars in WAGES, SALARIES, COMMISSIONS, AND TIPS before taxes and other deductions?
Yes
Else
>y_p594n2< About how much did you receive? (This would be all your own income in the last 12 months from WAGES, SALARIES, COMMISSIONS, AND TIPS before taxes and other deductions.) (INTERVIEWER: Do not probe forDK and R.)
Else
DR
RB Sequence p. 10
>y_p600m1ck< Is R married or partnered?
Yes
No
>y_p600m1< In the last 12 months, did your husband/wife/partner receive MORE than 500 dollars in WAGES, SALARIES, COMMISSIONS, AND TIPS before taxes and other deductions?
Yes
Else
>y_p600m2< About how much did he/she receive? (This would be income from WAGES, SALARIES, COMMISSIONS, AND TIPS before taxes and other deductions in the last 12 months) (INTERVIEWER: Do not probe forDK and R.)
Else
DR
RB Sequence p. 10
>y_p594scr< Do you own a business, professional practice, partnership, or farm?
>y_p594s< p. 8
Yes
Else
>y_p600< p. 8


>y_p594s< In the last 12 months, have you(, yourself,) received any NET INCOME from your own business, professional practice, partnership, or farming, other than wages or salaries THAT YOU HAVE NOT ALREADY TOLD ME ABOUT?
Yes
Else
>y_p595< Was it profits, rental income or something else?
>y_p596< How much did you receive? (This would be any NET INCOME from your business, professional practice, partnership, or farming, after all expenses, but before taxes.)
Else
DR
RB Sequence p. 10
>y_p600< Is R married or partnered?
Yes
No
>y_p600scr< Does your husband/wife/partner own a business, professional practice, partnership, or farm?
Yes
Else
>y_p600s< In the last 12 months, did your husband/wife/partner receive any NET INCOME from his/her own business, professional practice, partnership, or farming, other than wages or salaries that you have NOT ALREADY TOLD ME ABOUT?
Yes
Else
>y_p601< Was it profits, rental income, or something else?
>y_p602< How much did he/she receive? (This would be any NET INCOME from his/her business, professional practice, partnership, or farm, after all expenses, but before taxes)
Else
DR
RB Sequence p. 10
>y_b11b1< (Since we last spoke in [year of last interview],) have you ever received disability benefits?
Else
Yes
>y_b11b2< From what program did you receive disability benefits?
>y_b11b3< In what year did you FIRST begin to receive disability benefits?
>y_b11b4< In what year did you LAST receive disability benefits?
>y_b11b5< What was the most serious condition for which you received those benefits?
>y_p615r< In the last 12 months, did you receive SUPPLEMENTAL SECURITY INCOME, PUBLIC ASSISTANCE INCOME, or income from OTHER GOVERNMENT PROGRAMS? (Public assistance includes TANF, Food Stamps, general assistance, and energy assistance) (INTERVIEWER: "TANK" is pronounced like two words: "Tan-if")
>y_p617r< p. 9
Yes
Else
>y_p615sck< p. 9


>y_p617r< How much did you receive from these programs in the last 12 months?
Else
DR
RB Sequence p. 10
>y_p615sck< Is R married and living with his/her spouse OR partnered?
Yes
No
>y_p615s< In the last 12 months, did your husband/wife/partner receive SUPPLEMENTAL SECURITY INCOME, PUBLIC ASSISTANCE INCOME, or income from OTHER GOVERNMENT PROGRAMS? Please do not include social security or disability benefits that we asked about earlier.
Yes
Else
>y_p617s< How much did he/she receive in the last 12 months? (This would be your husband's/wife's/partner's supplemental security income, public assistance income, or income from other government programs in the last 12 months) (INTERVIEWER: Do not probe for DK and R.)
Else
DR
RB Sequence p. 10
>y_p621< In the last 12 months did you (or your husband/wife/partner) receive income from any source that we have not already mentioned? (INTERVIEWER: Include all sources of income. Examples include sale of property, work bonus, lottery or casino winnings, lawsuit or insurance settlements.) (INTERVIEWER: Interest, dividends and rental income will be asked later.)
Yes
Else
>y_p623< Thinking of the largest amount that you received, about how much did you receive from this source of income in the last 12 months?
Else
DR
RB Sequence p. 10
>y_p624< What type of income was that?
>y_p683< Did you (or your husband/wife/partner) receive any OTHER income? (This would include gifts, lump sum payments, inheritances or any other source.)
Yes
Else
>y_p684_2< Thinking of the second largest amount, about how much did you receive from this source of income in the last 12 months? (INTERVIEWER: Do not probe for DK and R.)
Else
DR
RB Sequence p. 10
>y_p685_2< What type of income was that?
>y_pinhouse< Is anyone OTHER than the R and their spouse/partner living in the household? (From the Household Roster Module)
>y_p603w< p. 10
Yes
No
>y_p6< p. 10


>y_p603w< Has anyone else in your household (besides you and your husband/wife/partner) received income FROM ANY SOURCE in the last 12 months? (This would include income from wages, salaries, self-employment, a business or farm, Social Security, SSI, other government programs, or any other source.)
Yes
Else
>y_p605< How much, in total, did they receive? (INTERVIEWER: We want a total of all income received by all other household members in the last 12 months.)
DR
Else
>y_p6< How satisfied are you with your present financial situation - completely, very, somewhat, not very, or not at all satisfied?
>y_p7< How difficult is it for you (and your family) to meet the monthly payments on your bills? Is it extremely, very, somewhat, slightly, or not at all difficult?
Next Module
Randomized Bracketing (RB) Sequence
This is an example of a randomized bracketing sequence. See below for a more detailed example and explanation of randomized bracketing.
Consult for redirecting items: y_p611r1, p609s1, b11q3a, b11q75, b11q3as, b11q75s2, b905, b906, b910, b911, b919, b920, b924, b925, b122, b129, bp594n2, p600m2, p596, p602, p617r, p617s, p623, y_p684_2, and p605
>y_p- - -a< Would it amount to less than $25,000 or more than $25,000 PER YEAR?
Else
More Than $25,000
Refused
>y_p- - -b< Would it amount to less than $50,000 or more than $50,000 PER YEAR?
Else
More Than $50,000
Refused
>y_p- - -c< Would it amount to less than $75,000 or more than $75,000 PER YEAR?
Else
More Than $75,000
Refused
>y_p- - -d< Would it amount to less than $200,000 or more than $200,000 PER YEAR?
Instrument Redirect #1 p. 11
Else
Refused
Instrument Instruction #1 p. 11

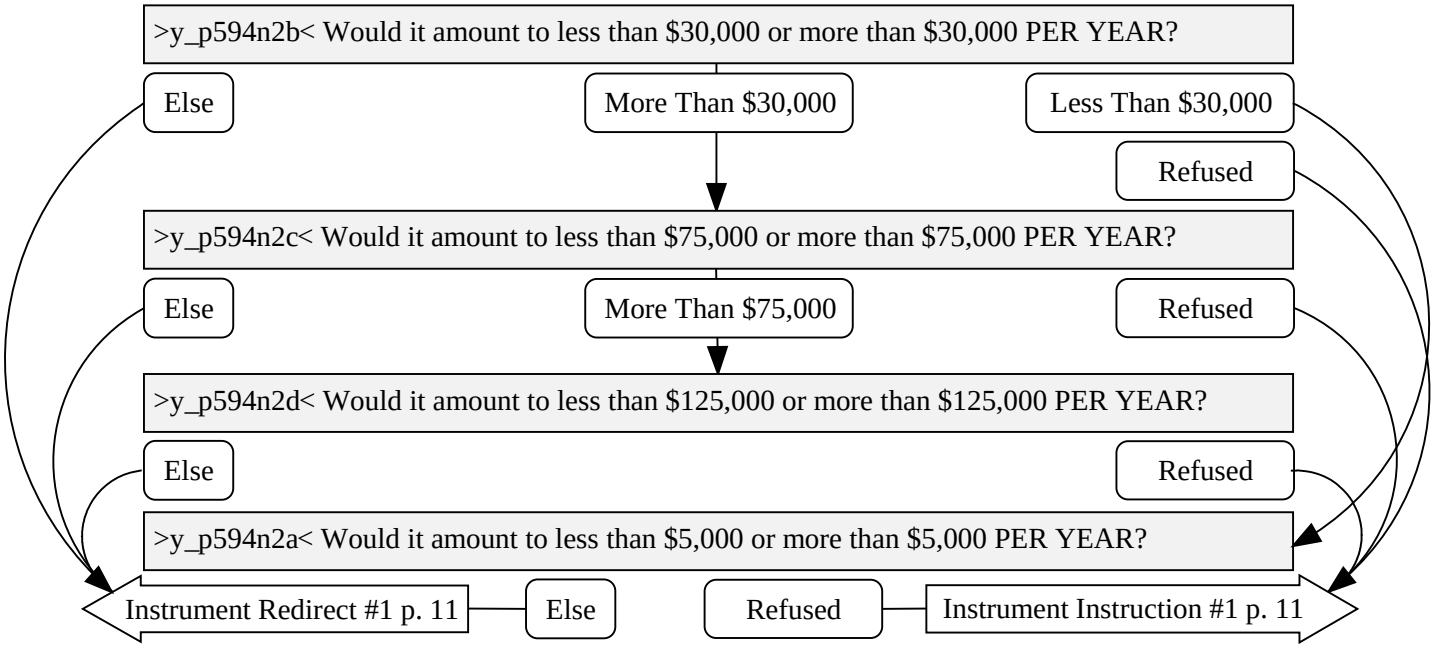

Instrument Instruction: #1 Give R a "strike"; once four strikes are received, the R will no longer be asked about the amounts of any inheritances, loans, or gifts he/she may have received.
Guide: #6 How many strikes does the R have?
Else
Two
Four
>y_poirpre< INTERVIEWER: Did you already read the "bubble" script to R?
>y_poirtx@1< [If the "bubble" script has been read to R]: I understand your reluctance to answer these questions, and we respect your right to privacy. Would you be willing to answer the remainder of the questions in this section that ask for approximate dollar amounts?
[If the "bubble" script has not been read to R]: We certainly understand your reluctance to answer these questions, and you have every right to do so. Let me assure you again that all information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers. One of the purposes of this study is to learn how people prepare for and adjust to retirement. Specifically, we are interested in how people allocate their assets, how much they rely on Social Security or other income sources, and how they are affected by recent changes in the economy. Would you be willing to answer the remainder of the questions in this section that ask for approximate dollar amounts?
Yes
No
>y_poirt2@1< I understand, and we respect your right to privacy. I am going to continue to ask you about the TYPES of income you are receiving, but will not ask you for any more AMOUNTS in this section.
>y_poirt3@1< I understand your reluctance to answer these questions, and we respect your right to privacy. I am going to continue to ask you about the TYPES of income you are receiving, but will not ask you for any more AMOUNTS in this section.
Instrument Redirect: #1 Exit RB; proceed to the subsequent item as would have been done if the R had initially answered by providing a dollar amount. (NOTE: This means following the "Else" path for all relevant items).
END OF INCOME AND PENSIONS MODULE

We enacted a system for dealing with D or R responses to specific amount questions called randomized bracketing. Respondents are randomly assigned and sent through one of three possible interval sequences, each engineered to bracket the amount of the wage, annuity, retirement plan, etcetera within a discrete range and, therefore, approximate the answer to the item the respondent initially did not know or refused to answer. The dollar amounts and item numbers within the sequence vary depending on the content of the redirecting item. For more information on randomized bracketing go to appendix...

Consult for redirecting items: y_p611r1, p609s1, b11q3a, b11q75, b11q3as, b11q75s2, b905, b906, b910, b911, b919, b920, b924, b925, b122, b129, p594n2, p600m2, p596, p602, p617r, p617s, p623, y_p684_2, and p605.

The sequence below is an example. The following item numbers are all the possible item numbers that could be found in a randomized bracketing sequence. Each set corresponds to a particular redirecting item. The example sequence is one of the three possible sequences for the redirecting item >y_p594n2<.

All possible randomized bracketing sequence item numbers: y_p611ra/b/c/d, p609s1a/b/c/d, b11q3aa/b/c/d, b11q75a/b/c/d, b11q3asa/b/c/d, b11q75s2a/b/c/d, b905a/b/c/d, b906a/b/c/d, b910a/b/c/d, b911a/b/c/d, b919a/b/c/d, b920a/b/c/d, b924a/b/c/d, b925a/b/c/d, b122a/b/c/d, b129a/b/c/d, p594n2a/b/c/d, p600m2a/b/c/d, p596a/b/c/d, p602a/b/c/d, p654aa/b/c/d, p654ba/b/c/d, p623aa/b/c/d, p684ba/b/c/d, and p605ca/b/c/d.



ASSETS

>y_pintro< The next section covers different types of assets that you (or your husband/wife/partner) may have, such as real estate, motor vehicles, and financial investments. (INTERVIEWER: If the respondent is concerned about exact dollar amounts during the money modules, say: "We don't need the exact amount, the approximate amount is fine.")

>y_p814m< Does the R own the place where they currently live or are they renting? (From Household Roster Module)

- Own
- Rent → >y_pu815< p. 2

>y_p814s< How much do you think your home would sell for now? (INTERVIEWER: Do not probe for DK and R.) (INTERVIEWER: "Home" includes condominiums.)

- Else
- DR → RB Sequence p. 8

>y_p814r1< Do you receive any rental income from your home?

- Else
- Yes

>y_p814r2< About how much income do you receive? (INTERVIEWER: Do not probe for DK and R.)

- No Rental Income
- Else
- DR → RB Sequence p. 8

>y_p814r3< INTERVIEWER: Is the amount of rental income reported by R...[insert value from above]...an amount: per day, per week, per month, per quarter, per semester, per school year or academic year (about 9 months), per year (12 months), or some other time period?

Guide: #1 Does R belong to the 50% sub-sample selected to receive questions about changes in their investments in lieu of the 2008 financial crisis? (In other words, does yemdflag = 1?)

- No
- Yes

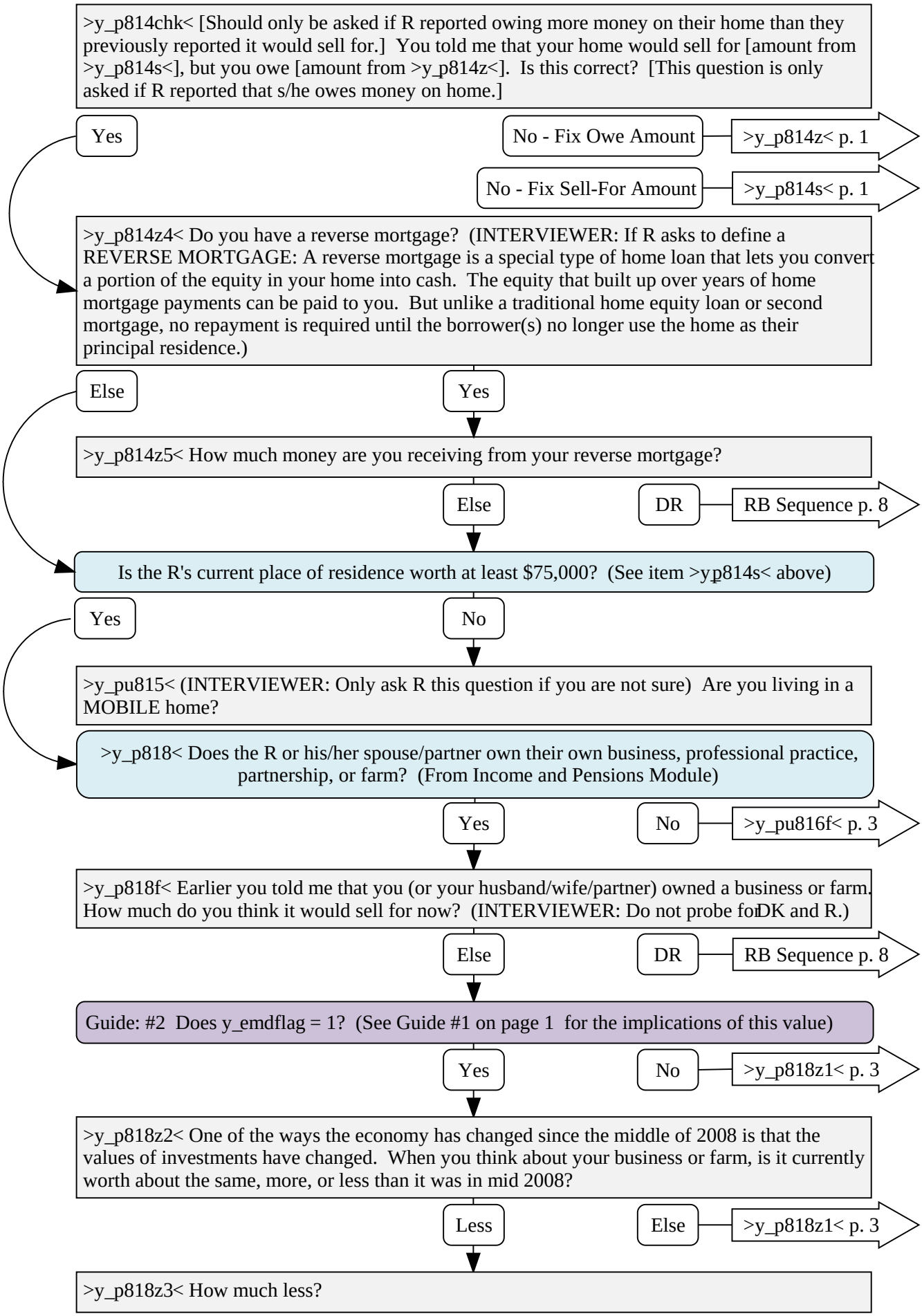
>y_p814z2< One of the ways the economy has changed since the middle of 2008 is that real estate values have changed. When you think about your house or condo, is it currently worth about the same, more, or less than it was in mid 2008?

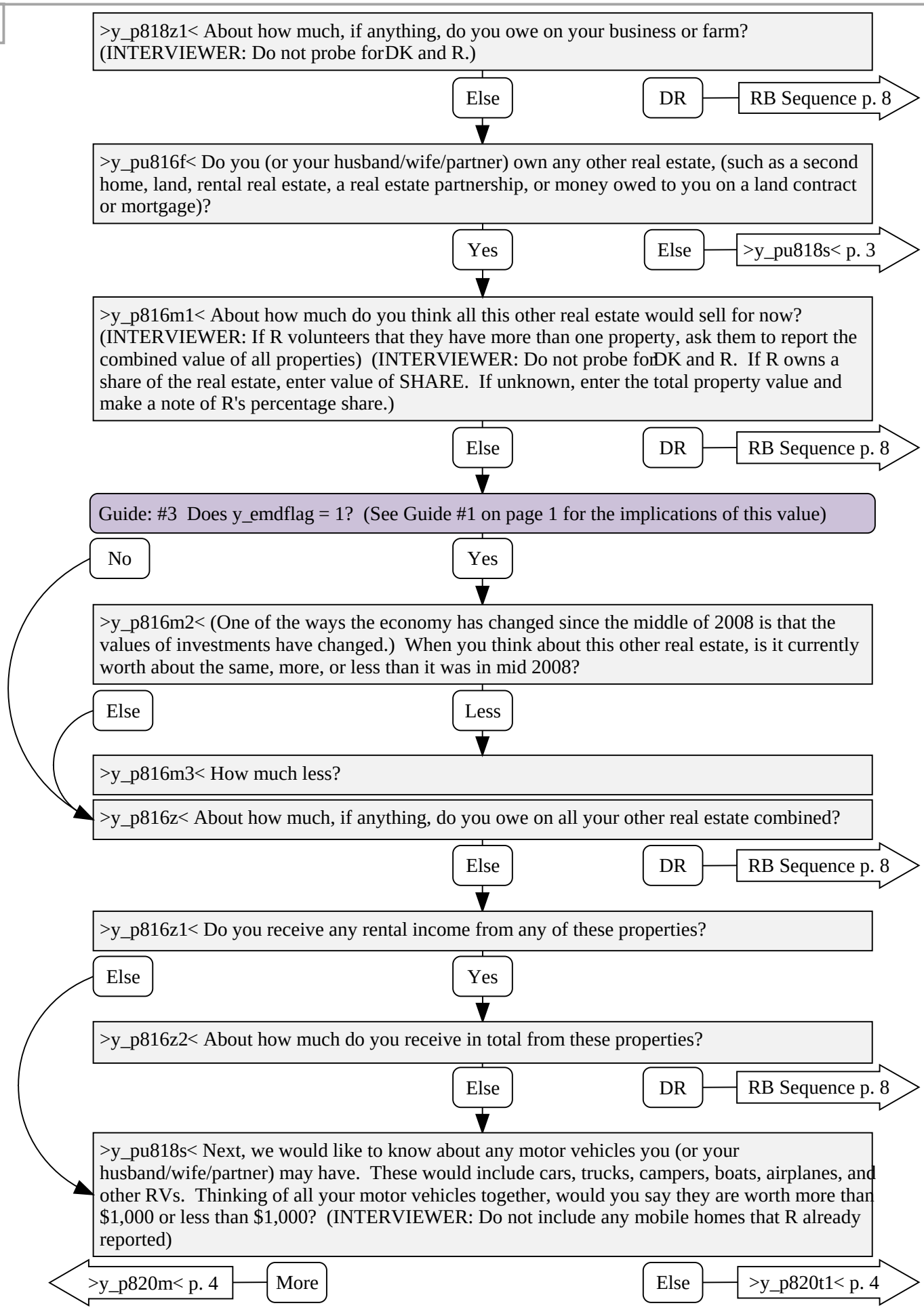
- Else
- Less

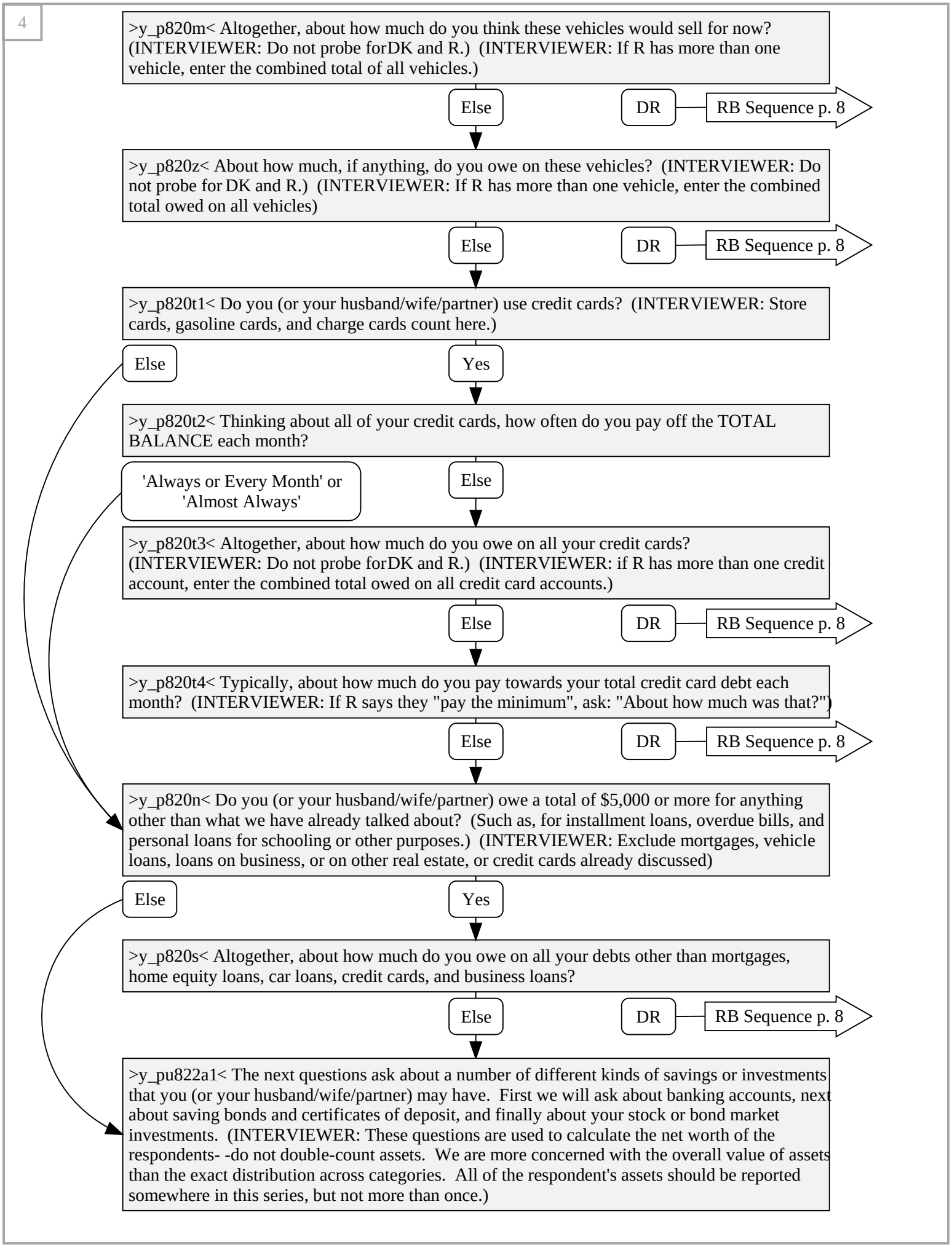
>y_p814z3< How much less?

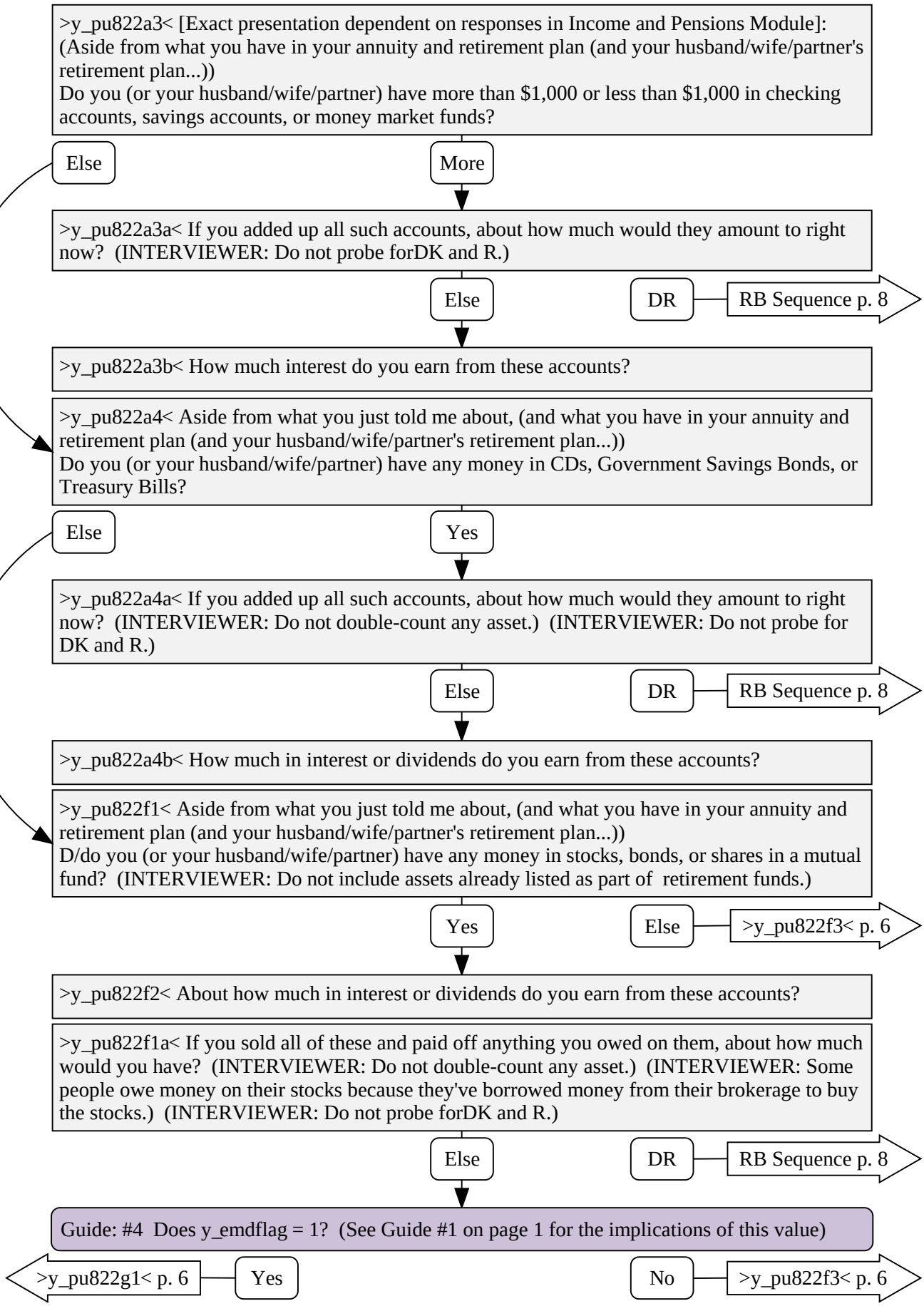
>y_p814z< How much, if anything, do you owe on your home, for example, a mortgage or home equity loan? (INTERVIEWER: Do not probe forDK and R.)

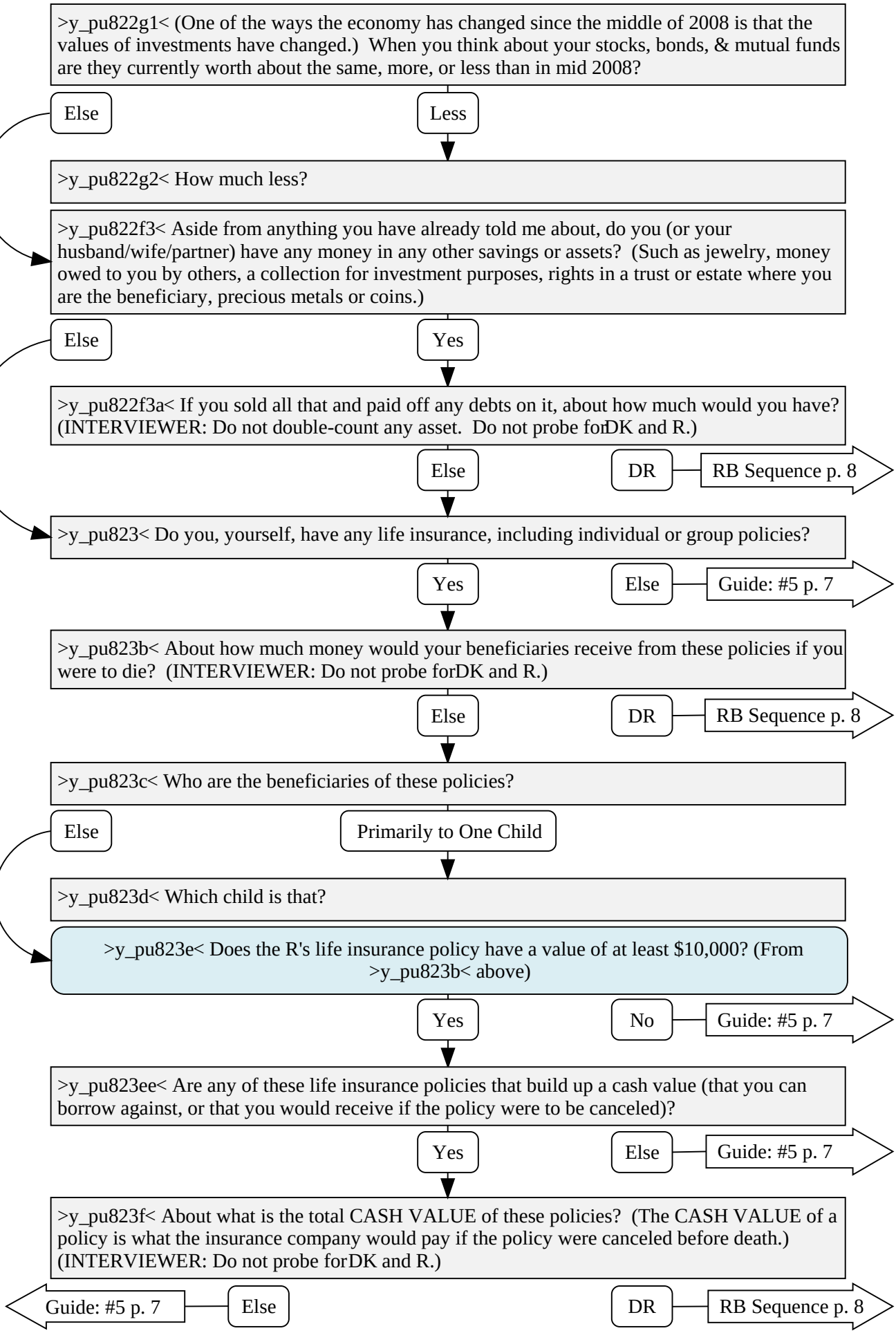
- Amount in Excess of Value Provided for >y_p814s< → >y_p814chk< p. 2
- Else → >y_p814z4< p. 2
- DR → RB Sequence p. 8

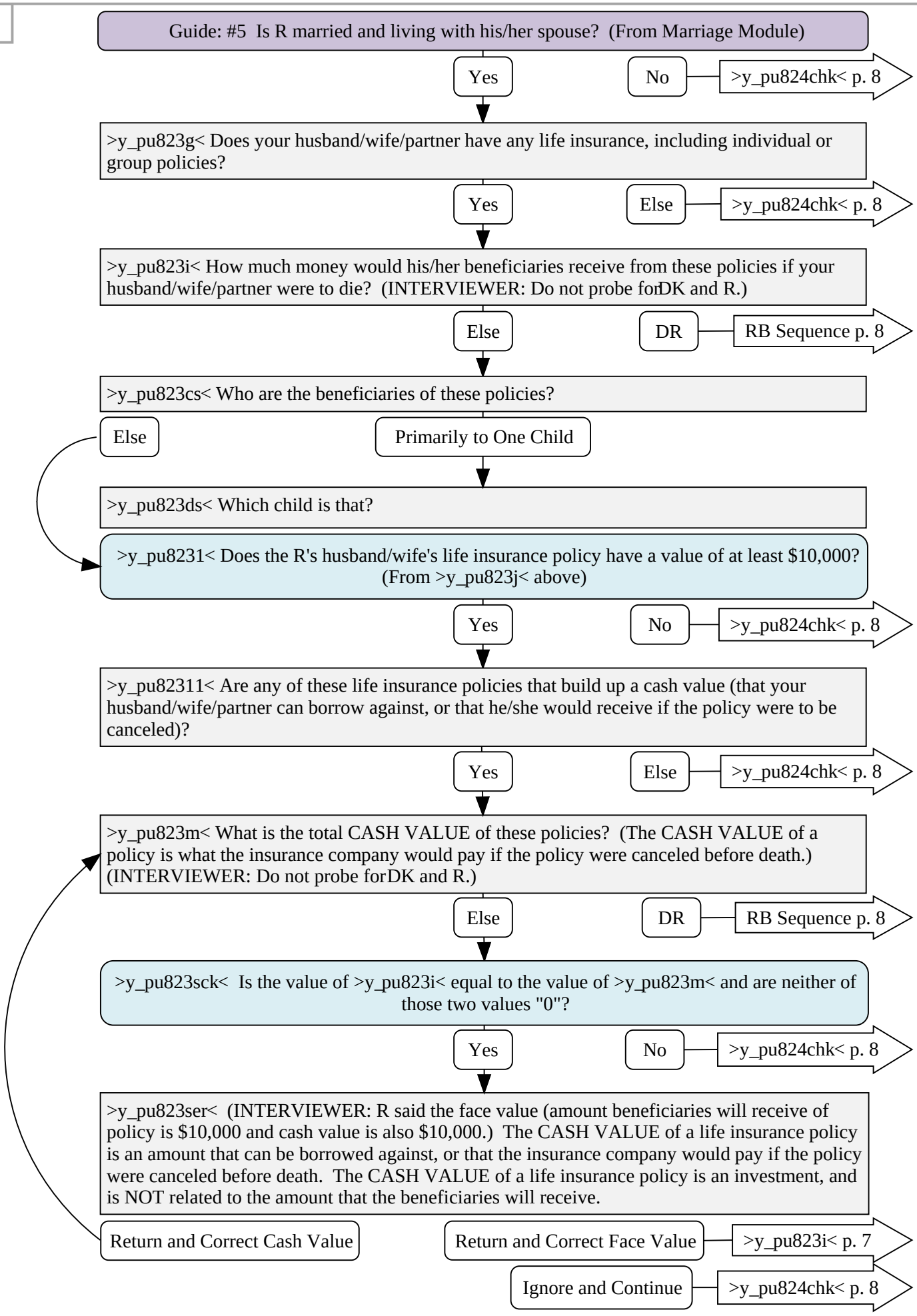

>y_p814chk< [Should only be asked if R reported owing more money on their home than they previously reported it would sell for.] You told me that your home would sell for [amount from >y_p814s<], but you owe [amount from >y_p814z<]. Is this correct? [This question is only asked if R reported that s/he owes money on home.]
Yes
No - Fix Owe Amount
>y_p814z< p. 1
No - Fix Sell-For Amount
>y_p814s< p. 1
>y_p814z4< Do you have a reverse mortgage? (INTERVIEWER: If R asks to define a REVERSE MORTGAGE: A reverse mortgage is a special type of home loan that lets you convert a portion of the equity in your home into cash. The equity that built up over years of home mortgage payments can be paid to you. But unlike a traditional home equity loan or second mortgage, no repayment is required until the borrower(s) no longer use the home as their principal residence.)
Else
Yes
>y_p814z5< How much money are you receiving from your reverse mortgage?
Else
DR
RB Sequence p. 8
Is the R's current place of residence worth at least $75,000? (See item >y_p814s< above)
Yes
No
>y_pu815< (INTERVIEWER: Only ask R this question if you are not sure) Are you living in a MOBILE home?
>y_p818< Does the R or his/her spouse/partner own their own business, professional practice, partnership, or farm? (From Income and Pensions Module)
Yes
No
>y_pu816f< p. 3
>y_p818f< Earlier you told me that you (or your husband/wife/partner) owned a business or farm. How much do you think it would sell for now? (INTERVIEWER: Do not probe for DK and R.)
Else
DR
RB Sequence p. 8
Guide: #2 Does y_emdflag = 1? (See Guide #1 on page 1 for the implications of this value)
Yes
No
>y_p818z1< p. 3
>y_p818z2< One of the ways the economy has changed since the middle of 2008 is that the values of investments have changed. When you think about your business or farm, is it currently worth about the same, more, or less than it was in mid 2008?
Less
Else
>y_p818z1< p. 3
>y_p818z3< How much less?

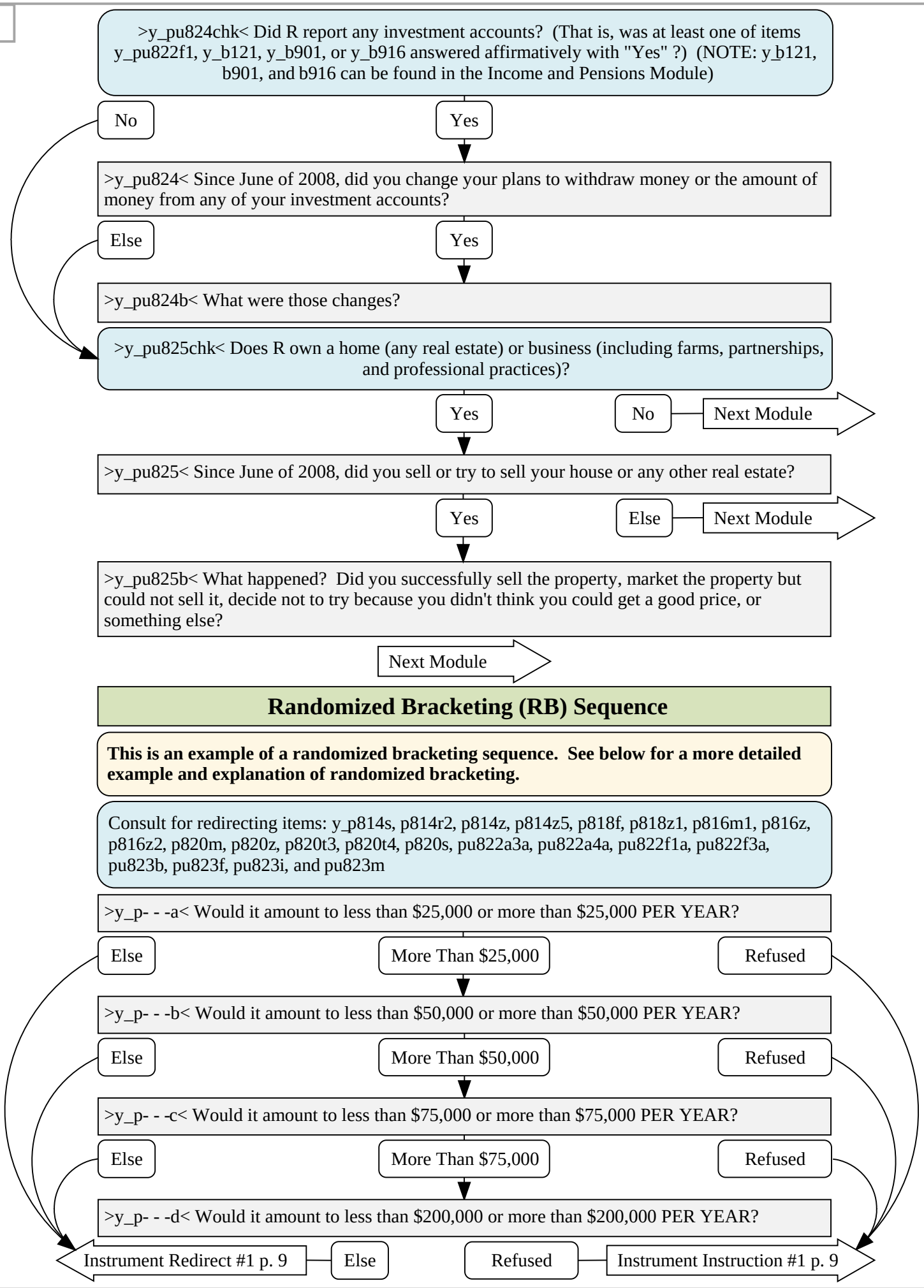

>y_p818z1< About how much, if anything, do you owe on your business or farm? (INTERVIEWER: Do not probe for DK and R.)
Else
DR
RB Sequence p. 8
>y_pu816f< Do you (or your husband/wife/partner) own any other real estate, (such as a second home, land, rental real estate, a real estate partnership, or money owed to you on a land contract or mortgage)?
Yes
Else
>y_pu818s< p. 3
>y_p816m1< About how much do you think all this other real estate would sell for now? (INTERVIEWER: If R volunteers that they have more than one property, ask them to report the combined value of all properties) (INTERVIEWER: Do not probe for DK and R. If R owns a share of the real estate, enter value of SHARE. If unknown, enter the total property value and make a note of R's percentage share.)
Else
DR
RB Sequence p. 8
Guide: #3 Does y_emdflag = 1? (See Guide #1 on page 1 for the implications of this value)
No
Yes
>y_p816m2< (One of the ways the economy has changed since the middle of 2008 is that the values of investments have changed.) When you think about this other real estate, is it currently worth about the same, more, or less than it was in mid 2008?
Else
Less
>y_p816m3< How much less?
>y_p816z< About how much, if anything, do you owe on all your other real estate combined?
Else
DR
RB Sequence p. 8
>y_p816z1< Do you receive any rental income from any of these properties?
Else
Yes
>y_p816z2< About how much do you receive in total from these properties?
Else
DR
RB Sequence p. 8
>y_pu818s< Next, we would like to know about any motor vehicles you (or your husband/wife/partner) may have. These would include cars, trucks, campers, boats, airplanes, and other RVs. Thinking of all your motor vehicles together, would you say they are worth more than $1,000 or less than $1,000? (INTERVIEWER: Do not include any mobile homes that R already reported)
>y_p820m< p. 4
More
Else
>y_p820t1< p. 4


>y_p820m< Altogether, about how much do you think these vehicles would sell for now? (INTERVIEWER: Do not probe forDK and R.) (INTERVIEWER: If R has more than one vehicle, enter the combined total of all vehicles.)
Else
DR
RB Sequence p. 8
>y_p820z< About how much, if anything, do you owe on these vehicles? (INTERVIEWER: Do not probe for DK and R.) (INTERVIEWER: If R has more than one vehicle, enter the combined total owed on all vehicles)
Else
DR
RB Sequence p. 8
>y_p820t1< Do you (or your husband/wife/partner) use credit cards? (INTERVIEWER: Store cards, gasoline cards, and charge cards count here.)
Else
Yes
>y_p820t2< Thinking about all of your credit cards, how often do you pay off the TOTAL BALANCE each month?
'Always or Every Month' or 'Almost Always'
Else
>y_p820t3< Altogether, about how much do you owe on all your credit cards? (INTERVIEWER: Do not probe forDK and R.) (INTERVIEWER: if R has more than one credit account, enter the combined total owed on all credit card accounts.)
Else
DR
RB Sequence p. 8
>y_p820t4< Typically, about how much do you pay towards your total credit card debt each month? (INTERVIEWER: If R says they "pay the minimum", ask: "About how much was that?")
Else
DR
RB Sequence p. 8
>y_p820n< Do you (or your husband/wife/partner) owe a total of $5,000 or more for anything other than what we have already talked about? (Such as, for installment loans, overdue bills, and personal loans for schooling or other purposes.) (INTERVIEWER: Exclude mortgages, vehicle loans, loans on business, or on other real estate, or credit cards already discussed)
Else
Yes
>y_p820s< Altogether, about how much do you owe on all your debts other than mortgages, home equity loans, car loans, credit cards, and business loans?
Else
DR
RB Sequence p. 8
>y_pu822a1< The next questions ask about a number of different kinds of savings or investments that you (or your husband/wife/partner) may have. First we will ask about banking accounts, next about saving bonds and certificates of deposit, and finally about your stock or bond market investments. (INTERVIEWER: These questions are used to calculate the net worth of the respondents- -do not double-count assets. We are more concerned with the overall value of assets than the exact distribution across categories. All of the respondent's assets should be reported somewhere in this series, but not more than once.)


>y_pu822a3< [Exact presentation dependent on responses in Income and Pensions Module]:
(Aside from what you have in your annuity and retirement plan (and your husband/wife/partner's retirement plan...))
Do you (or your husband/wife/partner) have more than $1,000 or less than $1,000 in checking accounts, savings accounts, or money market funds?
Else
More
>y_pu822a3a< If you added up all such accounts, about how much would they amount to right now? (INTERVIEWER: Do not probe forDK and R.)
Else
DR
RB Sequence p. 8
>y_pu822a3b< How much interest do you earn from these accounts?
>y_pu822a4< Aside from what you just told me about, (and what you have in your annuity and retirement plan (and your husband/wife/partner's retirement plan...))
Do you (or your husband/wife/partner) have any money in CDs, Government Savings Bonds, or Treasury Bills?
Else
Yes
>y_pu822a4a< If you added up all such accounts, about how much would they amount to right now? (INTERVIEWER: Do not double-count any asset.) (INTERVIEWER: Do not probe for DK and R.)
Else
DR
RB Sequence p. 8
>y_pu822a4b< How much in interest or dividends do you earn from these accounts?
>y_pu822f1< Aside from what you just told me about, (and what you have in your annuity and retirement plan (and your husband/wife/partner's retirement plan...))
D/do you (or your husband/wife/partner) have any money in stocks, bonds, or shares in a mutual fund? (INTERVIEWER: Do not include assets already listed as part of retirement funds.)
Yes
Else
>y_pu822f3< p. 6
>y_pu822f2< About how much in interest or dividends do you earn from these accounts?
>y_pu822f1a< If you sold all of these and paid off anything you owed on them, about how much would you have? (INTERVIEWER: Do not double-count any asset.) (INTERVIEWER: Some people owe money on their stocks because they've borrowed money from their brokerage to buy the stocks.) (INTERVIEWER: Do not probe forDK and R.)
Else
DR
RB Sequence p. 8
Guide: #4 Does y_emdflag = 1? (See Guide #1 on page 1 for the implications of this value)
>y_pu822g1< p. 6
Yes
No
>y_pu822f3< p. 6


>y_pu822g1< (One of the ways the economy has changed since the middle of 2008 is that the values of investments have changed.) When you think about your stocks, bonds, & mutual funds are they currently worth about the same, more, or less than in mid 2008?
Else
Less
>y_pu822g2< How much less?
>y_pu822f3< Aside from anything you have already told me about, do you (or your husband/wife/partner) have any money in any other savings or assets? (Such as jewelry, money owed to you by others, a collection for investment purposes, rights in a trust or estate where you are the beneficiary, precious metals or coins.)
Else
Yes
>y_pu822f3a< If you sold all that and paid off any debts on it, about how much would you have? (INTERVIEWER: Do not double-count any asset. Do not probe forDK and R.)
Else
DR
RB Sequence p. 8
>y_pu823< Do you, yourself, have any life insurance, including individual or group policies?
Yes
Else
Guide: #5 p. 7
>y_pu823b< About how much money would your beneficiaries receive from these policies if you were to die? (INTERVIEWER: Do not probe forDK and R.)
Else
DR
RB Sequence p. 8
>y_pu823c< Who are the beneficiaries of these policies?
Else
Primarily to One Child
>y_pu823d< Which child is that?
>y_pu823e< Does the R's life insurance policy have a value of at least $10,000? (From >y_pu823b< above)
Yes
No
Guide: #5 p. 7
>y_pu823ee< Are any of these life insurance policies that build up a cash value (that you can borrow against, or that you would receive if the policy were to be canceled)?
Yes
Else
Guide: #5 p. 7
>y_pu823f< About what is the total CASH VALUE of these policies? (The CASH VALUE of a policy is what the insurance company would pay if the policy were canceled before death.) (INTERVIEWER: Do not probe forDK and R.)
Guide: #5 p. 7
Else
DR
RB Sequence p. 8


Guide: #5 Is R married and living with his/her spouse? (From Marriage Module)
Yes
No
>y_pu824chk< p. 8
>y_pu823g< Does your husband/wife/partner have any life insurance, including individual or group policies?
Yes
Else
>y_pu824chk< p. 8
>y_pu823i< How much money would his/her beneficiaries receive from these policies if your husband/wife/partner were to die? (INTERVIEWER: Do not probe forDK and R.)
Else
DR
RB Sequence p. 8
>y_pu823cs< Who are the beneficiaries of these policies?
Else
Primarily to One Child
>y_pu823ds< Which child is that?
>y_pu8231< Does the R's husband/wife's life insurance policy have a value of at least $10,000? (From >y_pu823j< above)
Yes
No
>y_pu824chk< p. 8
>y_pu82311< Are any of these life insurance policies that build up a cash value (that your husband/wife/partner can borrow against, or that he/she would receive if the policy were to be canceled)?
Yes
Else
>y_pu824chk< p. 8
>y_pu823m< What is the total CASH VALUE of these policies? (The CASH VALUE of a policy is what the insurance company would pay if the policy were canceled before death.) (INTERVIEWER: Do not probe forDK and R.)
Else
DR
RB Sequence p. 8
>y_pu823sck< Is the value of >y_pu823i< equal to the value of >y_pu823m< and are neither of those two values "0"?
Yes
No
>y_pu824chk< p. 8
>y_pu823ser< (INTERVIEWER: R said the face value (amount beneficiaries will receive of policy is $10,000 and cash value is also $10,000.) The CASH VALUE of a life insurance policy is an amount that can be borrowed against, or that the insurance company would pay if the policy were canceled before death. The CASH VALUE of a life insurance policy is an investment, and is NOT related to the amount that the beneficiaries will receive.
Return and Correct Cash Value
Return and Correct Face Value
>y_pu823i< p. 7
Ignore and Continue
>y_pu824chk< p. 8


>y_pu824chk< Did R report any investment accounts? (That is, was at least one of items y_pu822f1, y_b121, y_b901, or y_b916 answered affirmatively with "Yes" ?) (NOTE: y_b121, b901, and b916 can be found in the Income and Pensions Module)
No
Yes
>y_pu824< Since June of 2008, did you change your plans to withdraw money or the amount of money from any of your investment accounts?
Else
Yes
>y_pu824b< What were those changes?
>y_pu825chk< Does R own a home (any real estate) or business (including farms, partnerships, and professional practices)?
Yes
No
Next Module
>y_pu825< Since June of 2008, did you sell or try to sell your house or any other real estate?
Yes
Else
Next Module
>y_pu825b< What happened? Did you successfully sell the property, market the property but could not sell it, decide not to try because you didn't think you could get a good price, or something else?
Next Module
Randomized Bracketing (RB) Sequence
This is an example of a randomized bracketing sequence. See below for a more detailed example and explanation of randomized bracketing.
Consult for redirecting items: y_p814s, p814r2, p814z, p814z5, p818f, p818z1, p816m1, p816z, p816z2, p820m, p820z, p820t3, p820t4, p820s, pu822a3a, pu822a4a, pu822f1a, pu822f3a, pu823b, pu823f, pu823i, and pu823m
>y_p- - -a< Would it amount to less than $25,000 or more than $25,000 PER YEAR?
Else
More Than $25,000
Refused
>y_p- - -b< Would it amount to less than $50,000 or more than $50,000 PER YEAR?
Else
More Than $50,000
Refused
>y_p- - -c< Would it amount to less than $75,000 or more than $75,000 PER YEAR?
Else
More Than $75,000
Refused
>y_p- - -d< Would it amount to less than $200,000 or more than $200,000 PER YEAR?
Instrument Redirect #1 p. 9
Else
Refused
Instrument Instruction #1 p. 9

Instrument Instruction: #1 Give R a "strike"; once four strikes are received, the R will no longer be asked about the value of any real estate, vehicles, stocks, etcetera he/she may own.

Guide: #6 How many strikes does the R have?

Else

Two

Four

>y_pasrpre< INTERVIEWER: Did you already read the "bubble" script to R?

>y_pasrtx@1< [If the "bubble" script has been read to R]: I understand your reluctance to answer these questions, and we respect your right to privacy. Would you be willing to answer the remainder of the questions in this section that ask for approximate dollar amounts?

[If the "bubble" script has not been read to R]: We certainly understand your reluctance to answer these questions, and you have every right to do so. Let me assure you again that all information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers. One of the purposes of this study is to learn how people prepare for and live during retirement. Specifically, we are interested in how people allocate their assets, how much they rely on Social Security for their retirement, and how they are affected by changes in the economy. I am sure you know about the Baby Boomer generation, which has strained public resources and social institutions at each stage of life. For this reason, information you provide will give policy makers an indication of the trends and problems that will become important as the baby boomers grow older. Your answers will help researchers achieve these goals. Would you be willing to answer the remainder of the questions in this section that ask for approximate dollar amounts?

Yes

No

>y_pasrt2@1< I understand, and we respect your right to privacy. I am going to continue to ask you about the TYPES of assets you have, but will not ask you for any more AMOUNTS in this section.

>y_pasrt3@1< I understand your reluctance to answer these questions, and we respect your right to privacy. I am going to continue to ask you about the TYPES of assets you have, but will not ask you for any more AMOUNTS in this section.

Instrument Redirect: #1 Exit RB; proceed to the subsequent item as would have been done if the R had initially answered by providing a dollar amount. (NOTE: This means following the "Else" path for all relevant items).

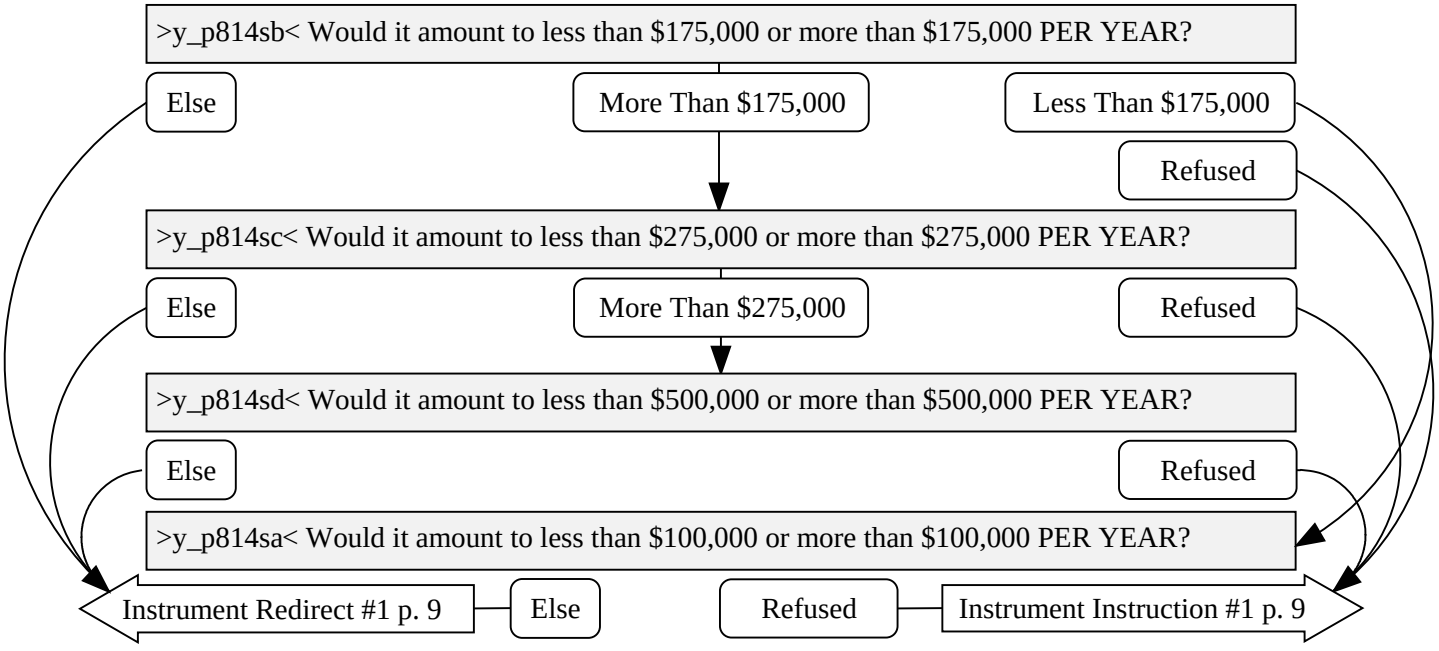
END OF ASSETS MODULE

We enacted a system for dealing with D or R responses to specific amount questions called randomized bracketing. Respondents are randomly assigned and sent through one of three possible interval sequences, each engineered to bracket the amount of the real estate, vehicle, stocks, etcetera within a discrete range and, therefore, approximate the answer to the item the respondent initially did not know or refused to answer. The dollar amounts and item numbers within the sequence vary depending on the content of the redirecting item. For more information on randomized bracketing go to appendix...

Consult for redirecting items: y_p814s, p814r2, p814z, p814z5, p818f, p818z1, p816m1, p816z, p816z2, p820m, p820z, p820t3, p820t4, p820s, pu822a3a, pu822a4a, pu822f1a, pu822f3a, pu823b, pu823f, pu823i, and pu823m

The sequence below is an example. The following item numbers are all the possible item numbers that could be found in a randomized bracketing sequence. Each set corresponds to a particular redirecting item. The example sequence is one of the three possible sequences for the redirecting item >y_p814s<.

All possible randomized bracketing sequence item numbers: y_p814sa/b/c/d, p814za/b/c/d, p814r2a/b/c/d, p814z5a/b/c/d, p818fa/b/c/d, p818za/b/c/d, p816ma/b/c/d, p816za/b/c/d, p816z2a/b/c/d, p820ma/b/c/d, p820za/b/c/d, p820t3a/b/c/d, p820t4a/b/c/d, p820sa/b/c/d, p82a3aa/b/c/d, p82a4aa/b/c/d, p82f1aa/b/c/d, p82f3aa/b/c/d, p823ba/b/c/d, p823fa/b/c/d, pu823ia/b/c/d, and p823ma/b/c/d.



ACCESS TO CARE

>y_s1900< The next questions are about health care you have received. Is there a doctor's office or other place that you usually go to when you are sick or need advice about your health? (hospital outpatient clinic, health center, emergency room or somewhere else).
(Note: Is this one place, or more than one place?) [INTERVIEWER: If R says they have a place but have not gone there yet, use code #4. If R says they says they aren't sick, ask "If you were sick, is there a place you would usually go to?]

Yes/More than one place

Else

>y_s1910< What kind of place is it/what kind of place do you go to most often--a private office, a clinic, a hospital outpatient clinic, an emergency room, or some other place?

>y_s1925< Please give me the name of this (private office/clinic/emergency room/other place). [INTERVIEWER: Enter doctor's FULL name ONLY if R does not know the name of the clinic. If R does not know the name of the clinic and must provide her doctor's name, please ask for the FULL name of the doctor, for example, "Dr. Roberta Smith".]

Else

Refused

>y_s1925t< INTERVIEWER: Did R give the name of [primary care location] or doctor?

>y_s1925int< Can you tell me the name of the intersection where it's located? [INTERVIEWER: Probe to get location as accurately and precisely as possible--this information will be used to locate facility on a map. Request intersection, nearest cross street, street numbers, address from bill or insurance policy card, etc.]

>y_s1926< In what city and state is [primary care location]?

>y_s1927< How long have you been going/able to go to [primary care location] for health care? Your best estimate will be fine.

>y_s1931< Do you usually see the same provider at [primary care location] each time you go to this office?

Yes

Else

>y_s1931fr< How often do you see the same provider when you go to [primary care location]? Would you say always, most of the time, sometimes, rarely, or never?

Else

Rarely/Never/D/R

>y_s1931n< What is this person's (full) name?

>y_s1931p< Is [name of provider] a doctor, nurse practitioner, physician's assistant, or some other type of health professional?

>y_s1940< What is [name of provider]'s specialty?Is it general or family practice, internal medicine, OB/GYN, cardiology, chiropractic, or something else?

>y_s1956< How long have you been seeing [name of provider] for your health care? Your best estimate will be fine.

>y_s1957< In the past 12 months have you seen a doctor or health professional in an office, clinic, or health center? Do not include visits to mental health professionals.

>y_1958s< In the last 12 months have you seen or talked to a mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

>y_1959s< In the last 12 months have you needed mental health treatment or counseling for yourself but didn't get it?

>y_newhlthz< If R see's the same provider when they go to see someone about their health (always, most of the time, or sometimes) then go to the end. Else go to >ys1935<

>y_s1935< When you go to [primary care provider], do you usually see a doctor, a nurse, a physician's assistant, or some other type of health professional? [INTERVIEWER: If R says doctor and nurse, code "doctor". If R sees more than one doctor, ask about the doctor R sees most often.]

END OF ACCESS TO HEALTH CARE MODULE

DEPRESSION

>y_u866f< Next I have some questions about how you have been feeling since the last time we spoke.
Since [year of last interview] have you had a time in your life **LASTING TWO WEEKS OR MORE** when nearly every day you felt sad, blue, depressed, or when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?

Yes

NDR → next module

>y_u866m< This kind of experience is usually called an episode of depression. Sometimes these episodes can be caused by alcohol, drugs, medications, or physical illness. Was your experience with depression always caused by these things?

Yes

Else

>y_u868n< Which of these things was the depression due to?

>y_u868< Think of your worst period of depression since we last talked in [month of last interview] of [year of last interview]. How old were you when that period occurred?

No worst period/all periods alike/D/R

Age

>y_u868f< Can you think of a particularly bad one?

Yes

NDR

>y_u868m< How old were you when that period occurred?

>y_u868s< Then think about your most recent period of feeling this way. How old were you when that occurred?

>y_u870a< During that worst period/During that episode, did you lose weight without trying to--as much as 2 pounds a week for several weeks, or as much as 10 pounds altogether?

>y_u870b< (During that worst period,) Did you have two weeks or more when nearly every night you had trouble falling asleep?

>y_u870c< (During that worst period...) Did you have two weeks or more when you lacked energy or felt tired all the time, even when you had not been working very hard?

>y_u870d< (During that worst period...) Did you have two weeks or more when you felt very bad when you got up, but felt better later in the day?

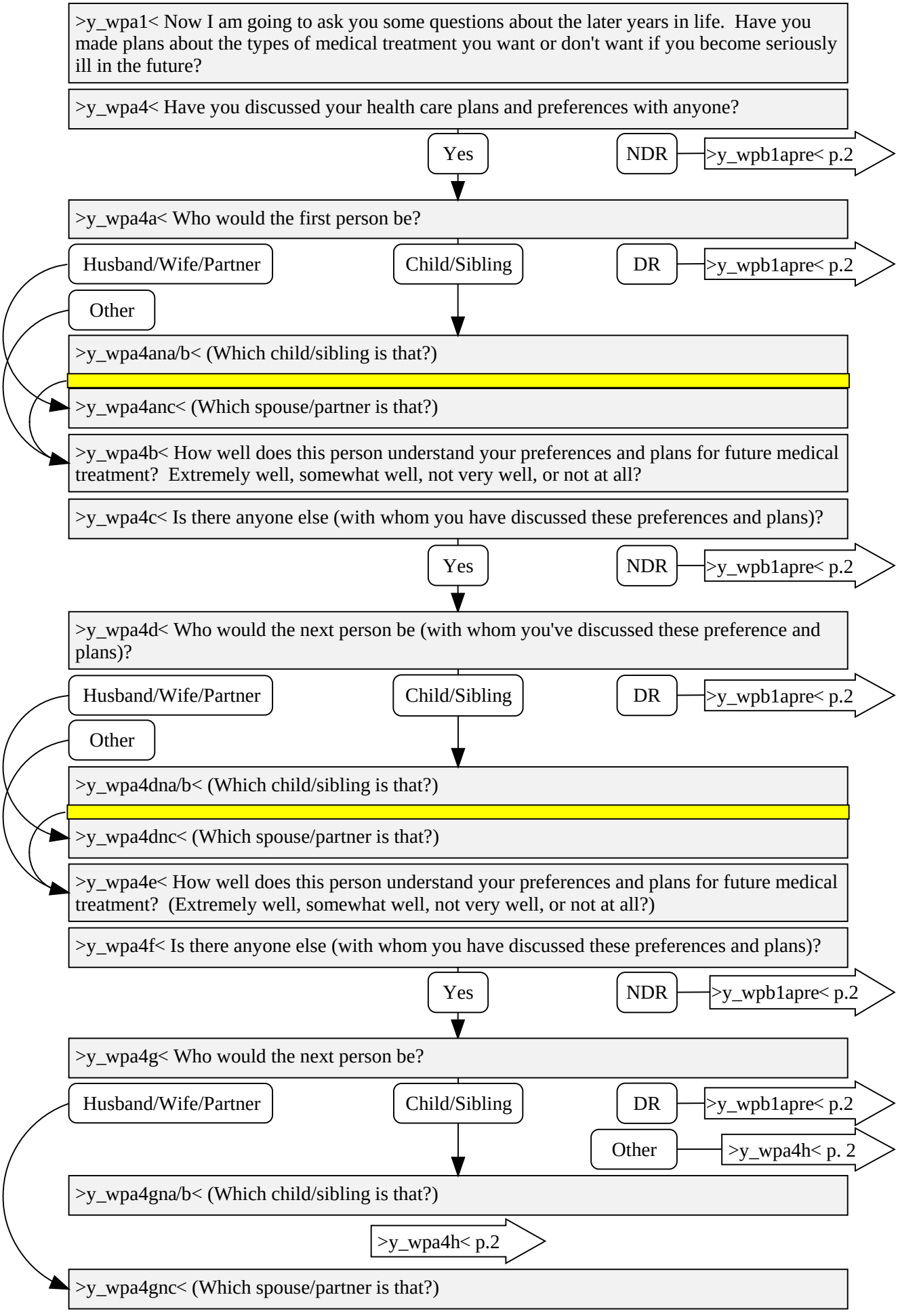
>y_u870e< (During that worst period...) Did you have two weeks or more when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?

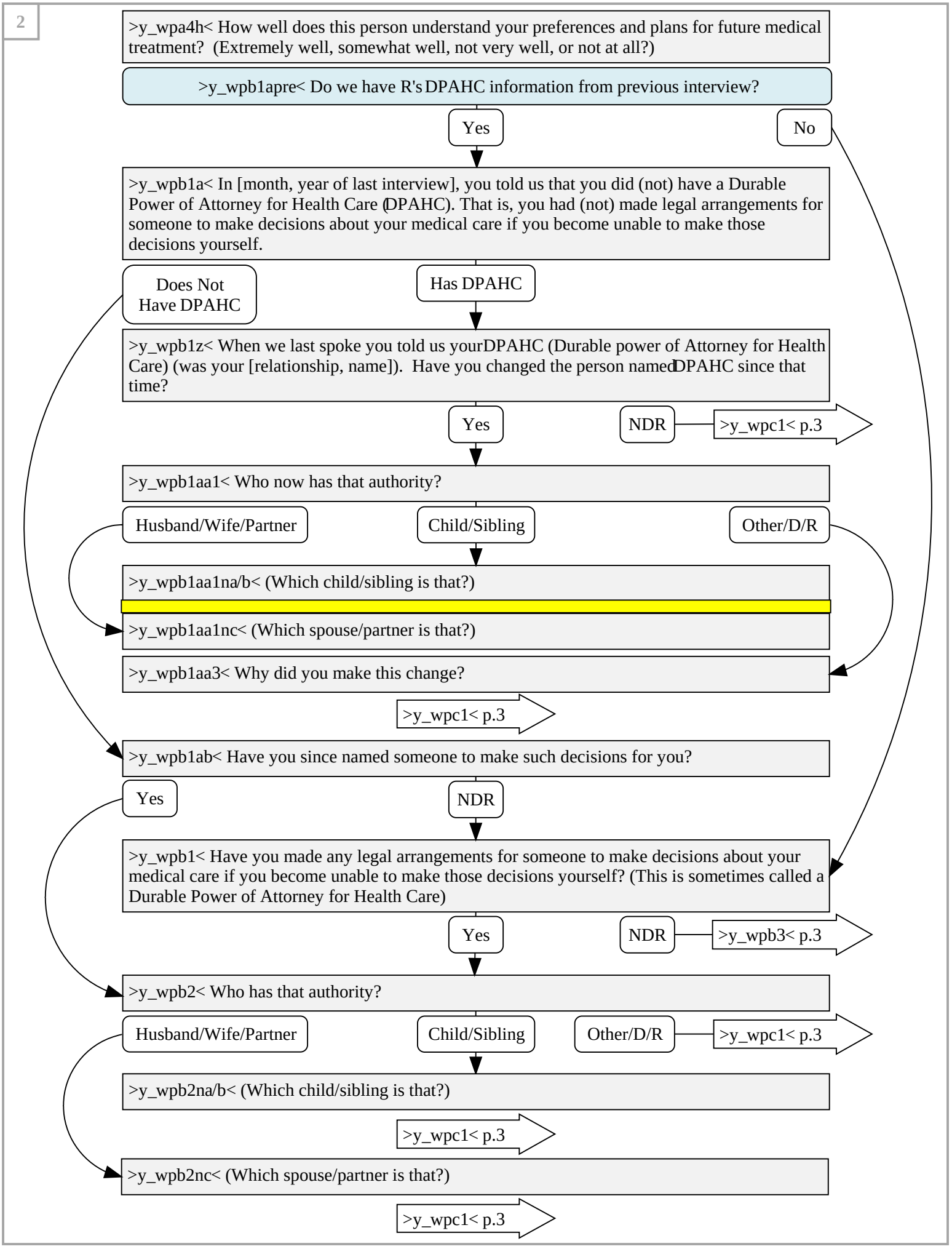
>y_u870f< (During that worst period...) Did you have two weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?

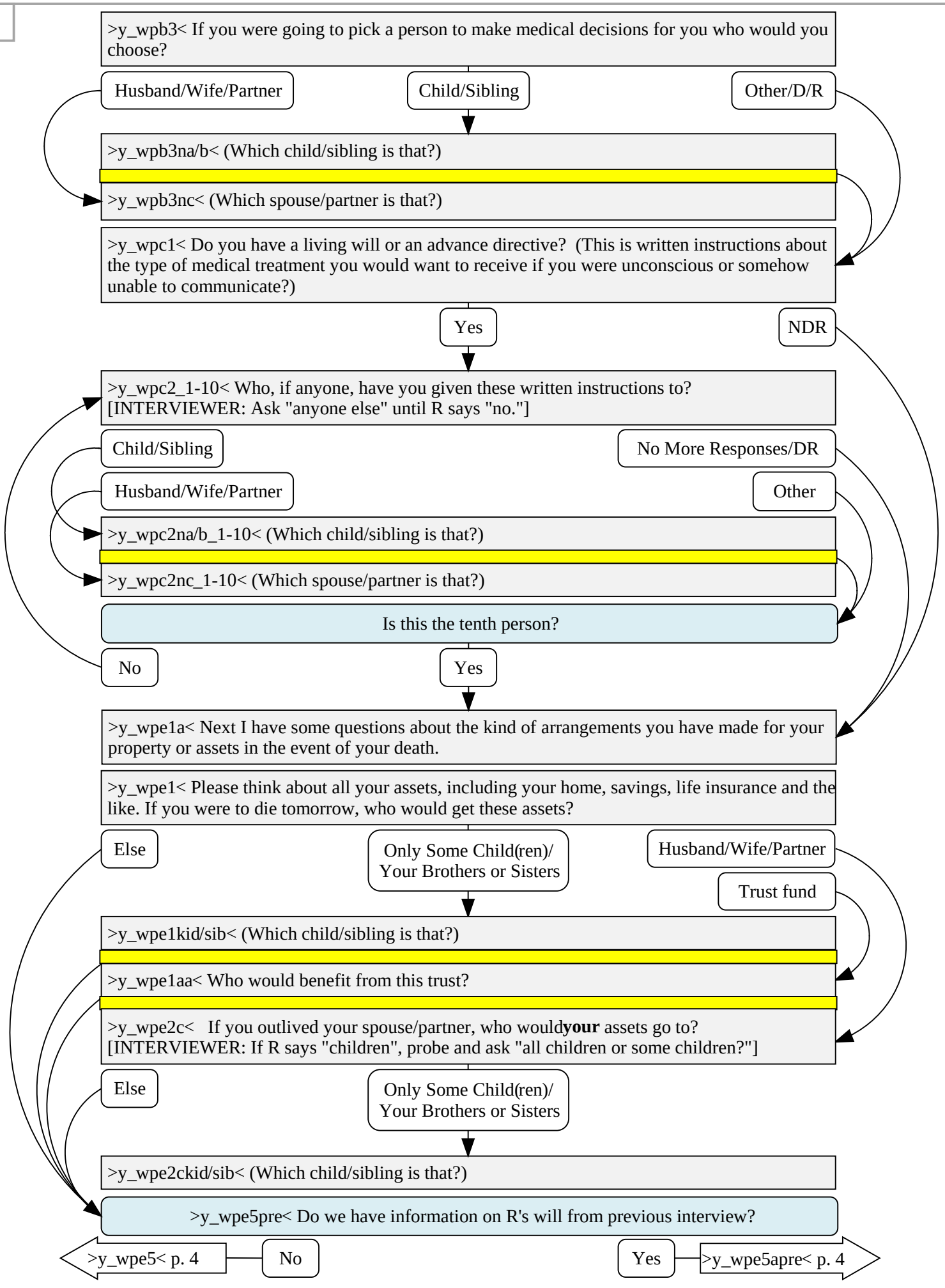
>y_u870g< (During that worst period...) Did you have two weeks or more when you thought a lot about death--either your own, someone else's, or death in general?

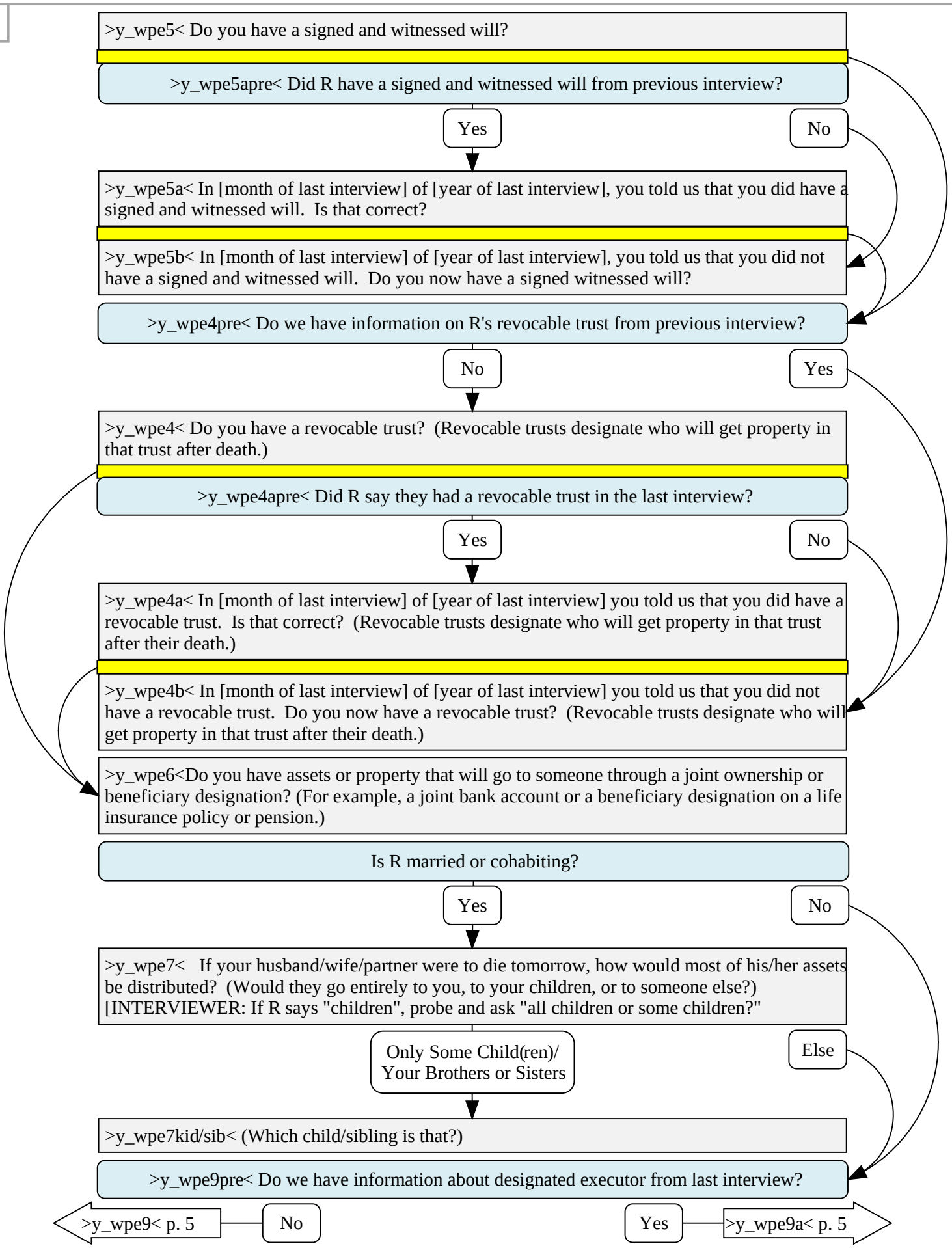
END OF DEPRESSION MODULE

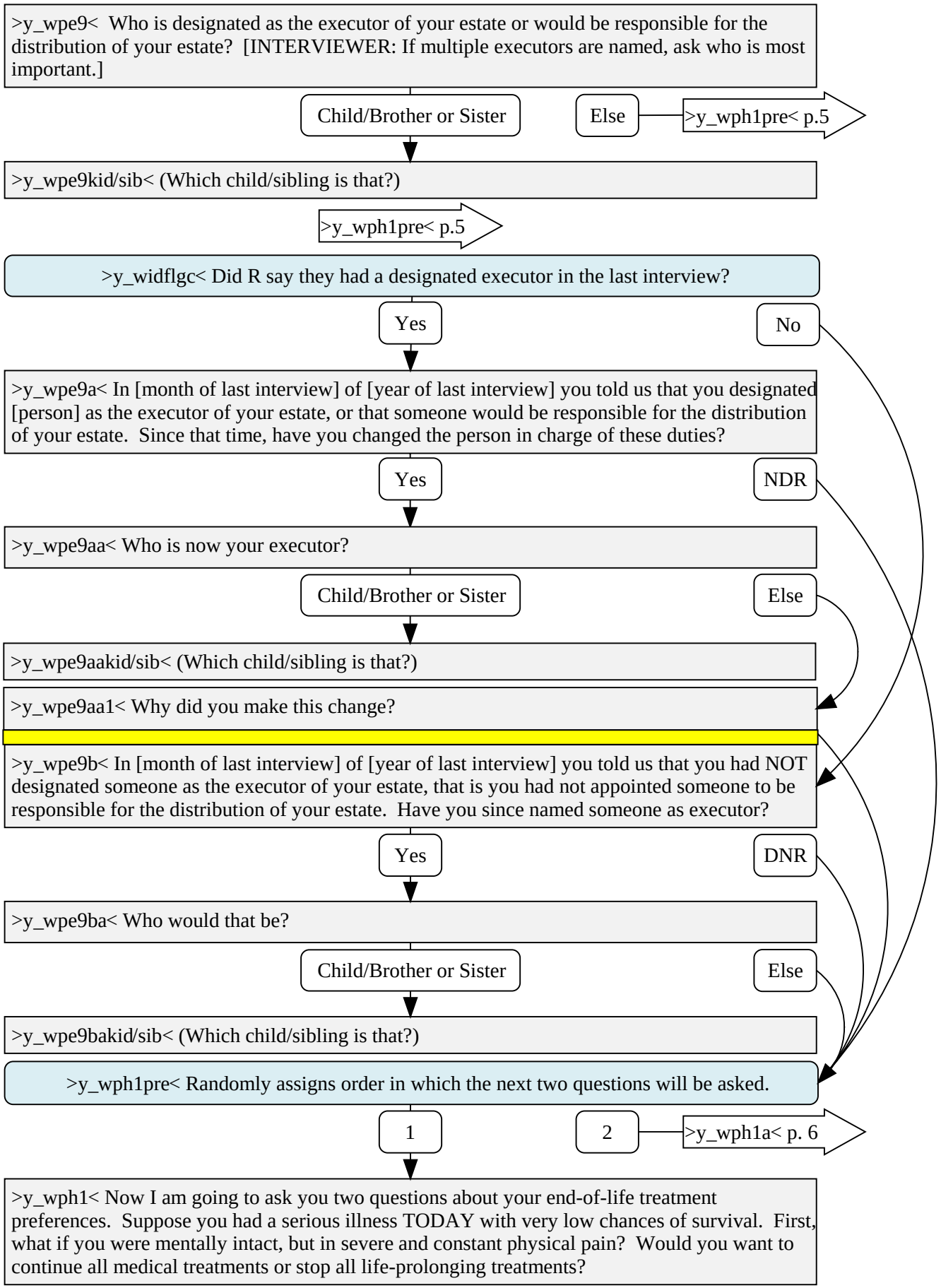
END OF LIFE PREPARATION




>y_wpa4h< How well does this person understand your preferences and plans for future medical treatment? (Extremely well, somewhat well, not very well, or not at all?)
>y_wpb1apre< Do we have R's DPAHC information from previous interview?
Yes
No
>y_wpb1a< In [month, year of last interview], you told us that you did (not) have a Durable Power of Attorney for Health Care (DPAHC). That is, you had (not) made legal arrangements for someone to make decisions about your medical care if you become unable to make those decisions yourself.
Does Not Have DPAHC
Has DPAHC
>y_wpb1z< When we last spoke you told us your DPAHC (Durable power of Attorney for Health Care) (was your [relationship, name]). Have you changed the person named DPAHC since that time?
Yes
NDR
>y_wpc1< p.3
>y_wpb1aa1< Who now has that authority?
Husband/Wife/Partner
Child/Sibling
Other/D/R
>y_wpb1aa1na/b< (Which child/sibling is that?)
>y_wpb1aa1nc< (Which spouse/partner is that?)
>y_wpb1aa3< Why did you make this change?
>y_wpc1< p.3
>y_wpb1ab< Have you since named someone to make such decisions for you?
Yes
NDR
>y_wpb1< Have you made any legal arrangements for someone to make decisions about your medical care if you become unable to make those decisions yourself? (This is sometimes called a Durable Power of Attorney for Health Care)
Yes
NDR
>y_wpb3< p.3
>y_wpb2< Who has that authority?
Husband/Wife/Partner
Child/Sibling
Other/D/R
>y_wpc1< p.3
>y_wpb2na/b< (Which child/sibling is that?)
>y_wpc1< p.3
>y_wpb2nc< (Which spouse/partner is that?)
>y_wpc1< p.3


>y_wpb3< If you were going to pick a person to make medical decisions for you who would you choose?
Husband/Wife/Partner
Child/Sibling
Other/D/R
>y_wpb3na/b< (Which child/sibling is that?)
>y_wpb3nc< (Which spouse/partner is that?)
>y_wpc1< Do you have a living will or an advance directive? (This is written instructions about the type of medical treatment you would want to receive if you were unconscious or somehow unable to communicate?)
Yes
NDR
>y_wpc2_1-10< Who, if anyone, have you given these written instructions to?
[INTERVIEWER: Ask "anyone else" until R says "no."]
Child/Sibling
No More Responses/DR
Husband/Wife/Partner
Other
>y_wpc2na/b_1-10< (Which child/sibling is that?)
>y_wpc2nc_1-10< (Which spouse/partner is that?)
Is this the tenth person?
No
Yes
>y_wpe1a< Next I have some questions about the kind of arrangements you have made for your property or assets in the event of your death.
>y_wpe1< Please think about all your assets, including your home, savings, life insurance and the like. If you were to die tomorrow, who would get these assets?
Else
Only Some Child(ren)/ Your Brothers or Sisters
Husband/Wife/Partner
Trust fund
>y_wpe1kid/sib< (Which child/sibling is that?)
>y_wpe1aa< Who would benefit from this trust?
>y_wpe2c< If you outlived your spouse/partner, who would **your** assets go to?
[INTERVIEWER: If R says "children", probe and ask "all children or some children?"]
Else
Only Some Child(ren)/ Your Brothers or Sisters
>y_wpe2ckid/sib< (Which child/sibling is that?)
>y_wpe5pre< Do we have information on R's will from previous interview?
>y_wpe5< p. 4
No
Yes
>y_wpe5apre< p. 4


>y_wpe5< Do you have a signed and witnessed will?
>y_wpe5apre< Did R have a signed and witnessed will from previous interview?
Yes
No
>y_wpe5a< In [month of last interview] of [year of last interview], you told us that you did have a signed and witnessed will. Is that correct?
>y_wpe5b< In [month of last interview] of [year of last interview], you told us that you did not have a signed and witnessed will. Do you now have a signed witnessed will?
>y_wpe4pre< Do we have information on R's revocable trust from previous interview?
No
Yes
>y_wpe4< Do you have a revocable trust? (Revocable trusts designate who will get property in that trust after death.)
>y_wpe4apre< Did R say they had a revocable trust in the last interview?
Yes
No
>y_wpe4a< In [month of last interview] of [year of last interview] you told us that you did have a revocable trust. Is that correct? (Revocable trusts designate who will get property in that trust after their death.)
>y_wpe4b< In [month of last interview] of [year of last interview] you told us that you did not have a revocable trust. Do you now have a revocable trust? (Revocable trusts designate who will get property in that trust after their death.)
>y_wpe6<Do you have assets or property that will go to someone through a joint ownership or beneficiary designation? (For example, a joint bank account or a beneficiary designation on a life insurance policy or pension.)
Is R married or cohabiting?
Yes
No
>y_wpe7< If your husband/wife/partner were to die tomorrow, how would most of his/her assets be distributed? (Would they go entirely to you, to your children, or to someone else?) [INTERVIEWER: If R says "children", probe and ask "all children or some children?"
Only Some Child(ren)/ Your Brothers or Sisters
Else
>y_wpe7kid/sib< (Which child/sibling is that?)
>y_wpe9pre< Do we have information about designated executor from last interview?
>y_wpe9< p. 5
No
Yes
>y_wpe9a< p. 5


>y_wpe9< Who is designated as the executor of your estate or would be responsible for the distribution of your estate? [INTERVIEWER: If multiple executors are named, ask who is most important.]
Child/Brother or Sister
Else
>y_wph1pre< p.5
>y_wpe9kid/sib< (Which child/sibling is that?)
>y_wph1pre< p.5
>y_widflgc< Did R say they had a designated executor in the last interview?
Yes
No
>y_wpe9a< In [month of last interview] of [year of last interview] you told us that you designated [person] as the executor of your estate, or that someone would be responsible for the distribution of your estate. Since that time, have you changed the person in charge of these duties?
Yes
NDR
>y_wpe9aa< Who is now your executor?
Child/Brother or Sister
Else
>y_wpe9aakid/sib< (Which child/sibling is that?)
>y_wpe9aa1< Why did you make this change?
>y_wpe9b< In [month of last interview] of [year of last interview] you told us that you had NOT designated someone as the executor of your estate, that is you had not appointed someone to be responsible for the distribution of your estate. Have you since named someone as executor?
Yes
DNR
>y_wpe9ba< Who would that be?
Child/Brother or Sister
Else
>y_wpe9bakid/sib< (Which child/sibling is that?)
>y_wph1pre< Randomly assigns order in which the next two questions will be asked.
1
2
>y_wph1a< p. 6
>y_wph1< Now I am going to ask you two questions about your end-of-life treatment preferences. Suppose you had a serious illness TODAY with very low chances of survival. First, what if you were mentally intact, but in severe and constant physical pain? Would you want to continue all medical treatments or stop all life-prolonging treatments?

>y_wph2< Second, Suppose you had no physical pain, but would not be able to speak, walk, or recognize others with very low chances of survival. Would you want to continue all medical treatments or stop all life-prolonging treatments??

>y_wph1a< Now I am going to ask you two questions about your end-of-life treatment preferences. Suppose you had a serious illness TODAY with very low chances of survival.First, what if you had no physical pain, but would not be able to speak, walk, or recognize others, with very low chances of survival. Would you would want to continue all medical treatments or stop all life-prolonging treatments?

>y_wph2a< Second, suppose you were mentally intact, but in severe and constant physical pain? Would you want to continue all medical treatments or stop all life prolonging treatments?

>y_wpi1abpre< Is R married or cohabiting?

Yes

No → >y_wph4< p.6

Randomly assigns order in which the next two questions will be asked.

1

>y_wpi1ab< Suppose your spouse/partner had a serious illness TODAY with very low chances of survival. What if s/he were mentally intact, but in severe and constant physical pain? Would s/he want to continue all medical treatments or stop all life-prolonging treatments?

>y_wpi2ab< What if s/he had no physical pain, but would not be able to speak, walk, or recognize others with very low chances of survival. Would s/he want to continue all medical treatments or stop all life-prolonging treatments?

2

>y_wpi1a< Suppose your spouse/partner had a serious illness TODAY with very low chances of survival. What if s/he had no physical pain, but would not be able to speak, walk, or recognize others, with very low chances of survival. Would s/he would want to continue all medical treatments or stop all life-prolonging treatments?

>y_wpi2a< What if s/he were mentally intact, but in severe and constant physical pain? Would s/he want to continue all medical treatments or stop all life prolonging treatments?

>y_wph4< How strictly do you want your family or care provider to follow your wishes for end of life medical care? Would you like them to strictly follow your wishes, or do what they think is best--even if their preferences are different from your own?

>y_wpi4pre< Is R married or cohabiting?

Yes

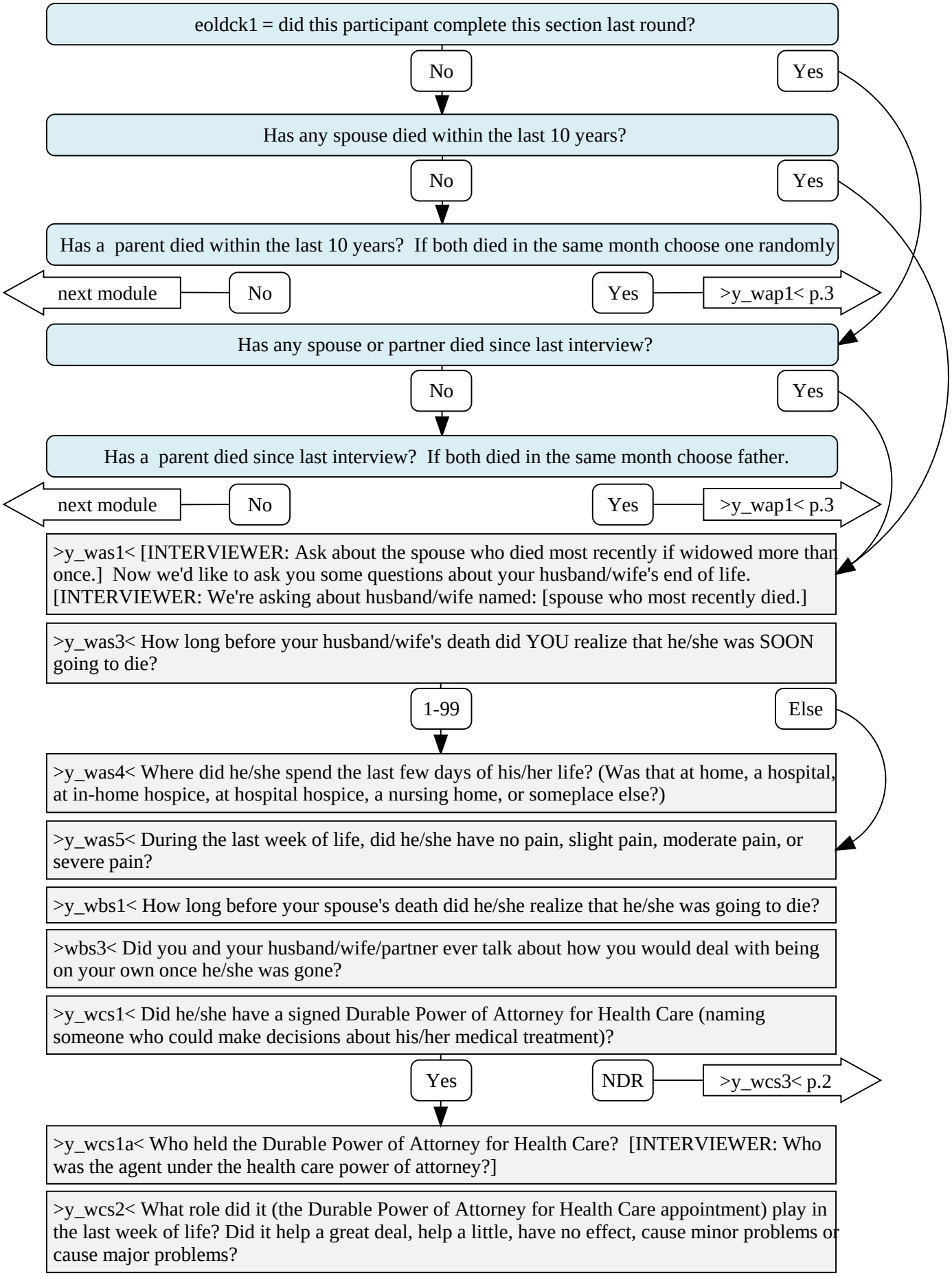
>y_wpi4< How strictly would your husband/wife/partner want you to follow his/her wishes? Would s/he like you to strictly follow his/her wishes, or do what you think is best, even if your preferences are different from his/her own?

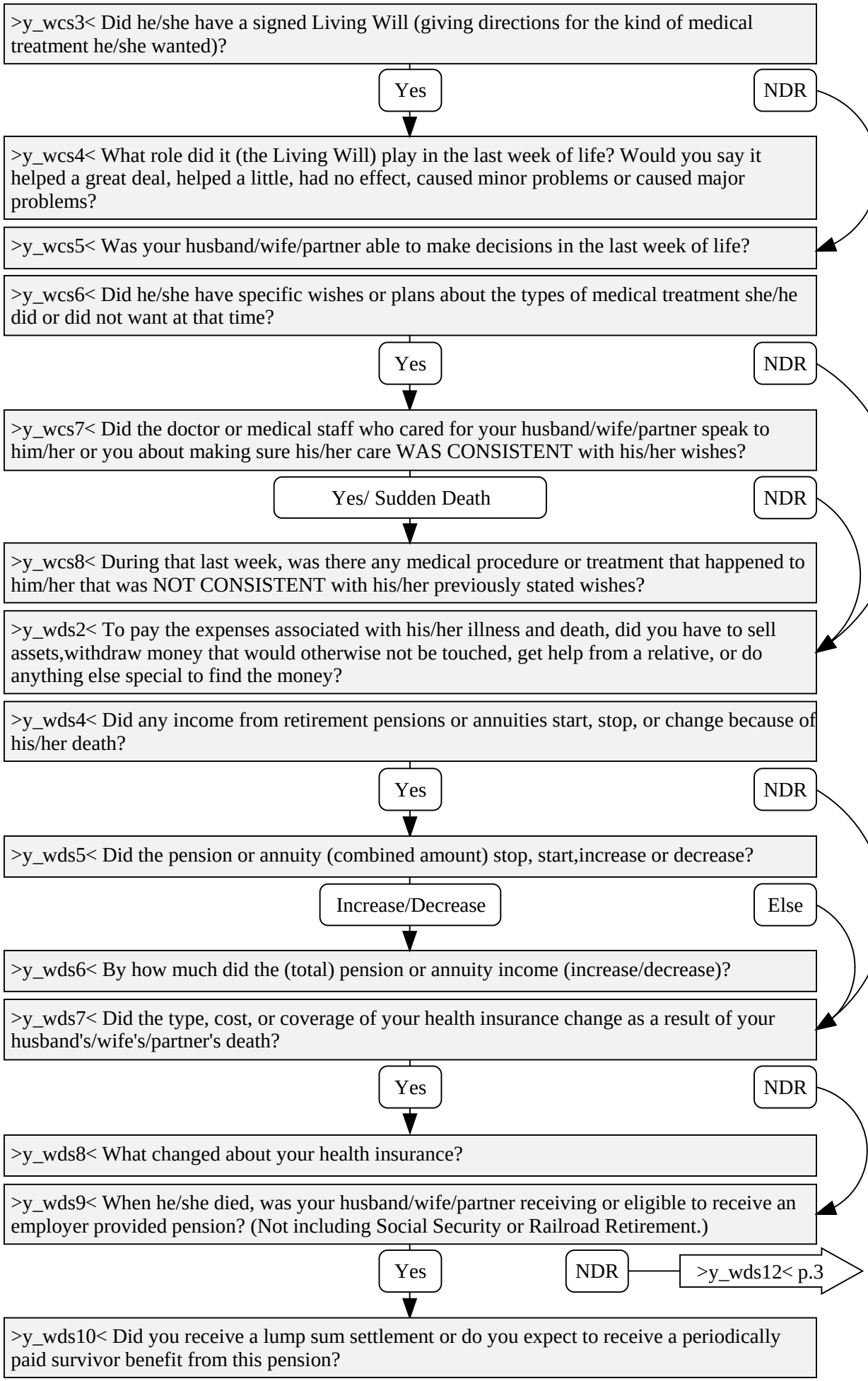
>y_wpi5< Please indicate your level of agreement or disagreement with the following: "I want to determine on my own when and how to die." Do you agree or disagree? Would that be strongly, somewhat, or a little?

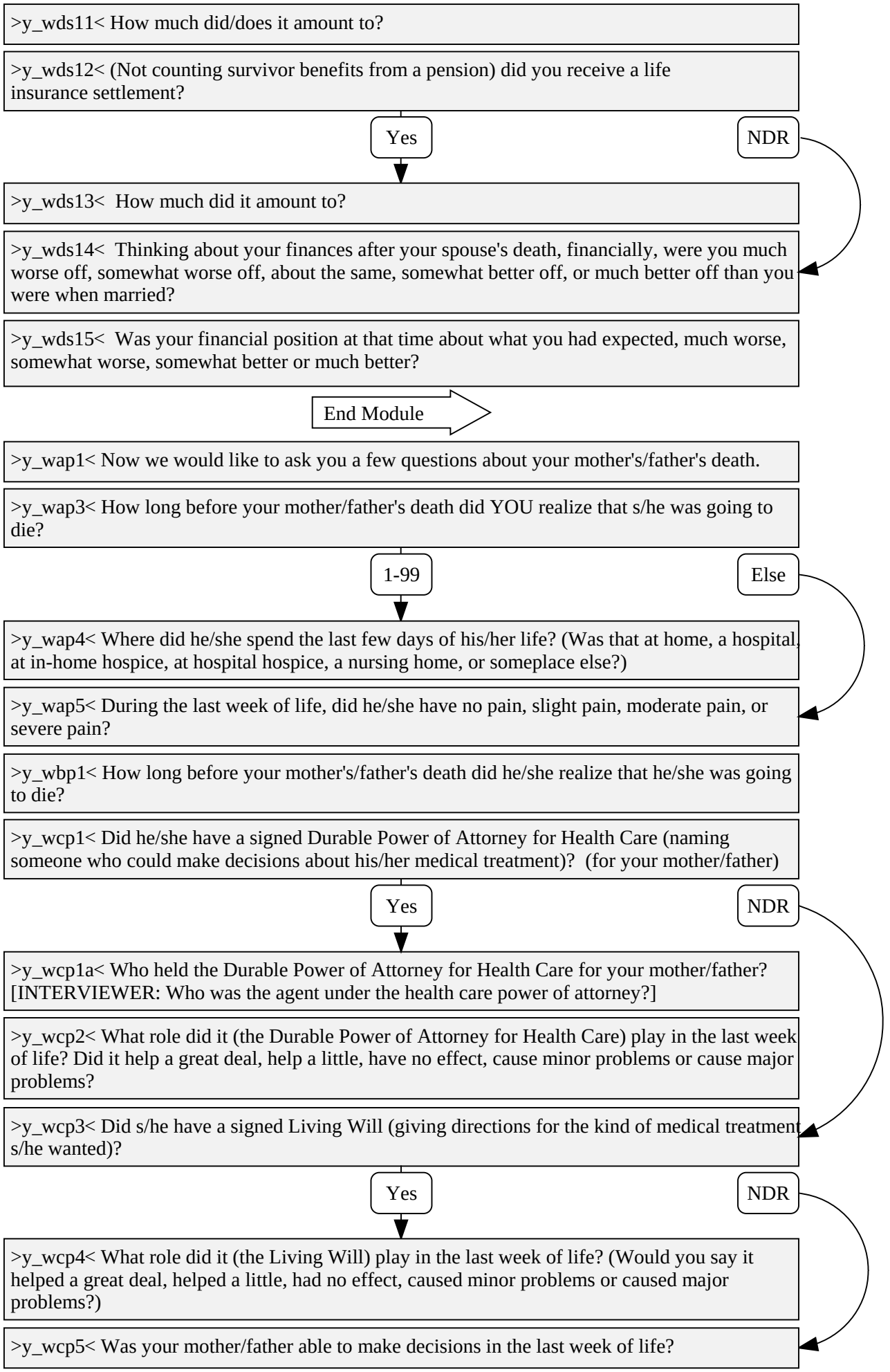
No

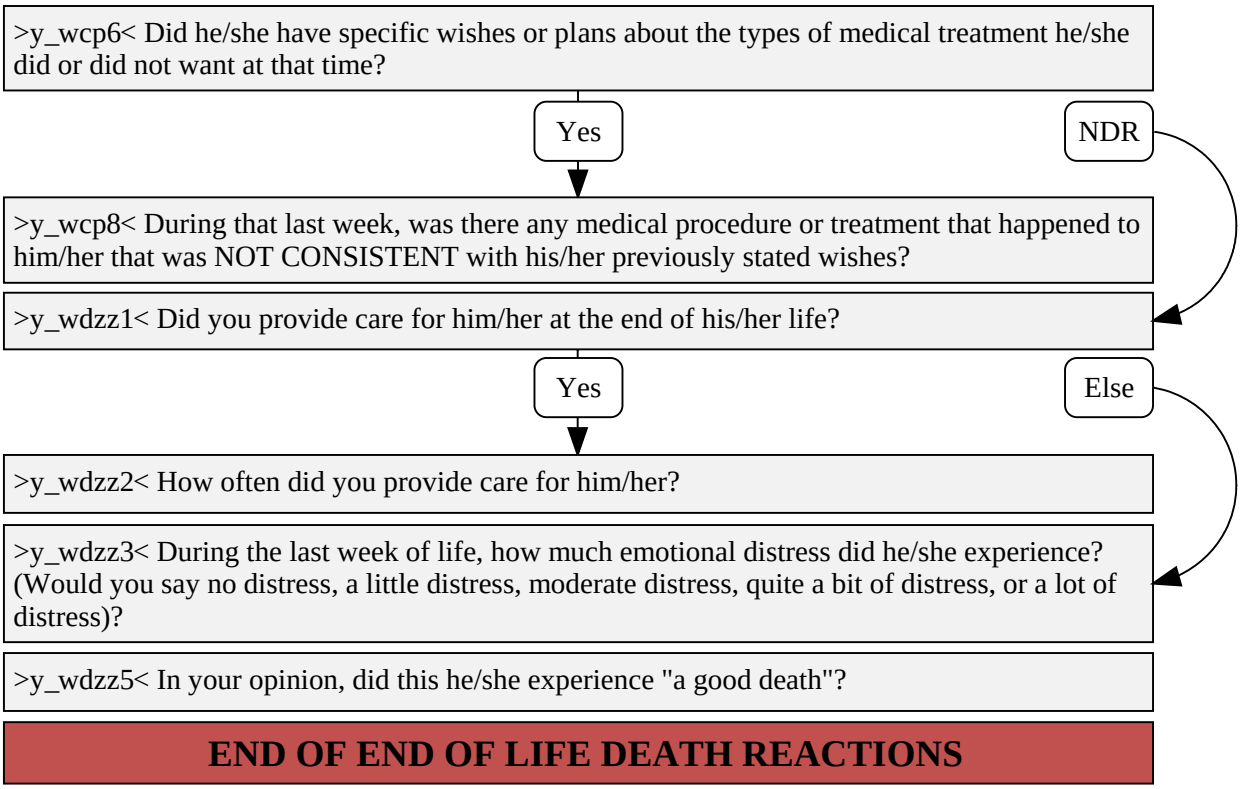
END OF END OF LIFE PREPARATIONS MODULE

END OF LIFE REACTION

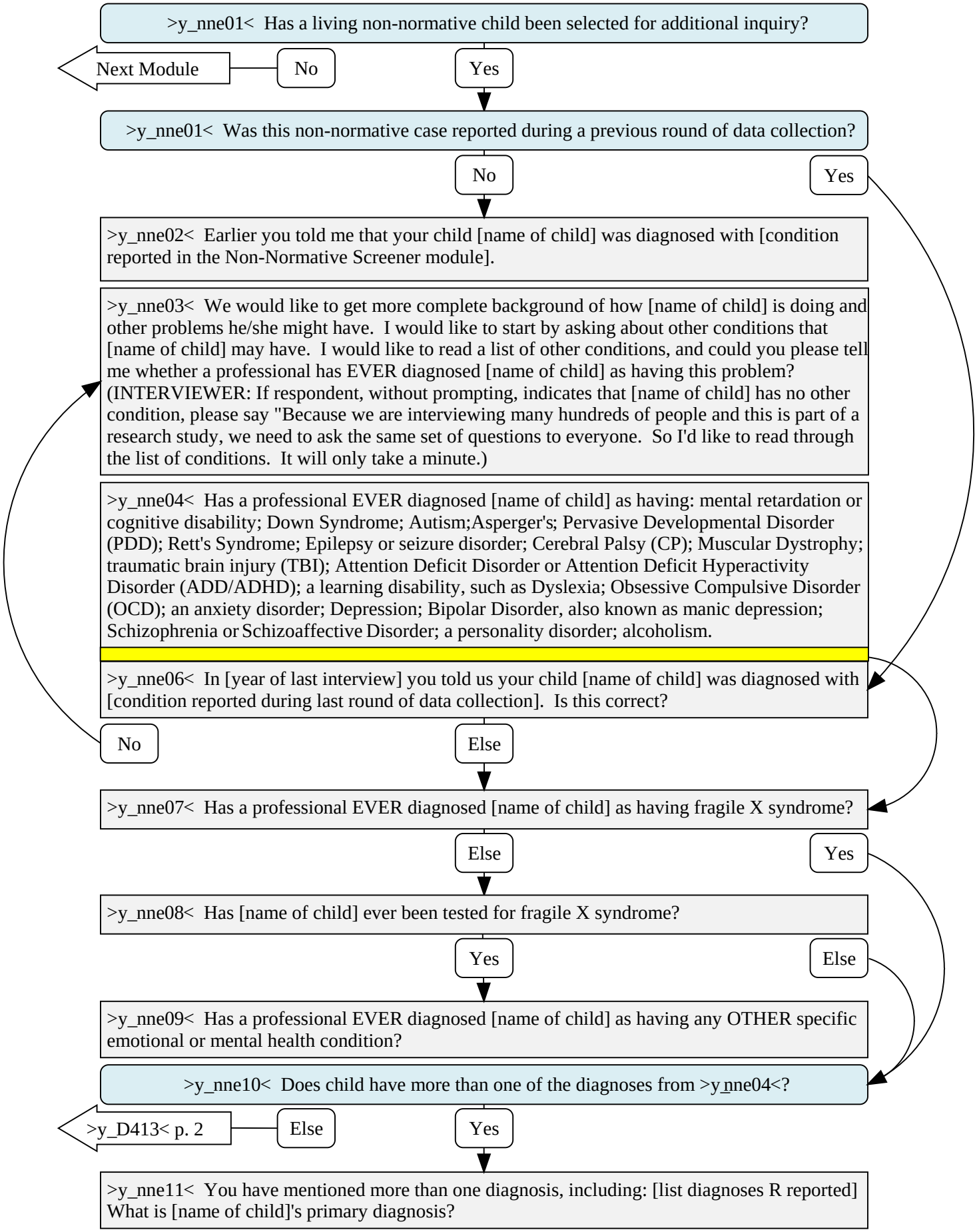


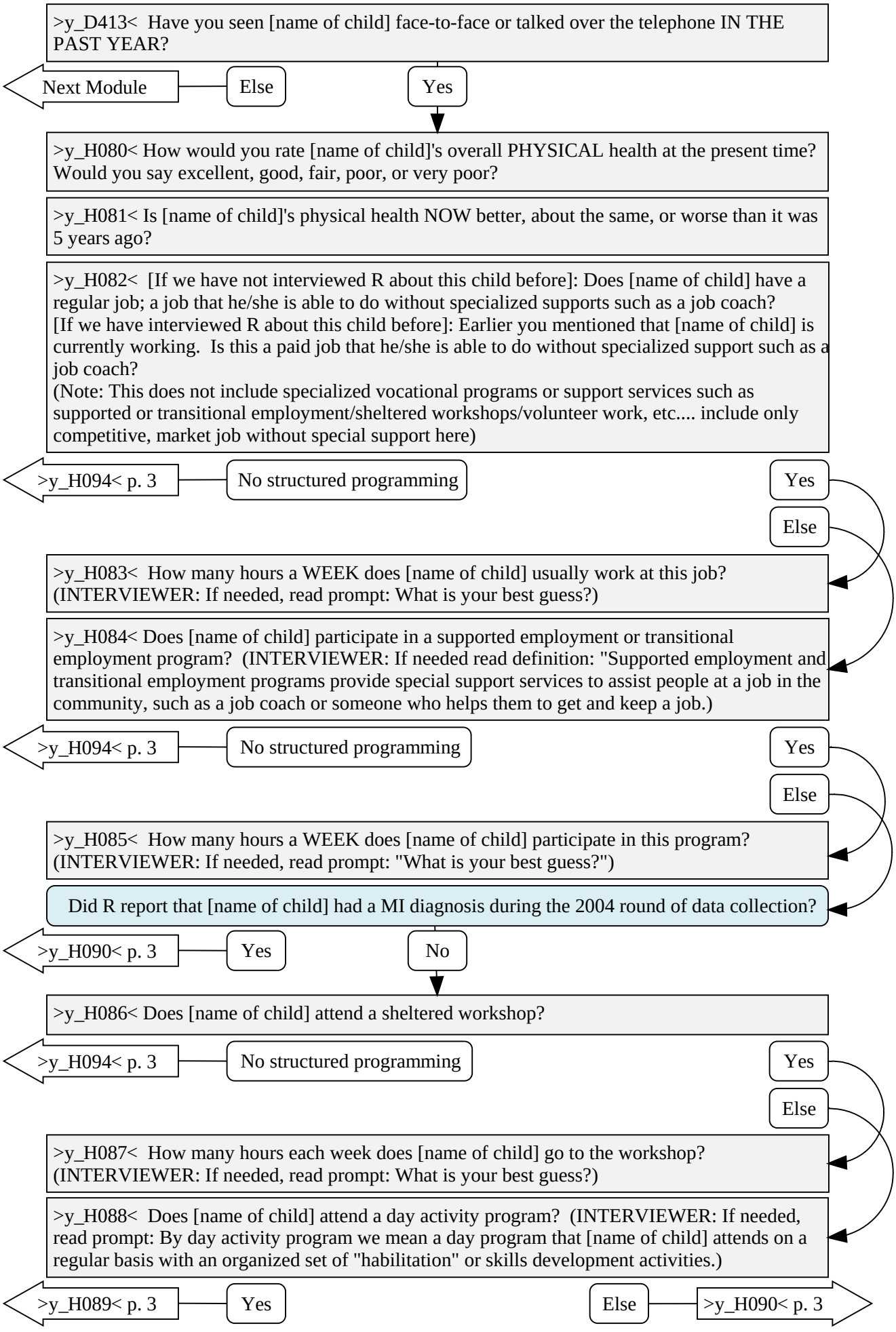

>y_wcs3< Did he/she have a signed Living Will (giving directions for the kind of medical treatment he/she wanted)?
Yes
NDR
>y_wcs4< What role did it (the Living Will) play in the last week of life? Would you say it helped a great deal, helped a little, had no effect, caused minor problems or caused major problems?
>y_wcs5< Was your husband/wife/partner able to make decisions in the last week of life?
>y_wcs6< Did he/she have specific wishes or plans about the types of medical treatment she/he did or did not want at that time?
Yes
NDR
>y_wcs7< Did the doctor or medical staff who cared for your husband/wife/partner speak to him/her or you about making sure his/her care WAS CONSISTENT with his/her wishes?
Yes/ Sudden Death
NDR
>y_wcs8< During that last week, was there any medical procedure or treatment that happened to him/her that was NOT CONSISTENT with his/her previously stated wishes?
>y_wds2< To pay the expenses associated with his/her illness and death, did you have to sell assets,withdraw money that would otherwise not be touched, get help from a relative, or do anything else special to find the money?
>y_wds4< Did any income from retirement pensions or annuities start, stop, or change because of his/her death?
Yes
NDR
>y_wds5< Did the pension or annuity (combined amount) stop, start,increase or decrease?
Increase/Decrease
Else
>y_wds6< By how much did the (total) pension or annuity income (increase/decrease)?
>y_wds7< Did the type, cost, or coverage of your health insurance change as a result of your husband's/wife's/partner's death?
Yes
NDR
>y_wds8< What changed about your health insurance?
>y_wds9< When he/she died, was your husband/wife/partner receiving or eligible to receive an employer provided pension? (Not including Social Security or Railroad Retirement.)
Yes
NDR
>y_wds12< p.3
>y_wds10< Did you receive a lump sum settlement or do you expect to receive a periodically paid survivor benefit from this pension?

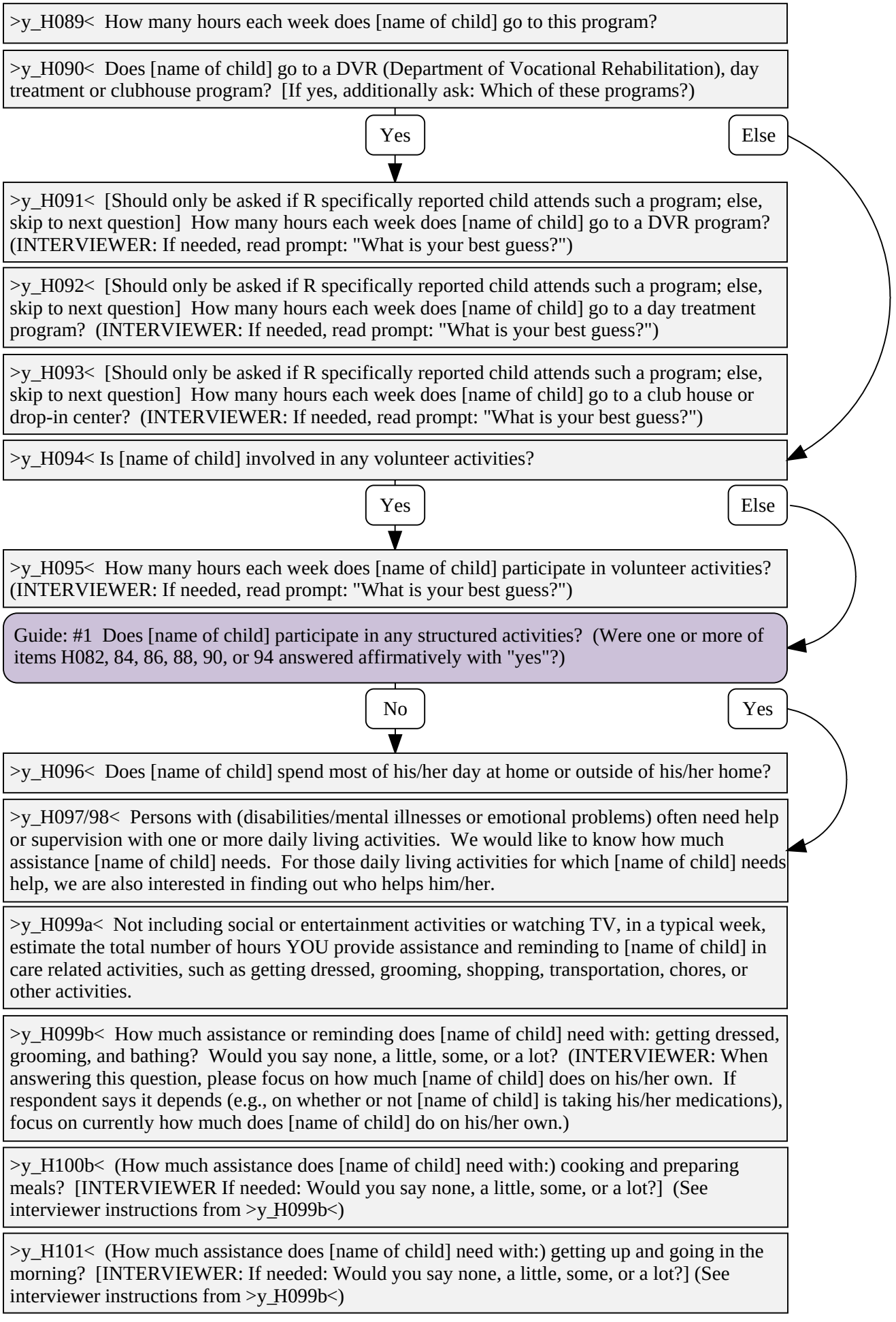

>y_wds11< How much did/does it amount to?
>y_wds12< (Not counting survivor benefits from a pension) did you receive a life insurance settlement?
Yes
NDR
>y_wds13< How much did it amount to?
>y_wds14< Thinking about your finances after your spouse's death, financially, were you much worse off, somewhat worse off, about the same, somewhat better off, or much better off than you were when married?
>y_wds15< Was your financial position at that time about what you had expected, much worse, somewhat worse, somewhat better or much better?
End Module
>y_wap1< Now we would like to ask you a few questions about your mother's/father's death.
>y_wap3< How long before your mother/father's death did YOU realize that s/he was going to die?
1-99
Else
>y_wap4< Where did he/she spend the last few days of his/her life? (Was that at home, a hospital, at in-home hospice, at hospital hospice, a nursing home, or someplace else?)
>y_wap5< During the last week of life, did he/she have no pain, slight pain, moderate pain, or severe pain?
>y_wbp1< How long before your mother's/father's death did he/she realize that he/she was going to die?
>y_wcp1< Did he/she have a signed Durable Power of Attorney for Health Care (naming someone who could make decisions about his/her medical treatment)? (for your mother/father)
Yes
NDR
>y_wcp1a< Who held the Durable Power of Attorney for Health Care for your mother/father? [INTERVIEWER: Who was the agent under the health care power of attorney?]
>y_wcp2< What role did it (the Durable Power of Attorney for Health Care) play in the last week of life? Did it help a great deal, help a little, have no effect, cause minor problems or cause major problems?
>y_wcp3< Did s/he have a signed Living Will (giving directions for the kind of medical treatment s/he wanted)?
Yes
NDR
>y_wcp4< What role did it (the Living Will) play in the last week of life? (Would you say it helped a great deal, helped a little, had no effect, caused minor problems or caused major problems?)
>y_wcp5< Was your mother/father able to make decisions in the last week of life?

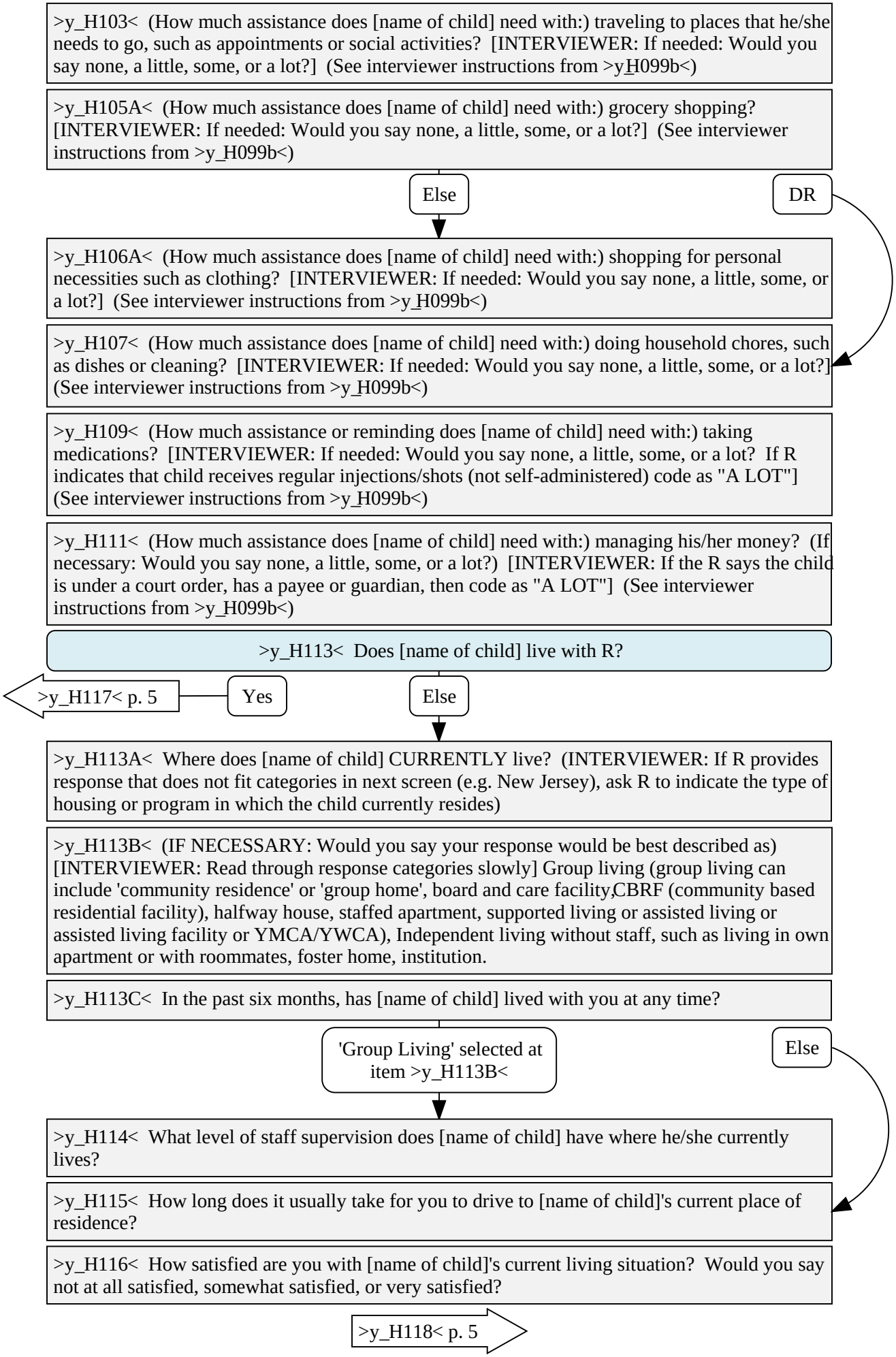

>y_wcp6< Did he/she have specific wishes or plans about the types of medical treatment he/she did or did not want at that time?
Yes
NDR
>y_wcp8< During that last week, was there any medical procedure or treatment that happened to him/her that was NOT CONSISTENT with his/her previously stated wishes?
>y_wdzz1< Did you provide care for him/her at the end of his/her life?
Yes
Else
>y_wdzz2< How often did you provide care for him/her?
>y_wdzz3< During the last week of life, how much emotional distress did he/she experience? (Would you say no distress, a little distress, moderate distress, quite a bit of distress, or a lot of distress)?
>y_wdzz5< In your opinion, did this he/she experience "a good death"?
END OF END OF LIFE DEATH REACTIONS

NON-NORMATIVE EXTENSION




>y_D413< Have you seen [name of child] face-to-face or talked over the telephone IN THE PAST YEAR?
Next Module
Else
Yes
>y_H080< How would you rate [name of child]'s overall PHYSICAL health at the present time? Would you say excellent, good, fair, poor, or very poor?
>y_H081< Is [name of child]'s physical health NOW better, about the same, or worse than it was 5 years ago?
>y_H082< [If we have not interviewed R about this child before]: Does [name of child] have a regular job; a job that he/she is able to do without specialized supports such as a job coach?
[If we have interviewed R about this child before]: Earlier you mentioned that [name of child] is currently working. Is this a paid job that he/she is able to do without specialized support such as a job coach?
(Note: This does not include specialized vocational programs or support services such as supported or transitional employment/sheltered workshops/volunteer work, etc.... include only competitive, market job without special support here)
>y_H094< p. 3
No structured programming
Yes
Else
>y_H083< How many hours a WEEK does [name of child] usually work at this job?
(INTERVIEWER: If needed, read prompt: What is your best guess?)
>y_H084< Does [name of child] participate in a supported employment or transitional employment program? (INTERVIEWER: If needed read definition: "Supported employment and transitional employment programs provide special support services to assist people at a job in the community, such as a job coach or someone who helps them to get and keep a job.)
>y_H094< p. 3
No structured programming
Yes
Else
>y_H085< How many hours a WEEK does [name of child] participate in this program?
(INTERVIEWER: If needed, read prompt: "What is your best guess?")
Did R report that [name of child] had a MI diagnosis during the 2004 round of data collection?
>y_H090< p. 3
Yes
No
>y_H086< Does [name of child] attend a sheltered workshop?
>y_H094< p. 3
No structured programming
Yes
Else
>y_H087< How many hours each week does [name of child] go to the workshop?
(INTERVIEWER: If needed, read prompt: What is your best guess?)
>y_H088< Does [name of child] attend a day activity program? (INTERVIEWER: If needed, read prompt: By day activity program we mean a day program that [name of child] attends on a regular basis with an organized set of "habilitation" or skills development activities.)
>y_H089< p. 3
Yes
Else
>y_H090< p. 3


>y_H089< How many hours each week does [name of child] go to this program?
>y_H090< Does [name of child] go to a DVR (Department of Vocational Rehabilitation), day treatment or clubhouse program? [If yes, additionally ask: Which of these programs?)
Yes
Else
>y_H091< [Should only be asked if R specifically reported child attends such a program; else, skip to next question] How many hours each week does [name of child] go to a DVR program? (INTERVIEWER: If needed, read prompt: "What is your best guess?")
>y_H092< [Should only be asked if R specifically reported child attends such a program; else, skip to next question] How many hours each week does [name of child] go to a day treatment program? (INTERVIEWER: If needed, read prompt: "What is your best guess?")
>y_H093< [Should only be asked if R specifically reported child attends such a program; else, skip to next question] How many hours each week does [name of child] go to a club house or drop-in center? (INTERVIEWER: If needed, read prompt: "What is your best guess?")
>y_H094< Is [name of child] involved in any volunteer activities?
Yes
Else
>y_H095< How many hours each week does [name of child] participate in volunteer activities? (INTERVIEWER: If needed, read prompt: "What is your best guess?")
Guide: #1 Does [name of child] participate in any structured activities? (Were one or more of items H082, 84, 86, 88, 90, or 94 answered affirmatively with "yes"?)
No
Yes
>y_H096< Does [name of child] spend most of his/her day at home or outside of his/her home?
>y_H097/98< Persons with (disabilities/mental illnesses or emotional problems) often need help or supervision with one or more daily living activities. We would like to know how much assistance [name of child] needs. For those daily living activities for which [name of child] needs help, we are also interested in finding out who helps him/her.
>y_H099a< Not including social or entertainment activities or watching TV, in a typical week, estimate the total number of hours YOU provide assistance and reminding to [name of child] in care related activities, such as getting dressed, grooming, shopping, transportation, chores, or other activities.
>y_H099b< How much assistance or reminding does [name of child] need with: getting dressed, grooming, and bathing? Would you say none, a little, some, or a lot? (INTERVIEWER: When answering this question, please focus on how much [name of child] does on his/her own. If respondent says it depends (e.g., on whether or not [name of child] is taking his/her medications), focus on currently how much does [name of child] do on his/her own.)
>y_H100b< (How much assistance does [name of child] need with:) cooking and preparing meals? [INTERVIEWER If needed: Would you say none, a little, some, or a lot?] (See interviewer instructions from >y_H099b<)
>y_H101< (How much assistance does [name of child] need with:) getting up and going in the morning? [INTERVIEWER: If needed: Would you say none, a little, some, or a lot?] (See interviewer instructions from >y_H099b<)


>y_H103< (How much assistance does [name of child] need with:) traveling to places that he/she needs to go, such as appointments or social activities? [INTERVIEWER: If needed: Would you say none, a little, some, or a lot?] (See interviewer instructions from >y_H099b<)
>y_H105A< (How much assistance does [name of child] need with:) grocery shopping? [INTERVIEWER: If needed: Would you say none, a little, some, or a lot?] (See interviewer instructions from >y_H099b<)
Else
DR
>y_H106A< (How much assistance does [name of child] need with:) shopping for personal necessities such as clothing? [INTERVIEWER: If needed: Would you say none, a little, some, or a lot?] (See interviewer instructions from >y_H099b<)
>y_H107< (How much assistance does [name of child] need with:) doing household chores, such as dishes or cleaning? [INTERVIEWER: If needed: Would you say none, a little, some, or a lot?] (See interviewer instructions from >y_H099b<)
>y_H109< (How much assistance or reminding does [name of child] need with:) taking medications? [INTERVIEWER: If needed: Would you say none, a little, some, or a lot? If R indicates that child receives regular injections/shots (not self-administered) code as "A LOT"] (See interviewer instructions from >y_H099b<)
>y_H111< (How much assistance does [name of child] need with:) managing his/her money? (If necessary: Would you say none, a little, some, or a lot?) [INTERVIEWER: If the R says the child is under a court order, has a payee or guardian, then code as "A LOT"] (See interviewer instructions from >y_H099b<)
>y_H113< Does [name of child] live with R?
>y_H117< p. 5
Yes
Else
>y_H113A< Where does [name of child] CURRENTLY live? (INTERVIEWER: If R provides response that does not fit categories in next screen (e.g. New Jersey), ask R to indicate the type of housing or program in which the child currently resides)
>y_H113B< (IF NECESSARY: Would you say your response would be best described as) [INTERVIEWER: Read through response categories slowly] Group living (group living can include 'community residence' or 'group home', board and care facility,CBRF (community based residential facility), halfway house, staffed apartment, supported living or assisted living or assisted living facility or YMCA/YWCA), Independent living without staff, such as living in own apartment or with roommates, foster home, institution.
>y_H113C< In the past six months, has [name of child] lived with you at any time?
'Group Living' selected at item >y_H113B<
Else
>y_H114< What level of staff supervision does [name of child] have where he/she currently lives?
>y_H115< How long does it usually take for you to drive to [name of child]'s current place of residence?
>y_H116< How satisfied are you with [name of child]'s current living situation? Would you say not at all satisfied, somewhat satisfied, or very satisfied?
>y_H118< p. 5

>y_H117< How satisfied are you with having [name] living with you? Would you say not at all satisfied, somewhat satisfied, or very satisfied?

>y_H118< Is [name of child] on a waiting list for any type of housing? [INTERVIEWER: This should only be marked as yes if the child is currently on a waiting list for housing.]

>y_H119< Now we'd like to ask how often [name of child] participates in a variety of social and recreational activities. How often does your son/daughter do each of the following? How often does [name of child] socialize with relatives, other than those he/she may live with?

>y_H120< (How often does [name of child]:) socialize with friends?

>y_H121< (How often does [name of child]:) participate in a formal or informal recreational activity such as bowling or movies?

>y_H122< (How often does [name of child]:) work on a hobby such as video games, computer games, or collecting things?

>y_H123< (How often does [name of child]:) take a walk, play sports, or get some other kind of physical exercise?

>y_H124< (How often does [name of child]:) attend services or an event at a church or synagogue or participate in other religious ceremonies?

>y_H125< I am going to read you a list of challenging behaviors that some people with mental health or emotional problems may have. We would like to know if [name of child] has had ANY of these behavior problems within the past SIX MONTHS, INCLUDING NOW.

>y_H127< Within the past SIX MONTHS, has [name of child] been hurtful to him/herself; injured his/her own body by hitting, banging his/her head, or scratching?

>y_H129< (Within the past SIX MONTHS, has [name of child]:) been destructive to property; deliberately broken, defaced, or destroyed things?

>y_H130< (Within the past SIX MONTHS, has [name of child]:) had disruptive behavior that interfered with the activity of others, for example by clinging, pestering, or teasing?

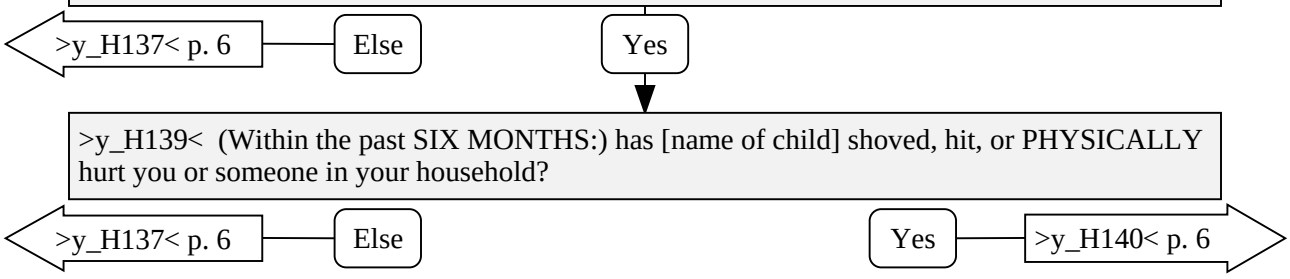
>y_H131< (Within the past SIX MONTHS, has [name of child]:) had any unusual or repetitive habits, unusual behavior done over and over, such as pacing, rocking, twirling fingers, or talking to him/herself?

>y_H132< (Within the past SIX MONTHS, has [name of child]:) had any socially offensive behavior; such as talking too loud, swearing, touching others too much, or belching?

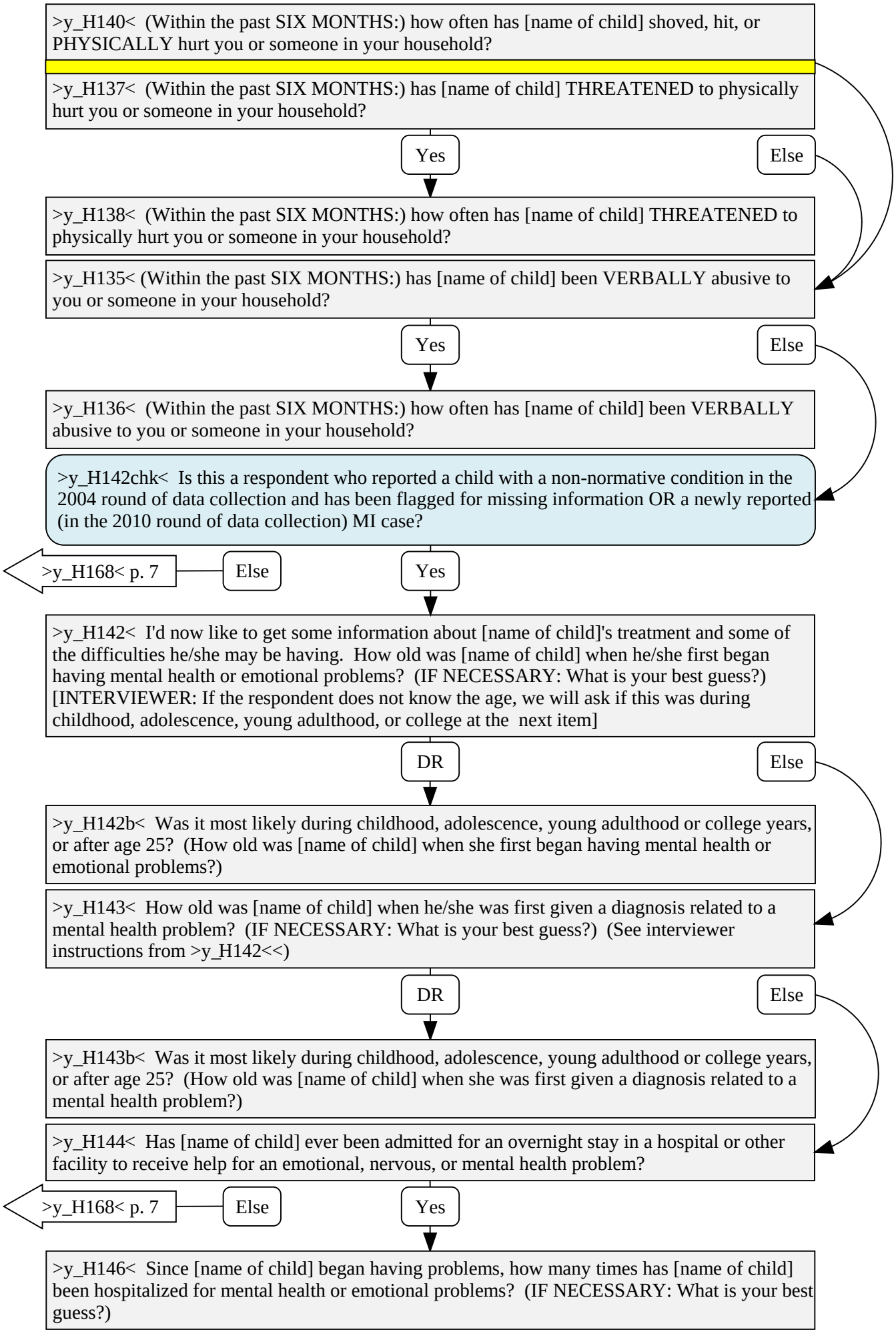
>y_H133< (Within the past SIX MONTHS, has [name of child]:) had withdrawn or inattentive behavior, for example having difficulty being around others or paying attention?

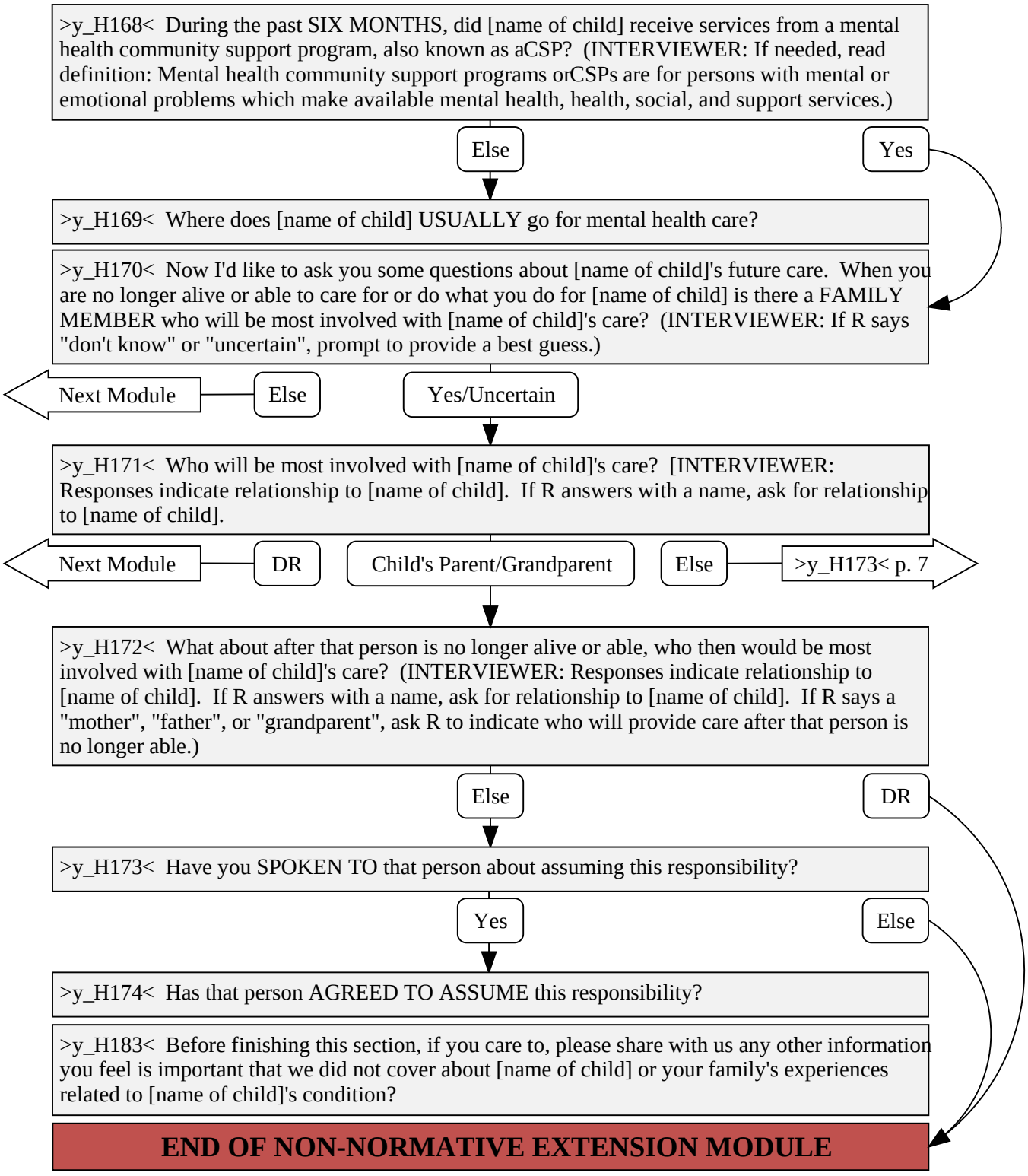
>y_H134< (Within the past SIX MONTHS, has [name of child]:) had uncooperative behavior, such as refusing to obey or refusing to go to school or work?

>y_H128< (Within the past SIX MONTHS, has [name of child]:) been destructive or hurtful to you or others; caused physical pain to people or to animals?

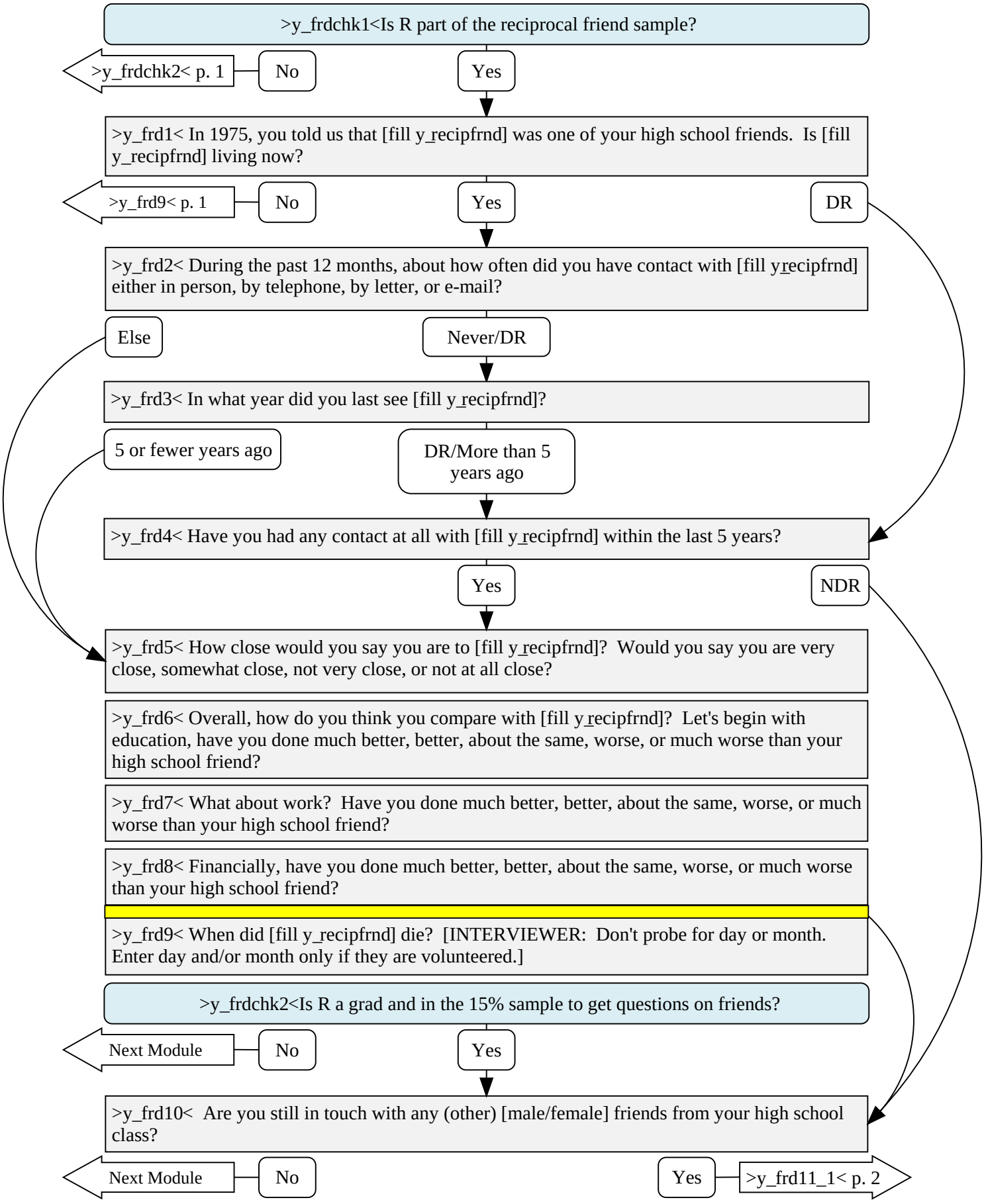


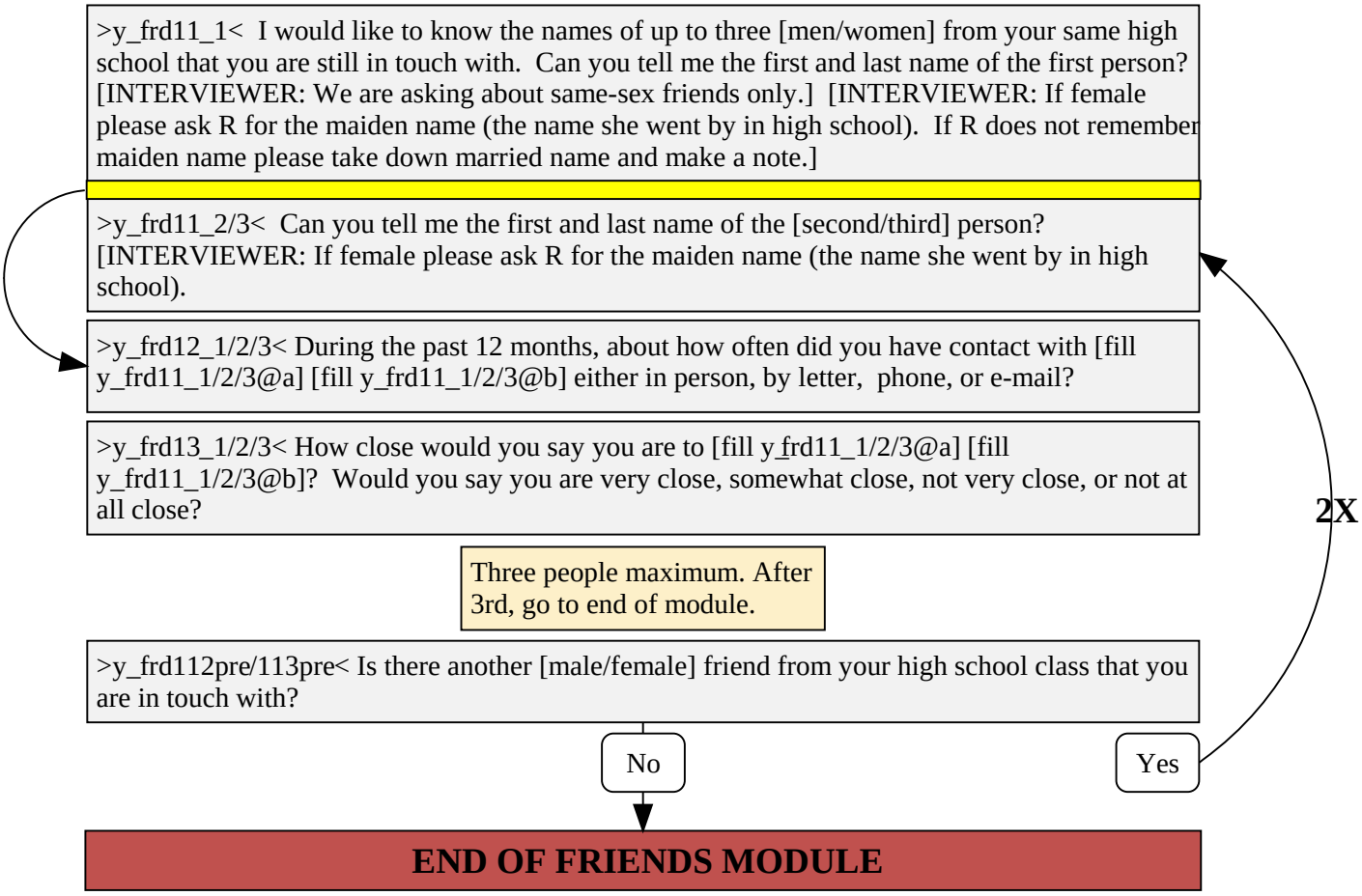
>y_H139< (Within the past SIX MONTHS:) has [name of child] shoved, hit, or PHYSICALLY hurt you or someone in your household?


>y_H140< (Within the past SIX MONTHS:) how often has [name of child] shoved, hit, or PHYSICALLY hurt you or someone in your household?
>y_H137< (Within the past SIX MONTHS:) has [name of child] THREATENED to physically hurt you or someone in your household?
Yes
Else
>y_H138< (Within the past SIX MONTHS:) how often has [name of child] THREATENED to physically hurt you or someone in your household?
>y_H135< (Within the past SIX MONTHS:) has [name of child] been VERBALLY abusive to you or someone in your household?
Yes
Else
>y_H136< (Within the past SIX MONTHS:) how often has [name of child] been VERBALLY abusive to you or someone in your household?
>y_H142chk< Is this a respondent who reported a child with a non-normative condition in the 2004 round of data collection and has been flagged for missing information OR a newly reported (in the 2010 round of data collection) MI case?
>y_H168< p. 7
Else
Yes
>y_H142< I'd now like to get some information about [name of child]'s treatment and some of the difficulties he/she may be having. How old was [name of child] when he/she first began having mental health or emotional problems? (IF NECESSARY: What is your best guess?) [INTERVIEWER: If the respondent does not know the age, we will ask if this was during childhood, adolescence, young adulthood, or college at the next item]
DR
Else
>y_H142b< Was it most likely during childhood, adolescence, young adulthood or college years, or after age 25? (How old was [name of child] when she first began having mental health or emotional problems?)
>y_H143< How old was [name of child] when he/she was first given a diagnosis related to a mental health problem? (IF NECESSARY: What is your best guess?) (See interviewer instructions from >y_H142<<)
DR
Else
>y_H143b< Was it most likely during childhood, adolescence, young adulthood or college years, or after age 25? (How old was [name of child] when she was first given a diagnosis related to a mental health problem?)
>y_H144< Has [name of child] ever been admitted for an overnight stay in a hospital or other facility to receive help for an emotional, nervous, or mental health problem?
>y_H168< p. 7
Else
Yes
>y_H146< Since [name of child] began having problems, how many times has [name of child] been hospitalized for mental health or emotional problems? (IF NECESSARY: What is your best guess?)


>y_H168< During the past SIX MONTHS, did [name of child] receive services from a mental health community support program, also known as aCSP? (INTERVIEWER: If needed, read definition: Mental health community support programs orCSPs are for persons with mental or emotional problems which make available mental health, health, social, and support services.)
Else
Yes
>y_H169< Where does [name of child] USUALLY go for mental health care?
>y_H170< Now I'd like to ask you some questions about [name of child]'s future care. When you are no longer alive or able to care for or do what you do for [name of child] is there a FAMILY MEMBER who will be most involved with [name of child]'s care? (INTERVIEWER: If R says "don't know" or "uncertain", prompt to provide a best guess.)
Next Module
Else
Yes/Uncertain
>y_H171< Who will be most involved with [name of child]'s care? [INTERVIEWER: Responses indicate relationship to [name of child]. If R answers with a name, ask for relationship to [name of child].
Next Module
DR
Child's Parent/Grandparent
Else
>y_H173< p. 7
>y_H172< What about after that person is no longer alive or able, who then would be most involved with [name of child]'s care? (INTERVIEWER: Responses indicate relationship to [name of child]. If R answers with a name, ask for relationship to [name of child]. If R says a "mother", "father", or "grandparent", ask R to indicate who will provide care after that person is no longer able.)
Else
DR
>y_H173< Have you SPOKEN TO that person about assuming this responsibility?
Yes
Else
>y_H174< Has that person AGREED TO ASSUME this responsibility?
>y_H183< Before finishing this section, if you care to, please share with us any other information you feel is important that we did not cover about [name of child] or your family's experiences related to [name of child]'s condition?
END OF NON-NORMATIVE EXTENSION MODULE

FRIENDS


>y_frdchk1<Is R part of the reciprocal friend sample?
No
>y_frdchk2< p. 1
Yes
>y_frd1< In 1975, you told us that [fill y_recipfrnd] was one of your high school friends. Is [fill y_recipfrnd] living now?
No
>y_frd9< p. 1
Yes
DR
>y_frd2< During the past 12 months, about how often did you have contact with [fill y_recipfrnd] either in person, by telephone, by letter, or e-mail?
Else
Never/DR
>y_frd3< In what year did you last see [fill y_recipfrnd]?
5 or fewer years ago
DR/More than 5 years ago
>y_frd4< Have you had any contact at all with [fill y_recipfrnd] within the last 5 years?
Yes
NDR
>y_frd5< How close would you say you are to [fill y_recipfrnd]? Would you say you are very close, somewhat close, not very close, or not at all close?
>y_frd6< Overall, how do you think you compare with [fill y_recipfrnd]? Let's begin with education, have you done much better, better, about the same, worse, or much worse than your high school friend?
>y_frd7< What about work? Have you done much better, better, about the same, worse, or much worse than your high school friend?
>y_frd8< Financially, have you done much better, better, about the same, worse, or much worse than your high school friend?
>y_frd9< When did [fill y_recipfrnd] die? [INTERVIEWER: Don't probe for day or month. Enter day and/or month only if they are volunteered.]
>y_frdchk2<Is R a grad and in the 15% sample to get questions on friends?
No
Next Module
Yes
>y_frd10< Are you still in touch with any (other) [male/female] friends from your high school class?
No
Next Module
Yes
>y_frd11_1< p. 2


>y_frd11_1< I would like to know the names of up to three [men/women] from your same high school that you are still in touch with. Can you tell me the first and last name of the first person? [INTERVIEWER: We are asking about same-sex friends only.] [INTERVIEWER: If female please ask R for the maiden name (the name she went by in high school). If R does not remember maiden name please take down married name and make a note.]
>y_frd11_2/3< Can you tell me the first and last name of the [second/third] person? [INTERVIEWER: If female please ask R for the maiden name (the name she went by in high school).
>y_frd12_1/2/3< During the past 12 months, about how often did you have contact with [fill y_frd11_1/2/3@a] [fill y_frd11_1/2/3@b] either in person, by letter, phone, or e-mail?
>y_frd13_1/2/3< How close would you say you are to [fill y_frd11_1/2/3@a] [fill y_frd11_1/2/3@b]? Would you say you are very close, somewhat close, not very close, or not at all close?
2X
Three people maximum. After 3rd, go to end of module.
>y_frd112pre/113pre< Is there another [male/female] friend from your high school class that you are in touch with?
No
Yes
END OF FRIENDS MODULE

CLOSING QUESTIONS

>y_altcont< Can you please give me the name and address of someone who will always know where you are? Often this might be an adult child or a friend or relative.

Has R EVER been married OR is R currently partnered?

Yes

Else

>y_thnkmar< I have a couple more things to hand to you but I just have one final question to ask you. We would like to hear the story of how you met your husband/wife/partner. [INTERVIEWER: If R is too brief please consider the following probes: "How old were you when you met?" "Did someone introduce you?" "Did you meet in school?"] [INTERVIEWER: If R is married more than once and they ask which spouse, then please say: "Tell me how you met your first husband/wife." If they don't ask, allow them to tell you about whatever spouse they choose, especially if a spouse is within hearing distance.]

If the interview is not being recorded the interviewer must type the response verbatim.

>y_thknvmar1< I have a couple more things to hand to you but I just have one final question to ask you. Are you still in contact with any of your friends from high school? [INTERVIEWER: Possible probes include: "When is the last time you talked to them?" "How many are you in contact with?"]

>y_thnk< Thank you very much. Once the data are all gathered and analyzed we will send you some results. But please understand it will likely be a couple of years before we've had a chance to talk to everyone and then summarize the findings.

END OF CLOSING QUESTIONS MODULE

MEDICARE AND SOCIAL SECURITY WAIVER

For all R's, 4-digit PIN's have been generated based upon their unique case identification numbers. These are attached to customized Personal Respondent Packets (PRP's) specific to each R and allow interviewers to ascertain a match between each PRP and R. PIN's for each R can be determined through the following process: 1) Square the R's case ID number. 2) Divide the result by 100. 3) Multiply that result by 0.35 for 1957 graduates and 0.15 for siblings. 4) Use the last four (right-most) digits of the final result, not including anything after the decimal point, as the PIN.

>y_prppin1< INTERVIEWER: Prepare to enter the PRP Identification Number (PIN) from the Personal Respondent Packet (PRP) contents label or select "2" if you do not have the PRP for this case.
1.) Enter PIN for this case - continue
2.) I do not have the PRP for this case

1

2

>y_prppin2< (INTERVIEWER: Enter the PRP Identification Number (PIN) from the PRP contents label. Be sure you are entering the PIN from case [R's case ID number].

Entered Correct PIN

Failed to Enter Correct PIN

>y_prppin3< I have forgotten some important items that I intended to leave you with. Please excuse me while I call my supervisor to see what I should do. This will take just a few minutes.

Else

Interviewer Instructed to Mail PRP Items

>y_prpresched< As I said, I forgot some important items and I would like to reschedule a time to return to give them to you. [INTERVIEWER: If R asks what items, answer: Items in PRP for case [R's case ID number]: (report the items applicable to the R based upon our data on them) Self-Administered Questionnaire (all R's), Non-Normative Self-Administered Questionnaire, Medicare Waiver, Social Security Waiver, and/or Saliva Self-Collection Kit]

R Agrees

Exit Interview

R Refuses

>y_prpmail< (I understand/As I said, I forgot some important items.) I will have the items mailed to you. [INTERVIEWER: If R asks what items, answer: Items in PRP for case [R's case ID number]: (report the items applicable to the R based upon our data on them) Self-Administered Questionnaire (all R's), Non-Normative Self-Administered Questionnaire, Medicare Waiver, Social Security Waiver, and/or Saliva Self-Collection Kit] Thank you very much for your time today.

Exit Interview

If the R is 65 years of age or older, previously reported receiving Social Security payments (during a prior round of data collection), or has received disability benefits via Social Security Disability Insurance, they will be considered eligible for Medicare. If the R's PRP contains the new social security form, they will also be considered eligible for Social Security.

>y_rskip< Which of the following conditions applies for the R?
1.) R is eligible for neither Social Security payments nor Medicare.
2.) R is eligible for Medicare but not Social Security payments.
3.) R is eligible for Social Security payments but not Medicare.
4.) R is eligible for both Social Security payments and Medicare.

Next Module ← 1
>y_rmedss< ← 4
2 → MEDICARE ONLY
3 → SOCIAL SECURITY ONLY

MEDICARE ONLY

>y_rmedonly< INTERVIEWER: OBTAIN RESPONDENT SIGNATURE ON MEDICARE FORM.
I can't tell you how much I appreciate the time you've taken to help me. The information you've provided is invaluable for the success of the study. Before I leave today, I'm really hoping that you can help me with a few more things. An important goal of the Wisconsin Longitudinal Study is to better understand the health situations of people in their retirement and pre-retirement years. To help us do that, we would like your permission to access your Medicare records for statistical purposes. Here's the form to allow us to do this.
INTERVIEWER: HAND R THE FORM
Could you take a minute or two now and read and sign the form? I'm happy to answer any questions you might have.

R Has Concerns → >y_medqs< p. 3
Else → >y_med1nw1@med< p. 3

SOCIAL SECURITY ONLY

>y_rssonly< INTERVIEWER: OBTAIN RESPONDENT SIGNATURE ON SOCIAL SECURITY WAIVER FORM.
I can't tell you how much I appreciate the time you've taken to help me. The information you've provided is invaluable for the success of the study. Before I leave today, I'm really hoping that you can help me with a few more things. An important goal of the Wisconsin Longitudinal Study is to better understand the financial situations of people in their retirement years. To help us do that, we would like your permission to access your Social Security records for statistical purposes. Here's the form to allow us to do this.
INTERVIEWER: HAND R THE FORM
Could you take a minute or two now and read and sign the form? I'm happy to answer any questions you might have.

R Has Concerns → >y_ssqs< p. 3
Else → >y_med3nw1@med< p. 3

MEDICARE AND SOCIAL SECURITY

>y_rmedss< INTERVIEWER: OBTAIN RESPONDENT SIGNATURE ON MEDICARE FORM.
I can't tell you how much I appreciate the time you've taken to help me. The information you've provided is invaluable for the success of the study. Before I leave today, I'm really hoping that you can help me with a few more things. An important goal of the Wisconsin Longitudinal Study is to better understand the health situations of people in their retirement and pre-retirement years. To help us do that, we would like your permission to access your Medicare records for statistical purposes. Here's the form to allow us to do this.
INTERVIEWER: HAND R THE FORM
Could you take a minute or two now and read and sign the form? I'm happy to answer any questions you might have.

R Has Concerns → >y_medqs< p. 3
Else → >y_med1nw1@med< p. 3

>y_medqs< INTERVIEWER: READ ONLY IF R EXPRESSES CONCERNS ABOUT CONFIDENTIALITY: As with all parts of theWLS, your participation in this part is voluntary. As you know, the WLS has a strict commitment to maintain the confidentiality of all the information you've provided over the years, and that commitment covers Social Security information as well. Our request is that you take a few minutes to read this over, sign if you agree, and then I'll return them with your other materials.

INTERVIEWER: READ ONLY IF R WANTS TO KNOW MORE ABOUT HOW THE MEDICARE DATA WILL BE USED: We need this information to better understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses. The best place to get this information without taking up a lot more of your time and having to ask more questions is in Medicare files.

INTERVIEWER IF NEEDED: I want to assure you that the benefits you may be receiving from Medicare will not be affected in any way by your decision.

INTERVIEWER: IF R SAYS "I AM NOT ENROLLED IN MEDICARE", OR ONLY GETS "MEDICARE PART A," PLEASE RESPOND: "We would still like you to review and consider signing this Medicare Claims permission form in case you have existing Medicare claims or might have in the future."

INTERVIEWER: OFFER THE MAIL-BACK OPTION ONLY IF R ASKS FOR THIS OPTION OR TO PREVENT A REFUSAL. Could you take a minute or two now and read and sign the form?

>y_med1nw1< INTERVIEWER: RECORD THE OUTCOME BELOW. OFFER THE MAIL-BACK OPTION ONLY IF R ASKS FOR THIS OPTION OR TO PREVENT A REFUSAL.

>y_med1nw2< does y_medchk NE 1 and y_sschk NE 1

Yes

No → signature check p. 4

>y_ssnw1< INTERVIEWER: OBTAIN RESPONDENT SIGNATURE ON THE SOCIAL SECURITY FORM.
Another important goal of the Wisconsin Longitudinal Study is to better understand the financial situations of people in their retirement and pre-retirement years. To help us do that, we would like your permission to access your Social Security records for statistical purposes. Here's the form to allow us to do this.

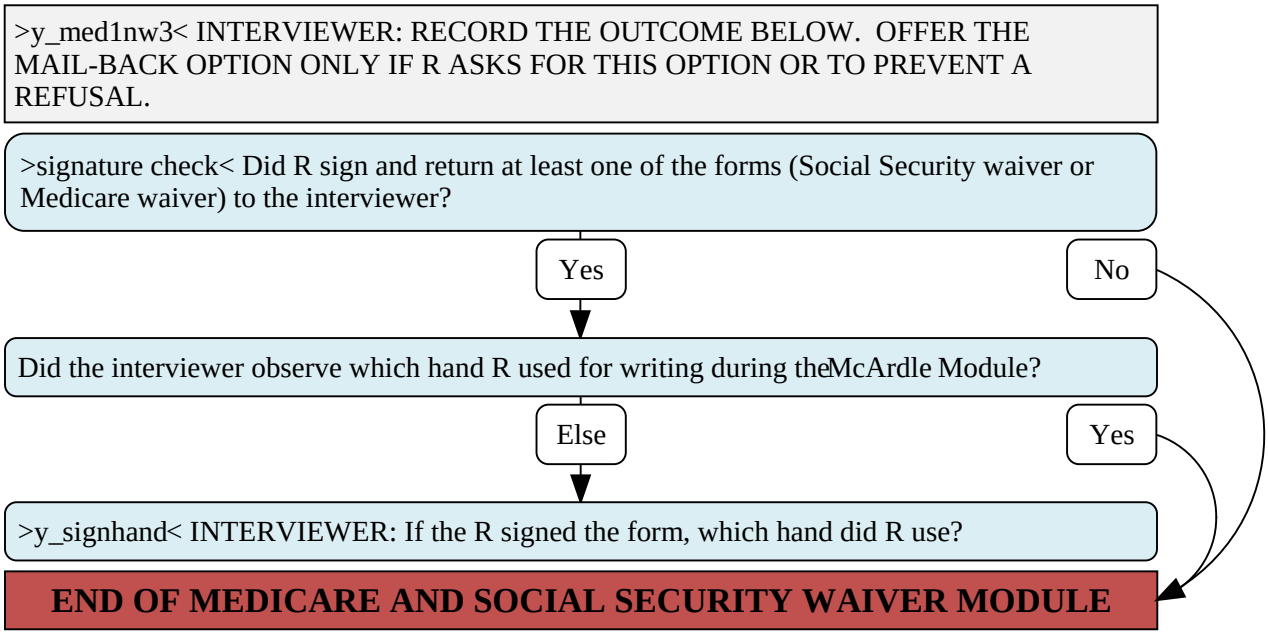
INTERVIEWER: HAND R THE SOCIAL SECURITY FORM
Could you take a minute or two now to read and fill out and sign the form on both pages?
I'm happy to answer any questions you might have.

>y_ssqs< INTERVIEWER: READ ONLY IF R EXPRESSES CONCERNS ABOUT CONFIDENTIALITY: As with all parts of theWLS, your participation in this part is voluntary. As you know, the WLS has a strict commitment to maintain the confidentiality of all the information you've provided over the years, and that commitment covers Social Security information as well. Our request is that you take a few minutes to read this over, sign if you agree, and then I'll return them with your other materials.

INTERVIEWER: READ ONLY IF R WANTS TO KNOW MORE ABOUT HOW THE SOCIAL SECURITY DATA WILL BE USED: Having access to Social Security records will help WLS better understand how people prepare for retirement. The best place to get this information without taking up a lot more of your time and having to ask more questions is in the Social Security files.

INTERVIEWER IF NEEDED: I want to assure you that the benefits you may be receiving from Social Security will not be affected in any way by your decision.

INTERVIEWER: OFFER THE MAIL-BACK OPTION ONLY IF R ASKS FOR THIS OPTION OR TO PREVENT A REFUSAL.
Could you take a minute or two now and read and sign the form?


>y_med1nw3< INTERVIEWER: RECORD THE OUTCOME BELOW. OFFER THE MAIL-BACK OPTION ONLY IF R ASKS FOR THIS OPTION OR TO PREVENT A REFUSAL.
>signature check< Did R sign and return at least one of the forms (Social Security waiver or Medicare waiver) to the interviewer?
Yes
No
Did the interviewer observe which hand R used for writing during the McArdle Module?
Else
Yes
>y_signhand< INTERVIEWER: If the R signed the form, which hand did R use?
END OF MEDICARE AND SOCIAL SECURITY WAIVER MODULE

SELF-ADMINISTERED QUESTIONNAIRE (SAQ) MODULE

For all R's, 4-digit PIN's have been generated based upon their unique case identification numbers. These are attached to customized Personal Respondent Packets (PRP's) specific to each R and allow interviewers to ascertain a match between each PRP and R. PIN's for each R can be determined through the following process: 1) Square the R's case ID number. 2) Divide the result by 100. 3) Multiply that result by 0.35 for 1957 graduates and 0.15 for siblings. 4) Use the last four (right-most) digits of the final result, not including anything after the decimal point, as the PIN.

Based on the data we have collected about the R (i.e. employment history, children, etc), the interviewer to write in the subject (i.e. one of the R's children, a former or present employer, or a care-giver) of each applicable SAQ section on a corresponding page of the questionnaire. The interviewer is then instructed to cross out, with pen, all SAQ pages on which they did not write in a subject. This process is to ensure that the R knows who or what each set of questions refers to.

>y_sstart< [**INTERVIEWER**: Retrieve the SAQ packet from the PRP and select one of the following: (If you cannot, leave an explanation why you are unable.)]
<1> Continue to the SAQ module (**including to record a refusal**).
<2> I can't give the respondent the SAQ and envelope, because it is damaged, is not in the PRP, or I do not have the PRP (specify).
[**INTERVIEWER:** By selecting "2", you will activate a SAQ Wave 1 Mailing. Do not select "2" to record a SAQ refusal. Rather, enter "1" here to progress through the SAQ module and enter the refusal on the last screen in the module.

1

2 → >y_SAQNN<pg. 2

>y_SAQ1< [**INTERVIEWER**: Show R the SAQ packet.] We would like to leave you with this questionnaire. [**INTERVIEWER**: Show R the check now.] This is just a small token of our thanks for helping with this part of the study. [**INTERVIEWER**: Show the R one or two of the pages (if any) on which you wrote a name.] In the questionnaire, you'll see that I wrote names on some of the pages. Those names come from your answers earlier in the interview. When answering the questions on these pages, please think about the person or thing whose name I've written. [**INTERVIEWER**: Show the pages you crossed out in the SAQ.] In the questionnaire, you'll see that I crossed out some questions. Those questions don't apply to you based on the responses you gave me today, so I tried to make it easier by crossing those out.

>y_SAQ1p2< [**INTERVIEWER**: Show R 9" x 12" envelope now.] You can use this envelope to send it back to us in the mail. You'll see that the envelope already has our address on it and that you don't need to put any stamps on it either. Just drop it in any mail box or take it to your post office, whichever is easier. Do you have any questions about the questionnaire?
[**INTERVIEWER**: If the R asks about overlap in content between the in-person interview questions and the SAQ questions, please respond as follows: "For scientific purposes, researchers sometimes need to ask about the same topics in slightly different ways, so your answers to the questionnaire are just as important as the responses you have provided today.]

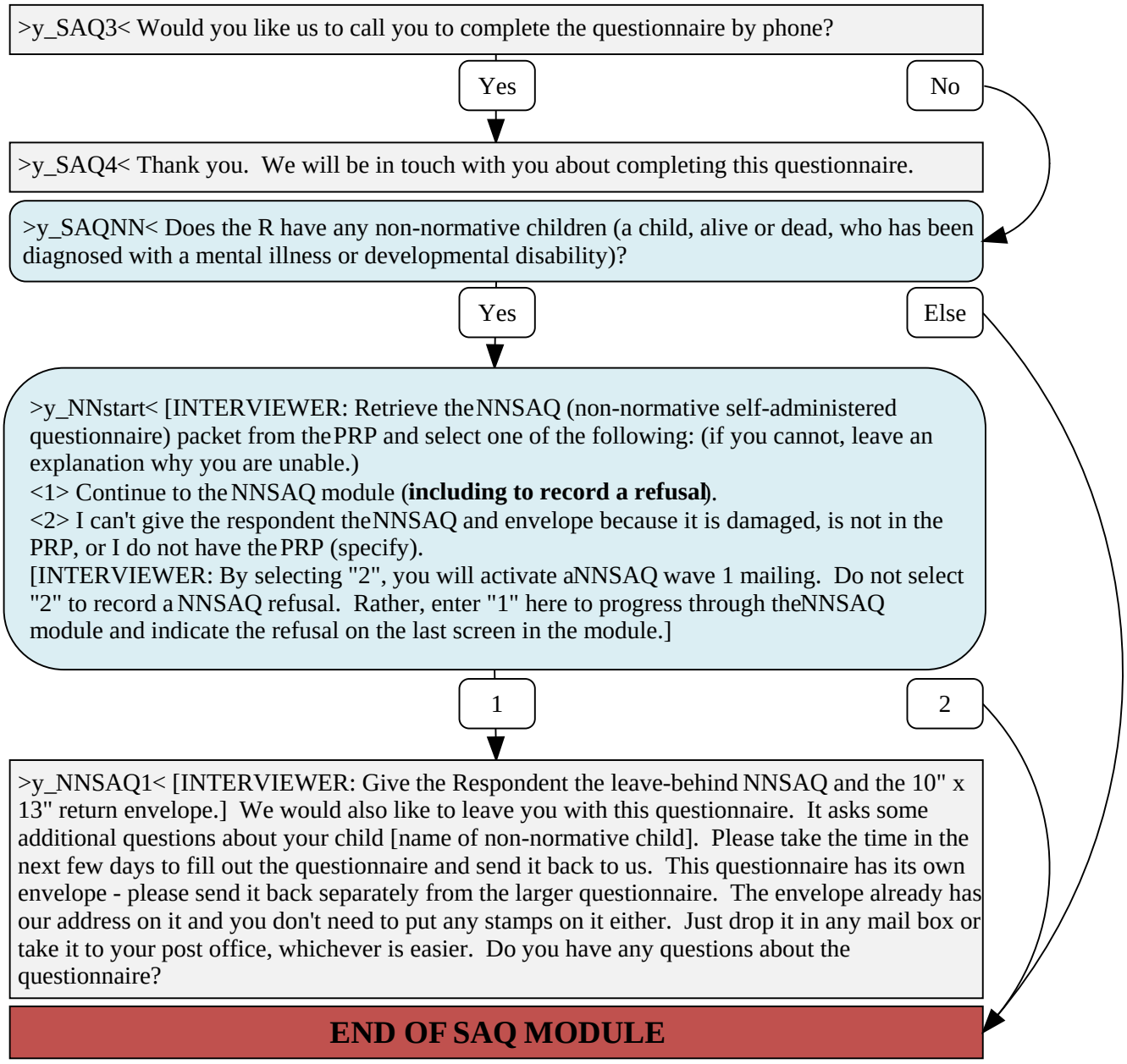
R Took the SAQ

R Refused to Take the SAQ → >y_SAQNN<pg. 2

>y_SAQ2< INTERVIEWER: Did the respondent indicate that they need help in order to complete the SAQ?

>y_SAQ3< pg. 2 ← Yes

No → >y_SAQNN<pg. 2


>y_SAQ3< Would you like us to call you to complete the questionnaire by phone?
Yes
No
>y_SAQ4< Thank you. We will be in touch with you about completing this questionnaire.
>y_SAQNN< Does the R have any non-normative children (a child, alive or dead, who has been diagnosed with a mental illness or developmental disability)?
Yes
Else
>y_NNstart< [INTERVIEWER: Retrieve the NNSAQ (non-normative self-administered questionnaire) packet from the PRP and select one of the following: (if you cannot, leave an explanation why you are unable.)
<1> Continue to the NNSAQ module (including to record a refusal).
<2> I can't give the respondent the NNSAQ and envelope because it is damaged, is not in the PRP, or I do not have the PRP (specify).
[INTERVIEWER: By selecting "2", you will activate a NNSAQ wave 1 mailing. Do not select "2" to record a NNSAQ refusal. Rather, enter "1" here to progress through the NNSAQ module and indicate the refusal on the last screen in the module.]
1
2
>y_NNSAQ1< [INTERVIEWER: Give the Respondent the leave-behind NNSAQ and the 10" x 13" return envelope.] We would also like to leave you with this questionnaire. It asks some additional questions about your child [name of non-normative child]. Please take the time in the next few days to fill out the questionnaire and send it back to us. This questionnaire has its own envelope - please send it back separately from the larger questionnaire. The envelope already has our address on it and you don't need to put any stamps on it either. Just drop it in any mail box or take it to your post office, whichever is easier. Do you have any questions about the questionnaire?
END OF SAQ MODULE

DNA CONSENT AND INSTRUCTIONS

>y_dna1< Part of our research involves genetics; subsequently, we are interested in collecting DNA from all Wisconsin Longitudinal Study respondents. Given this, which of the following conditions applies for our record of the R's DNA? (In other words, what is the value of y_dnastatus?)
1.) Complete (we have kit and consent form)
2.) DNA collected but no Consent Form
3.) Consent but no DNA
4.) DNA not viable in the lab (empty kits, not enough saliva, etc.)
5.) Not returned (R agreed to receive the kit during the invitation phone call but did not send it in) (no contact via phone and not returned) (R was never reached by phone, was sent the kit but did not return it - therefore, he/she may not have even heard about the DNA) (Refused - R agreed to be the sent the kit but instead sent back a note refusing)
6.) Exclusion (R specifically said he/she did not want to participate in the DNA part of the WLS)

5 or 6

3 or 4

2

1 → Next Module

>y_dna2< (INTERVIEWER: Retrieve consent form (white page) and consent form copy (pink page) and #10 return envelope from the Personal Respondent Packet (PRP). If you cannot, leave an explanation why you are unable.)

>y_dna3< About one/two and a half years ago you returned a DNA saliva kit to us through the mail. We really appreciated your help with that aspect of our research, but unfortunately we could not send the sample to the lab because we did not receive a consent form. We still want to analyze the sample. Would you please give us permission to do that by signing this consent form? (NOTE: The DNA Consent Form is included at the end of the flowchart)

Next Module

>y_dna4< About one/two and a half years ago you returned a DNA saliva kit to us through the mail. We really appreciated your help with that aspect of our research. Unfortunately, there was not enough saliva in your kit.

>y_dna5< INTERVIEWER: Retrieve the saliva self collection kit from the PRP and select one of the following (if you cannot, leave an explanation why you are unable):
<1> Continue to the DNA saliva kit module, including to record a refusal.
<2> I can't give the respondent the saliva kit because it is damaged, not in the PRP, or I do not have the PRP. (INTERVIEWER: By selecting "2", you will activate a saliva kit mailing.)

1

2 → Next Module

>y_dna6< We are (therefore) inviting you to donate a/another saliva sample. I would like to leave you with this saliva self-collection kit to mail back to us. We plan to analyze the DNA in the saliva to study the relationship of genes to health and well-being, including Alzheimer's disease, cancer, and depression. Thousands of WLS study members have already donated their DNA toward this important research and we invite you to join them.

>y_dna7< (INTERVIEWER: Retrieve the DNA Q&A brochure and show it to the R now.) This kit contains several items. This brochure has answers to the questions other study participants have asked. If you have any questions that this brochure does not answer, or if you have questions about how to provide your sample, please call this number. (INTERVIEWER: Point to WLS toll-free number on brochure.)

>y_dna8< (INTERVIEWER: Retrieve the saliva self-collection container and give to R now.) This is the container for your saliva sample.

>y_dna9< (INTERVIEWER: Show the R the gray instruction sheet now.) The procedure for putting your saliva sample into this container is very straightforward and this sheet provides helpful instructions.

>y_dna10< (INTERVIEWER: Show the R the bio bag and the return mailer now.) Once you have put your saliva sample into this container, place it in this plastic bag, seal it by removing this wax-paper strip, then put it into the return ENVELOPE with the signed consent form. You can see that the envelope already has our address and business reply postage, so it doesn't need stamps. You can just put it in any mailbox. (NOTE: The DNA Consent Form is included at the end of the flowchart)

>y_dna11< (INTERVIEWER: Show the R the consent form (white page) and consent form copy (pink page) now.) This form explains our rigorous protocol to ensure the absolute confidentiality of your sample. If you look at theOragene sample container, you will see it contains a label with a number but not your name. This signed form is necessary to verify your consent to participate. It also states that your participation in this phase of the Wisconsin Longitudinal Study is entirely voluntary. Please read it, and then sign it and date it, and return it in the same envelope with the saliva collection container. This pink copy is for your records.

Respondent Requested In-Person Saliva Collection; Interviewer Will Return the Kit

Else → Next Module

>y_dna11_3< INTERVIEWER: If the R requests in-person saliva collection, please follow these steps.

1. Give the R the saliva consent form and recommend they read it.
2. Put on a pair of medical gloves.
3. Summarize the saliva collection instructions (gray sheet): "Spit into the container until the amount reaches the beveled line (inside the container). When you are done, please put the container on the table, and I will put the cap on it."
4. Seal the capped container in the plastic bio-bag.
5. Put the bio-bag in the yellow, bubble-lined return envelope (do not seal the return envelope unless you are sending it to Madison through the U.S. Postal Service).
6. Instruct the R to sign and ate the consent form. Collect the form.
7. Give the R the pink copy of the consent form.
8. Put the signed consent form and the yellow envelope back in the PRP.

END OF DNA CONSENT AND INSTRUCTIONS MODULE

INTERVIEWER OBSERVATIONS

>y_obs1pre< This short evaluation should be filled out after leaving the home and driving to another location. Please be objective. Enter the number that best describes your response to each question and specify where indicated.

>y_y2< On a scale from 1 to 7 how cooperative was the respondent, with 7 meaning very cooperative?

>y_y2a< In general would you say the respondent's health is?

>y_y2b< On a scale from 0 to 10 how well-groomed was the respondent? 10 being the highest. [Answer this question for the proxy in proxy interviews.]

>y_y2c< On a scale from 0 to 10 how physically attractive is the respondent? 10 being the highest. [Answer this question for the proxy in proxy interviews.]

>y_y3< Do you have any reason to be concerned about the respondent's ability to participate in future biological studies and test of their physical performance?

>y_y4< Do you have any reason to be concerned about the respondent's ability to participate in future cognitive studies and test of their mental or cognitive performance? [Skip for proxy interviews.]

>y_y5< The next questions ask about any specific difficulties the respondent might have with future cognitive studies and tests. Did this respondent appear to be easily confused?

>y_y6< Did this respondent appear to be distracted or easily disrupted?

>y_y7< Did this respondent appear to have any difficulty understanding or hearing?

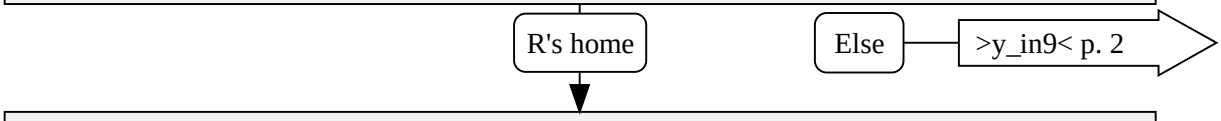
>y_y8< Did this respondent contradict themselves or offer contradictory information or facts often?

>y_y9< When is the best time of day or week to reach this respondent/proxy?

>y_y10< When is the best time of the day or week to reach this respondent?

>y_in2< Was a third person present during any portion of the interview - not just walking through the area where the interview was being administered, but listening to or taking part in the interview process?

>y_in3< Where was the interview conducted?



>y_in4< In what kind of building does the respondent live?

>y_in5< How well kept (in terms of maintenance and repairs) is the building in which the respondent lives?

>y_in6< How well kept (in terms of maintenance and repairs) are most of the buildings on the street?

>y_in7< How clean (in terms of garbage and dirt or debris) is the building in which the respondent lives?

>y_in8< How clean (in terms of garbage and litter around yards) are most of the buildings on the street?

>y_in9< When you went to [the respondent's home/the interview location], did you feel concerned for your safety?

If interview was not conducted at the respondent's home, skip to >y_in14<

>y_in11< Was there any evidence of smoking in the household - for example, ashtrays, people smoking, cigarettes, the smell of cigarettes?

>y_in12< Did you see any evidence of (drinking alcoholic beverages) in the household - for example, beer cans, liquor bottles, people drinking?

>y_in13< How would you describe the immediate area or street (one block, both sides) where the respondent lives?

>y_in14< Did the respondent mention they were going on vacation? If yes, include any details about when they are leaving, when they are returning, and where they are going?

>y_medflag< When you administered the Medicare module, did the R say he/she was not enrolled in Medicare or that he/she was only enrolled in Medicare Part A?

>y_obstim1< [**INTERVIEWER**: Please enter the time you entered the respondent's home (not the time the interview started).] What time did you arrive at the respondent's home?

>y_obstim2< [**INTERVIEWER**: Please enter the time you left, not the time the interview ended.] What time did you leave the Respondent's home?

>y_problem< [**INTERVIEWER**: Did anything happen during the course of the interview that might have interfered with full and complete creation and capture of audio files, photo files, or e-prime files? Did you notice any unusual behavior with the audio recording, photo capture & transfer, e-prime execution, OR THE GENERAL ADMINISTRATION OF THIS CASE?

END OF INTERVIEWER OBSERVATIONS

Consent Forms for CAPI Survey

Return to Tab 8

Wisconsin Longitudinal Survey: Medicare Data Collection

We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the Medicare files. If you decide to participate in this part of the WLS project we will obtain information from Medicare about the services provided to you that were paid for by Medicare since you enrolled. From these records we will collect diagnoses, clinical encounters, procedures, and treatments. Your participation in this research sub-study is completely voluntary. There are no risks to you and only indirect benefits by helping science as we learn more about healthcare use and healthcare costs of Medicare enrollees.

We have a strict commitment to protect all of the information we will obtain as part of the WLS and we have developed an extensive protocol to ensure the security and confidentiality of your information. The information about you obtained from Medicare will be stored in separate locked files from the main WLS data, and these health care data will be combined with the WLS data only for scientific research under approved conditions by qualified investigators at UW-Madison. The federal government's National Institute on Aging has issued the WLS an official Certificate of Confidentiality that protects information we collect from third-party inquiries. For security reasons, any information we collect cannot be made available to you, and it will never be made available to anyone for purposes other than scientific investigation of WLS participants as a group.

If you have any questions, Dr. Robert M. Hauser and his staff will be happy to talk with you. We can be reached at 1-800-622-9025 (outside Madison) or 1-608-265-6741 (Madison). For further information about your rights as a research participant, you can also contact the Social & Behavioral Science Institutional Review Board at the University of Wisconsin 1-608-263-2320.

By signing this form you are giving permission for your health information to be used by and shared with the individuals described in this form. Unless you withdraw your permission in writing to stop the use of your health information, there is no end date for its use for this research study. You may withdraw your permission at any time by writing to the person whose name is listed below:

Robert Hauser, PhD
Vilas Research Professor of Sociology
Center for Demography of Health and Aging
University of Wisconsin-Madison
1180 Observatory Drive
Madison, Wisconsin 53706

Office: 608-262-4715,-2182
608-262-8400 (FAX)
E-mail: hauser@ssc.wisc.edu
Home: 608-441-6113
608-441-6858 (FAX)
Mobile: 608-209-4328

Beginning on the date you withdraw your permission, no new information about you will be used. Any information that was shared before you withdrew your permission will continue to be used.

Permission for WLS Medicare Data Collection

I have read this consent and authorization form describing the research study procedures, risks, and benefits, what health information will be used, and how my health information will be used. I have had a chance to ask questions about the research study, including the use of my health information, and I have received answers to my questions. I agree to participate in this research study, and permit the researcher to use my health information as described above.

Signature of Participant **Date** «csid»

CONSENT FORM

WISCONSIN LONGITUDINAL STUDY – SALIVA SAMPLE COLLECTION

DNA is the molecule that makes up genes, and the information in DNA directs the production of proteins and the activity of cells in our bodies. With the support of the National Institutes of Health, WLS researchers are studying how DNA and other salivary constituents like proteins, carbohydrates, fats and other molecules, together with people's earlier life experiences are related to their later health and other aspects of aging. In this way, we hope to contribute to exciting research using DNA and other molecules extracted from saliva that is yielding breakthroughs in our understanding of the causes of health, illness, and other life experiences. We are asking you to participate in this research by contributing a sample of your saliva. We recognize that this is different from asking you to answer questions on a survey, but it is only with your help that the Wisconsin Longitudinal Study can be used to help answer valuable questions about DNA and other components of saliva. There are no risks to you and only indirect benefits by helping science as we learn more about health and aging. Initially we plan to analyze the DNA and other saliva components to look at the relationship of genes and proteins to age-related health problems, including Alzheimer's disease.

The Oragene DNA self-collection kit is specially designed to provide a simple and private way to collect saliva containing DNA and other molecules from individuals like you. Instructions for using the kit are provided on the gray sheet. Because scientific findings about DNA and other salivary components are still developing, we do not now know all the ways in which your contribution may be valuable to researchers. For this reason, our plan is to securely store the sample you provide for future research. Even though we cannot now anticipate all scientific uses of the sample, it will *only* be used for studies of WLS participants *as a group*, and never for any purpose focused on you as an individual.

We have a strict commitment to protect all the information you have provided as a participant in the WLS, and we have developed an extensive protocol to ensure the security and confidentiality of your sample. If you look at the Oragene sample container, you will see it contains a label with a number but not your name. This signed form is necessary to verify your consent to participate. The form will be separated from saliva sample as soon as it is received and will be stored in an entirely separate location. The number on the Oragene label will be used in all analyses of your sample, and the researchers who study the sample will never have access to your name or any other information that identifies you as an individual. All saliva-based data will be stored in separate locked files from the rest of the WLS data, and these data will be combined only for scientific research under approved conditions by qualified investigators who will not have access to your name or other identifiers. The federal government's National Institute on Aging has issued the WLS an official Confidentiality Agreement that protects information we collect from third-party inquiries. For security reasons, any information we collect cannot be made available to you, and it will never be made available to anyone for purposes other than scientific investigation of WLS participants as a group.

If you have any questions, Dr. Robert M. Hauser and his staff will be happy to talk with you. We can be reached at 1-800-622-9025 (outside Madison) or 1-608-265-6741 (Madison). For further information about your rights as a research participant, you can also contact the Social & Behavioral Science Institutional Review Board at the University of Wisconsin 1-608-263-2320.

<u>Waiver for WLS Saliva Sample Collection</u>

I have read the above statement describing the WLS saliva sample collection. I understand that my participation in this study is entirely voluntary, and that I have the right to not participate in this part of the study and still participate in other parts. My signature below indicates that I consent to participate in this study.

_____ _____

Signature Date

RETURN THE SIGNED AND DATED COPY IN THE ENVELOPE PROVIDED.

«IDBIO»

WISCONSIN LONGITUDINAL STUDY

Social Security Authorization Form

SOCIAL SECURITY AUTHORIZATION FORM

To the Participant:

We would like to obtain a history of your earnings, employers, and any benefits information from programs administered by the Social Security Administration applied for or received from 1937 through 2030. Since most people cannot recall this information very well, we are asking for your permission to obtain from government records the following:

1. Your earnings and employer information reported to Social Security.
2. Any information about benefits from programs administered by the Social Security Administration applied for or received from 1937 through 2030.

The information we are requesting is protected by Federal law and cannot be released to us without your written consent. If you give us your permission to collect this information from the Social Security Administration, we will combine it with other information in this study for research purposes only. The University of Wisconsin is committed to maintaining the privacy and confidentiality of all data obtained from or relating to our survey respondents.

We will remove your name, date of birth, and Social Security number, and release the resulting unidentified statistical information to approved researchers for research purposes only. Additional procedures will be adopted to protect the confidentiality of individuals participating in the survey.

At any point and without penalty, you may withdraw authorization for future data collection from the Social Security Administration by writing to: Director, Wisconsin Longitudinal Study (WLS), Center for Demography of Health and Aging, 1180 Observatory Drive, Madison, WI 53706. The Director will transmit to the Social Security Administration the withdrawal of your authorization. From that date, we will no longer collect your information from the Social Security Administration. Withdrawal of authorization does not affect your continued eligibility for participation in the WLS.

PLEASE FILL OUT AND SIGN THE NEXT 2 PAGES. PLEASE PRINT.

To the Social Security Administration:

[Please print]

Name

First	Middle	Last

Maiden Name (if applicable)

Date of Birth

Month	Day	Year

Social Security Number ___ - ___ - ___

AUTHORIZATION FOR EARNINGS AND EMPLOYERS INFORMATION

I authorize the Social Security Administration to release to the University of Wisconsin, for use in the Wisconsin Longitudinal Study, information about my **earnings and employers** from Social Security records for the years 1937 through 2030. It is my understanding that the University of Wisconsin will protect the privacy and confidentiality of these data.

Month	Day	Year

_____

Signature of Person Named Above

Today's Date

<MERGE ID HERE>

To the Social Security Administration:

[Please print]

Name

First	Middle	Last

Maiden Name (if applicable)

Date of Birth

Month	Day	Year

Social Security Number ___ - ___ - ___

AUTHORIZATION FOR BENEFITS INFORMATION

I authorize the Social Security Administration to release to the University of Wisconsin, for use in the Wisconsin Longitudinal Study, information about the **benefits** I applied for or received under programs administered by the Social Security Administration for the years 1937 through 2030. It is my understanding that the University of Wisconsin will protect the privacy and confidentiality of these data.

Month	Day	Year

_____

Signature of Person Named Above

Today's Date

<MERGE ID HERE>

Leave-Behind SAQ for Graduate & Sibling Respondents

Return to Tab 8

I. Health

We would like to begin the questionnaire with some general questions about your health.

1. How would you rate your health... *Circle one number for each question.*	Very Poor	Poor	Fair	Good	Excellent
a. at the present time?	1	2	3	4	5
b. compared with other people your age and sex?	1	2	3	4	5
c as a child, when you were growing up through age 16?	1	2	3	4	5

2. Compared with 5 years ago... *Circle one number for each question.*	Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a. how would you rate your health?	1	2	3	4	5
b. how would you rate your appearance?	1	2	3	4	5

3. The following questions are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

Circle one number for each question.	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
b. Climbing several flights of stairs	1	2	3

4. Do you have any difficulty...	Yes	No
a. lifting and carrying something as heavy as 10 lbs - such as a bag of groceries?	1	2
b. lifting and carrying something as heavy as 25 lbs - such as a bag of pet food?	1	2
c. pushing and pulling large objects such as a living room chair?	1	2
d. standing or being on your feet for one hour?	1	2
e. sitting for one hour?	1	2
f. stooping, crouching or kneeling?	1	2
g. reaching over your head?	1	2
h. climbing one flight of stairs?	1	2
i. If yes, what condition is the main reason for your difficulty? *Please specify*: _____		

5. During the past four weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?

a. Accomplished less than you would like	❑ Yes	❑ No
b. Were limited in the kind of work or other activities	❑ Yes	❑ No

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

a. Accomplished less than you would like	❑ Yes	❑ No
b. Did work or other activities less carefully than usual	❑ Yes	❑ No

7. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

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

8. 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...	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
a.	have you felt calm and peaceful?	1	2	3	4	5	6
b.	did you have a lot of energy?	1	2	3	4	5	6
c.	have you felt downhearted and blue?	1	2	3	4	5	6

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

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

10. The following is a list of physical symptoms that people sometimes experience.	**10a. How <u>often</u> have you had this symptom in the <u>past six months</u>?** *Circle ONE number for each symptom.*				**10b. How much <u>discomfort</u> has this symptom caused you in the <u>past six months</u>?** *Circle ONE number for each symptom you experienced.*			
	Have not had	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Coughing/wheezing	1	2	3	4	1	2	3	4
b. Chest Pain	1	2	3	4	1	2	3	4
c. Palpitations (feeling your heart pound or race)	1	2	3	4	1	2	3	4
d. Shortness of breath	1	2	3	4	1	2	3	4
e. Dizziness/faintness	1	2	3	4	1	2	3	4
f. Excessive sweating	1	2	3	4	1	2	3	4
g. Foot pain	1	2	3	4	1	2	3	4
h. Hip pain	1	2	3	4	1	2	3	4
i. Back pain/strain	1	2	3	4	1	2	3	4
j. Bone pains	1	2	3	4	1	2	3	4
k. Neck and/or shoulder pain	1	2	3	4	1	2	3	4
l. Pain in your ankles/knees	1	2	3	4	1	2	3	4
m. Pain in your hands/wrists	1	2	3	4	1	2	3	4
n. Aching muscles	1	2	3	4	1	2	3	4
o. Stiff/swollen joints	1	2	3	4	1	2	3	4
p. Foot or leg swelling	1	2	3	4	1	2	3	4
q. Upset stomach	1	2	3	4	1	2	3	4
r. Constipation	1	2	3	4	1	2	3	4
s. Diarrhea	1	2	3	4	1	2	3	4
t. Fatigue/exhaustion	1	2	3	4	1	2	3	4
u. Headache	1	2	3	4	1	2	3	4
v. Lack of energy	1	2	3	4	1	2	3	4
w. Numbness	1	2	3	4	1	2	3	4
x. Ringing in ears	1	2	3	4	1	2	3	4
y. Skin problems	1	2	3	4	1	2	3	4

11. Has a medical professional ever said you have any of the illnesses or conditions listed below? *Circle one for each illness or condition.*	Yes	No	**11a. How old were you when first diagnosed with this illness or condition?** *At what age?*	**11b. How much does each of your illnesses or conditions currently interfere with what you like to do?** *Circle one only for each of your illnesses or conditions.* Not at all	Very little	Some	Quite a bit	A great deal
a. Allergies: *Please specify*_____	1	2	_____	1	2	3	4	5
b. Asthma	1	2	_____	1	2	3	4	5
c. Arthritis/rheumatism	1	2	_____	1	2	3	4	5
d. Chronic bronchitis/emphysema	1	2	_____	1	2	3	4	5
e. Chronic sinus problems	1	2	_____	1	2	3	4	5
f. Fibromyalgia	1	2	_____	1	2	3	4	5
g. High cholesterol	1	2	_____	1	2	3	4	5
h. Irritable bowel syndrome	1	2	_____	1	2	3	4	5
i. Kidney/bladder problems	1	2	_____	1	2	3	4	5
j. Liver disease	1	2	_____	1	2	3	4	5
k. Multiple sclerosis	1	2	_____	1	2	3	4	5
l. Osteoporosis	1	2	_____	1	2	3	4	5
m. Parkinson's Disease	1	2	_____	1	2	3	4	5
n. Serious back trouble	1	2	_____	1	2	3	4	5
o. Ulcer	1	2	_____	1	2	3	4	5

12. <u>During the last year</u>, how many days, if any, did you stay in bed for more than half of the day because of illness or injury? *Write the number of days or check none.*

_____ # of Day(s) ❑ None

13. How often do you have extreme sleepiness in the daytime when you have to struggle against falling asleep?

❑ Never or Rarely ➔ **Please go to Question 14, Page 5**

❑ Sometimes

❑ Several times a week (3-5)

❑ Every day or almost every day

13a. Have you had this problem for a month or more?

❑ Yes ❑ No

14. On a typical <u>weekday</u>, how many hours of sleep do you usually get, rounded to the nearest half hour (for example, 7.5 hours)?

_____ hours

15. On a typical <u>weekend</u> day, how many hours of sleep do you usually get, rounded to the nearest half hour (for example, 7.5 hours)?

_____ hours

16. Have you ever been told by a doctor or other health professional that you have sleep apnea?

❑ Yes ❑ No ➔ **Please go to Question 17**

16a. Have you had any of the following treatments for sleep apnea?

a. Weight loss ❑ Yes ❑ No
b. CPAP/BiPAP ❑ Yes ❑ No
c. Surgery ❑ Yes ❑ No
d. Dental device ❑ Yes ❑ No
e. Other; *Please specify:* _____

17. How tall are you? _____ feet _____ inches

18. How much do you weigh? _____ pounds

19. Up to the present time, what is the most you have ever weighed? _____pounds
(Please do not include pregnancies)

19a. How old were you then? _____ years old

20. What is the least you have ever weighed since you were 18 years old? _____pounds

20a. How old were you then? _____ years old

21. How much did you weigh when you were about 18 years old, about when you graduated from high school? _____pounds

22. How long has it been since you… *Check only one box in response to each question below.*	Within past year	Within past 2 years	Within past 3 years	Within past 4 years	Within past 5 years	More than 5 years	Never
a. had a complete health exam or physical?	❑	❑	❑	❑	❑	❑	❑
b. had a heart or exercise stress test?	❑	❑	❑	❑	❑	❑	❑
c. had a cholesterol test?	❑	❑	❑	❑	❑	❑	❑
d. had a blood pressure check?	❑	❑	❑	❑	❑	❑	❑
e. had a flu shot?	❑	❑	❑	❑	❑	❑	❑
f. visited a chiropractor?	❑	❑	❑	❑	❑	❑	❑
g. had an eye examination?	❑	❑	❑	❑	❑	❑	❑
h. had your hearing checked?	❑	❑	❑	❑	❑	❑	❑
i. had a Bone Mass or Bone Density Measurement test for osteoporosis?	❑	❑	❑	❑	❑	❑	❑
j. had a sigmoidoscopy or colonoscopy?	❑	❑	❑	❑	❑	❑	❑
k. had a blood stool test using a special kit or cards to determine whether the stool contains blood?	❑	❑	❑	❑	❑	❑	❑
l. had a shot for pneumonia?	❑	❑	❑	❑	❑	❑	❑
m. had a dental check-up?	❑	❑	❑	❑	❑	❑	❑
n. (men only) A prostate specific antigen, or "P-S-A," test is a blood test for prostate cancer. How long has it been since you had a PSA test?	❑	❑	❑	❑	❑	❑	❑
o. (women only) had a mammogram?	❑	❑	❑	❑	❑	❑	❑
p. (women only) did a breast self-exam?	❑	❑	❑	❑	❑	❑	❑
q. (women only) had a doctor or other health professional perform a breast exam (feel the breast for lumps)?	❑	❑	❑	❑	❑	❑	❑
r. (women only) had a pelvic exam or Pap smear?	❑	❑	❑	❑	❑	❑	❑

23. Currently, how would you describe your eye color? _____

24. Has your eye color <u>ever</u> changed?

❑ Yes ❑ No ➔ **Please go to Question 25, Page 7**

↓

24a. How would you describe your previous eye color? _____

25. Which of the following best describes your use of hearing aids?

- ❑ I have hearing aids for one or both ears and use them regularly
- ❑ I have hearing aids for one or both ears but do **not** use them regularly
- ❑ I do not own hearing aids

Do you find that any of the following problems have INCREASED for you in the last 12 months or last 5 years?

26. Have you experienced increased problems with... *Circle one response for each question.*	Problems increased in last 12 months? *Circle Yes or No*		Problems increased in last 5 years? *Circle Yes or No*	
a. hearing conversations in person?	Yes	No	Yes	No
b. hearing conversations on the phone?	Yes	No	Yes	No
c. understanding spoken instructions from your doctor, employer or other person?	Yes	No	Yes	No
d. reading small print on medicine bottles or other places?	Yes	No	Yes	No
e. understanding written instructions?	Yes	No	Yes	No

27. Do you consider yourself now to be... *Check one answer only.*

- ❑ Overweight
- ❑ Underweight
- ❑ About the right weight
- ❑ Don't know

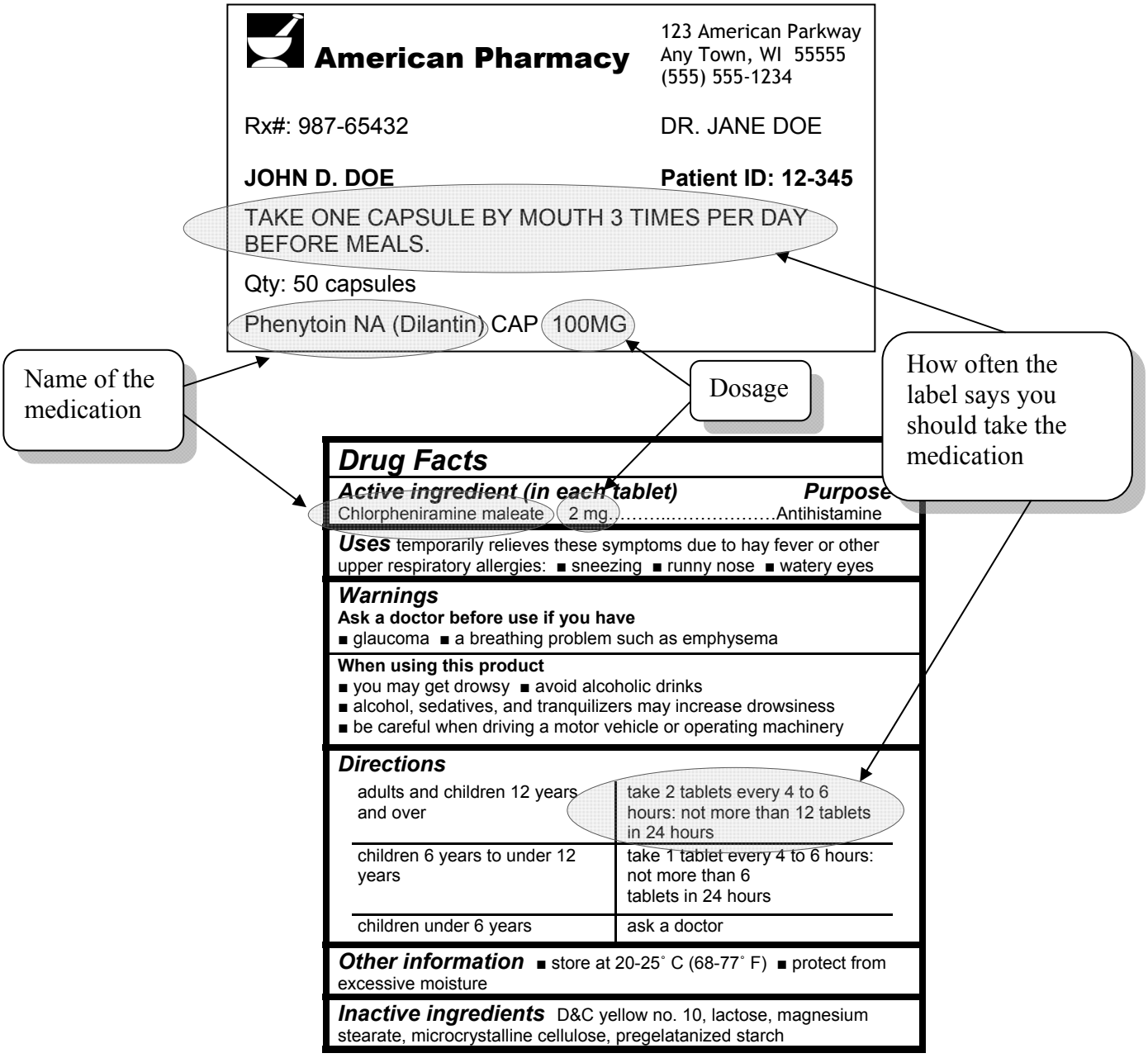
28. Are you actively trying to lose weight or maintain a desirable weight?

- ❑ No ➔ **Please go to Question 30, Page 8**
- ❑ Yes, trying to lose weight
- ❑ Yes, trying to maintain a desirable weight

29. To lose or maintain my weight, I… *Circle one response for each question.*		
a. eat fewer calories or less fat.	Yes	No
b. use physical activities or exercise.	Yes	No
c. use pills or laxatives.	Yes	No
d. use other methods. *Please specify* _____	Yes	No

30. To understand the effect of medications on health, it is important to know about the medications that people take. In the table on the opposite page, please list all medications you are currently taking, even those medications you take only occasionally. Include both prescription medications and over-the-counter medications.

Please consult the label on each of the medications you are currently taking and provide the following information: name of the medication, dosage, and how often the label says you should take the medication. Also, please write in the main reason you are taking the medication, how many times you took the medication yesterday, and in about what month and year you began taking the medication.



30a. List all the medications you are currently taking in the table below. Use one line for each medication.

The table provides lines for you to list 11 medications. If you are currently taking more medications than this, please list them on an additional piece of paper, answer the same questions about them as in the table below, and insert the piece of paper into the questionnaire.

What is the <u>name of this medication</u> on the label?	**What is the <u>dosage</u> on the label?** (e.g., 10 mg)	**How often does the label say you should take this medication?** (e.g., once per day, as needed, etc.)	**What is the main reason you are taking this medication?** (e.g., anxiety, cholesterol, etc.)	**Yesterday, how many times did you take this medication?**	**In about what month and year did you begin taking this medication?**
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year

31. Are any of the medications that you listed above prescribed by a doctor or other healthcare professional to be taken regularly?

❑ Yes ❑ No ➔ **Please go to Question 32**

Please answer the questions below about your experiences with taking medications prescribed by a doctor or healthcare professional.

<u>In the past 12 months</u>, how often…

Circle one response for each question.	Never	Rarely	Sometimes	Often	Very often
a. have you forgotten to take your medication?	1	2	3	4	5
b. have you been careless about using your medications?	1	2	3	4	5
c. have you stopped using your medications because you felt better?	1	2	3	4	5
d. have you taken less medication than your doctor prescribed because you felt better?	1	2	3	4	5
e. did you take less medication than was prescribed or delay filling your prescriptions because of the cost?	1	2	3	4	5
f. have you taken an extra dose of your medication without talking to your doctor first, because you thought it might improve your condition?	1	2	3	4	5
g. have you gotten a refill when you had more than a few days of the medication left?	1	2	3	4	5
h. has someone else used your prescription medications?	1	2	3	4	5

32. Do you have any prescription medications stored in your home that are expired or you are no longer taking?

❑ Yes ❑ No

33. Have you ever smoked cigarettes regularly in your entire life?

❑ Yes ❑ No ➔**Please go to Question 36**

34. How old were you when you started smoking regularly?

_____ years old

35. How often do you smoke now?

❑ Not at all (Go to Question 35c) ❑ Every day ❑ Some days

35a. On average, how many packs do you smoke a day? _____ packs

35b. For how many years have you smoked this amount? _____ years

Answer questions 35c and 35d only if you have *quit* smoking cigarettes.

35c. About how many packs did you usually smoke per day when you smoked regularly? _____ packs

35d. How old were you when you last smoked cigarettes? _____years old

Everyone

36. Does anyone (other than yourself) regularly smoke cigarettes or other tobacco products INSIDE your home?

❑ Yes ❑ No

37. Do you ever drink alcoholic beverages?

❑ Yes ❑ No ➔ **Please go to Question 38**

37a. The next questions are about alcoholic beverages. *Circle one response for each question.*	Yes	No
a. When talking with others, do you ever underestimate how much you actually drink?	1	2
b. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	1	2
c. Does having a few drinks help decrease your shakiness or tremors?	1	2
d. Does alcohol sometimes make it hard for you to remember parts of the day or night?	1	2
e. Do you usually take a drink to relax or calm your nerves?	1	2
f. Do you drink to take your mind off your problems?	1	2
g. Have you ever increased your drinking after experiencing a loss in your life?	1	2
h. Has a doctor or nurse ever said they were worried or concerned about your drinking?	1	2
i. Have you ever made rules to manage your drinking?	1	2
j. When you feel lonely does having a drink help?	1	2

38. Have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?

❑ Yes ❑ No

39. Are you willing to be contacted about the possibility of donating your body for scientific research after death?

❑ Yes ❑ No

40. Are you willing to be contacted about the possibility of donating just your brain for scientific research after death?

❑ Yes ❑ No

41. The next questions ask about important considerations at the end of life. Please rate how important each experience is to you when you think about the final days and weeks of your life.

How important is it to you…

Circle one number for each question.		Not at all important	A little important	Somewhat important	Very important	Extremely important
a.	to be free of pain?	1	2	3	4	5
b.	to be free of shortness of breath?	1	2	3	4	5
c.	to have your family and loved ones with you?	1	2	3	4	5
d.	to be at peace with God?	1	2	3	4	5
e.	to resolve unfinished business with family or friends?	1	2	3	4	5
f.	to use all available treatments, no matter what the chance of recovery?	1	2	3	4	5
g.	to have one's financial affairs in order?	1	2	3	4	5
h.	to know what to expect about your physical condition?	1	2	3	4	5
i.	to be mentally aware?	1	2	3	4	5
j.	to have funeral arrangements planned?	1	2	3	4	5
k.	to control the place of one's death?	1	2	3	4	5
l.	to feel one's life is complete?	1	2	3	4	5
m.	to believe one's family is prepared for death?	1	2	3	4	5
n.	to not be connected to machines?	1	2	3	4	5

42. Including living and deceased persons, have any of the following BIOLOGICAL relatives had any of the following diseases?

Check all that apply and specify the type(s) of cancer.	My mother	My father	Any of my brothers	Any of my sisters	Any of my sons	Any of my daughters
a. Don't know about this person's health/No such relative	❑	❑	❑	❑	❑	❑
b. High blood pressure (or hypertension)	❑	❑	❑	❑	❑	❑
c. High blood cholesterol	❑	❑	❑	❑	❑	❑
d. Stroke before age 65	❑	❑	❑	❑	❑	❑
e. Stroke age 65 or older	❑	❑	❑	❑	❑	❑
f. Heart attack before age 55	❑	❑	❑	❑	❑	❑
g. Heart attack age 55 or older	❑	❑	❑	❑	❑	❑
h. Diabetes (or high blood sugar)	❑	❑	❑	❑	❑	❑
i. Alzheimer's disease	❑	❑	❑	❑	❑	❑
j. Asthma	❑	❑	❑	❑	❑	❑
k. Osteoporosis	❑	❑	❑	❑	❑	❑
l. Cancer:	❑	❑	❑	❑	❑	❑
Please use the lines in each column to indicate the name of the organ or system of the body where the cancer occurred.	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

II. Fishing and Seafood Consumption

1. Do you or anyone in your household have a currently valid, state-issued fishing license?

❑ Yes ❑ No

2. Have you heard anything about limiting fish and seafood consumption because of mercury contamination?

❑ Yes ❑ No

3. Do you <u>ever</u> eat fish or seafood?

❑ Yes ❑ No➔ **If you NEVER eat fish or seafood, please go to Question 4.**

3a. If you EVER eat fish or seafood, please answer the following questions.

In the past 30 days, how many times have you eaten the following types of fish or seafood?

Write in the number of times for each type of fish or seafood.	Number of times
a. Canned white (albacore) tuna	_____ times
b. Other canned tuna	_____ times
c. Fish or seafood prepared at a restaurant or a store, including take-out, fast-food, deli meals, and Friday fish fry (exclude any canned tuna reported at Questions a. and b. above)	_____ times
d. Fish or seafood bought at a store and prepared at home (exclude any canned tuna reported at Questions a. and b. above)	_____ times
e. Fish or seafood caught by you or someone you know	_____ times

3b. How does the amount of fish and seafood you ate in the past month compare to the amount you usually eat? *Please check one of the following.*

❑ I usually eat more fish and seafood than I did in the past month.

❑ This is the usual amount of fish and seafood that I eat.

❑ I usually eat less fish and seafood than I did in the past month.

4. If you NEVER eat fish or seafood, please answer the following questions. Otherwise, go to Question 1, page 16.

How important are each of the following reasons why you do not eat fish or seafood?

Circle one number for each reason.	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
a. I don't like fish and seafood.	1	2	3	4	5
b. I am a vegetarian.	1	2	3	4	5
c. I am concerned that fish and seafood are unsafe to eat because of contamination.	1	2	3	4	5
d. Fish and seafood have never been part of my diet.	1	2	3	4	5
e. I am allergic to some fish and seafood.	1	2	3	4	5

III. Values and Attitudes

This section lists a number of characteristics that may or may not apply to you. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

1.	**I see myself as someone who...**	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	is talkative.	1	2	3	4	5	6
b.	tends to find fault with others.	1	2	3	4	5	6
c.	does a thorough job.	1	2	3	4	5	6
d.	is reserved.	1	2	3	4	5	6
e.	prefers the conventional, traditional.	1	2	3	4	5	6
f.	is full of energy.	1	2	3	4	5	6
g.	prefers work that is routine and simple.	1	2	3	4	5	6
h.	is a reliable worker.	1	2	3	4	5	6
i.	can be tense.	1	2	3	4	5	6
j.	tends to be quiet.	1	2	3	4	5	6
k.	values artistic, aesthetic experiences.	1	2	3	4	5	6
l.	tends to be disorganized.	1	2	3	4	5	6
m.	is emotionally stable, not easily upset.	1	2	3	4	5	6
n.	has an active imagination.	1	2	3	4	5	6
o.	is sometimes rude to others.	1	2	3	4	5	6
p.	is generally trusting.	1	2	3	4	5	6
q.	is lazy at times.	1	2	3	4	5	6
r.	worries a lot.	1	2	3	4	5	6
s.	wants things to be simple and clear-cut.	1	2	3	4	5	6
t.	is sometimes shy, inhibited.	1	2	3	4	5	6
u.	does things efficiently.	1	2	3	4	5	6
v.	generates a lot of enthusiasm.	1	2	3	4	5	6
w.	can be cold and aloof.	1	2	3	4	5	6
x.	remains calm in tense situations.	1	2	3	4	5	6
y.	is considerate to almost everyone.	1	2	3	4	5	6
z.	gets nervous easily.	1	2	3	4	5	6
aa.	is sophisticated in art, music or literature.	1	2	3	4	5	6
bb.	likes to cooperate with others.	1	2	3	4	5	6
cc.	is easily distracted.	1	2	3	4	5	6

This section lists a number of statements that you may or may not agree with. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

2. Please read the statements below and decide the extent to which each statement describes you.

Circle the number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
b. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
c. For me, life has been a continuous process of learning, changing and growing.	1	2	3	4	5	6
d. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
e. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
f. When I look at the story of my life I am pleased with how things have turned out.	1	2	3	4	5	6
g. I judge myself by what I think is important, not by what others think is important.	1	2	3	4	5	6
h. The demands of everyday life often get me down.	1	2	3	4	5	6
i. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
j. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
k. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
l. I like most aspects of my personality.	1	2	3	4	5	6
m. I have confidence in my opinions even if they are contrary to the general consensus.	1	2	3	4	5	6
n. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
o. I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5	6
p. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6

2. Please read the statements below and decide the extent to which each statement describes you.

Circle the number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
q. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
r. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
s. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
t. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
u. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
v. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
w. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
x. In general, I feel confident and positive about myself.	1	2	3	4	5	6
y. It's difficult for me to voice my opinions on controversial matters.	1	2	3	4	5	6
z. I have been able to create a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
aa. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
bb. It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
cc. I used to set goals for myself, but now that seems like a waste of time.	1	2	3	4	5	6
dd. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
ee. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
ff. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6

Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

3. *Circle one number for each question.*	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. It is alright for a couple to live together without intending to get married.	1	2	3	4	5
b. When a husband and wife make decisions about buying major things for the home, the husband should have final say.	1	2	3	4	5
c. A man should always try to project an air of confidence even if he really doesn't feel confident inside.	1	2	3	4	5
d. It bothers me when a man does something that I consider "feminine."	1	2	3	4	5
e. Men have greater sexual needs than women.	1	2	3	4	5
f. When a man is feeling pain he should not let it show.	1	2	3	4	5
g. In some kinds of situations a man should be ready to use his fists.	1	2	3	4	5
h. Being larger, stronger-looking, and more muscular makes men more attractive to women.	1	2	3	4	5
i. It is much better for everyone if the man earns the main living and the woman takes care of the home and family.	1	2	3	4	5
j. Women are more nurturing and caring compared to men.	1	2	3	4	5
k. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.	1	2	3	4	5
l. Women are less rational and more emotional than men.	1	2	3	4	5
m. A woman can never be fully happy without a child.	1	2	3	4	5
n. Wives' careers are just as important as husbands' careers.	1	2	3	4	5

4. Please complete the following statement by choosing one phrase from the list below that best represents how you feel about getting older.

As I get older, things are _____ I thought they would be.

- ❑ better than
- ❑ worse than
- ❑ the same as

5. When you think of an "old person," what are the first three phrases that come to mind?

1._____

2._____

3._____

6. In your opinion, at what age do most women enter old age? _____ years old

7. In your opinion, at what age do most men enter old age? _____ years old

8. How much do you agree with the following statements?

Circle one number for each question.	Not at all	A little	Some	Quite a bit	A lot
a. Things keep getting worse as I get older.	1	2	3	4	5
b. I have as much pep as I did last year.	1	2	3	4	5
c. As you get older you are less useful.	1	2	3	4	5
d. I am as happy now as when I was younger.	1	2	3	4	5

9. Many people feel older or younger than they actually are. What age do you feel most of the time?

_____ years old

IV. Job Characteristics

If this page is crossed out, please go to Question 1, Page 22.

Please answer the following questions about the work you do or did while employed at: _____

1. How often do or did you... *Circle the response that best describes your situation.*	Never	Rarely	Sometimes	Often	Very Often
a. have to lift, pull or carry heavy loads?	1	2	3	4	5
b. have to work in an awkward posture?	1	2	3	4	5
c. have to stand for prolonged periods of time?	1	2	3	4	5
d. have to kneel or squat for prolonged periods of time?	1	2	3	4	5
e. do repeated lifting, pushing, pulling or bending?	1	2	3	4	5
f. perform repetitive or forceful hand movements?	1	2	3	4	5

2. The things people do at their jobs can involve reading and writing, working with their hands and dealing with people, or sometimes all three at the same time. For the following questions, please think about an average week at the job written in above. (If you do or did more than one of these things at the same time it is all right if your hours add up to more than your total time at work.)

How many hours per week do or did you spend…

a. reading, writing and dealing with written materials? _____hours per week

b. working with your hands, tools or equipment? _____hours per week

c. dealing with people about work—not just passing the time of day? _____hours per week

d. doing the same things over and over? _____hours per week

3. The following statements have to do with the way family life and work life can influence each other. *For each statement, please circle the number that best describes your situation when you worked for this employer.*	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Family worries or problems distract me from my work.	1	2	3	4	5
b. Stress at home makes me irritable at work.	1	2	3	4	5
c. Family activities stop me from getting the amount of sleep I need to do my job well.	1	2	3	4	5

V. What would you do…?

The next section presents several hypothetical scenarios. You will not actually be paid as a result of your choices, but please read each scenario carefully and select as though you would get the money specified. If you select Choice A, you would have a 100% chance of getting a certain amount. If you select Choice B, you would have a 50% chance of getting the dollar amount specified and a 50% chance of getting $0. There are no right or wrong choices, since we are simply measuring your personal preferences.

1. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$5** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$7** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$9** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$11** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$13** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$15** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$19** and a 50% chance of getting **$0**

2. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$11** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$15** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$17** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$19** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$21** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$25** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$29** and a 50% chance of getting **$0**

3. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$15** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$19** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$21** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$23** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$25** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$29** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$33** and a 50% chance of getting **$0**

We are now going to ask you a different kind of question. Like in the last section, the scenarios are hypothetical. You will not actually be paid as a result of your choices, but please read each scenario carefully and select as though you would lose or gain the money specified. If you select Choice A, you would have a 100% chance of getting $0. If you select Choice B, you would have a 50% chance of gaining the dollar amount specified and a 50% chance of losing a certain amount. There are no right or wrong choices, since we are simply measuring your personal preferences.

1. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$4** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$6** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$7** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$9** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$11** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$13** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$17** and a 50% chance of losing **$5**

2. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$7** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$11** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$14** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$17** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$19** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$23** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$27** and a 50% chance of losing **$9**

3. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$9** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$13** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$17** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$21** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$23** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$27** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$31** and a 50% chance of losing **$11**

We are now going to ask you a third kind of question. Like in the last two sections, the scenarios are hypothetical. You will not actually be paid as a result of your choices, but please read each scenario carefully and select as though you would get the money specified. There are no right or wrong choices, since we are simply measuring your personal preferences. Please check the box for either Choice A or Choice B for each scenario below according to your preference.

1. If you select Choice A, you would get the dollar amount specified today. If you select Choice B, you would get the larger dollar amount thirty days from today. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$12** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$15** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$18** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$21** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$24** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$13** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$16** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$19** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$22** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$25** thirty days from today.

2. If you select Choice A, you would get the dollar amount specified thirty days from today. If you select Choice B, you would get the larger dollar amount sixty days from today. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$12** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$15** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$18** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$21** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$24** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$13** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$16** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$19** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$22** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$25** sixty days from today.

VI. Dealing with Problems

1. The following questions are about experiences you may have had. We would like you to tell us how old you were the FIRST (or ONLY) time this ever happened, and how old you were the LAST or most recent time this happened. If you have never had such an experience, please indicate that it never happened.

	FIRST or ONLY time this happened **Your age?**	LAST time This happened **Your age?**	Never
a. A close friend died.	_____	_____	❑
b. I experienced a life-threatening flood, fire, storm or some other disaster.	_____	_____	❑
c. My child or grandchild served in a war or combat.	_____	_____	❑
d. I witnessed the severe injury or death of another person.	_____	_____	❑
e. I went deeply into debt or suffered substantial financial loss.	_____	_____	❑
f. My child went deeply into debt or suffered substantial financial loss.	_____	_____	❑
g. I had serious legal difficulties.	_____	_____	❑
h. I was in jail or prison.	_____	_____	❑
i. My spouse (or partner) treated me in a way that some would think of as physical abuse.	_____	_____	❑
j. One of my children was divorced.	_____	_____	❑
k. My child had a life-threatening illness or accident.	_____	_____	❑
l. My grandchild had a life-threatening illness or accident.	_____	_____	❑
m. My adult child moved back into my home.	_____	_____	❑
n. I had increased responsibility for the care of grandchildren.	_____	_____	❑
o. My aging parent or in-law moved into my home.	_____	_____	❑
p. I placed my aging spouse, in-law or parent into a nursing home.	_____	_____	❑
q. I seriously thought about taking my own life.	_____	_____	❑

We are interested in how people respond when they face difficult or stressful events in their lives. The following questions ask you to indicate what you generally do and feel when you experience stressful events. Please answer every item. There are no "right" or "wrong" answers, so circle the most accurate answer for you—not what you think "most people" would say or do.

2. Generally, when I experience a difficult or stressful event... *Circle one number for each question.*	I usually **do not do this at all**	I usually **do this a little bit**	I usually **do this a medium amount**	I usually **do this a lot**
a. I turn to work or other activities to take my mind off things.	1	2	3	4
b. I concentrate my efforts on doing something about the situation I'm in.	1	2	3	4
c. I say to myself "this isn't real."	1	2	3	4
d. I give up trying to deal with it.	1	2	3	4
e. I take action to try to make the situation better.	1	2	3	4
f. I refuse to believe that it has happened.	1	2	3	4
g. I say things to let my unpleasant feelings escape.	1	2	3	4
h. I try to see it in a different light, to make it seem more positive.	1	2	3	4
i. I criticize myself.	1	2	3	4
j. I try to come up with a strategy about what to do.	1	2	3	4
k. I give up the attempt to cope.	1	2	3	4
l. I look for something good in what is happening.	1	2	3	4
m. I do something to think about it less, such as going to the movies, watching TV, reading, daydreaming, sleeping or shopping.	1	2	3	4
n. I accept the reality of the fact that it has happened.	1	2	3	4
o. I express my negative feelings.	1	2	3	4
p. I learn to live with it.	1	2	3	4
q. I think hard about what steps to take.	1	2	3	4
r. I blame myself for things that happened.	1	2	3	4

VII. How You've Felt This Past Week

1. Next is a list of the ways you might have felt or behaved during the past week.

On how many days <u>during the past week</u> did you...	*Circle the **number of days** in the past week you experienced each feeling.*							
a. feel you could not shake off the blues even with help from your family and friends?	0	1	2	3	4	5	6	7
b. feel bothered by things that usually don't bother you?	0	1	2	3	4	5	6	7
c. think your life had been a failure?	0	1	2	3	4	5	6	7
d. feel happy?	0	1	2	3	4	5	6	7
e. feel that people were unfriendly?	0	1	2	3	4	5	6	7
f. feel lonely?	0	1	2	3	4	5	6	7
g. enjoy life?	0	1	2	3	4	5	6	7
h. have crying spells?	0	1	2	3	4	5	6	7
i. feel that people disliked you?	0	1	2	3	4	5	6	7
j. feel sad?	0	1	2	3	4	5	6	7
k. feel depressed?	0	1	2	3	4	5	6	7
l. have trouble keeping your mind on what you were doing?	0	1	2	3	4	5	6	7
m. not feel like eating, your appetite was poor?	0	1	2	3	4	5	6	7
n. feel you were just as good as other people?	0	1	2	3	4	5	6	7
o. feel everything you did was an effort?	0	1	2	3	4	5	6	7
p. feel hopeful about the future?	0	1	2	3	4	5	6	7
q. feel fearful?	0	1	2	3	4	5	6	7
r. sleep restlessly?	0	1	2	3	4	5	6	7
s. talk less than usual?	0	1	2	3	4	5	6	7
t. feel you could not "get going"?	0	1	2	3	4	5	6	7
u. feel irritable, or likely to fight or argue?	0	1	2	3	4	5	6	7
v. feel like telling someone off?	0	1	2	3	4	5	6	7
w. feel angry or hostile for several hours at a time?	0	1	2	3	4	5	6	7

2. Next is a list of ways you might have felt or behaved during the past week.

On how many days <u>in the past week</u> did you...	*Circle the **number of days** in the past week you experienced each feeling.*							
a. feel calm?	0	1	2	3	4	5	6	7
b. feel furious?	0	1	2	3	4	5	6	7
c. feel tense?	0	1	2	3	4	5	6	7
d. feel like banging on the table?	0	1	2	3	4	5	6	7
e. feel at ease?	0	1	2	3	4	5	6	7
f. feel angry?	0	1	2	3	4	5	6	7
g. worry over possible misfortune?	0	1	2	3	4	5	6	7
h. feel like yelling at somebody?	0	1	2	3	4	5	6	7
i. feel nervous?	0	1	2	3	4	5	6	7
j. feel like breaking things?	0	1	2	3	4	5	6	7
k. feel jittery?	0	1	2	3	4	5	6	7
l. feel mad?	0	1	2	3	4	5	6	7
m. feel relaxed?	0	1	2	3	4	5	6	7
n. feel irritated?	0	1	2	3	4	5	6	7

VIII. Religion and Spirituality

Next we have a few questions about your religious beliefs.

1. What is your current religious preference? _____

1a. If Protestant, what specific Protestant denomination is that?

_____

2. About how often, if at all, have you attended religious services during the past year?

_____

3. The following questions are about being religious and being spiritual.

Please think about what these words mean to you and answer the questions with those meanings in mind.

Circle one number for each question.	Not at all	Not Very	Somewhat	Very	Extremely
a. How important is religion in your life?	1	2	3	4	5
b. How important is spirituality in your life?	1	2	3	4	5
c. How closely do you identify with being a member of a religious group?	1	2	3	4	5
d. How important is it for you to be with other people who are the same religion as you?	1	2	3	4	5
e. How important do you think it is for people of your religion to marry other people who are the same religion?	1	2	3	4	5
f. How strongly do you believe that one should stick to a particular faith?	1	2	3	4	5
g. How important was religion in your home when you were growing up?	1	2	3	4	5
h. When you have important decisions to make in your life, how much do you rely on your religious or spiritual beliefs?	1	2	3	4	5
i. How much would your spiritual or religious beliefs influence your medical decisions if you were to become gravely ill?	1	2	3	4	5

4. How often do you turn to people in your religious community for practical support, such as financial assistance, food preparation, or transportation?

- ❑ Never
- ❑ Rarely
- ❑ Sometimes
- ❑ Often

5. When you have problems or difficulties in your family, work or personal life, how often do you seek comfort through any of the following religious or spiritual means?

Circle one number for each question.	Never	Rarely	Sometimes	Often
a. Praying	1	2	3	4
b. Meditating	1	2	3	4
c. Attend a religious or spiritual service	1	2	3	4
d. Talk to a religious or spiritual advisor	1	2	3	4

6. Please indicate how much you agree or disagree with the following statements.

Circle one number for each question.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
a. The Bible is God's word and everything happened or will happen exactly as it says.	1	2	3	4	5
b. The Bible is the answer to all important human problems.	1	2	3	4	5

IX. Internet

1. If your home does NOT have a connection to the Internet, check here ❑ and SKIP to Question 2.

Which of the following were among the most important reasons why your household first obtained Internet access?

Check all that apply.	Not True	True for <u>you</u>	True for <u>your spouse</u>	True for someone else in <u>your household</u>
a. Interested in using the Web for recreation	❑	❑	❑	❑
b. Doing tasks related to one's job	❑	❑	❑	❑
c. Using e-mail to communicate with one of your children	❑	❑	❑	❑
d. Using e-mail to communicate with one of your siblings	❑	❑	❑	❑
e. Using e-mail to communicate with other relatives	❑	❑	❑	❑
f. Using e-mail to communicate with friends	❑	❑	❑	❑

2. If you NEVER use e-mail from any location, check here ❑ and SKIP to Question 3.

How often do you send or receive personal e-mail messages from the following people: *Circle one number for each question.*	Almost daily (or more)	More than once per week	More than once per month	Less than once per month	Never
a. Your spouse?	1	2	3	4	5
b. Your children?	1	2	3	4	5
c. Your siblings?	1	2	3	4	5
d. Your grandchildren?	1	2	3	4	5
e. Other relatives?	1	2	3	4	5
f. Co-workers (related to your job)?	1	2	3	4	5
g. Co-workers (not related to your job)?	1	2	3	4	5
h. Friends?	1	2	3	4	5

3. If you do NOT use either the World Wide Web or e-mail, check here ❑ and SKIP to Question 4.

About how many <u>hours each week</u> do you use the World Wide Web or e-mail from the following locations?

	At home?	At work?	At another location?
a. Using the World Wide Web	_____ hrs	_____ hrs	_____ hrs
b. Using e-mail	_____ hrs	_____ hrs	_____ hrs

4. In the past year, have you used the Internet to look for advice or information about YOUR health or healthcare?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 33**

5. The last time you looked on the Internet for information for yourself, did you happen to go looking for this health information:

❑ BEFORE visiting a doctor or clinic
❑ AFTER visiting a doctor or clinic
❑ INSTEAD of visiting a doctor or clinic
❑ UNRELATED TO visiting a doctor or clinic

6. Next, please answer the following questions based on your experiences in the past 12 months using the Internet to look for advice or information about <u>your</u> health or healthcare.

Circle one number for each question.	Not at all	A little	Somewhat	Very	Extremely
a. How <u>hard</u> was it to find the information you needed?	1	2	3	4	5
b. How <u>frustrated</u> did you feel during your search for information?	1	2	3	4	5
c. How <u>concerned</u> were you about the quality of the information you found?	1	2	3	4	5
d. How <u>hard</u> was it to understand the information you found?	1	2	3	4	5
e. How <u>satisfied</u> were you with the information you found?	1	2	3	4	5

7. Please circle yes or no in response to each question below to indicate whether you have done any of the following.

Circle one response for each question.

a. Have you <u>ever</u> used e-mail or the Internet to communicate with any doctor or any doctor's office?	Yes	No
b. Have you <u>ever</u> searched the Internet for information on the quality of your doctor, clinic, or hospital?	Yes	No

X. Health Services

1. Please think about the doctor that you usually go to when you are sick or need advice about your health and indicate how much you agree or disagree with each statement.

Circle the one number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. All in all, I have complete trust in my doctor.	1	2	3	4	5
b. It is very important to me to see my regular doctor.	1	2	3	4	5
c. It is very important to me that doctors at my usual place of care agree about treatments for my health conditions(s).	1	2	3	4	5
d. It is very important to me that my doctor's office send out reminders when I am due for a regular check up or test.	1	2	3	4	5
e. It is very important to me to see a doctor who has full information about my medical history.	1	2	3	4	5
f. When there is more than one method to treat a problem, I should be told about each one.	1	2	3	4	5
g. I believe that my doctor needs to know everything about my medical history to take good care of me.	1	2	3	4	5
h. I would rather have my doctor make the decisions about what's best for my health than be given many choices.	1	2	3	4	5
i. The important medical decisions should be made by my doctor, not by me.	1	2	3	4	5
j. It is my responsibility to understand all of my medications, even if my doctor hasn't explained them fully.	1	2	3	4	5
k. When there is more than one medication to treat a problem, my doctor only needs to discuss the one he/she thinks is best.	1	2	3	4	5
l. My doctor should discuss the cost of medications with me before prescribing one.	1	2	3	4	5
m. When there is more than one medication to treat a problem, I prefer that my doctor has me decide which one I should use.	1	2	3	4	5

2. Please indicate how much you agree or disagree with each statement.

Circle the one number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for healthcare.	1	2	3	4	5
b. If my doctor were not available, I would feel safe visiting another doctor or clinic.	1	2	3	4	5
c. I work hard at trying to stay healthy.	1	2	3	4	5

3. In the past 12 months, did you experience difficulty or delay in obtaining any type of healthcare, or not receive healthcare you thought you needed due to any of the reasons listed below?

Circle yes or no for each of the following reasons.	Yes	No
a. I couldn't afford medical care.	1	2
b. My insurance company wouldn't approve, cover or pay for care.	1	2
c. My insurance company required a referral but I couldn't get one.	1	2
d. My doctor refused to accept my insurance plan.	1	2
e. Medical care was too far away.	1	2
f. It was too expensive to get there.	1	2
g. I couldn't get there when the doctor's office was open.	1	2
h. I didn't know where to go to get care.	1	2
i. It took too long to get an appointment.	1	2
j. I couldn't get through on the telephone to make an appointment.	1	2
k. Other; *Please specify*: _____	1	2

4. Thinking about your own healthcare, how would you rate the following? *Circle one number for each question.*	Poor	Fair	Good	Very good	Excellent
a. Convenience of location of the doctor's office	1	2	3	4	5
b. Hours when the doctor's office is open	1	2	3	4	5
c. Access to specialty care if I need it	1	2	3	4	5
d. Access to hospital care if I need it	1	2	3	4	5
e. Access to medical care in an emergency	1	2	3	4	5
f. Access to mental healthcare if I need it	1	2	3	4	5
g. Arrangements for making appointments for medical care by phone	1	2	3	4	5
h. Length of time spent waiting at the office to see the doctor	1	2	3	4	5
i. Length of time I wait between making an appointment for routine care and the day of my visit	1	2	3	4	5
j. Availability of medical information or advice by phone	1	2	3	4	5
k. Access to medical care whenever I need it	1	2	3	4	5
l. Services available for getting prescriptions filled	1	2	3	4	5
m. Ease of seeing the doctor of my choice	1	2	3	4	5
n. Amount of time I have with doctors and staff during a visit	1	2	3	4	5
o. Overall quality of care and services	1	2	3	4	5
p. The amount I pay out-of-pocket (for example, co-payments, deductibles or payments for services not covered by my plan)	1	2	3	4	5

5. This section lists some statements that people sometimes make when they talk about their health.

Please read each statement below and circle the number that best describes your agreement or disagreement with each statement.

Your answers should be what is true for you and not just what you think the doctors want you to say.

Circle one number for each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. When all is said and done, I am the person who is responsible for managing my health condition(s).	1	2	3	4	5
b. Taking an active role in my own healthcare is the most important factor in determining my health and ability to function.	1	2	3	4	5
c. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).	1	2	3	4	5
d. I know what each of my prescribed medications do.	1	2	3	4	5
e. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.	1	2	3	4	5
f. I am confident I can tell my healthcare provider concerns I have even when he or she does not ask.	1	2	3	4	5
g. I am confident that I can follow through on medical treatments I need to do at home.	1	2	3	4	5
h. I understand the nature and causes of my health condition(s)	1	2	3	4	5
i. I know the different medical treatment options available for my health condition(s).	1	2	3	4	5
j. I have been able to maintain the lifestyle changes for my health that I have made.	1	2	3	4	5
k. I know how to prevent further problems with my health condition(s).	1	2	3	4	5
l. I am confident I can figure out solutions when new situations or problems arise with my health condition(s).	1	2	3	4	5
m. I am confident that I can maintain lifestyle changes like diet and exercise even during times of stress.	1	2	3	4	5

6. In the past 12 months, has there been any one doctor who…

Circle one response for each question.	Yes	No	Don't know
a. coordinates your overall medical care?	1	2	3
b. knows the results of all your tests and treatments?	1	2	3
c. keeps in touch with your other doctors and healthcare providers?	1	2	3
d. asks you about the care from your other doctors and healthcare providers?	1	2	3
e. knows all of your prescription medicines?	1	2	3

7. In the past 12 months, have you gone to a hospital emergency room for medical treatment for yourself?

❑ **Yes** ❑ **No ➔ Please go to Question 8**

7a. For the next set of questions, please think about the last time you went to the hospital emergency room in the past 12 months.

Circle one response for each question.	Yes	No
a. Could this health problem have been handled by a primary care doctor if one had been available?	1	2
b. Before going to the hospital emergency room, did you try to see or call a doctor or other health professional about this problem?	1	2
c. Before going to the hospital emergency room, were you able to contact a doctor or other health professional about this problem?	1	2
d. Did a doctor or other health professional tell you to go to the hospital emergency room?	1	2

8. Please answer the questions below about seeing doctors for medical care in the past 12 months.

Circle one number for each question.	Never	Rarely	Sometimes	Often	Very often
a. When you see a doctor at your usual place of care, how often do they have information about your full medical history?	1	2	3	4	5
b. How often do the doctors at your usual place of care appear to agree on treatments for your health conditions(s)?	1	2	3	4	5
c. How often does your doctor's office send you reminders when you are due for a regular check up or test?	1	2	3	4	5

9. How would you rate your doctor's knowledge of you as a person, including your values and beliefs that are important to you?

- ❑ Poor
- ❑ Fair
- ❑ Good
- ❑ Very Good
- ❑ Excellent

10. Please answer the following questions.

Circle one number for each question.		Yes	No
a.	Do you worry a lot about your health?	1	2
b.	Is it hard for you to believe the doctor when he tells you that there is nothing to worry about?	1	2
c.	Do you often worry about the possibility that you have a serious illness?	1	2
d.	Do you think there is something seriously wrong with your body?	1	2
e.	Are you bothered by many different aches and pains?	1	2
f.	If a disease is brought to your attention (such as on TV or the radio, in the newspapers or by someone you know), do you worry about getting it yourself?	1	2
g.	Do you find that you are bothered by many different symptoms?	1	2

XI. Health Insurance Coverage

Next, we have some questions about health insurance and healthcare coverage.

1. Currently, do you or does your spouse have any of the following types of government or public health insurance or healthcare coverage that cover hospital costs or the costs of visits to the doctor?

Circle Yes or No for you and again for your spouse for each type of health insurance or healthcare coverage that you or your spouse may have.	Do you have this?		**Does your spouse have this?** ❑ If widowed or not married, check here.	
a. Medicare Part A	Yes	No	Yes	No
b. Medicare Part B	Yes	No	Yes	No
c. Wisconsin Medicaid Program; Badgercare (a Forward Health Card); Other state Medicaid Program, (sometimes called Medical Assistance or Title XIX)	Yes	No	Yes	No
d. TRICARE for Life (a military health plan)	Yes	No	Yes	No
e. CHAMP VA (a military health plan)	Yes	No	Yes	No
f. Go to a VA clinic and receive healthcare directly through the VA	Yes	No	Yes	No
g. HIRSP Wisconsin Health Insurance Risk Sharing Plan	Yes	No	Yes	No
h. Indian Health Service	Yes	No	Yes	No
i. Other public or government health insurance	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

2. Currently, do you or does your spouse have <u>any</u> of the following types of <u>private</u> health insurance or private healthcare coverage that work with, supplement, or replace Medicare that cover hospital costs or the costs of visits to the doctor?

Circle Yes or No for you and again for your spouse for each type of health insurance or healthcare coverage that you or your spouse may have.	Do <u>you</u> have this?		**Does <u>your spouse</u> have this?** ❑ If widowed or not married, check here.	
a. Medicare HMO: a Medicare Advantage Plan, a Medicare Private Fee for Service or "PFFS" Plan, or other Medicare HMO	Yes	No	Yes	No
b. "Medigap" Medicare supplement policy or a Medicare Select policy	Yes	No	Yes	No
c. Other health insurance that supplements Medicare	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

3. Do you or your spouse currently have <u>any</u> of the following types of other <u>private</u> health insurance to cover hospital costs or the costs of visits to the doctor that do NOT supplement or replace Medicare? (Do not include long-term care, dental, vision, or plans that provide extra cash or that pay for one type of service such as cancer or accidents)

Circle Yes or No for you and again for your spouse for each type of health insurance or healthcare coverage that you or your spouse may have.	Do <u>you</u> have this?		**Does <u>your spouse</u> have this?** ❑ If not married or widowed, check here.	
a. Individual private insurance not supplementing Medicare	Yes	No	Yes	No
b. Health insurance through an employer not supplementing Medicare	Yes	No	Yes	No
c. Other private health insurance that does not supplement or replace Medicare	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

The next few questions are about any insurance coverage you or your spouse may have that helps pay for prescriptions.

4. Currently, are you or your spouse covered by <u>any</u> of the following prescription drug insurance plans?

Circle Yes or No for you and again for your spouse for each type of prescription drug insurance plan that you or your spouse may have.	Are <u>you</u> covered by this?		**Is <u>your spouse</u> covered by this?** ❑ If widowed or not married, check here.	
a. Wisconsin SeniorCare	Yes	No	Yes	No
b. Some other state prescription drug program	Yes	No	Yes	No
c. Medicare Advantage	Yes	No	Yes	No
d. A Medigap prescription drug benefit plan	Yes	No	Yes	No
e. Some other type of private prescription drug insurance	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

5. The Medicare Part D Prescription Drug Plan provides coverage for prescription drugs, usually through a private insurance provider. **Currently, is <u>your spouse</u> enrolled in a Medicare Part D prescription drug plan?**

- ❑ Yes
- ❑ No
- ❑ Not married/widowed
- ❑ Don't know

6. Currently, are <u>you</u> enrolled in a Medicare Part D prescription drug plan?

- ❑ Yes ➔ **Please go to Question 8, Page 42**
- ❑ No ➔ **Please go to Question 7, Page 42**
- ❑ Don't know ➔ **Please go to Long Term Care Insurance Question 15, Page 44.**

7. How important are each of the following reasons why you did <u>not</u> sign up for the Medicare Part D prescription drug plan?

Circle one number for each reason.	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
a. I am not yet age 65.	1	2	3	4	5
b. I prefer Wisconsin SeniorCare.	1	2	3	4	5
c. I did not know the Medicare Part D Prescription Drug Plan was available.	1	2	3	4	5
d. I get prescription drugs from the VA.	1	2	3	4	5
e. I do not use enough prescription drugs to make it worthwhile.	1	2	3	4	5
f. I prefer some other state prescription drug program.	1	2	3	4	5
g. Some other reason; *Please specify:* _____	1	2	3	4	5

Thank you for your answers to this section. Please go to the Long Term Care Insurance Question 15 on Page 44.

8. What is the name of your current Medicare Part D prescription drug plan?

_____ Name of my Medicare Part D prescription drug plan

❑ Don't know

9. What is the name of the insurance company that provides your current Medicare Part D prescription drug plan?

_____ Insurance company name

❑ Don't know

10. Which of the following statements best describes how you selected your current Medicare Part D prescription drug plan?

❑ I chose my own plan.

❑ Someone chose my plan for me.

❑ I was enrolled automatically.

11. How important was each of the following in helping you choose your Medicare Part D prescription drug plan?

Circle one number for each.	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
a. Medicare's 800, toll-free telephone number	1	2	3	4	5
b. State or county government program or helpline	1	2	3	4	5
c. Medicare's Part D Prescription Drug Plan representative	1	2	3	4	5
d. Pharmacist	1	2	3	4	5
e. My spouse	1	2	3	4	5
f. My child/child in law	1	2	3	4	5
g. A family member other than my child/child in law	1	2	3	4	5
h. A friend	1	2	3	4	5

12. Did you use the Internet <u>at all</u> in deciding whether to enroll in a Medicare Part D prescription drug plan?

❑ Yes ↓

❑ No ➔ **Please go to Question 13**

❑ Don't know ➔ **Please go to Question 13**

12a. The government's Medicare website has tools intended to help people select a Medicare Part D prescription drug plan. **Did you use these website tools <u>at all</u> to select your Medicare Part D prescription drug plan?**

❑ Yes

❑ No

❑ Don't know

13. Currently, do you pay <u>any</u> part of the insurance premium for your Medicare Part D prescription drug plan?

❑ Yes ↓

❑ No ➔ **Please go to Question 14, Page 44**

❑ Don't know ➔ **Please go to Question 14, Page 44**

13a. Currently, how much do you pay in premiums for your Medicare Part D prescription drug plan?

Please select monthly, quarterly, or annually for your answer.

$_____ Monthly premium <u>OR</u> $_____ Quarterly premium <u>OR</u> $_____ Annual premium

14. Please circle one number for each question that best describes your feelings about your Medicare Part D prescription drug plan.

Circle one number for each.	Not at all	Slightly	Somewhat	Very	Extremely
a. How satisfied are you with the range of drugs covered under your current Medicare Part D prescription drug plan?	1	2	3	4	5
b. In the next 12 months, how likely is it that you will switch to a new Medicare Part D Prescription drug plan?	1	2	3	4	5
c. How confident are you that you have made the right decision about your current prescription drug coverage?	1	2	3	4	5

Long-Term Care Insurance

15. Not including government programs such as Medicare or Medicaid, have you EVER had any long-term care insurance which specifically covers any part of personal or medical care in your home or in a nursing home?

❑ Yes ➔ **Please go to Page 45** ❑ No

15a. Why have you NEVER had long-term care insurance?
Check all that apply.

❑ Premiums were too high
❑ Didn't think I needed it
❑ Hadn't thought about it
❑ Not a good use of money
❑ Not eligible
❑ Other; *Please specify* _____

XII. Financial Matters

Next we would like to ask you a series of statements about financial matters. We would like to know whether, in your opinion, the statement is generally **"True"** or generally **"False"** and how strongly you believe this to be the case.

An example of a true-false statement is the following:

Example Question: A savings bank never offers a checking account.

Most Likely False						Most Likely True					
Surely False					Guess False	Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**	**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

If you think that this statement is most likely to be **true**, please choose a number in the right half of the box above. If you think that the statement is surely true, circle "**100%**." If you think it is only 60% likely to be true, please circle "**60%**."

Similarly, if you think that this statement is most likely to be **false**, please choose a number in the left half of the box above. If you think that the statement is surely false, circle "**100%**." If you think it is only 70% likely to be false, please circle "**70%**." If you are completely unsure and have "no idea" whether the statement is true or false, please make your best possible guess and circle whether you would like to guess true with 50% confidence or guess false with 50% confidence.

1. Mutual funds do not pay a guaranteed rate of return.

Most Likely False						Most Likely True					
Surely False					Guess False	Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**	**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

2. You should invest in either mutual funds or a large number of different stocks instead of just a few stocks.

Most Likely False						Most Likely True					
Surely False					Guess False	Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**	**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

3. Using money in a bank savings account to pay off credit card debt is usually a bad idea.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

4. Financially, investing in the stock market is no better than buying lottery tickets.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

5. When an investor spreads money between 20 stocks, rather than 2, the risk of losing a lot of money decreases.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

6. Taxes do not affect how you should invest your money.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

7. If you start out with $1,000 and earn an average return of 10% per year for 30 years, after compounding, the initial $1,000 will have grown to more than $6,000.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

8. Buying a single company stock usually provides a safer return than a stock mutual fund.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

9. Even older retired people should hold some stocks.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

10. An older person with $100,000 to invest should hold riskier financial investments than a younger person with $100,000 to invest.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

11. It is important to take a look at your investments periodically to see if you need to make changes.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

12. It is best to avoid owning stocks of foreign companies.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

XIII. Social Relationships

1. Is there a person in your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No

2. Is there a friend outside your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No ➔ **Please go to Question 3**

↓

2a. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)?

Write in number of close friends and close relatives: _____

3. Are you able to drive?

❑ Yes ❑ No ➔ **Please go to Question 4**

↓ ❑ Never drove ➔ **Please go to Question 4**

3a. Have you driven a car in the past month?

❑ Yes
❑ No

3b. Do you have a car available to use when you need one?

❑ Yes
❑ No

3c. When you drive, do you only drive to nearby places, or do you also drive on longer trips? *Check one answer only.*

❑ I only drive to nearby places.
❑ I drive to nearby places and also on longer trips.

4. Are you within walking distance to public transportation such as a city bus or a subway system?

❑ Yes
❑ No
❑ Don't Know

5. In the past 30 days, about how often have you used public transportation?

❑ Never
❑ Once or twice
❑ About once a week
❑ Almost every day

6. Next, we are interested in the help and support that you receive from or give to people (other than a spouse). We are interested here in help that is not paid for. During the <u>past month</u> have you GIVEN the following kinds of help?

Kind of help GIVEN:	*Check the box for EVERYONE that you GAVE each kind of help TO. (other than spouse)*							
	None of these people needed help	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grand-children	Other relatives	Friends, neighbors, co-workers	Members of my religious community
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑
d. Help with baby sitting or child care.	❑	❑	❑	❑	❑	❑	❑	❑

7. During the <u>past month</u> have you RECEIVED the following kinds of help?

Kind of help RECEIVED:	*Check the box for EVERYONE that you RECEIVED each kind of help FROM. (other than spouse)*								
	Help not needed	No one available to help	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grand-children	Other relatives	Friends, neighbors, co-workers	Members of my religious community
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑	❑
d. Help using a computer or the Internet in your home.	❑	❑	❑	❑	❑	❑	❑	❑	❑

8. Now think about persons (other than a spouse) who you feel you COULD ask for help, IF YOU NEEDED IT.

Kind of help you could ask for:	*Check the box for EVERYONE that you COULD ASK FOR each kind of HELP FROM.*							
	No one	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grand-children	Other relatives	Friends, neighbors, co-workers	Members of my religious community
a. Suppose you had to borrow $250 for a few weeks because of an emergency. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑	❑
b. Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice?	❑	❑	❑	❑	❑	❑	❑	❑
c. Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑	❑
d. *(Answer only if you have a computer in your home that you use.)* Suppose you had a problem setting up or using your computer or the Internet that you couldn't figure out. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑	❑

9. The next question asks about the help you may receive from people such as family, friends or others who are not paid to help you. **Currently, do you receive unpaid help with things such as carrying groceries, preparing meals, or doing your other day-to-day activities?**

❑ Yes ❑ No ➔ **Please go to Question 11**

a. On the line below, please describe the kind of help you need the most.

_____

b. What is your relationship to the person who gives you the help you need the most, as described on the line above? (e.g., mother, spouse, friend, neighbor)

_____

10. Currently, how concerned are you that…

Circle one number for each question.	Not at all	A little	Somewhat	Very	Extremely
a. the health of your helper could suffer as a result of assisting you?	1	2	3	4	5
b. the demands of assisting you have strained your relationship with your helper?	1	2	3	4	5
c. your helper has to take time away from other things in order to assist you?	1	2	3	4	5

11. The next few questions ask how you feel about needing help as you get older, whether or not you are currently receiving help.

Currently, how worried are you…

Circle one number for each question.	Not at all	A little	Somewhat	Very	Extremely
a. about not being able to get around on your own as you get older?	1	2	3	4	5
b. that others will have to make decisions for you as you get older?	1	2	3	4	5
c. about being financially dependent on others when you get older?	1	2	3	4	5
d. that you will have to live with your adult children when you get older?	1	2	3	4	5

If this page and the next page are crossed out, please go to Question 1 on Page 54.

12. For the following questions, please think about your experiences <u>while</u> caring for:_____

Here is a list of things that other caregivers have found to be difficult. Please circle the number to indicate how often you experience each one listed below.

How often…

Circle one number for each question.	Never	Rarely	Sometimes	Often	Very Often
a. is/was your sleep disturbed? (*For example: the person you care for is/was in and out of bed or wanders/wandered around at night.*)	1	2	3	4	5
b. is/was caregiving inconvenient? (*For example: helping takes/took so much time or it is/was a long drive over to help.)*	1	2	3	4	5
c. is/was caregiving a physical strain? (*For example: lifting in and out of a chair; effort or concentration is/was required.*)	1	2	3	4	5
d. is/was caregiving confining? (*For example: helping restricts/restricted your free time or you cannot/could not go visiting.*)	1	2	3	4	5
e. do/did you have to make daily adjustments? (*For example: helping has disrupted your routine; There has been/was no privacy.*)	1	2	3	4	5
f. do/did you have to make changes in personal plans? (*For example: You had to turn down a job; You could not go on vacation.*)	1	2	3	4	5
g. are/were there other demands on your time? (*For example: other family members need/needed you.*)	1	2	3	4	5
h. do/did you have to make emotional adjustments? (*For example: severe arguments about caregiving.*)	1	2	3	4	5
i. does/did the behavior of the person you give care to upset you? (*For example: incontinence; the person you care for has/had trouble remembering things; or the person you care for accuses/accused people of taking things.*)	1	2	3	4	5
j. is/was it upsetting to find the person you care for has/had changed so much from his/her former self? (*For example: he/she is/was a different person than he/she used to be.*)	1	2	3	4	5
k. do/did you have to make adjustments at work? (*For example: You have/had to take time off for caregiving duties.*)	1	2	3	4	5
l. is/was caregiving a financial strain?	1	2	3	4	5
m. do/did you feel completely overwhelmed? (*For example: You worry/worried about the person you care for; You have concerns about how you will manage.*)	1	2	3	4	5

If this page is crossed out, please go to Question 1 on Page 54.

For the following questions, please continue
to think about your experiences while caring for: _____

The next questions are about things that people sometimes say about caregiving.

Some caregivers say that, despite all the difficulties involved in giving care to a family member with memory or health problems, good things have come out of their caregiving experience too. For each of the following things reported by some caregivers, please tell us how much they have affected you.

13. How much has caregiving…

Circle one number for each question.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. made you feel more useful?	1	2	3	4	5
b. made you feel good about yourself?	1	2	3	4	5
c. made you feel needed?	1	2	3	4	5
d. made you feel appreciated?	1	2	3	4	5
e. made you feel important?	1	2	3	4	5
f. made you feel strong and confident?	1	2	3	4	5
g. enabled you to appreciate life more?	1	2	3	4	5
h. enabled you to develop a more positive attitude toward life?	1	2	3	4	5
i. strengthened your relationships with others?	1	2	3	4	5

XIV. Mistreatment of You

Now we would like to ask about the ways that people behave towards you that bother you. Some of these questions may be sensitive. Keep in mind that your replies are strictly confidential and voluntary. You may skip any questions that you do not wish to answer.

1. In the past 12 months, have you felt there is someone who is too controlling over your daily decisions and life?

❑ Yes

❑ No ➔ **Please go to Question 2**

1a. In the past 12 months, how many people have you felt are too controlling over your daily decisions and life?

_____ people

1b. In the past 12 months, who has controlled your daily decisions and life <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

2. In the past 12 months, has anyone insulted you or put you down?

❑ Yes

❑ No ➔ **Please go to Question 3, Page 55**

2a. In the past 12 months, how many people have insulted you or put you down?

_____ people

2b. In the past 12 months, who has insulted you or put you down <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

3. In the past 12 months, has anyone taken your money or belongings without your OK or prevented you from getting them even when you ask?

❑ Yes

❑ No ➔ **Please go to Question 4**

3a. In the past 12 months, how many people have taken your money or belongings without your OK or prevented you from getting them even when you ask?

_____ people

3b. In the past 12 months, who has taken your money or belongings <u>most often</u> without your OK or prevented you from getting them even when you ask?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

4. In the past 12 months, has anyone hit, kicked, slapped, or thrown things at you?

❑ Yes

❑ No ➔ **Please go to Question 5, Page 56**

4a. In the past 12 months, how many people have hit, kicked, slapped, or thrown things at you?

_____ people

4b. In the past 12 months, who has hit, kicked, slapped, or thrown things at you <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

5. In the past 12 months, has anyone intentionally prevented you from having things you need, such as medication, food, money, or personal care?

❑ Yes

❑ No ➔ **Please go to Question 6**

5a. In the past 12 months, how many people have prevented you from having things you need, such as medication, food, money, or personal care?

_____ people

5b. In the past 12 months, who has prevented you from having things you need, such as medication, food, money, or personal care <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

6. In the past 12 months, have you made a purchase, either over the telephone or in person, where you later felt taken advantage of or "scammed"?

❑ Yes

❑ No ➔ **Please go to Question 7, Page 57**

6a. What did you purchase (e.g., magazines, life insurance)?

_____

6b. About how much did you pay for this purchase?

$_____

7. In the past 12 months, have you sold a major possession, such as jewelry, where you later felt taken advantage of or "scammed"?

❑ Yes

❑ No ➔ **Please go to Question 8**

7a. What did you sell? _____

7b. About how much payment did you receive? $_____

8. In the past 12 months, have you made a donation to a charitable organization, either over the telephone, in person, or by mail where you later worried that the organization was not legitimate or "on the level?"

❑ Yes

❑ No ➔ **Please go to Question 1, Page 58**

8a. What kind of organization was this (e.g. animal welfare, religious group)?

_____

8b. About how much payment did you donate? $_____

If you need advice concerning abuse, neglect, or exploitation, call the National Center on Elder Abuse at 1-800-677-1116.

XV. Marriage

1. Are you currently married or living with someone in a marriage-like relationship?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 60**

2. During the past month, about how often did you and your spouse or partner spend time alone with each other, talking, or sharing an activity?

❑ Never
❑ About once a month
❑ Two or three times a month
❑ About once a week
❑ Two or three times a week
❑ Almost every day

3. In terms of who does household chores, how fair would you say your relationship with your spouse or partner is?

❑ Very unfair to me
❑ Somewhat unfair to me
❑ Fair to both
❑ Somewhat unfair to my spouse or partner
❑ Very unfair to my spouse or partner

4. The following is a list of subjects on which couples often have <u>disagreements</u>.
How often, if at all, in the last year have you had <u>open disagreements</u> about each of the following?

Circle one number for each question.	Never	Less than once a month	Several times a month	About once a week	Several times a week	Almost everyday
a. Household tasks	1	2	3	4	5	6
b. Money	1	2	3	4	5	6
c. Spending time together	1	2	3	4	5	6
d. Sex	1	2	3	4	5	6

5. The following questions ask about your current relationship with your spouse or partner. **Please indicate your current level of satisfaction or dissatisfaction for each of the items listed below.**

How satisfied are you with...	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
a. the day-to-day support and encouragement provided by your spouse or partner?	1	2	3	4	5	6
b. your spouse's or partner's overall personality?	1	2	3	4	5	6
c. the amount of consideration shown by your spouse or partner?	1	2	3	4	5	6
d. the way disagreements are settled?	1	2	3	4	5	6
e. how decisions are made in your marriage or marriage-like relationship?	1	2	3	4	5	6
f. how well your spouse or partner listens to you?	1	2	3	4	5	6

6. Would you say that your SPOUSE'S or PARTNER'S health is excellent, very good, good, fair or poor?

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

Married persons, please go to Question 2

1. Do you have a sexual partner?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 61**

2. We realize that some of the questions on this page may be very sensitive. Keep in mind that all of your replies are strictly confidential and voluntary. Recall that you may skip any questions that you do not wish to answer.

In the past 12 months...	Not at all	Slightly	Moderately	Very	Extremely
a. How physically pleasurable did you find your sexual relationship with your spouse or partner to be?	1	2	3	4	5
b. How emotionally satisfying did you find your sexual relationship with your spouse or partner to be?	1	2	3	4	5

3. During the past 12 months, about how often did you have sex with your spouse or partner?

❑ Once a day or more
❑ 3 to 6 times a week
❑ Once or twice a week
❑ 2 to 3 times a month
❑ Once a month or less
❑ Not at all

4. If you have decreased or stopped sexual activities with your spouse or partner, please indicate whether each of the following was a reason.

a. My illness	❑ Yes	❑ No
b. Spouse's or partner's illness	❑ Yes	❑ No
c. My physical changes	❑ Yes	❑ No
d. Spouse's or partner's physical changes	❑ Yes	❑ No
e. I lost interest	❑ Yes	❑ No
f. Spouse or partner lost interest	❑ Yes	❑ No
g. No privacy	❑ Yes	❑ No
h. My emotional problems	❑ Yes	❑ No
i. Spouse's or partner's emotional problems	❑ Yes	❑ No
j. Other; *Please specify*: _____	❑ Yes	❑ No

XVI. Children

If this page and pages 62-65 are crossed out, please go to page 66.

1. Please answer the questions below for: **In the last 12 months, how often did you…** *Circle one number for each question.*	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How <u>similar</u> is his/her general outlook on life to yours?	1	2	3	4	5
b. How <u>close</u> are you to him/her?	1	2	3	4	5
c. How <u>likely</u> are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How <u>likely</u> are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me.

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she <u>first began</u> his or her college education?

_____ College Name _____ City _____ State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she <u>obtained his or her first bachelor's degree</u>?

_____ College Name _____ City _____ State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

1. Please answer the questions below for: **In the last 12 months, how often did you…** *Circle one number for each question.*	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away does s/he live from you? _____ miles away from me.

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ College Name _____ City _____ State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ College Name _____ City _____ State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

1. Please answer the questions below for: **In the last 12 months, how often did you…** *Circle one number for each question.*	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away does s/he live from you? _____ miles away from me.

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ College Name _____ City _____ State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ College Name _____ City _____ State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

1. Please answer the questions below for: **In the last 12 months, how often did you…** *Circle one number for each question.*	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away does s/he live from you? _____ miles away from me.

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ College Name _____ City _____ State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ College Name _____ City _____ State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

1. Please answer the questions below for: **In the last 12 months, how often did you…** *Circle one number for each question.*	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away does s/he live from you? _____ miles away from me.

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

XVII. Social and Civic Participation

We find that sometimes people have trouble remembering whether or not they voted in a specific election. And sometimes people think about voting, but then do not.

The next question asks whether or not you voted in the general election on Tuesday, November 4, 2008. Before you answer the question, try to remember who was on the ballot, how you got to the polls if you did vote – details that would help you know for sure if you voted in the November 4, 2008 general election.

1. **Now that you have thought about it, which of these statements best describes you:**

   - ❑ I did not vote in the election in November 2008.
   - ❑ I thought about voting in November 2008, but did not.
   - ❑ I usually vote, but did not vote in November 2008.
   - ❑ I am sure I voted at the polls in the election in November 2008.
   - ❑ I am sure I voted by absentee ballot in November 2008.

2. **Generally speaking, do you usually think of yourself as a Republican, Democrat, Independent, or what?**

   - ❑ Republican
   - ❑ Democrat
   - ❑ Independent but leaning towards Republican
   - ❑ Independent but leaning towards Democrat
   - ❑ Independent
   - ❑ Other; *Please specify*: _____

3. **We hear a lot of talk these days about political liberals and conservatives. Where would you place yourself on this scale?**

   - ❑ Extremely liberal
   - ❑ Liberal
   - ❑ Slightly liberal
   - ❑ Moderate, middle of the road
   - ❑ Slightly conservative
   - ❑ Conservative
   - ❑ Extremely conservative

4. We would like to find out about some of the things people do to help a party or a candidate win an election. **During the Presidential election campaign of 2008, did you talk to any people and try to show them why they should vote for or against one of the parties or candidates?**

   - ❑ Yes
   - ❑ No

Here are some questions about leisure time activities. Please tell us about your activities during the past four weeks and 5 years ago. Please write a "0" if you do not do this activity at all.

5. How many times, if at all...	**During the past 4 weeks?**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. have you gotten together with friends? We mean like going out together or visiting in each other's homes.	_____times	❑	❑	❑
b. have you gotten together socially with relatives?	_____times	❑	❑	❑

6. Have you ever owned a pet?

❑ Yes ❑ No ➔ **Please go to Question 7**

6a. What types of pet have you ever owned?

a. Dog ❑ Yes ❑ No
b. Cat ❑ Yes ❑ No
c. Bird ❑ Yes ❑ No
d. Fish ❑ Yes ❑ No
e. Other; *Please specify:* _____

7. *For this section, please provide your response in* ***hours per <u>week</u>***	**During the <u>past year</u>, I did this...**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Watching television	_____ hours per week	❑	❑	❑
b. Talking on the phone with friends or relatives	_____ hours per week	❑	❑	❑
Different types of reading (include electronic)				
c. Reading on the job	_____ hours per week	❑	❑	❑
d. Reading biographies or other non-fiction books	_____ hours per week	❑	❑	❑
e. Reading the Bible or other religious materials	_____ hours per week	❑	❑	❑
f. Reading magazines or newspapers	_____ hours per week	❑	❑	❑
g. Reading fiction	_____ hours per week	❑	❑	❑

8. *For this section, please provide your response in **hours per <u>month</u>***	**During the <u>past year</u>, I did this...**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Letter writing (not including e-mail)	_____ hours per month	❑	❑	❑
b. Playing cards or board games, including games on a computer	_____ hours per month	❑	❑	❑
c. Painting, drawing or other art	_____ hours per month	❑	❑	❑
d. Playing a musical instrument	_____ hours per month	❑	❑	❑
e. Going to the movies	_____ hours per month	❑	❑	❑
f. Going to a lecture, concert, play, museum or similar activity	_____ hours per month	❑	❑	❑
g. Going out to a restaurant or bar	_____ hours per month	❑	❑	❑
h. Working crossword puzzles or other word games	_____ hours per month	❑	❑	❑
i. Crafts or hobbies such as needlework, woodworking, model trains, jigsaw puzzles, etc.	_____ hours per month	❑	❑	❑
j. Making home repairs, car repairs or other handy work	_____ hours per month	❑	❑	❑
k. Hunting or fishing (in season)	_____ hours per month	❑	❑	❑
l. Caring for or playing with pets	_____ hours per month	❑	❑	❑

There are many ways to get exercise, and people sometimes do these activities alone and sometimes with others. We would like to know how many hours per month you spend on activities like the following.

9. *For this section, please provide your response in **hours per <u>month</u>***	**During the <u>past year</u>, I did this...**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Light physical activities that you do alone, such as light housework, gardening, or walking by yourself	_____ hours per month	❑	❑	❑
b. Light physical activities that you do with others, such as walking with friends, bowling, playing softball or other team sports with light activity	_____ hours per month	❑	❑	❑
c. Vigorous physical activities that you do alone, such as jogging, swimming, biking, or going to the gym by yourself	_____ hours per month	❑	❑	❑
d. Vigorous physical activities that you do with others such as jogging, swimming, biking, or going to the gym with friends or playing team sports	_____ hours per month	❑	❑	❑

10. Thinking of your high school class, were you in the top quarter, somewhere in the middle, or the bottom quarter in terms of your grade point average?

- ❑ Top quarter
- ❑ Somewhere in the middle
- ❑ Bottom quarter

11. Do you ever talk on a cell phone?

❑ Yes ❑ No ➔ **Please go to Question 12, Page 70**

11a. Do you talk on the cell phone rarely, occasionally, a great deal, or exclusively?

- ❑ Rarely
- ❑ Occasionally
- ❑ A great deal
- ❑ Exclusively

11b. In a typical week, how much time do you spend talking on a cell phone?

_____

11c. In what year did you begin to use a cell phone?

_____

Here is a list of clubs and organizations to which many people belong.

12. Please indicate your level of involvement with each activity in the <u>past 12 months</u>.

Circle one number for each question.	Not involved	Very little	Some	Quite a bit	A great deal
a. A church, temple or other place of worship	1	2	3	4	5
b. Church connected groups, but not the church itself	1	2	3	4	5
c. Labor unions	1	2	3	4	5
d. Veterans' organizations	1	2	3	4	5
e. Fraternal organizations or lodges	1	2	3	4	5
f. Business or civic groups	1	2	3	4	5
g. Parent-teachers' associations	1	2	3	4	5
h. Community centers	1	2	3	4	5
i. Organizations of people of the same nationality	1	2	3	4	5
j. Sport teams	1	2	3	4	5
k. Country club	1	2	3	4	5
l. Youth groups (Scout leader, etc.)	1	2	3	4	5
m. Professional groups	1	2	3	4	5
n. Political clubs or organizations	1	2	3	4	5
o. Neighborhood improvement organizations	1	2	3	4	5
p. Charity or welfare organizations	1	2	3	4	5
q. Hobby groups	1	2	3	4	5
r. A group for senior men or women (e.g., Red Hat Society)	1	2	3	4	5
s. Other; *Please specify*_____	1	2	3	4	5
t. Other; *Please specify*_____	1	2	3	4	5

The following are some reasons why people engage in volunteer activities.

13. If you have volunteered, please indicate how important or accurate each of the following possible reasons for volunteering is for you. If you have not, please indicate how important/accurate each of the reasons for volunteering would be for you.

Circle one number for each question.	Not at all important/ accurate						Extremely important/ accurate
a. Others with whom I am close place a high value on community service.	1	2	3	4	5	6	7
b. Volunteering helps me work through my own personal problems.	1	2	3	4	5	6	7
c. I feel compassion toward people in need.	1	2	3	4	5	6	7
d. I can explore my own strengths.	1	2	3	4	5	6	7
e. Volunteering makes me feel needed.	1	2	3	4	5	6	7
f. Volunteering makes me feel better about myself.	1	2	3	4	5	6	7
g. I feel it is important to help others.	1	2	3	4	5	6	7
h. Volunteering is an important activity to the people I know the best.	1	2	3	4	5	6	7
i. Volunteering is a good escape from my own troubles.	1	2	3	4	5	6	7
j. I can learn how to deal with a variety of people.	1	2	3	4	5	6	7

14. Please indicate how much you agree or disagree with the following statements.

Circle one number for each question.	Agree Strongly						Disagree Strongly
a. Doing volunteer work is something I rarely even think about.	1	2	3	4	5	6	7
b. I would feel a loss if I were forced to give up volunteer work.	1	2	3	4	5	6	7
c. Volunteering is an important part of who I am.	1	2	3	4	5	6	7

XVIII. End

Thank you for your cooperation and assistance. A report on the results will be sent to you as soon as possible after all interviews have been completed. This report will not identify you personally.

Is there an e-mail address where we can send you information about the Wisconsin Longitudinal Study?

❑ Yes, my e-mail address is _____

(The Wisconsin Longitudinal Study will never share your e-mail address with anyone else.)

❑ No

Did you complete this on your own or work with someone else?

❑ On own

❑ With someone else: Who? _____

Please tell us approximately how long it took you to complete this questionnaire.

_____

Please return your questionnaire in the postage-paid envelope to the:

Wisconsin Longitudinal Study
UW Survey Center
630 W. Mifflin St. Room 174
Madison, WI 53703

If you would need us to send another postage-paid envelope to you, please call us at 1-866-891-2492.

Thank you and please feel free to contact us with any questions or comments you may have at the toll-free number above or at: wls@wisls.info

Mail Only Version of SAQ for Male Graduate & Sibling Respondents

Return to Tab 8

I. Health

We would like to begin the questionnaire with some general questions about your health.

1. How would you rate your health... *Circle one number for each question.*	Very Poor	Poor	Fair	Good	Excellent
a. at the present time?	1	2	3	4	5
b. compared with other people your age and sex?	1	2	3	4	5
c as a child, when you were growing up through age 16?	1	2	3	4	5

2. Compared with 5 years ago... *Circle one number for each question.*	Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a. how would you rate your health?	1	2	3	4	5
b. how would you rate your appearance?	1	2	3	4	5

3. The following questions are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

Circle one number for each question.	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
b. Climbing several flights of stairs	1	2	3

4. Do you have any difficulty...	Yes	No
a. lifting and carrying something as heavy as 10 lbs - such as a bag of groceries?	1	2
b. lifting and carrying something as heavy as 25 lbs - such as a bag of pet food?	1	2
c. pushing and pulling large objects such as a living room chair?	1	2
d. standing or being on your feet for one hour?	1	2
e. sitting for one hour?	1	2
f. stooping, crouching or kneeling?	1	2
g. reaching over your head?	1	2
h. climbing one flight of stairs?	1	2

i. If yes, what condition is the main reason for your difficulty?
Please specify: _____

5. During the past four weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?

a. Accomplished less than you would like	❑ Yes	❑ No
b. Were limited in the kind of work or other activities	❑ Yes	❑ No

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

a. Accomplished less than you would like	❑ Yes	❑ No
b. Did work or other activities less carefully than usual	❑ Yes	❑ No

7. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

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

8. 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...	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
a.	have you felt calm and peaceful?	1	2	3	4	5	6
b.	did you have a lot of energy?	1	2	3	4	5	6
c.	have you felt downhearted and blue?	1	2	3	4	5	6

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

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

10. During the past four weeks, have you been able to see well enough to read ordinary newsprint <u>without</u> glasses or contact lenses?

- ❑ Yes ➔ **Please go to Question 13**
- ❑ No

11. During the past four weeks, have you been able to see well enough to read ordinary newsprint <u>with</u> glasses or contact lenses?

- ❑ Yes ➔ **Please go to Question 13**
- ❑ No
- ❑ Did not wear glasses or contact lenses during past four weeks

12. During the past four weeks, have you been able to see at all?

- ❑ Yes
- ❑ No ➔ **Please go to Question 15**

13. During the past four weeks, have you been able to see well enough to recognize a friend on the other side of the street <u>without</u> glasses or contact lenses?

- ❑ Yes ➔ **Please go to Question 15**
- ❑ No

14. During the past four weeks, have you been able to see well enough to recognize a friend on the other side of the street <u>with</u> glasses or contact lenses?

- ❑ Yes
- ❑ No
- ❑ Did not wear glasses or contact lenses during past four weeks

15. During the past four weeks, have you been able to hear what is said in a group conversation with at least three other people <u>without</u> a hearing aid?

- ❑ Yes ➔ **Please go to Question 20**
- ❑ No

16. During the past four weeks, have you been able to hear what is said in a group conversation with at least three other people <u>with</u> a hearing aid?

- ❑ Yes ➔ **Please go to Question 18**
- ❑ No
- ❑ Did not wear a hearing aid during past four weeks

17. During the past four weeks, have you been able to hear at all?

- ❑ Yes
- ❑ No ➔ **Please go to Question 20**

18. During the past four weeks, have you been able to hear what is said in a conversation with one other person in a quiet room <u>without</u> a hearing aid?

- ❑ Yes ➔ **Please go to Question 20**
- ❑ No

19. During the past four weeks, have you been able to hear what is said in a conversation with one other person in a quiet room <u>with</u> a hearing aid?

- ❑ Yes
- ❑ No
- ❑ Did not wear a hearing aid during past four weeks

20. During the past four weeks, have you been able to be understood <u>completely</u> when speaking your own language with people who do not know you?

- ❑ Yes ➔ **Please go to Question 25**
- ❑ No

21. During the past four weeks, have you been able to be understood <u>partially</u> when speaking with people who do not know you?

- ❑ Yes
- ❑ No

22. During the past four weeks, have you been able to be understood <u>completely</u> when speaking with people who know you well?

- ❑ Yes ➔ **Please go to Question 25**
- ❑ No

23. During the past four weeks, have you been able to be understood <u>partially</u> when speaking with people who know you well?

- ❑ Yes ➔ **Please go to Question 25**
- ❑ No

24. During the past four weeks, have you been able to speak at all?

- ❑ Yes
- ❑ No

25. During the past four weeks, have you been able to bend, lift, jump and run <u>without difficulty</u> and <u>without help or equipment</u> of any kind?

- ❑ Yes ➔ **Please go to Question 33, Page 5**
- ❑ No

26. During the past four weeks, have you been able to walk around the neighborhood <u>without difficulty</u> and <u>without help or equipment</u> of any kind?

- ❑ Yes ➔ **Please go to Question 33, Page 5**
- ❑ No

27. During the past four weeks, have you been able to walk around the neighborhood <u>with difficulty</u> but <u>without help or equipment</u> of any kind?

- ❑ Yes ➔ **Please go to Question 33**
- ❑ No

28. During the past four weeks, have you been able to walk at all?

- ❑ Yes
- ❑ No ➔ **Please go to Question 31**

29. During the past four weeks, have you needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?

- ❑ Yes
- ❑ No

30. During the past four weeks, have you needed the help of another person to walk?

- ❑ Yes
- ❑ No

31. During the past four weeks, have you needed a wheelchair to get around the neighborhood?

- ❑ Yes
- ❑ No ➔ **Please go to Question 33**

32. During the past four weeks, have you needed the help of another person to get around in the wheelchair?

- ❑ Yes
- ❑ No

33. During the past four weeks, have you had the <u>full use</u> of both hands and ten fingers?

- ❑ Yes ➔ **Please go to Question 37, Page 6**
- ❑ No

34. During the past four weeks, have you needed the help of another person because of limitations in the use of your hands or fingers?

- ❑ Yes
- ❑ No ➔ **Please go to Question 36, Page 6**

35. During the past four weeks, have you needed the help of another person with some tasks, most tasks, or all tasks?

- ❑ Some tasks
- ❑ Most tasks
- ❑ All tasks

36. During the past four weeks, have you needed special equipment, for example, special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?

- ❑ Yes
- ❑ No

37. During the past four weeks, have you been able to eat, bathe, dress and use the toilet without difficulty?

- ❑ Yes ➔ **Please go to Question 40**
- ❑ No

38. During the past four weeks, have you needed the help of another person to eat, bathe, dress or use the toilet?

- ❑ Yes
- ❑ No

39. During the past four weeks, have you needed special equipment or tools to eat, bathe, dress or use the toilet?

- ❑ Yes
- ❑ No

40. During the past four weeks, have you been feeling happy or unhappy?

- ❑ Happy
- ❑ Unhappy ➔ **Please go to Question 42**

41. During the past four weeks, would you describe yourself as having felt happy and interested in life or somewhat happy?

- ❑ Happy and interested in life ➔ **Please go to Question 43**
- ❑ Somewhat happy ➔ **Please go to Question 43**

42. During the past four weeks, would you describe yourself as having felt somewhat unhappy, very unhappy, or so unhappy that life was not worthwhile?

- ❑ Somewhat unhappy
- ❑ Very unhappy
- ❑ So unhappy that life was not worthwhile

43. During the past four weeks, did you ever feel fretful, angry, irritable, anxious or depressed?

- ❑ Yes
- ❑ No ➔ **Please go to Question 46, Page 7**

44. During the past four weeks, how often did you feel fretful, angry, irritable, anxious or depressed?

- ❑ Rarely
- ❑ Occasionally
- ❑ Often
- ❑ Almost always

45. During the past four weeks, did you feel <u>extremely</u> fretful, angry, irritable, anxious or depressed, to the point of needing professional help?

- ❑ Yes
- ❑ No

46. How would you describe your ability to remember things, during the past four weeks?

- ❑ Able to remember most things
- ❑ Somewhat forgetful
- ❑ Very forgetful
- ❑ Unable to remember anything at all

47. How would you describe your ability to think and solve day-to-day problems, during the past four weeks?

- ❑ Able to think clearly and solve problems
- ❑ Had a little difficulty
- ❑ Had some difficulty
- ❑ Had a great deal of difficulty
- ❑ Unable to think or solve problems

48. Have you had any trouble with pain or discomfort, during the past four weeks?

- ❑ Yes
- ❑ No ➔ **Please go to Question 50**

49. How many of your activities, during the past four weeks, were limited by pain or discomfort?

- ❑ None
- ❑ A few
- ❑ Some
- ❑ Most
- ❑ All

50. Overall, how would you rate your health during the past four weeks?

- ❑ Excellent
- ❑ Very good
- ❑ Good
- ❑ Fair
- ❑ Poor

51. The following is a list of physical symptoms that people sometimes experience.	**51a. How <u>often</u> have you had this symptom in the <u>past six months</u>?** *Circle ONE number for each symptom.*				**51b. How much <u>discomfort</u> has this symptom caused you in the <u>past six months</u>?** *Circle ONE number for each symptom you experienced.*			
	Have not had	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Coughing/wheezing	1	2	3	4	1	2	3	4
b. Chest Pain	1	2	3	4	1	2	3	4
c. Palpitations (feeling your heart pound or race)	1	2	3	4	1	2	3	4
d. Shortness of breath	1	2	3	4	1	2	3	4
e. Dizziness/faintness	1	2	3	4	1	2	3	4
f. Excessive sweating	1	2	3	4	1	2	3	4
g. Foot pain	1	2	3	4	1	2	3	4
h. Hip pain	1	2	3	4	1	2	3	4
i. Back pain/strain	1	2	3	4	1	2	3	4
j. Bone pains	1	2	3	4	1	2	3	4
k. Neck and/or shoulder pain	1	2	3	4	1	2	3	4
l. Pain in your ankles/knees	1	2	3	4	1	2	3	4
m. Pain in your hands/wrists	1	2	3	4	1	2	3	4
n. Aching muscles	1	2	3	4	1	2	3	4
o. Stiff/swollen joints	1	2	3	4	1	2	3	4
p. Foot or leg swelling	1	2	3	4	1	2	3	4
q. Upset stomach	1	2	3	4	1	2	3	4
r. Constipation	1	2	3	4	1	2	3	4
s. Diarrhea	1	2	3	4	1	2	3	4
t. Fatigue/exhaustion	1	2	3	4	1	2	3	4
u. Headache	1	2	3	4	1	2	3	4
v. Lack of energy	1	2	3	4	1	2	3	4
w. Numbness	1	2	3	4	1	2	3	4
x. Ringing in ears	1	2	3	4	1	2	3	4
y. Skin problems	1	2	3	4	1	2	3	4

52. Has a medical professional ever said you have any of the illnesses or conditions listed below? *Circle one for each illness or condition.*	Yes	No	**52a. How old were you when first diagnosed with this illness or condition?** *At what age?*	**52b. How much does each of your illnesses or conditions currently interfere with what you like to do?** *Circle one only for each of your illnesses or conditions.* Not at all	Very little	Some	Quite a bit	A great deal
a. Allergies: *Please specify*_____	1	2	_____	1	2	3	4	5
b. Asthma	1	2	_____	1	2	3	4	5
c. Arthritis/rheumatism	1	2	_____	1	2	3	4	5
d. Chronic bronchitis/emphysema	1	2	_____	1	2	3	4	5
e. Chronic sinus problems	1	2	_____	1	2	3	4	5
f. Fibromyalgia	1	2	_____	1	2	3	4	5
g. High cholesterol	1	2	_____	1	2	3	4	5
h. Irritable bowel syndrome	1	2	_____	1	2	3	4	5
i. Kidney/bladder problems	1	2	_____	1	2	3	4	5
j. Liver disease	1	2	_____	1	2	3	4	5
k. Multiple sclerosis	1	2	_____	1	2	3	4	5
l. Osteoporosis	1	2	_____	1	2	3	4	5
m. Parkinson's Disease	1	2	_____	1	2	3	4	5
n. Serious back trouble	1	2	_____	1	2	3	4	5
o. Ulcer	1	2	_____	1	2	3	4	5

53. <u>During the last year</u>, how many days, if any, did you stay in bed for more than half of the day because of illness or injury? *Write the number of days or check none.*

_____ # of Day(s) ❑ None

54. How often do you have extreme sleepiness in the daytime when you have to struggle against falling asleep?

❑ Never or Rarely ➔ **Please go to Question 55, Page 10**

❑ Sometimes

❑ Several times a week (3-5)

❑ Every day or almost every day

54a. Have you had this problem for a month or more?

❑ Yes ❑ No

55. On a typical <u>weekday</u>, how many hours of sleep do you usually get, rounded to the nearest half hour (for example, 7.5 hours)?

_____ hours

56. On a typical <u>weekend</u> day, how many hours of sleep do you usually get, rounded to the nearest half hour (for example, 7.5 hours)?

_____ hours

57. Have you ever been told by a doctor or other health professional that you have sleep apnea?

❑ Yes ❑ No ➔ **Please go to Question 58**

57a. Have you had any of the following treatments for sleep apnea?

a. Weight loss ❑ Yes ❑ No
b. CPAP/BiPAP ❑ Yes ❑ No
c. Surgery ❑ Yes ❑ No
d. Dental device ❑ Yes ❑ No
e. Other; *Please specify:* _____

58. How tall are you? _____ feet _____ inches

59. How much do you weigh? _____ pounds

60. Up to the present time, what is the most you have ever weighed? _____pounds
(Please do not include pregnancies)

60a. How old were you then? _____ years old

61. What is the least you have ever weighed since you were 18 years old? _____pounds

61a. How old were you then? _____ years old

62. How much did you weigh when you were about 18 years old, about when you graduated from high school? _____pounds

63. How long has it been since you… *Check only one box in response to each question below.*	Within past year	Within past 2 years	Within past 3 years	Within past 4 years	Within past 5 years	More than 5 years	Never
a. had a complete health exam or physical?	❑	❑	❑	❑	❑	❑	❑
b. had a heart or exercise stress test?	❑	❑	❑	❑	❑	❑	❑
c. had a cholesterol test?	❑	❑	❑	❑	❑	❑	❑
d. had a blood pressure check?	❑	❑	❑	❑	❑	❑	❑
e. had a flu shot?	❑	❑	❑	❑	❑	❑	❑
f. visited a chiropractor?	❑	❑	❑	❑	❑	❑	❑
g. had an eye examination?	❑	❑	❑	❑	❑	❑	❑
h. had your hearing checked?	❑	❑	❑	❑	❑	❑	❑
i. had a Bone Mass or Bone Density Measurement test for osteoporosis?	❑	❑	❑	❑	❑	❑	❑
j. had a sigmoidoscopy or colonoscopy?	❑	❑	❑	❑	❑	❑	❑
k. had a blood stool test using a special kit or cards to determine whether the stool contains blood?	❑	❑	❑	❑	❑	❑	❑
l. had a shot for pneumonia?	❑	❑	❑	❑	❑	❑	❑
m. had a dental check-up?	❑	❑	❑	❑	❑	❑	❑
n. (men only) A prostate specific antigen, or "P-S-A," test is a blood test for prostate cancer. How long has it been since you had a PSA test?	❑	❑	❑	❑	❑	❑	❑
o. (women only) had a mammogram?	❑	❑	❑	❑	❑	❑	❑
p. (women only) did a breast self-exam?	❑	❑	❑	❑	❑	❑	❑
q. (women only) had a doctor or other health professional perform a breast exam (feel the breast for lumps)?	❑	❑	❑	❑	❑	❑	❑
r. (women only) had a pelvic exam or Pap smear?	❑	❑	❑	❑	❑	❑	❑

64. Currently, how would you describe your eye color? _____

65. Has your eye color <u>ever</u> changed?

❑ Yes ❑ No ➔ **Please go to Question 66, Page 12**

↓

65a. How would you describe your previous eye color? _____

66. Which of the following best describes your use of hearing aids?

- ❑ I have hearing aids for one or both ears and use them regularly
- ❑ I have hearing aids for one or both ears but do **not** use them regularly
- ❑ I do not own hearing aids

Do you find that any of the following problems have INCREASED for you in the last 12 months or last 5 years?

67. Have you experienced increased problems with... *Circle one response for each question.*	Problems increased in last 12 months? *Circle Yes or No*		Problems increased in last 5 years? *Circle Yes or No*	
a. hearing conversations in person?	Yes	No	Yes	No
b. hearing conversations on the phone?	Yes	No	Yes	No
c. understanding spoken instructions from your doctor, employer or other person?	Yes	No	Yes	No
d. reading small print on medicine bottles or other places?	Yes	No	Yes	No
e. understanding written instructions?	Yes	No	Yes	No

68. Do you consider yourself now to be... *Check one answer only.*

- ❑ Overweight
- ❑ Underweight
- ❑ About the right weight
- ❑ Don't know

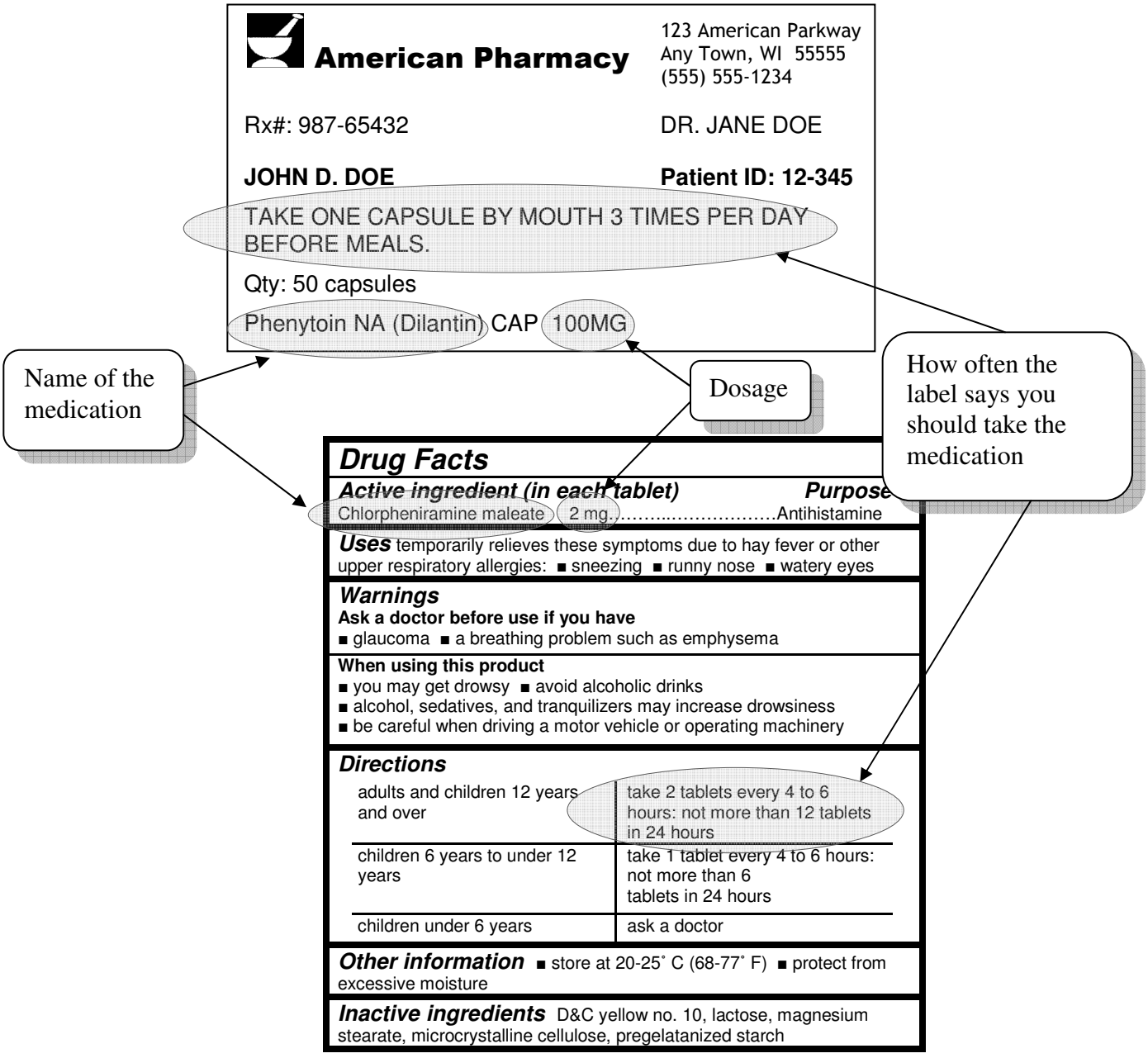
69. Are you actively trying to lose weight or maintain a desirable weight?

- ❑ No ➔ **Please go to Question 71, Page 13**
- ❑ Yes, trying to lose weight
- ❑ Yes, trying to maintain a desirable weight

70. To lose or maintain my weight, I… *Circle one response for each question.*		
a. eat fewer calories or less fat.	Yes	No
b. use physical activities or exercise.	Yes	No
c. use pills or laxatives.	Yes	No
d. use other methods. *Please specify* _____	Yes	No

71. To understand the effect of medications on health, it is important to know about the medications that people take. In the table on the next page (Question 71a, Page 14), please list all medications you are currently taking, even those medications you take only occasionally. Include both prescription medications and over-the-counter medications.

Please consult the label on each of the medications you are currently taking and provide the following information: name of the medication, dosage, and how often the label says you should take the medication. Also, please write in the main reason you are taking the medication, how many times you took the medication yesterday, and in about what month and year you began taking the medication.



71a. List all the medications you are currently taking in the table below. The examples of medication labels on Page 13 show where to find the medication name, dosage, and how often the label says you should take the medication.

Use one line for each medication. The table provides lines to list 11 medications. If you are currently taking more medications than this, please list them on an additional piece of paper, answer the same questions about them as in the table below, and insert the piece of paper into the questionnaire.

What is the <u>name of this medication</u> on the label?	**What is the <u>dosage</u> on the label?** (e.g., 10 mg)	**How often does the label say you should take this medication?** (e.g., once per day, as needed, etc.)	**What is the main reason you are taking this medication?** (e.g., anxiety, cholesterol, etc.)	**Yesterday, how many times did you take this medication?**	**In about what month and year did you begin taking this medication?**
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year

72. Are any of the medications that you listed above prescribed by a doctor or other healthcare professional to be taken regularly?

❑ Yes ❑ No ➔ **Please go to Question 73**

Please answer the questions below about your experiences with taking medications prescribed by a doctor or healthcare professional.

<u>In the past 12 months</u>, how often…

Circle one response for each question.	Never	Rarely	Sometimes	Often	Very often
a. have you forgotten to take your medication?	1	2	3	4	5
b. have you been careless about using your medications?	1	2	3	4	5
c. have you stopped using your medications because you felt better?	1	2	3	4	5
d. have you taken less medication than your doctor prescribed because you felt better?	1	2	3	4	5
e. did you take less medication than was prescribed or delay filling your prescriptions because of the cost?	1	2	3	4	5
f. have you taken an extra dose of your medication without talking to your doctor first, because you thought it might improve your condition?	1	2	3	4	5
g. have you gotten a refill when you had more than a few days of the medication left?	1	2	3	4	5
h. has someone else used your prescription medications?	1	2	3	4	5

73. Do you have any prescription medications stored in your home that are expired or you are no longer taking?

❑ Yes ❑ No

74. Have you ever smoked cigarettes regularly in your entire life?

❑ Yes ❑ No ➔**Please go to Question 77**

75. How old were you when you started smoking regularly?

_____ years old

76. How often do you smoke now?

❑ Not at all (Go to Question 76c) ❑ Every day ❑ Some days

76a. On average, how many packs do you smoke a day? _____ packs

76b. For how many years have you smoked this amount? _____ years

Answer questions 76c and 76d only if you have *quit* smoking cigarettes.

76c. About how many packs did you usually smoke per day when you smoked regularly? _____ packs

76d. How old were you when you last smoked cigarettes? _____ years old

Everyone

77. Does anyone (other than yourself) regularly smoke cigarettes or other tobacco products INSIDE your home?

❑ Yes ❑ No

78. Do you ever drink alcoholic beverages?

❑ Yes ❑ No ➔ **Please go to Question79**

78a. The next questions are about alcoholic beverages. *Circle one response for each question.*	Yes	No
a. When talking with others, do you ever underestimate how much you actually drink?	1	2
b. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	1	2
c. Does having a few drinks help decrease your shakiness or tremors?	1	2
d. Does alcohol sometimes make it hard for you to remember parts of the day or night?	1	2
e. Do you usually take a drink to relax or calm your nerves?	1	2
f. Do you drink to take your mind off your problems?	1	2
g. Have you ever increased your drinking after experiencing a loss in your life?	1	2
h. Has a doctor or nurse ever said they were worried or concerned about your drinking?	1	2
i. Have you ever made rules to manage your drinking?	1	2
j. When you feel lonely does having a drink help?	1	2

79. Have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?

❑ Yes ❑ No

80. Are you willing to be contacted about the possibility of donating your body for scientific research after death?

❑ Yes ❑ No

81. Are you willing to be contacted about the possibility of donating just your brain for scientific research after death?

❑ Yes ❑ No

82. The next questions ask about important considerations at the end of life. Please rate how important each experience is to you when you think about the final days and weeks of your life.

How important is it to you…

Circle one number for each question.		Not at all important	A little important	Somewhat important	Very important	Extremely important
a.	to be free of pain?	1	2	3	4	5
b.	to be free of shortness of breath?	1	2	3	4	5
c.	to have your family and loved ones with you?	1	2	3	4	5
d.	to be at peace with God?	1	2	3	4	5
e.	to resolve unfinished business with family or friends?	1	2	3	4	5
f.	to use all available treatments, no matter what the chance of recovery?	1	2	3	4	5
g.	to have one's financial affairs in order?	1	2	3	4	5
h.	to know what to expect about your physical condition?	1	2	3	4	5
i.	to be mentally aware?	1	2	3	4	5
j.	to have funeral arrangements planned?	1	2	3	4	5
k.	to control the place of one's death?	1	2	3	4	5
l.	to feel one's life is complete?	1	2	3	4	5
m.	to believe one's family is prepared for death?	1	2	3	4	5
n.	to not be connected to machines?	1	2	3	4	5

83. Including living and deceased persons, have any of the following BIOLOGICAL relatives had any of the following diseases?

Check all that apply and specify the type(s) of cancer.	My mother	My father	Any of my brothers	Any of my sisters	Any of my sons	Any of my daughters
a. Don't know about this person's health/No such relative	❑	❑	❑	❑	❑	❑
b. High blood pressure (or hypertension)	❑	❑	❑	❑	❑	❑
c. High blood cholesterol	❑	❑	❑	❑	❑	❑
d. Stroke before age 65	❑	❑	❑	❑	❑	❑
e. Stroke age 65 or older	❑	❑	❑	❑	❑	❑
f. Heart attack before age 55	❑	❑	❑	❑	❑	❑
g. Heart attack age 55 or older	❑	❑	❑	❑	❑	❑
h. Diabetes (or high blood sugar)	❑	❑	❑	❑	❑	❑
i. Alzheimer's disease	❑	❑	❑	❑	❑	❑
j. Asthma	❑	❑	❑	❑	❑	❑
k. Osteoporosis	❑	❑	❑	❑	❑	❑
l. Cancer:	❑	❑	❑	❑	❑	❑
Please use the lines in each column to indicate the name of the organ or system of the body where the cancer occurred.	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

II. Fishing and Seafood Consumption

1. Do you or anyone in your household have a currently valid, state-issued fishing license?

❑ Yes ❑ No

2. Have you heard anything about limiting fish and seafood consumption because of mercury contamination?

❑ Yes ❑ No

3. Do you <u>ever</u> eat fish or seafood?

❑ Yes ❑ No➔ **If you NEVER eat fish or seafood, please go to Question 4.**

3a. If you EVER eat fish or seafood, please answer the following questions.

In the past 30 days, how many times have you eaten the following types of fish or seafood?

Write in the number of times for each type of fish or seafood.	Number of times
a. Canned white (albacore) tuna	_____ times
b. Other canned tuna	_____ times
c. Fish or seafood prepared at a restaurant or a store, including take-out, fast-food, deli meals, and Friday fish fry (exclude any canned tuna reported at Questions a. and b. above)	_____ times
d. Fish or seafood bought at a store and prepared at home (exclude any canned tuna reported at Questions a. and b. above)	_____ times
e. Fish or seafood caught by you or someone you know	_____ times

3b. How does the amount of fish and seafood you ate in the past month compare to the amount you usually eat? *Please check one of the following.*

❑ I usually eat more fish and seafood than I did in the past month.

❑ This is the usual amount of fish and seafood that I eat.

❑ I usually eat less fish and seafood than I did in the past month.

4. If you NEVER eat fish or seafood, please answer the following questions. Otherwise, go to Question 1, page 21.

How important are each of the following reasons why you do not eat fish or seafood?

Circle one number for each reason.	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
a. I don't like fish and seafood.	1	2	3	4	5
b. I am a vegetarian.	1	2	3	4	5
c. I am concerned that fish and seafood are unsafe to eat because of contamination.	1	2	3	4	5
d. Fish and seafood have never been part of my diet.	1	2	3	4	5
e. I am allergic to some fish and seafood.	1	2	3	4	5

III. Values and Attitudes

This section lists a number of characteristics that may or may not apply to you. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

1.	I see myself as someone who...	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	is talkative.	1	2	3	4	5	6
b.	tends to find fault with others.	1	2	3	4	5	6
c.	does a thorough job.	1	2	3	4	5	6
d.	is reserved.	1	2	3	4	5	6
e.	prefers the conventional, traditional.	1	2	3	4	5	6
f.	is full of energy.	1	2	3	4	5	6
g.	prefers work that is routine and simple.	1	2	3	4	5	6
h.	is a reliable worker.	1	2	3	4	5	6
i.	can be tense.	1	2	3	4	5	6
j.	tends to be quiet.	1	2	3	4	5	6
k.	values artistic, aesthetic experiences.	1	2	3	4	5	6
l.	tends to be disorganized.	1	2	3	4	5	6
m.	is emotionally stable, not easily upset.	1	2	3	4	5	6
n.	has an active imagination.	1	2	3	4	5	6
o.	is sometimes rude to others.	1	2	3	4	5	6
p.	is generally trusting.	1	2	3	4	5	6
q.	is lazy at times.	1	2	3	4	5	6
r.	worries a lot.	1	2	3	4	5	6
s.	wants things to be simple and clear-cut.	1	2	3	4	5	6
t.	is sometimes shy, inhibited.	1	2	3	4	5	6
u.	does things efficiently.	1	2	3	4	5	6
v.	generates a lot of enthusiasm.	1	2	3	4	5	6
w.	can be cold and aloof.	1	2	3	4	5	6
x.	remains calm in tense situations.	1	2	3	4	5	6
y.	is considerate to almost everyone.	1	2	3	4	5	6
z.	gets nervous easily.	1	2	3	4	5	6
aa.	is sophisticated in art, music or literature.	1	2	3	4	5	6
bb.	likes to cooperate with others.	1	2	3	4	5	6
cc.	is easily distracted.	1	2	3	4	5	6

This section lists a number of statements that you may or may not agree with. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

2. Please read the statements below and decide the extent to which each statement describes you.

Circle the number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
b. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
c. For me, life has been a continuous process of learning, changing and growing.	1	2	3	4	5	6
d. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
e. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
f. When I look at the story of my life I am pleased with how things have turned out.	1	2	3	4	5	6
g. I judge myself by what I think is important, not by what others think is important.	1	2	3	4	5	6
h. The demands of everyday life often get me down.	1	2	3	4	5	6
i. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
j. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
k. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
l. I like most aspects of my personality.	1	2	3	4	5	6
m. I have confidence in my opinions even if they are contrary to the general consensus.	1	2	3	4	5	6
n. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
o. I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5	6
p. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6

2. Please read the statements below and decide the extent to which each statement describes you.

Circle the number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
q. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
r. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
s. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
t. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
u. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
v. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
w. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
x. In general, I feel confident and positive about myself.	1	2	3	4	5	6
y. It's difficult for me to voice my opinions on controversial matters.	1	2	3	4	5	6
z. I have been able to create a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
aa. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
bb. It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
cc. I used to set goals for myself, but now that seems like a waste of time.	1	2	3	4	5	6
dd. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
ee. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
ff. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6

Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

3. *Circle one number for each question.*	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. It is alright for a couple to live together without intending to get married.	1	2	3	4	5
b. When a husband and wife make decisions about buying major things for the home, the husband should have final say.	1	2	3	4	5
c. A man should always try to project an air of confidence even if he really doesn't feel confident inside.	1	2	3	4	5
d. It bothers me when a man does something that I consider "feminine."	1	2	3	4	5
e. Men have greater sexual needs than women.	1	2	3	4	5
f. When a man is feeling pain he should not let it show.	1	2	3	4	5
g. In some kinds of situations a man should be ready to use his fists.	1	2	3	4	5
h. Being larger, stronger-looking, and more muscular makes men more attractive to women.	1	2	3	4	5
i. It is much better for everyone if the man earns the main living and the woman takes care of the home and family.	1	2	3	4	5
j. Women are more nurturing and caring compared to men.	1	2	3	4	5
k. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.	1	2	3	4	5
l. Women are less rational and more emotional than men.	1	2	3	4	5
m. A woman can never be fully happy without a child.	1	2	3	4	5
n. Wives' careers are just as important as husbands' careers.	1	2	3	4	5

4. Please complete the following statement by choosing one phrase from the list below that best represents how you feel about getting older.

As I get older, things are _____ I thought they would be.

- ❑ better than
- ❑ worse than
- ❑ the same as

5. When you think of an "old person," what are the first three phrases that come to mind?

1._____

2._____

3._____

6. In your opinion, at what age do most women enter old age? _____ years old

7. In your opinion, at what age do most men enter old age? _____ years old

8. How much do you agree with the following statements?

Circle one number for each question.	Not at all	A little	Some	Quite a bit	A lot
a. Things keep getting worse as I get older.	1	2	3	4	5
b. I have as much pep as I did last year.	1	2	3	4	5
c. As you get older you are less useful.	1	2	3	4	5
d. I am as happy now as when I was younger.	1	2	3	4	5

9. Many people feel older or younger than they actually are. What age do you feel most of the time?

_____ years old

IV: Employment

1. Have you *ever* worked at a paid job?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 29**

2. Are you currently working at a paid job, looking for work, retired, not working due to disability, or something else?

❑ Working at a paid job
❑ Looking for work
❑ Retired/Not Working
❑ Not working due to disability
❑ Something else; *Please specify* _____

3. What kind of work do/did you do at your current or last job? *(For example: electrical engineer, stock clerk, farmer, etc.)* _____

4. What are/were your most important activities or duties? *(For example: kept account books, filed, sold cars, operated printing press, finished concrete, etc.)* _____
_____

5. What kind of business or industry is/was this? *(For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm, etc.)* _____
_____

6. Is/Was this mainly manufacturing, wholesale trade, retail trade, or something else?

❑ Manufacturing
❑ Wholesale
❑ Retail
❑ Something else

7. Please read all of the answer choices and check the one answer that best applies to you. Is/Were you...

❑ an employee of a private company, business or individual for wages, salary, or commissions?

❑ a government employee (Federal, State, County, or local government)?

❑ self-employed in own business, professional practice, or farm?

❑ own business not incorporated ❑ own business incorporated

❑ working without pay in a family business or farm?

8. **How many hours per week do/did you usually work at this job? _____** hours per week

9. **Date you began this job: _____**
Month Year

10. **If no longer working, please provide the date you last worked at this job: _____**
Month Year

If the questions below are crossed out, please skip them and go to Question 1, Page 29.

11. **Have you ever retired from any job?**

❑ Yes ❑ No ➔ **Please go to Question 12**

↓

11a. If you have retired from more than one job, please answer the following question about the job you retired from first: **What is the name of the employer from which you retired first?** *Please skip Questions 12-13a below and go directly to Page 28 and write the name of this employer on the blank line at the top of the page where indicated.*

12. *Please answer the following question only if you selected "No" to Question 11 above:* **Are you currently working?**

❑ Yes ❑ No ➔ **Please go to Question 13**

↓

12a. If you are currently working for more than one employer, please answer the following question about the current employer at which you have worked the longest: **What is the name of your current employer at which you have worked the longest?** *Please skip Questions 13 and 13a below and go directly to Page 28 and write the name of this employer on the blank line at the top of the page where indicated.*

13. *Please answer the following question only if you selected "No" to Question 12 above:* **Have you ever held a job lasting at least 6 months?**

❑ Yes ❑ No ➔ **Please go to Question 1, Page 29**

↓

13a. If you have held more than one job lasting at least six months, please answer the following question about the job lasting at least six months that you began working at more or most recently: **What is the name of the employer at which you worked for at least 6 months?** *Please go to Page 28 and write the name of this employer on the blank line at the top of the page where indicated.*

V. Job Characteristics

If this page is crossed out, please go to Question 1, Page 29.

At Question 11a, 12a, or 13a on Page 27, you were asked to think about the name of an employer. Please write the name of this employer on the line to the right and answer the questions on this page about your work with this employer:_____

1. How often do or did you... *Circle the response that best describes your situation.*	Never	Rarely	Sometimes	Often	Very Often
a. have to lift, pull or carry heavy loads?	1	2	3	4	5
b. have to work in an awkward posture?	1	2	3	4	5
c. have to stand for prolonged periods of time?	1	2	3	4	5
d. have to kneel or squat for prolonged periods of time?	1	2	3	4	5
e. do repeated lifting, pushing, pulling or bending?	1	2	3	4	5
f. perform repetitive or forceful hand movements?	1	2	3	4	5

2. The things people do at their jobs can involve reading and writing, working with their hands and dealing with people, or sometimes all three at the same time. For the following questions, please think about an average week at the job written in above. (If you do or did more than one of these things at the same time it is all right if your hours add up to more than your total time at work.)

How many hours per week do or did you spend…

a. reading, writing and dealing with written materials? _____hours per week

b. working with your hands, tools or equipment? _____hours per week

c. dealing with people about work—not just passing the time of day? _____hours per week

d. doing the same things over and over? _____hours per week

3. The following statements have to do with the way family life and work life can influence each other. *For each statement, please circle the number that best describes your situation when you worked for this employer.*	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Family worries or problems distract me from my work.	1	2	3	4	5
b. Stress at home makes me irritable at work.	1	2	3	4	5
c. Family activities stop me from getting the amount of sleep I need to do my job well.	1	2	3	4	5

VI. What would you do…?

The next section presents several hypothetical scenarios. You will not actually be paid as a result of your choices, but please read each scenario carefully and select as though you would get the money specified. If you select Choice A, you would have a 100% chance of getting a certain amount. If you select Choice B, you would have a 50% chance of getting the dollar amount specified and a 50% chance of getting $0. There are no right or wrong choices, since we are simply measuring your personal preferences.

1. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$5** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$7** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$9** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$11** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$13** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$15** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$19** and a 50% chance of getting **$0**

2. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$11** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$15** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$17** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$19** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$21** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$25** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$29** and a 50% chance of getting **$0**

3. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$15** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$19** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$21** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$23** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$25** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$29** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$33** and a 50% chance of getting **$0**

We are now going to ask you a different kind of question. Like in the last section, the scenarios are hypothetical. You will not actually be paid as a result of your choices, but please read each scenario carefully and select as though you would lose or gain the money specified. If you select Choice A, you would have a 100% chance of getting $0. If you select Choice B, you would have a 50% chance of gaining the dollar amount specified and a 50% chance of losing a certain amount. There are no right or wrong choices, since we are simply measuring your personal preferences.

1. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$4** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$6** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$7** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$9** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$11** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$13** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$17** and a 50% chance of losing **$5**

2. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$7** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$11** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$14** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$17** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$19** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$23** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$27** and a 50% chance of losing **$9**

3. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$9** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$13** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$17** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$21** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$23** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$27** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$31** and a 50% chance of losing **$11**

We are now going to ask you a third kind of question. Like in the last two sections, the scenarios are hypothetical. You will not actually be paid as a result of your choices, but please read each scenario carefully and select as though you would get the money specified. There are no right or wrong choices, since we are simply measuring your personal preferences. Please check the box for either Choice A or Choice B for each scenario below according to your preference.

1. If you select Choice A, you would get the dollar amount specified today. If you select Choice B, you would get the larger dollar amount thirty days from today. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$12** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$15** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$18** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$21** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$24** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$13** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$16** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$19** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$22** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$25** thirty days from today.

2. If you select Choice A, you would get the dollar amount specified thirty days from today. If you select Choice B, you would get the larger dollar amount sixty days from today. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$12** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$15** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$18** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$21** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$24** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$13** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$16** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$19** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$22** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$25** sixty days from today.

VII. Dealing with Problems

1. The following questions are about experiences you may have had. We would like you to tell us how old you were the FIRST (or ONLY) time this ever happened, and how old you were the LAST or most recent time this happened. If you have never had such an experience, please indicate that it never happened.

	FIRST or ONLY time this happened **Your age?**	LAST time This happened **Your age?**	Never
a. A close friend died.	_____	_____	❑
b. I experienced a life-threatening flood, fire, storm or some other disaster.	_____	_____	❑
c. My child or grandchild served in a war or combat.	_____	_____	❑
d. I witnessed the severe injury or death of another person.	_____	_____	❑
e. I went deeply into debt or suffered substantial financial loss.	_____	_____	❑
f. My child went deeply into debt or suffered substantial financial loss.	_____	_____	❑
g. I had serious legal difficulties.	_____	_____	❑
h. I was in jail or prison.	_____	_____	❑
i. My spouse (or partner) treated me in a way that some would think of as physical abuse.	_____	_____	❑
j. One of my children was divorced.	_____	_____	❑
k. My child had a life-threatening illness or accident.	_____	_____	❑
l. My grandchild had a life-threatening illness or accident.	_____	_____	❑
m. My adult child moved back into my home.	_____	_____	❑
n. I had increased responsibility for the care of grandchildren.	_____	_____	❑
o. My aging parent or in-law moved into my home.	_____	_____	❑
p. I placed my aging spouse, in-law or parent into a nursing home.	_____	_____	❑
q. I seriously thought about taking my own life.	_____	_____	❑

We are interested in how people respond when they face difficult or stressful events in their lives. The following questions ask you to indicate what you generally do and feel when you experience stressful events. Please answer every item. There are no "right" or "wrong" answers, so circle the most accurate answer for you—not what you think "most people" would say or do.

2. Generally, when I experience a difficult or stressful event... *Circle one number for each question.*	I usually **do not do this at all**	I usually **do this a little bit**	I usually **do this a medium amount**	I usually **do this a lot**
a. I turn to work or other activities to take my mind off things.	1	2	3	4
b. I concentrate my efforts on doing something about the situation I'm in.	1	2	3	4
c. I say to myself "this isn't real."	1	2	3	4
d. I give up trying to deal with it.	1	2	3	4
e. I take action to try to make the situation better.	1	2	3	4
f. I refuse to believe that it has happened.	1	2	3	4
g. I say things to let my unpleasant feelings escape.	1	2	3	4
h. I try to see it in a different light, to make it seem more positive.	1	2	3	4
i. I criticize myself.	1	2	3	4
j. I try to come up with a strategy about what to do.	1	2	3	4
k. I give up the attempt to cope.	1	2	3	4
l. I look for something good in what is happening.	1	2	3	4
m. I do something to think about it less, such as going to the movies, watching TV, reading, daydreaming, sleeping or shopping.	1	2	3	4
n. I accept the reality of the fact that it has happened.	1	2	3	4
o. I express my negative feelings.	1	2	3	4
p. I learn to live with it.	1	2	3	4
q. I think hard about what steps to take.	1	2	3	4
r. I blame myself for things that happened.	1	2	3	4

VIII. How You've Felt This Past Week

1. Next is a list of the ways you might have felt or behaved during the past week.

On how many days during the past week did you...	*Circle the **number of days** in the past week you experienced each feeling.*							
a. feel you could not shake off the blues even with help from your family and friends?	0	1	2	3	4	5	6	7
b. feel bothered by things that usually don't bother you?	0	1	2	3	4	5	6	7
c. think your life had been a failure?	0	1	2	3	4	5	6	7
d. feel happy?	0	1	2	3	4	5	6	7
e. feel that people were unfriendly?	0	1	2	3	4	5	6	7
f. feel lonely?	0	1	2	3	4	5	6	7
g. enjoy life?	0	1	2	3	4	5	6	7
h. have crying spells?	0	1	2	3	4	5	6	7
i. feel that people disliked you?	0	1	2	3	4	5	6	7
j. feel sad?	0	1	2	3	4	5	6	7
k. feel depressed?	0	1	2	3	4	5	6	7
l. have trouble keeping your mind on what you were doing?	0	1	2	3	4	5	6	7
m. not feel like eating, your appetite was poor?	0	1	2	3	4	5	6	7
n. feel you were just as good as other people?	0	1	2	3	4	5	6	7
o. feel everything you did was an effort?	0	1	2	3	4	5	6	7
p. feel hopeful about the future?	0	1	2	3	4	5	6	7
q. feel fearful?	0	1	2	3	4	5	6	7
r. sleep restlessly?	0	1	2	3	4	5	6	7
s. talk less than usual?	0	1	2	3	4	5	6	7
t. feel you could not "get going"?	0	1	2	3	4	5	6	7
u. feel irritable, or likely to fight or argue?	0	1	2	3	4	5	6	7
v. feel like telling someone off?	0	1	2	3	4	5	6	7
w. feel angry or hostile for several hours at a time?	0	1	2	3	4	5	6	7

2. Next is a list of ways you might have felt or behaved during the past week.

On how many days <u>in the past week</u> did you...	*Circle the **number of days** in the past week you experienced each feeling.*							
a. feel calm?	0	1	2	3	4	5	6	7
b. feel furious?	0	1	2	3	4	5	6	7
c. feel tense?	0	1	2	3	4	5	6	7
d. feel like banging on the table?	0	1	2	3	4	5	6	7
e. feel at ease?	0	1	2	3	4	5	6	7
f. feel angry?	0	1	2	3	4	5	6	7
g. worry over possible misfortune?	0	1	2	3	4	5	6	7
h. feel like yelling at somebody?	0	1	2	3	4	5	6	7
i. feel nervous?	0	1	2	3	4	5	6	7
j. feel like breaking things?	0	1	2	3	4	5	6	7
k. feel jittery?	0	1	2	3	4	5	6	7
l. feel mad?	0	1	2	3	4	5	6	7
m. feel relaxed?	0	1	2	3	4	5	6	7
n. feel irritated?	0	1	2	3	4	5	6	7

IX. Religion and Spirituality

Next we have a few questions about your religious beliefs.

1. What is your current religious preference? _____

1a. If Protestant, what specific Protestant denomination is that?

_____

2. About how often, if at all, have you attended religious services during the past year?

_____

3. The following questions are about being religious and being spiritual.

Please think about what these words mean to you and answer the questions with those meanings in mind.

Circle one number for each question.	Not at all	Not Very	Somewhat	Very	Extremely
a. How important is religion in your life?	1	2	3	4	5
b. How important is spirituality in your life?	1	2	3	4	5
c. How closely do you identify with being a member of a religious group?	1	2	3	4	5
d. How important is it for you to be with other people who are the same religion as you?	1	2	3	4	5
e. How important do you think it is for people of your religion to marry other people who are the same religion?	1	2	3	4	5
f. How strongly do you believe that one should stick to a particular faith?	1	2	3	4	5
g. How important was religion in your home when you were growing up?	1	2	3	4	5
h. When you have important decisions to make in your life, how much do you rely on your religious or spiritual beliefs?	1	2	3	4	5
i. How much would your spiritual or religious beliefs influence your medical decisions if you were to become gravely ill?	1	2	3	4	5

4. How often do you turn to people in your religious community for practical support, such as financial assistance, food preparation, or transportation?

- ❑ Never
- ❑ Rarely
- ❑ Sometimes
- ❑ Often

5. When you have problems or difficulties in your family, work or personal life, how often do you seek comfort through any of the following religious or spiritual means?

Circle one number for each question.	Never	Rarely	Sometimes	Often
a. Praying	1	2	3	4
b. Meditating	1	2	3	4
c. Attend a religious or spiritual service	1	2	3	4
d. Talk to a religious or spiritual advisor	1	2	3	4

6. Please indicate how much you agree or disagree with the following statements.

Circle one number for each question.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
a. The Bible is God's word and everything happened or will happen exactly as it says.	1	2	3	4	5
b. The Bible is the answer to all important human problems.	1	2	3	4	5

X. Internet

1. If your home does NOT have a connection to the Internet, check here ❑ and SKIP to Question 2.

Which of the following were among the most important reasons why your household first obtained Internet access?

Check all that apply.	Not True	True for <u>you</u>	True for <u>your spouse</u>	True for someone else in <u>your household</u>
a. Interested in using the Web for recreation	❑	❑	❑	❑
b. Doing tasks related to one's job	❑	❑	❑	❑
c. Using e-mail to communicate with one of your children	❑	❑	❑	❑
d. Using e-mail to communicate with one of your siblings	❑	❑	❑	❑
e. Using e-mail to communicate with other relatives	❑	❑	❑	❑
f. Using e-mail to communicate with friends	❑	❑	❑	❑

2. If you NEVER use e-mail from any location, check here ❑ and SKIP to Question 3.

How often do you send or receive personal e-mail messages from the following people: *Circle one number for each question.*	Almost daily (or more)	More than once per week	More than once per month	Less than once per month	Never
a. Your spouse?	1	2	3	4	5
b. Your children?	1	2	3	4	5
c. Your siblings?	1	2	3	4	5
d. Your grandchildren?	1	2	3	4	5
e. Other relatives?	1	2	3	4	5
f. Co-workers (related to your job)?	1	2	3	4	5
g. Co-workers (not related to your job)?	1	2	3	4	5
h. Friends?	1	2	3	4	5

3. If you do NOT use either the World Wide Web or e-mail, check here ❑ and SKIP to Question 4.

About how many <u>hours each week</u> do you use the World Wide Web or e-mail from the following locations?

	At home?	At work?	At another location?
a. Using the World Wide Web	_____ hrs	_____ hrs	_____ hrs
b. Using e-mail	_____ hrs	_____ hrs	_____ hrs

4. In the past year, have you used the Internet to look for advice or information about YOUR health or healthcare?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 40**

5. The last time you looked on the Internet for information for yourself, did you happen to go looking for this health information:

❑ BEFORE visiting a doctor or clinic
❑ AFTER visiting a doctor or clinic
❑ INSTEAD of visiting a doctor or clinic
❑ UNRELATED TO visiting a doctor or clinic

6. Next, please answer the following questions based on your experiences in the past 12 months using the Internet to look for advice or information about <u>your</u> health or healthcare.

Circle one number for each question.	Not at all	A little	Somewhat	Very	Extremely
a. How <u>hard</u> was it to find the information you needed?	1	2	3	4	5
b. How <u>frustrated</u> did you feel during your search for information?	1	2	3	4	5
c. How <u>concerned</u> were you about the quality of the information you found?	1	2	3	4	5
d. How <u>hard</u> was it to understand the information you found?	1	2	3	4	5
e. How <u>satisfied</u> were you with the information you found?	1	2	3	4	5

7. Please circle yes or no in response to each question below to indicate whether you have done any of the following.

Circle one response for each question.

a. Have you <u>ever</u> used e-mail or the Internet to communicate with any doctor or any doctor's office?	Yes	No
b. Have you <u>ever</u> searched the Internet for information on the quality of your doctor, clinic, or hospital?	Yes	No

XI. Pensions and Income

One of the purposes of this study is to learn how people prepare for and adjust to retirement. Specifically, we are interested in how people allocate their assets, how much they rely on Social Security versus other income sources, and how they are affected by recent changes in the economy. All information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers.

1. In the last 12 months, did <u>you yourself</u> receive any Social Security income?

❑ Yes ❑ No ➔ **Please go to Question 2**

1a. We are interested in how much Social Security income people receive per month. People receive monthly Social Security income either by check or by direct deposit into their bank account. About how much was <u>your</u> Social Security check, or the amount directly deposited into <u>your</u> account, <u>last month</u>?

❑ $0
❑ Between $1 and $900
❑ Between $901 and $1,400
❑ Between $1,401 and $1,700
❑ Between $1,701 and $2,100
❑ More than $2,100
❑ Don't know

2. Did <u>your spouse or partner</u> receive any Social Security income in the last 12 months?

❑ Yes ❑ No ➔ **Please go to Question 3, Page 41**

❑ If widowed or not married or partnered, check here ➔ **Please go to Question 3, Page 41**

2a. About how much was <u>your spouse's or partner's</u> Social Security check, or the amount directly deposited into your spouse's or partner's account, <u>last month</u>?

❑ $0
❑ Between $1 and $500
❑ Between $501 and $800
❑ Between $801 and $1,100
❑ Between $1,101 and $1,500
❑ More than $1,500
❑ Don't know

3. The next questions are about the last 12 months. When answering these questions, please think about what month it is presently and about your financial situation in the 12 months prior to the present month.

In the last 12 months, did you yourself receive any income from your own traditional pension?

❑ Yes ❑ No ➔ **Please go to Question 4**

3a. People can have more than one traditional pension. In the last 12 months, about how much income did you yourself receive from all of your own traditional pensions combined?

- ❑ Less than $3,600
- ❑ Between $3,600 and $18,000
- ❑ Between $18,001 and $36,000
- ❑ Between $36,001 and $62,000
- ❑ More than $62,000
- ❑ Don't know

4. In the last 12 months, did your spouse or partner receive any income from his or her own traditional pension?

❑ Yes ❑ No ➔ **Please go to Question 5, Page 42**

❑ If widowed or not married or partnered, check here ➔ **Please go to Question 5, Page 42**

4a. In the last 12 months, about how much income did your spouse or partner receive from all of his or her own traditional pensions combined?

- ❑ Less than $2,300
- ❑ Between $2,300 and $9,000
- ❑ Between $9,001 and $21,000
- ❑ Between $21,001 and $42,000
- ❑ More than $42,000
- ❑ Don't know

5. Do <u>you yourself</u> have any of the following investments: 401k, 403b, Individual Retirement Account, which is also known as IRA, or Keogh?

❑ Yes ❑ No ➔ **Please go to Question 6, Page 43**

5a. What is the total balance of all of <u>your own</u> 401k, 403b, IRA, and Keogh plans combined?

- ❑ Less than $20,000
- ❑ Between $20,000 and $150,000
- ❑ Between $150,001 and $400,000
- ❑ Between $400,001 and $900,000
- ❑ More than $900,000
- ❑ Don't know

5b. In the last 12 months, did <u>you yourself</u> receive any income from <u>your own</u> 401k, 403b, IRA or Keogh plans?

❑ Yes ❑ No ➔ **Please go to Question 6, Page 43**

5c. In the last 12 months, about how much income did <u>you yourself</u> receive from <u>your own</u> 401k, 403b, IRA, and Keogh plans combined?

- ❑ Less than $1,500
- ❑ Between $1,500 and $10,000
- ❑ Between $10,001 and $24,000
- ❑ Between $24,001 and $60,000
- ❑ More than $60,000
- ❑ Don't know

6. Does <u>your spouse or partner</u> have any of the following investments: 401k, 403b, Individual Retirement Account, which is also known as IRA, or Keogh?

❑ Yes

❑ No ➔ **Please go to Question 7, Page 44**

❑ If widowed or not married or partnered, check here ➔ **Please go to Question 7, Page 44**

6a. What is the total balance of all of <u>your spouse's or partner's</u> 401k, 403b, IRA, and Keogh plans combined?

❑ Less than $10,000
❑ Between $10,000 and $70,000
❑ Between $70,001 and $200,000
❑ Between $200,001 and $500,000
❑ More than $500,000
❑ Don't know

6b. In the last 12 months, did <u>your spouse or partner</u> receive any income from <u>his or her own</u> 401k, 403b, IRA, or Keogh plans?

❑ Yes

❑ No ➔ **Please go to Question 7, Page 44**

6c. In the last 12 months, about how much income did <u>your spouse or partner</u> receive from all of <u>his or her own</u> 401k, 403b, IRA, and Keogh plans combined?

❑ Less than $700
❑ Between $700 and $4,500
❑ Between $4,501 and $11,000
❑ Between $11,001 and $27,000
❑ More than $27,000
❑ Don't know

7. Do <u>you or your spouse or partner</u> have any annuities?

❑ Yes ❑ No ➔ **Please go to Question 13, Page 46**

8. Thinking about the <u>largest annuity</u>, do <u>you or your spouse or partner</u> receive payments from it yet?

❑ Yes ❑ No ➔ **Please go to Question 9**

8a. How much does <u>your or your spouse's or partner's largest annuity</u> pay PER YEAR?

- ❑ Less than $1,000
- ❑ Between $1,000 and $5,000
- ❑ Between $5,001 and $12,000
- ❑ Between $12,001 and $25,000
- ❑ More than $25,000
- ❑ Don't know

8b. How long will payments continue from <u>your or your spouse's or partner's largest annuity</u>? *Please select only one of the following responses, then go to Question 10, Page 45.*

- ❑ As long as I live
- ❑ As long as my spouse or partner lives
- ❑ As long as either of us is alive
- ❑ For a set number of years ➔ **Please specify how many years from now payments will continue: _____** years

9. Please answer the following question only if you and your spouse or partner have not begun to receive payments from your largest annuity. **What is the total balance of <u>your or your spouse's or partner's largest annuity</u>?**

- ❑ Less than $10,000
- ❑ Between $10,000 and $50,000
- ❑ Between $50,001 and $150,000
- ❑ Between $150,001 and $400,000
- ❑ More than $400,000
- ❑ Don't know

10. Do <u>you or your spouse or partner</u> have any other annuities?

❑ Yes ❑ No ➔ **Please go to Question 13, Page 46**



10a. Thinking about the <u>second largest annuity</u>, do <u>you or your spouse or partner</u> receive payments from it yet?

❑ Yes ❑ No ➔ **Please go to Question 12**



11a. How much does <u>your or your spouse's or partner's second largest annuity</u> pay PER YEAR?

❑ Less than $750

❑ Between $750 and $3,000

❑ Between $3,001 and $6,000

❑ Between $6,001 and $10,000

❑ More than $10,000

❑ Don't know

11b. How long will payments continue from <u>your or your spouse's or partner's second largest annuity</u>? *Please select only one of the following responses, then go to Question 13, Page 46.*

❑ As long as I live

❑ As long as my spouse or partner lives

❑ As long as either of us is alive

❑ For a set number of years ➔ **Please specify how many years from now payments will continue: _____** years

12. Please answer the following question only if you and your spouse or partner have not begun to receive payments from your second largest annuity. **What is the total balance of <u>your or your spouse's or partner's second largest annuity</u>?**

❑ Less than $10,000

❑ Between $10,000 and $50,000

❑ Between $50,001 and $150,000

❑ Between $150,001 and $400,000

❑ More than $400,000

❑ Don't know

13. In the last 12 months, did <u>you yourself</u> receive any income from <u>your own</u> wages, salaries, commissions, or tips before taxes and other deductions?

❑ Yes ❑ No ➔ **Please go to Question 14**

13a. In the last 12 months, about how much income did <u>you yourself</u> receive from <u>your own</u> wages, salaries, commissions, and tips before taxes and other deductions?

- ❑ Less than $1,500
- ❑ Between $1,500 and $12,000
- ❑ Between $12,001 and $55,000
- ❑ Between $55,001 and $140,000
- ❑ More than $140,000
- ❑ Don't know

14. In the last 12 months, did <u>your spouse or partner</u> receive any income from <u>his or her own</u> wages, salaries, commissions, or tips before taxes and other deductions?

❑ Yes ❑ No ➔ **Please go to Question 15**

❑ If widowed or not married or partnered, check here ➔ **Please go to Question 15**

14a. In the last 12 months, about how much income did <u>your spouse or partner</u> receive from <u>his or her own</u> wages, salaries, commissions, and tips before taxes and other deductions?

- ❑ Less than $1,000
- ❑ Between $1,000 and $8,000
- ❑ Between $8,001 and $30,000
- ❑ Between $30,001 and $80,000
- ❑ More than $80,000
- ❑ Don't know

15. In the last 12 months, did <u>you yourself</u> receive any income from Welfare or other government programs?

❑ Yes ❑ No ➔ **Please go to Question 16, Page 47**

15a. In the last 12 months, about how much income did <u>you yourself</u> receive from Welfare or other government programs?

- ❑ Less than $250
- ❑ Between $250 and $2,000
- ❑ Between $2,001 and $10,000
- ❑ Between $10,001 and $20,000
- ❑ More than $20,000
- ❑ Don't know

16. In the last 12 months, did <u>your spouse or partner</u> receive any income from Welfare or other government programs?

❑ Yes ❑ No ➔ **Please go to Question 17**

❑ If widowed or not married or partnered, check here ➔ **Please go to Question 17**

16a. In the last 12 months, about how much income did <u>your spouse or partner</u> receive from Welfare or other government programs?

- ❑ Less than $250
- ❑ Between $250 and $2,000
- ❑ Between $2,001 and $9,000
- ❑ Between $9,001 and $15,000
- ❑ More than $15,000
- ❑ Don't know

17. Do <u>you or your spouse or partner</u> own a home?

❑ Yes ❑ No ➔ **Please go to Question 18**

17a. How much would <u>your and your spouse's or partner's</u> home sell for now?

- ❑ Less than $100,000
- ❑ Between $100,000 and $200,000
- ❑ Between $200,001 and $325,000
- ❑ Between $325,001 and $700,000
- ❑ More than $700,000
- ❑ Don't know

17b. How much do <u>you and your spouse or partner</u> owe on your home?

- ❑ $0
- ❑ Between $1 and $15,000
- ❑ Between $15,001 and $70,000
- ❑ Between $70,001 and $140,000
- ❑ Between $140,001 and $300,000
- ❑ More than $300,000
- ❑ Don't know

18. Do <u>you or your spouse or partner</u> own a business or a farm?

❑ Yes ❑ No ➔ **Please go to Question 19, Page 48**

18a. How much would <u>your and your spouse's or partner's</u> business or farm sell for now?

- ❑ Less than $20,000
- ❑ Between $20,000 and $250,000
- ❑ Between $250,001 and $750,000
- ❑ Between $750,001 and $2,000,000
- ❑ More than $2,000,000
- ❑ Don't know

18b. How much do <u>you and your spouse or partner</u> owe on your business or farm?

- ❑ $0
- ❑ Between $1 and $10,000
- ❑ Between $10,001 and $100,000
- ❑ Between $100,001 and $450,000
- ❑ Between $450,001 and $1,000,000
- ❑ More than $1,000,000
- ❑ Don't know

18c. In the last 12 months, about how much income did <u>you and your spouse or partner</u> receive from this business or farm?

- ❑ $0
- ❑ Between $1 and $1,000
- ❑ Between $1,001 and $7,000
- ❑ Between $7,001 and $30,000
- ❑ Between $30,001 and $125,000
- ❑ More than $125,000
- ❑ Don't know

18d. Who received the income from this business or farm in the last 12 months?
Please select one of the following responses.

- ❑ Only I received this income
- ❑ Only my spouse or partner received this income
- ❑ Both my spouse or partner and I received this income jointly
- ❑ Neither I nor my spouse or partner received income from this farm or business in the last 12 months

19. Do <u>you or your spouse or partner</u> own real estate other than your home?

❑ Yes ❑ No ➔ **Please go to Question 20, Page 49**

19a. How much would all of <u>your and your spouse's or partner's</u> real estate other than your home sell for now?

- ❑ Less than $25,000
- ❑ Between $25,000 and $150,000
- ❑ Between $150,001 and $375,000
- ❑ Between $375,001 and $1,000,000
- ❑ More than $1,000,000
- ❑ Don't know

19b. How much do <u>you and your spouse or partner</u> owe on all of your real estate other than your home?

- ❑ $0
- ❑ Between $1 and $25,000
- ❑ Between $25,001 and $100,000
- ❑ Between $100,001 and $225,000
- ❑ Between $225,001 and $600,000
- ❑ More than $600,000
- ❑ Don't know

19c. In the last 12 months, did <u>you and your spouse or partner</u> receive any rental income from any of these real estate properties?

❑ Yes ❑ No ➔ **Please go to Question 20**



19d. In the last 12 months, about how much income did <u>you and your spouse or partner</u> receive from all of your real estate properties combined?

❑ Less than $1,000
❑ Between $1,000 and $8,000
❑ Between $8,001 and $20,000
❑ Between $20,001 and $50,000
❑ More than $50,000
❑ Don't know

20. Do <u>you or your spouse or partner</u> own any cars, trucks, campers, boats, airplanes, or other vehicles?

❑ Yes ❑ No ➔ **Please go to Question 21, Page 50**



20a. How much would all of <u>your and your spouse's or partner's</u> cars, trucks, campers, boats, airplanes, and other vehicles sell for now?

❑ Less than $5,000
❑ Between $5,000 and $18,000
❑ Between $18,001 and $35,000
❑ Between $35,001 and $65,000
❑ More than $65,000
❑ Don't know

20b. How much do <u>you and your spouse or partner</u> owe on all your cars, trucks, campers, boats, airplanes, and other vehicles?

❑ $0
❑ Between $1 and $2,000
❑ Between $2,001 and $10,000
❑ Between $10,001 and $17,000
❑ Between $17,001 and $30,000
❑ More than $30,000
❑ Don't know

21. Do <u>you or your spouse or partner</u> have any credit cards?

❑ Yes ❑ No ➔ **Please go to Question 22**

21a. Thinking about all of your credit cards, how often do <u>you and your spouse or partner</u> pay off the total balance each month?

❑ Always or every month ➔ **Please go to Question 22**

❑ Almost always ➔ **Please go to Question 22**

❑ Sometimes ➔ **Please go to Question 21b**

❑ Never ➔ **Please go to Question 21b**

21b. How much do <u>you and your spouse or partner</u> owe on all your credit cards combined?

❑ Less than $500
❑ Between $500 and $5,000
❑ Between $5,001 and $10,000
❑ Between $10,001 and $25,000
❑ More than $25,000
❑ Don't know

22. Do <u>you or your spouse or partner</u> owe a total of $5,000 or more for anything other than what you have already answered about above in Questions 17-21, Page 47-50, such as for installment loans, overdue bills, and personal loans for schooling or other purposes?

❑ Yes ❑ No ➔ **Please go to Question 23**

22a. How much do <u>you and your spouse or partner</u> owe on any debts other than those asked about in Questions 17-21 combined?

❑ Between $5,000 and $12,000
❑ Between $12,001 and $20,000
❑ Between $20,001 and $60,000
❑ More than $60,000
❑ Don't know

23. Do <u>you or your spouse or partner</u> have any checking accounts, savings accounts, or money market funds?

❑ Yes ❑ No ➔ **Please go to Question 24, Page 51**

23a. If you added up all such accounts, about how much would they amount to right now?

❑ Less than $3,000
❑ Between $3,000 and $20,000
❑ Between $20,001 and $60,000
❑ Between $60,001 and $200,000
❑ More than $200,000
❑ Don't know

23b. In the last 12 months, how much interest did <u>you and your spouse or partner</u> earn from these accounts?

- ❑ Less than $20
- ❑ Between $20 and $200
- ❑ Between $201 and $1,000
- ❑ Between $1,001 and $4,000
- ❑ More than $4,000
- ❑ Don't know

24. Do <u>you or your spouse or partner</u> have any certificates of deposit, which are also known as CDs, or any Treasury bills?

❑ Yes ❑ No ➔ **Please go to Question 25**

24a. What is the total balance of all <u>your and your spouse's or partner's</u> CDs and Treasury bills?

- ❑ Less than $2,500
- ❑ Between $2,500 and $25,000
- ❑ Between $25,001 and $100,000
- ❑ Between $100,001 and $250,000
- ❑ More than $250,000
- ❑ Don't know

24b. In the last 12 months, how much interest did <u>you and your spouse</u> or partner earn from all your CDs and Treasury bills combined?

- ❑ Less than $100
- ❑ Between $100 and $700
- ❑ Between $701 and $2,500
- ❑ Between $2,501 and $8,000
- ❑ More than $8,000
- ❑ Don't know

25. Please exclude 401ks and IRAs, which are also known as Individual Retirement Accounts, from your answer to this question. **Do <u>you or your spouse or partner</u> have any stocks, bonds, or mutual funds?**

❑ Yes ❑ No ➔ **Please go to Question 26, Page 52**

25a. What is the total balance of all <u>your and your spouse's or partner's</u> stocks, bonds, or mutual funds combined?

- ❑ Less than $20,000
- ❑ Between $20,000 and $150,000
- ❑ Between $150,001 and $400,000
- ❑ Between $400,001 and $900,000
- ❑ More than $900,000
- ❑ Don't know

25b. In the last 12 months, how much interest or dividends did <u>you and your spouse or partner</u> earn from all your stocks, bonds, or mutual funds combined?

- ❑ Less than $200
- ❑ Between $200 and $3,500
- ❑ Between $3,501 and $15,000
- ❑ Between $15,001 and $60,000
- ❑ More than $60,000
- ❑ Don't know

26. Do <u>you or your spouse or partner</u> have any assets other than those you answered about above in Questions 1-25, Pages 40-52?

❑ Yes ❑ No ➔ **Please go to Question 27**

26a. What is the total balance of all <u>your and your spouse's or partner's</u> assets other than those you answered about above in Questions 1-25?

- ❑ Less than $2,000
- ❑ Between $2,000 and $15,000
- ❑ Between $15,001 and $75,000
- ❑ Between $75,001 and $350,000
- ❑ More than $350,000
- ❑ Don't know

27. In the last 12 months, did <u>you or your spouse or partner</u> receive any income from any source other than those you already answered about above in Questions 1-25, Page 40-52?

❑ Yes ❑ No ➔ **Please go to Question 28**

27a. Thinking of the largest amount received, about how much did <u>you or your spouse or partner</u> receive from this source of income in the last 12 months?

- ❑ Less than $500
- ❑ Between $500 and $6,000
- ❑ Between $6,001 and $22,000
- ❑ Between $22,001 and $80,000
- ❑ More than $80,000
- ❑ Don't know

28. How satisfied are you with your present financial situation?

- ❑ Completely satisfied
- ❑ Very satisfied
- ❑ Somewhat satisfied
- ❑ Not very satisfied
- ❑ Not at all satisfied

29. How difficult is it for you to meet the monthly payments on your bills?

- ❑ Extremely difficult
- ❑ Very difficult
- ❑ Somewhat difficult
- ❑ Not very difficult
- ❑ Not at all difficult

XII. Health Services

1. Please think about the doctor that you usually go to when you are sick or need advice about your health and indicate how much you agree or disagree with each statement.

Circle the one number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. All in all, I have complete trust in my doctor.	1	2	3	4	5
b. It is very important to me to see my regular doctor.	1	2	3	4	5
c. It is very important to me that doctors at my usual place of care agree about treatments for my health conditions(s).	1	2	3	4	5
d. It is very important to me that my doctor's office send out reminders when I am due for a regular check up or test.	1	2	3	4	5
e. It is very important to me to see a doctor who has full information about my medical history.	1	2	3	4	5
f. When there is more than one method to treat a problem, I should be told about each one.	1	2	3	4	5
g. I believe that my doctor needs to know everything about my medical history to take good care of me.	1	2	3	4	5
h. I would rather have my doctor make the decisions about what's best for my health than be given many choices.	1	2	3	4	5
i. The important medical decisions should be made by my doctor, not by me.	1	2	3	4	5
j. It is my responsibility to understand all of my medications, even if my doctor hasn't explained them fully.	1	2	3	4	5
k. When there is more than one medication to treat a problem, my doctor only needs to discuss the one he/she thinks is best.	1	2	3	4	5
l. My doctor should discuss the cost of medications with me before prescribing one.	1	2	3	4	5
m. When there is more than one medication to treat a problem, I prefer that my doctor has me decide which one I should use.	1	2	3	4	5

2. Please indicate how much you agree or disagree with each statement.

Circle the one number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for healthcare.	1	2	3	4	5
b. If my doctor were not available, I would feel safe visiting another doctor or clinic.	1	2	3	4	5
c. I work hard at trying to stay healthy.	1	2	3	4	5

3. In the past 12 months, did you experience difficulty or delay in obtaining any type of healthcare, or not receive healthcare you thought you needed due to any of the reasons listed below?

Circle yes or no for each of the following reasons.	Yes	No
a. I couldn't afford medical care.	1	2
b. My insurance company wouldn't approve, cover or pay for care.	1	2
c. My insurance company required a referral but I couldn't get one.	1	2
d. My doctor refused to accept my insurance plan.	1	2
e. Medical care was too far away.	1	2
f. It was too expensive to get there.	1	2
g. I couldn't get there when the doctor's office was open.	1	2
h. I didn't know where to go to get care.	1	2
i. It took too long to get an appointment.	1	2
j. I couldn't get through on the telephone to make an appointment.	1	2
k. Other; *Please specify*: _____	1	2

4. Thinking about your own healthcare, how would you rate the following? *Circle one number for each question.*	Poor	Fair	Good	Very good	Excellent
a. Convenience of location of the doctor's office	1	2	3	4	5
b. Hours when the doctor's office is open	1	2	3	4	5
c. Access to specialty care if I need it	1	2	3	4	5
d. Access to hospital care if I need it	1	2	3	4	5
e. Access to medical care in an emergency	1	2	3	4	5
f. Access to mental healthcare if I need it	1	2	3	4	5
g. Arrangements for making appointments for medical care by phone	1	2	3	4	5
h. Length of time spent waiting at the office to see the doctor	1	2	3	4	5
i. Length of time I wait between making an appointment for routine care and the day of my visit	1	2	3	4	5
j. Availability of medical information or advice by phone	1	2	3	4	5
k. Access to medical care whenever I need it	1	2	3	4	5
l. Services available for getting prescriptions filled	1	2	3	4	5
m. Ease of seeing the doctor of my choice	1	2	3	4	5
n. Amount of time I have with doctors and staff during a visit	1	2	3	4	5
o. Overall quality of care and services	1	2	3	4	5
p. The amount I pay out-of-pocket (for example, co-payments, deductibles or payments for services not covered by my plan)	1	2	3	4	5

5. This section lists some statements that people sometimes make when they talk about their health.

Please read each statement below and circle the number that best describes your agreement or disagreement with each statement.

Your answers should be what is true for you and not just what you think the doctors want you to say.

Circle one number for each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. When all is said and done, I am the person who is responsible for managing my health condition(s).	1	2	3	4	5
b. Taking an active role in my own healthcare is the most important factor in determining my health and ability to function.	1	2	3	4	5
c. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).	1	2	3	4	5
d. I know what each of my prescribed medications do.	1	2	3	4	5
e. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.	1	2	3	4	5
f. I am confident I can tell my healthcare provider concerns I have even when he or she does not ask.	1	2	3	4	5
g. I am confident that I can follow through on medical treatments I need to do at home.	1	2	3	4	5
h. I understand the nature and causes of my health condition(s)	1	2	3	4	5
i. I know the different medical treatment options available for my health condition(s).	1	2	3	4	5
j. I have been able to maintain the lifestyle changes for my health that I have made.	1	2	3	4	5
k. I know how to prevent further problems with my health condition(s).	1	2	3	4	5
l. I am confident I can figure out solutions when new situations or problems arise with my health condition(s).	1	2	3	4	5
m. I am confident that I can maintain lifestyle changes like diet and exercise even during times of stress.	1	2	3	4	5

6. In the past 12 months, has there been any one doctor who…

Circle one response for each question.	Yes	No	Don't know
a. coordinates your overall medical care?	1	2	3
b. knows the results of all your tests and treatments?	1	2	3
c. keeps in touch with your other doctors and healthcare providers?	1	2	3
d. asks you about the care from your other doctors and healthcare providers?	1	2	3
e. knows all of your prescription medicines?	1	2	3

7. In the past 12 months, have you gone to a hospital emergency room for medical treatment for yourself?

❑ **Yes** ❑ **No ➔ Please go to Question 8**

7a. For the next set of questions, please think about the last time you went to the hospital emergency room in the past 12 months.

Circle one response for each question.	Yes	No
a. Could this health problem have been handled by a primary care doctor if one had been available?	1	2
b. Before going to the hospital emergency room, did you try to see or call a doctor or other health professional about this problem?	1	2
c. Before going to the hospital emergency room, were you able to contact a doctor or other health professional about this problem?	1	2
d. Did a doctor or other health professional tell you to go to the hospital emergency room?	1	2

8. Please answer the questions below about seeing doctors for medical care in the past 12 months.

Circle one number for each question.	Never	Rarely	Sometimes	Often	Very often
a. When you see a doctor at your usual place of care, how often do they have information about your full medical history?	1	2	3	4	5
b. How often do the doctors at your usual place of care appear to agree on treatments for your health conditions(s)?	1	2	3	4	5
c. How often does your doctor's office send you reminders when you are due for a regular check up or test?	1	2	3	4	5

9. How would you rate your doctor's knowledge of you as a person, including your values and beliefs that are important to you?

- ❑ Poor
- ❑ Fair
- ❑ Good
- ❑ Very Good
- ❑ Excellent

10. Please answer the following questions.

Circle one number for each question.		Yes	No
a.	Do you worry a lot about your health?	1	2
b.	Is it hard for you to believe the doctor when he tells you that there is nothing to worry about?	1	2
c.	Do you often worry about the possibility that you have a serious illness?	1	2
d.	Do you think there is something seriously wrong with your body?	1	2
e.	Are you bothered by many different aches and pains?	1	2
f.	If a disease is brought to your attention (such as on TV or the radio, in the newspapers or by someone you know), do you worry about getting it yourself?	1	2
g.	Do you find that you are bothered by many different symptoms?	1	2

XIII. Health Insurance Coverage

Next, we have some questions about health insurance and healthcare coverage.

1. Currently, do you or does your spouse have any of the following types of government or public health insurance or healthcare coverage that cover hospital costs or the costs of visits to the doctor?

Circle Yes or No for you and again for your spouse for each type of health insurance or healthcare coverage that you or your spouse may have.	Do you have this?		**Does your spouse have this?** ❑ If widowed or not married, check here.	
a. Medicare Part A	Yes	No	Yes	No
b. Medicare Part B	Yes	No	Yes	No
c. Wisconsin Medicaid Program; Badgercare (a Forward Health Card); Other state Medicaid Program, (sometimes called Medical Assistance or Title XIX)	Yes	No	Yes	No
d. TRICARE for Life (a military health plan)	Yes	No	Yes	No
e. CHAMP VA (a military health plan)	Yes	No	Yes	No
f. Go to a VA clinic and receive healthcare directly through the VA	Yes	No	Yes	No
g. HIRSP Wisconsin Health Insurance Risk Sharing Plan	Yes	No	Yes	No
h. Indian Health Service	Yes	No	Yes	No
i. Other public or government health insurance	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

2. Currently, do you or does your spouse have <u>any</u> of the following types of <u>private</u> health insurance or private healthcare coverage that work with, supplement, or replace Medicare that cover hospital costs or the costs of visits to the doctor?

Circle Yes or No for you and again for your spouse for each type of health insurance or healthcare coverage that you or your spouse may have.	Do <u>you</u> have this?		**Does <u>your spouse</u> have this?** ❑ If widowed or not married, check here.	
a. Medicare HMO: a Medicare Advantage Plan, a Medicare Private Fee for Service or "PFFS" Plan, or other Medicare HMO	Yes	No	Yes	No
b. "Medigap" Medicare supplement policy or a Medicare Select policy	Yes	No	Yes	No
c. Other health insurance that supplements Medicare	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

3. Do you or your spouse currently have <u>any</u> of the following types of other <u>private</u> health insurance to cover hospital costs or the costs of visits to the doctor that do NOT supplement or replace Medicare? (Do not include long-term care, dental, vision, or plans that provide extra cash or that pay for one type of service such as cancer or accidents)

Circle Yes or No for you and again for your spouse for each type of health insurance or healthcare coverage that you or your spouse may have.	Do <u>you</u> have this?		**Does <u>your spouse</u> have this?** ❑ If not married or widowed, check here.	
a. Individual private insurance not supplementing Medicare	Yes	No	Yes	No
b. Health insurance through an employer not supplementing Medicare	Yes	No	Yes	No
c. Other private health insurance that does not supplement or replace Medicare	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

The next few questions are about any insurance coverage you or your spouse may have that helps pay for prescriptions.

4. Currently, are you or your spouse covered by <u>any</u> of the following prescription drug insurance plans?

Circle Yes or No for you and again for your spouse for each type of prescription drug insurance plan that you or your spouse may have.	Are <u>you</u> covered by this?		**Is <u>your spouse</u> covered by this?** ❑ If widowed or not married, check here.	
a. Wisconsin SeniorCare	Yes	No	Yes	No
b. Some other state prescription drug program	Yes	No	Yes	No
c. Medicare Advantage	Yes	No	Yes	No
d. A Medigap prescription drug benefit plan	Yes	No	Yes	No
e. Some other type of private prescription drug insurance	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

5. The Medicare Part D Prescription Drug Plan provides coverage for prescription drugs, usually through a private insurance provider. **Currently, is <u>your spouse</u> enrolled in a Medicare Part D prescription drug plan?**

- ❑ Yes
- ❑ No
- ❑ Not married/widowed
- ❑ Don't know

6. Currently, are <u>you</u> enrolled in a Medicare Part D prescription drug plan?

- ❑ Yes ➔ **Please go to Question 8, Page 62**
- ❑ No ➔ **Please go to Question 7, Page 62**
- ❑ Don't know ➔ **Please go to Long Term Care Insurance Question 15, Page 64.**

7. How important are each of the following reasons why you did <u>not</u> sign up for the Medicare Part D prescription drug plan?

Circle one number for each reason.	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
a. I am not yet age 65.	1	2	3	4	5
b. I prefer Wisconsin SeniorCare.	1	2	3	4	5
c. I did not know the Medicare Part D Prescription Drug Plan was available.	1	2	3	4	5
d. I get prescription drugs from the VA.	1	2	3	4	5
e. I do not use enough prescription drugs to make it worthwhile.	1	2	3	4	5
f. I prefer some other state prescription drug program.	1	2	3	4	5
g. Some other reason; *Please specify:* _____	1	2	3	4	5

Thank you for your answers to this section. Please go to the Long Term Care Insurance Question 15 on Page 64.

8. What is the name of your current Medicare Part D prescription drug plan?

_____ Name of my Medicare Part D prescription drug plan

❑ Don't know

9. What is the name of the insurance company that provides your current Medicare Part D prescription drug plan?

_____ Insurance company name

❑ Don't know

10. Which of the following statements best describes how you selected your current Medicare Part D prescription drug plan?

❑ I chose my own plan.

❑ Someone chose my plan for me.

❑ I was enrolled automatically.

11. How important was each of the following in helping you choose your Medicare Part D prescription drug plan?

Circle one number for each.	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
a. Medicare's 800, toll-free telephone number	1	2	3	4	5
b. State or county government program or helpline	1	2	3	4	5
c. Medicare's Part D Prescription Drug Plan representative	1	2	3	4	5
d. Pharmacist	1	2	3	4	5
e. My spouse	1	2	3	4	5
f. My child/child in law	1	2	3	4	5
g. A family member other than my child/child in law	1	2	3	4	5
h. A friend	1	2	3	4	5

12. Did you use the Internet <u>at all</u> in deciding whether to enroll in a Medicare Part D prescription drug plan?

❑ Yes ↓

❑ No ➔ **Please go to Question 13**

❑ Don't know ➔ **Please go to Question 13**

12a. The government's Medicare website has tools intended to help people select a Medicare Part D prescription drug plan. **Did you use these website tools <u>at all</u> to select your Medicare Part D prescription drug plan?**

❑ Yes

❑ No

❑ Don't know

13. Currently, do you pay <u>any</u> part of the insurance premium for your Medicare Part D prescription drug plan?

❑ Yes ↓

❑ No ➔ **Please go to Question 14, Page 64**

❑ Don't know ➔ **Please go to Question 14, Page 64**

13a. Currently, how much do you pay in premiums for your Medicare Part D prescription drug plan?

Please select monthly, quarterly, or annually for your answer.

$_____ Monthly premium <u>OR</u> $_____ Quarterly premium <u>OR</u> $_____ Annual premium

14. Please circle one number for each question that best describes your feelings about your Medicare Part D prescription drug plan.

Circle one number for each.	Not at all	Slightly	Somewhat	Very	Extremely
a. How satisfied are you with the range of drugs covered under your current Medicare Part D prescription drug plan?	1	2	3	4	5
b. In the next 12 months, how likely is it that you will switch to a new Medicare Part D Prescription drug plan?	1	2	3	4	5
c. How confident are you that you have made the right decision about your current prescription drug coverage?	1	2	3	4	5

Long-Term Care Insurance

15. Not including government programs such as Medicare or Medicaid, have you EVER had any long-term care insurance which specifically covers any part of personal or medical care in your home or in a nursing home?

❑ Yes ➔ **Please go to Page 65** ❑ No

15a. Why have you NEVER had long-term care insurance?
Check all that apply.

❑ Premiums were too high
❑ Didn't think I needed it
❑ Hadn't thought about it
❑ Not a good use of money
❑ Not eligible
❑ Other; *Please specify* _____

XIV. Financial Matters

Next we would like to ask you a series of statements about financial matters. We would like to know whether, in your opinion, the statement is generally **"True"** or generally **"False"** and how strongly you believe this to be the case.

An example of a true-false statement is the following:

Example Question: A savings bank never offers a checking account.												
Most Likely False						Most Likely True						
Surely False					Guess False	Guess True					Surely True	
100%	**90%**	**80%**	**70%**	**60%**	**50%**	**50%**	**60%**	**70%**	**80%**	**90%**	**100%**	

← ***Please circle one number*** →

If you think that this statement is most likely to be **true**, please choose a number in the right half of the box above. If you think that the statement is surely true, circle "**100%**." If you think it is only 60% likely to be true, please circle "**60%**."

Similarly, if you think that this statement is most likely to be **false**, please choose a number in the left half of the box above. If you think that the statement is surely false, circle "**100%**." If you think it is only 70% likely to be false, please circle "**70%**." If you are completely unsure and have "no idea" whether the statement is true or false, please make your best possible guess and circle whether you would like to guess true with 50% confidence or guess false with 50% confidence.

1. Mutual funds do not pay a guaranteed rate of return.												
Most Likely False						Most Likely True						
Surely False					Guess False	Guess True					Surely True	
100%	**90%**	**80%**	**70%**	**60%**	**50%**	**50%**	**60%**	**70%**	**80%**	**90%**	**100%**	

← ***Please circle one number*** →

2. You should invest in either mutual funds or a large number of different stocks instead of just a few stocks.												
Most Likely False						Most Likely True						
Surely False					Guess False	Guess True					Surely True	
100%	**90%**	**80%**	**70%**	**60%**	**50%**	**50%**	**60%**	**70%**	**80%**	**90%**	**100%**	

← ***Please circle one number*** →

3. Using money in a bank savings account to pay off credit card debt is usually a bad idea.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← *Please circle one number* →

4. Financially, investing in the stock market is no better than buying lottery tickets.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← *Please circle one number* →

5. When an investor spreads money between 20 stocks, rather than 2, the risk of losing a lot of money decreases.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← *Please circle one number* →

6. Taxes do not affect how you should invest your money.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← *Please circle one number* →

7. If you start out with $1,000 and earn an average return of 10% per year for 30 years, after compounding, the initial $1,000 will have grown to more than $6,000.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← *Please circle one number* →

8. Buying a single company stock usually provides a safer return than a stock mutual fund.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

9. Even older retired people should hold some stocks.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

10. An older person with $100,000 to invest should hold riskier financial investments than a younger person with $100,000 to invest.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

11. It is important to take a look at your investments periodically to see if you need to make changes.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

12. It is best to avoid owning stocks of foreign companies.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

XV. Social Relationships

1. Is there a person in your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No

2. Is there a friend outside your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No ➔ **Please go to Question 3**

↓

2a. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)?

Write in number of close friends and close relatives: _____

3. Are you able to drive?

❑ Yes ❑ No ➔ **Please go to Question 4**

↓ ❑ Never drove ➔ **Please go to Question 4**

3a. Have you driven a car in the past month?

❑ Yes
❑ No

3b. Do you have a car available to use when you need one?

❑ Yes
❑ No

3c. When you drive, do you only drive to nearby places, or do you also drive on longer trips? *Check one answer only.*

❑ I only drive to nearby places.
❑ I drive to nearby places and also on longer trips.

4. Are you within walking distance to public transportation such as a city bus or a subway system?

❑ Yes
❑ No
❑ Don't Know

5. In the past 30 days, about how often have you used public transportation?

❑ Never
❑ Once or twice
❑ About once a week
❑ Almost every day

6. Next, we are interested in the help and support that you receive from or give to people (other than a spouse). We are interested here in help that is not paid for. During the <u>past month</u> have you GIVEN the following kinds of help?

Kind of help GIVEN:	*Check the box for EVERYONE that you GAVE each kind of help TO. (other than spouse)*							
	None of these people needed help	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grand-children	Other relatives	Friends, neighbors, co-workers	Members of my religious community
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑
d. Help with baby sitting or child care.	❑	❑	❑	❑	❑	❑	❑	❑

7. During the <u>past month</u> have you RECEIVED the following kinds of help?

Kind of help RECEIVED:	*Check the box for EVERYONE that you RECEIVED each kind of help FROM. (other than spouse)*								
	Help not needed	No one available to help	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grand-children	Other relatives	Friends, neighbors, co-workers	Members of my religious community
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑	❑
d. Help using a computer or the Internet in your home.	❑	❑	❑	❑	❑	❑	❑	❑	❑

8. Now think about persons (other than a spouse) who you feel you COULD ask for help, IF YOU NEEDED IT.

Kind of help you could ask for:	*Check the box for EVERYONE that you COULD ASK FOR each kind of HELP FROM.*							
	No one	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grand-children	Other relatives	Friends, neighbors, co-workers	Members of my religious community
a. Suppose you had to borrow $250 for a few weeks because of an emergency. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑	❑
b. Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice?	❑	❑	❑	❑	❑	❑	❑	❑
c. Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑	❑
d. *(Answer only if you have a computer in your home that you use.)* Suppose you had a problem setting up or using your computer or the Internet that you couldn't figure out. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑	❑

9. The next question asks about the help you may receive from people such as family, friends or others who are not paid to help you. **Currently, do you receive unpaid help with things such as carrying groceries, preparing meals, or doing your other day-to-day activities?**

❑ Yes ❑ No ➔ **Please go to Question 11**

a. On the line below, please describe the kind of help you need the most.

_____

b. What is your relationship to the person who gives you the help you need the most, as described on the line above? (e.g., mother, spouse, friend, neighbor)

_____

10. Currently, how concerned are you that…

Circle one number for each question.	Not at all	A little	Somewhat	Very	Extremely
a. the health of your helper could suffer as a result of assisting you?	1	2	3	4	5
b. the demands of assisting you have strained your relationship with your helper?	1	2	3	4	5
c. your helper has to take time away from other things in order to assist you?	1	2	3	4	5

11. The next few questions ask how you feel about needing help as you get older, whether or not you are currently receiving help.

Currently, how worried are you…

Circle one number for each question.	Not at all	A little	Somewhat	Very	Extremely
a. about not being able to get around on your own as you get older?	1	2	3	4	5
b. that others will have to make decisions for you as you get older?	1	2	3	4	5
c. about being financially dependent on others when you get older?	1	2	3	4	5
d. that you will have to live with your adult children when you get older?	1	2	3	4	5

XVI. Mistreatment of You

Now we would like to ask about the ways that people behave towards you that bother you. Some of these questions may be sensitive. Keep in mind that your replies are strictly confidential and voluntary. You may skip any questions that you do not wish to answer.

1. In the past 12 months, have you felt there is someone who is too controlling over your daily decisions and life?

❑ Yes

❑ No ➔ **Please go to Question 2**

1a. In the past 12 months, how many people have you felt are too controlling over your daily decisions and life?

_____ people

1b. In the past 12 months, who has controlled your daily decisions and life <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

2. In the past 12 months, has anyone insulted you or put you down?

❑ Yes

❑ No ➔ **Please go to Question 3, Page 73**

2a. In the past 12 months, how many people have insulted you or put you down?

_____ people

2b. In the past 12 months, who has insulted you or put you down <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

3. In the past 12 months, has anyone taken your money or belongings without your OK or prevented you from getting them even when you ask?

❑ Yes

❑ No ➔ **Please go to Question 4**

3a. In the past 12 months, how many people have taken your money or belongings without your OK or prevented you from getting them even when you ask?

_____ people

3b. In the past 12 months, who has taken your money or belongings <u>most often</u> without your OK or prevented you from getting them even when you ask?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

4. In the past 12 months, has anyone hit, kicked, slapped, or thrown things at you?

❑ Yes

❑ No ➔ **Please go to Question 5, Page 74**

4a. In the past 12 months, how many people have hit, kicked, slapped, or thrown things at you?

_____ people

4b. In the past 12 months, who has hit, kicked, slapped, or thrown things at you <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

5. In the past 12 months, has anyone intentionally prevented you from having things you need, such as medication, food, money, or personal care?

❑ Yes

❑ No ➔ **Please go to Question 6**

5a. In the past 12 months, how many people have prevented you from having things you need, such as medication, food, money, or personal care?

_____ people

5b. In the past 12 months, who has prevented you from having things you need, such as medication, food, money, or personal care <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

6. In the past 12 months, have you made a purchase, either over the telephone or in person, where you later felt taken advantage of or "scammed"?

❑ Yes

❑ No ➔ **Please go to Question 7, Page 75**

6a. What did you purchase (e.g., magazines, life insurance)?

_____

6b. About how much did you pay for this purchase?

$_____

7. In the past 12 months, have you sold a major possession, such as jewelry, where you later felt taken advantage of or "scammed"?

❑ Yes

❑ No ➔ **Please go to Question 8**

7a. What did you sell? _____

7b. About how much payment did you receive? $_____

8. In the past 12 months, have you made a donation to a charitable organization, either over the telephone, in person, or by mail where you later worried that the organization was not legitimate or "on the level?"

❑ Yes

❑ No ➔ **Please go to Question 1, Page 76**

8a. What kind of organization was this (e.g. animal welfare, religious group)?

_____

8b. About how much payment did you donate? $_____

If you need advice concerning abuse, neglect, or exploitation, call the National Center on Elder Abuse at 1-800-677-1116.

XVII. Marriage and Marriage-like Relationships

1. Have you ever been married?

❑ Yes ❑ No ➔ **Please go to Question 9, Page 77**

2. How many times have you been married in your lifetime including your current marriage?

_____ Times

3. In what month and year did your current or last marriage begin?

_____ Month _____ Year

4. At the time your current or last marriage began, what was the highest grade or year of school your spouse had completed?

- ❑ Did not graduate from high school
- ❑ Graduated from high school
- ❑ Some college (did not graduate)
- ❑ Graduated with an associate's degree
- ❑ Bachelor's degree from a college or university
- ❑ Professional degree (medicine, law, dentistry, etc.) or master's degree
- ❑ Ph.D.
- ❑ Other; *Please specify:* _____

5. Are you currently married?

❑ Yes ❑ No ➔ **Please go to Question 6**

5a. What is your spouse's name? *Please write your spouse's first name, last name, and maiden name, if applicable, on the line below and then go to Question 10, Page 77.*

_____	_____	_____
First Name	Last Name	Maiden Name, if applicable

6. Are you currently widowed?

❑ Yes ❑ No ➔ **Please go to Question 7, Page 77**

6a. In what month and year did your spouse pass away? *If you have been widowed more than once, please answer about the spouse who passed away most recently. After writing the month and year that your spouse passed away, go to Question 9, Page 77.*

_____ Month _____ Year

7. Are you currently divorced?

❑ Yes ❑ No ➔ **Please go to Question 8**

7a. In what month and year was your divorce finalized? *If you have been divorced more than once, please answer about your most recent divorce.*

_____ Month _____ Year

7b. In what month and year did you and your divorced spouse stop living together? *After writing the month and year that you and your divorced spouse stopped living together, go to Question 9.*

_____ Month _____ Year

8. Are you currently separated?

❑ Yes ❑ No ➔ **Please go to Question 9**

8a. In what month and year did you and your spouse stop living together? *If you have been separated more than once, please answer about your most recent separation. After writing the month and year that you and your spouse stopped living together, go to Question 9.*

_____ Month _____ Year

9. Are you currently living with a romantic partner in a marriage-like relationship, which is also known as cohabiting?

❑ Yes ❑ No ➔ **Please go to Question 15, Page 79**

10. During the past month, about how often did you and your spouse or partner spend time alone with each other, talking, or sharing an activity?

- ❑ Never
- ❑ About once a month
- ❑ Two or three times a month
- ❑ About once a week
- ❑ Two or three times a week
- ❑ Almost every day

11. In terms of who does household chores, how fair would you say your relationship with your spouse or partner is?

- ❑ Very unfair to me
- ❑ Somewhat unfair to me
- ❑ Fair to both
- ❑ Somewhat unfair to my spouse or partner
- ❑ Very unfair to my spouse or partner

12. The following is a list of subjects on which couples often have disagreements.
How often, if at all, in the last year have you had open disagreements about each of the following?

Circle one number for each question.	Never	Less than once a month	Several times a month	About once a week	Several times a week	Almost everyday
a. Household tasks	1	2	3	4	5	6
b. Money	1	2	3	4	5	6
c. Spending time together	1	2	3	4	5	6
d. Sex	1	2	3	4	5	6

13. The following questions ask about your current relationship with your spouse or partner. **Please indicate your current level of satisfaction or dissatisfaction for each of the items listed below.**

How satisfied are you with...	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
a. the day-to-day support and encouragement provided by your spouse or partner?	1	2	3	4	5	6
b. your spouse's or partner's overall personality?	1	2	3	4	5	6
c. the amount of consideration shown by your spouse or partner?	1	2	3	4	5	6
d. the way disagreements are settled?	1	2	3	4	5	6
e. how decisions are made in your marriage or marriage-like relationship?	1	2	3	4	5	6
f. how well your spouse or partner listens to you?	1	2	3	4	5	6

14. Would you say that your SPOUSE'S or PARTNER'S health is excellent, very good, good, fair or poor?

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

Married persons, please go to Question 16, Page 79

15. Do you have a sexual partner?

❑ Yes ❑ No ➔ **Please go to Question 19**

16. We realize that some of the questions on this page may be very sensitive. Keep in mind that all of your replies are strictly confidential and voluntary. Recall that you may skip any questions that you do not wish to answer.

In the past 12 months...	Not at all	Slightly	Moderately	Very	Extremely
a. How physically pleasurable did you find your sexual relationship with your spouse or partner to be?	1	2	3	4	5
b. How emotionally satisfying did you find your sexual relationship with your spouse or partner to be?	1	2	3	4	5

17. During the past 12 months, about how often did you have sex with your spouse or partner?

❑ Once a day or more
❑ 3 to 6 times a week
❑ Once or twice a week
❑ 2 to 3 times a month
❑ Once a month or less
❑ Not at all

18. If you have decreased or stopped sexual activities with your spouse or partner, please indicate whether each of the following was a reason.

a. My illness	❑ Yes	❑ No
b. Spouse's or partner's illness	❑ Yes	❑ No
c. My physical changes	❑ Yes	❑ No
d. Spouse's or partner's physical changes	❑ Yes	❑ No
e. I lost interest	❑ Yes	❑ No
f. Spouse or partner lost interest	❑ Yes	❑ No
g. No privacy	❑ Yes	❑ No
h. My emotional problems	❑ Yes	❑ No
i. Spouse's or partner's emotional problems	❑ Yes	❑ No
j. Other; *Please specify*: _____	❑ Yes	❑ No

19. Do you have any children?

❑ Yes ❑ No ➔ **Please go to Page 86**

19a. How many children do you have? _____

19b. Do any of your children live with you?

❑ Yes ❑ No

XVIII. Children

If this page and pages 81-85 are crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 81**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

If this page is crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 82**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

If this page is crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 83**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

If this page is crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 84**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

If this page is crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 85**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

If this page is crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 86**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

XIX. Social and Civic Participation

We find that sometimes people have trouble remembering whether or not they voted in a specific election. And sometimes people think about voting, but then do not.

The next question asks whether or not you voted in the general election on Tuesday, November 4, 2008. Before you answer the question, try to remember who was on the ballot, how you got to the polls if you did vote – details that would help you know for sure if you voted in the November 4, 2008 general election.

1. **Now that you have thought about it, which of these statements best describes you:**

   - ❑ I did not vote in the election in November 2008.
   - ❑ I thought about voting in November 2008, but did not.
   - ❑ I usually vote, but did not vote in November 2008.
   - ❑ I am sure I voted at the polls in the election in November 2008.
   - ❑ I am sure I voted by absentee ballot in November 2008.

2. **Generally speaking, do you usually think of yourself as a Republican, Democrat, Independent, or what?**

   - ❑ Republican
   - ❑ Democrat
   - ❑ Independent but leaning towards Republican
   - ❑ Independent but leaning towards Democrat
   - ❑ Independent
   - ❑ Other; *Please specify*: _____

3. **We hear a lot of talk these days about political liberals and conservatives. Where would you place yourself on this scale?**

   - ❑ Extremely liberal
   - ❑ Liberal
   - ❑ Slightly liberal
   - ❑ Moderate, middle of the road
   - ❑ Slightly conservative
   - ❑ Conservative
   - ❑ Extremely conservative

4. We would like to find out about some of the things people do to help a party or a candidate win an election. **During the Presidential election campaign of 2008, did you talk to any people and try to show them why they should vote for or against one of the parties or candidates?**

   - ❑ Yes
   - ❑ No

Here are some questions about leisure time activities. Please tell us about your activities during the past four weeks and 5 years ago. Please write a "0" if you do not do this activity at all.

5. How many times, if at all...	**During the past 4 weeks?**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. have you gotten together with friends? We mean like going out together or visiting in each other's homes.	_____times	❑	❑	❑
b. have you gotten together socially with relatives?	_____times	❑	❑	❑

6. Have you ever owned a pet?

❑ Yes ❑ No ➔ **Please go to Question 7**

6a. What types of pet have you ever owned?

a. Dog ❑ Yes ❑ No
b. Cat ❑ Yes ❑ No
c. Bird ❑ Yes ❑ No
d. Fish ❑ Yes ❑ No
e. Other; *Please specify:* _____

7. *For this section, please provide your response in* ***hours per <u>week</u>***	**During the <u>past year</u>, I did this...**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Watching television	_____ hours per week	❑	❑	❑
b. Talking on the phone with friends or relatives	_____ hours per week	❑	❑	❑
Different types of reading (include electronic)				
c. Reading on the job	_____ hours per week	❑	❑	❑
d. Reading biographies or other non-fiction books	_____ hours per week	❑	❑	❑
e. Reading the Bible or other religious materials	_____ hours per week	❑	❑	❑
f. Reading magazines or newspapers	_____ hours per week	❑	❑	❑
g. Reading fiction	_____ hours per week	❑	❑	❑

8. *For this section, please provide your response in* ***hours per <u>month</u>***	**During the <u>past year</u>, I did this...**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Letter writing (not including e-mail)	_____ hours per month	❑	❑	❑
b. Playing cards or board games, including games on a computer	_____ hours per month	❑	❑	❑
c. Painting, drawing or other art	_____ hours per month	❑	❑	❑
d. Playing a musical instrument	_____ hours per month	❑	❑	❑
e. Going to the movies	_____ hours per month	❑	❑	❑
f. Going to a lecture, concert, play, museum or similar activity	_____ hours per month	❑	❑	❑
g. Going out to a restaurant or bar	_____ hours per month	❑	❑	❑
h. Working crossword puzzles or other word games	_____ hours per month	❑	❑	❑
i. Crafts or hobbies such as needlework, woodworking, model trains, jigsaw puzzles, etc.	_____ hours per month	❑	❑	❑
j. Making home repairs, car repairs or other handy work	_____ hours per month	❑	❑	❑
k. Hunting or fishing (in season)	_____ hours per month	❑	❑	❑
l. Caring for or playing with pets	_____ hours per month	❑	❑	❑

There are many ways to get exercise, and people sometimes do these activities alone and sometimes with others. We would like to know how many hours per month you spend on activities like the following.

9. *For this section, please provide your response in* ***hours per <u>month</u>***	**During the <u>past year</u>, I did this...**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Light physical activities that you do alone, such as light housework, gardening, or walking by yourself	_____ hours per month	❑	❑	❑
b. Light physical activities that you do with others, such as walking with friends, bowling, playing softball or other team sports with light activity	_____ hours per month	❑	❑	❑
c. Vigorous physical activities that you do alone, such as jogging, swimming, biking, or going to the gym by yourself	_____ hours per month	❑	❑	❑
d. Vigorous physical activities that you do with others such as jogging, swimming, biking, or going to the gym with friends or playing team sports	_____ hours per month	❑	❑	❑

10. Thinking of your high school class, were you in the top quarter, somewhere in the middle, or the bottom quarter in terms of your grade point average?

- ❑ Top quarter
- ❑ Somewhere in the middle
- ❑ Bottom quarter

11. Do you ever talk on a cell phone?

❑ Yes ❑ No ➔ **Please go to Question 12, Page 90**

11a. Do you talk on the cell phone rarely, occasionally, a great deal, or exclusively?

- ❑ Rarely
- ❑ Occasionally
- ❑ A great deal
- ❑ Exclusively

11b. In a typical week, how much time do you spend talking on a cell phone?

_____

11c. In what year did you begin to use a cell phone?

_____

Here is a list of clubs and organizations to which many people belong.

12. Please indicate your level of involvement with each activity in the <u>past 12 months</u>.

Circle one number for each question.	Not involved	Very little	Some	Quite a bit	A great deal
a. A church, temple or other place of worship	1	2	3	4	5
b. Church connected groups, but not the church itself	1	2	3	4	5
c. Labor unions	1	2	3	4	5
d. Veterans' organizations	1	2	3	4	5
e. Fraternal organizations or lodges	1	2	3	4	5
f. Business or civic groups	1	2	3	4	5
g. Parent-teachers' associations	1	2	3	4	5
h. Community centers	1	2	3	4	5
i. Organizations of people of the same nationality	1	2	3	4	5
j. Sport teams	1	2	3	4	5
k. Country club	1	2	3	4	5
l. Youth groups (Scout leader, etc.)	1	2	3	4	5
m. Professional groups	1	2	3	4	5
n. Political clubs or organizations	1	2	3	4	5
o. Neighborhood improvement organizations	1	2	3	4	5
p. Charity or welfare organizations	1	2	3	4	5
q. Hobby groups	1	2	3	4	5
r. A group for senior men or women (e.g., Red Hat Society)	1	2	3	4	5
s. Other; *Please specify*_____	1	2	3	4	5
t. Other; *Please specify*_____	1	2	3	4	5

The following are some reasons why people engage in volunteer activities.

13. If you have volunteered, please indicate how important or accurate each of the following possible reasons for volunteering is for you. If you have not, please indicate how important/accurate each of the reasons for volunteering would be for you.

Circle one number for each question.	Not at all important/ accurate						Extremely important/ accurate
a. Others with whom I am close place a high value on community service.	1	2	3	4	5	6	7
b. Volunteering helps me work through my own personal problems.	1	2	3	4	5	6	7
c. I feel compassion toward people in need.	1	2	3	4	5	6	7
d. I can explore my own strengths.	1	2	3	4	5	6	7
e. Volunteering makes me feel needed.	1	2	3	4	5	6	7
f. Volunteering makes me feel better about myself.	1	2	3	4	5	6	7
g. I feel it is important to help others.	1	2	3	4	5	6	7
h. Volunteering is an important activity to the people I know the best.	1	2	3	4	5	6	7
i. Volunteering is a good escape from my own troubles.	1	2	3	4	5	6	7
j. I can learn how to deal with a variety of people.	1	2	3	4	5	6	7

14. Please indicate how much you agree or disagree with the following statements.

Circle one number for each question.	Agree Strongly						Disagree Strongly
a. Doing volunteer work is something I rarely even think about.	1	2	3	4	5	6	7
b. I would feel a loss if I were forced to give up volunteer work.	1	2	3	4	5	6	7
c. Volunteering is an important part of who I am.	1	2	3	4	5	6	7

XX. End

Thank you for your cooperation and assistance. A report on the results will be sent to you as soon as possible after all questionnaires have been completed. This report will not identify you personally.

Is there an e-mail address where we can send you information about the Wisconsin Longitudinal Study?

❑ Yes, my e-mail address is _____

(The Wisconsin Longitudinal Study will never share your e-mail address with anyone else.)

❑ No

Did you complete this on your own or work with someone else?

❑ On own

❑ With someone else: Who? _____

Please tell us approximately how long it took you to complete this questionnaire.

_____

Please return your questionnaire in the postage-paid envelope to the:

Wisconsin Longitudinal Study
UW Survey Center
Sterling Hall, Room B607
475 N. Charter St.
Madison, WI 53706

If you would need us to send another postage-paid envelope to you, please call us at 1-866-891-2492.

Thank you and please feel free to contact us with any questions or comments you may have at the toll-free number above or at: wls@wisls.info

Mail Only Version of SAQ for Female Graduate & Sibling Respondents

Return to Tab 8

I. Health

We would like to begin the questionnaire with some general questions about your health.

1. How would you rate your health... *Circle one number for each question.*	Very Poor	Poor	Fair	Good	Excellent
a. at the present time?	1	2	3	4	5
b. compared with other people your age and sex?	1	2	3	4	5
c as a child, when you were growing up through age 16?	1	2	3	4	5

2. Compared with 5 years ago... *Circle one number for each question.*	Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a. how would you rate your health?	1	2	3	4	5
b. how would you rate your appearance?	1	2	3	4	5

3. The following questions are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

Circle one number for each question.	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
b. Climbing several flights of stairs	1	2	3

4. Do you have any difficulty...	Yes	No
a. lifting and carrying something as heavy as 10 lbs - such as a bag of groceries?	1	2
b. lifting and carrying something as heavy as 25 lbs - such as a bag of pet food?	1	2
c. pushing and pulling large objects such as a living room chair?	1	2
d. standing or being on your feet for one hour?	1	2
e. sitting for one hour?	1	2
f. stooping, crouching or kneeling?	1	2
g. reaching over your head?	1	2
h. climbing one flight of stairs?	1	2

i. If yes, what condition is the main reason for your difficulty?
Please specify: _____

5. During the past four weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?

a. Accomplished less than you would like	❑ Yes	❑ No
b. Were limited in the kind of work or other activities	❑ Yes	❑ No

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

a. Accomplished less than you would like	❑ Yes	❑ No
b. Did work or other activities less carefully than usual	❑ Yes	❑ No

7. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

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

8. 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...	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
a.	have you felt calm and peaceful?	1	2	3	4	5	6
b.	did you have a lot of energy?	1	2	3	4	5	6
c.	have you felt downhearted and blue?	1	2	3	4	5	6

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

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

10. During the past four weeks, have you been able to see well enough to read ordinary newsprint <u>without</u> glasses or contact lenses?

- ❑ Yes ➔ **Please go to Question 13**
- ❑ No

11. During the past four weeks, have you been able to see well enough to read ordinary newsprint <u>with</u> glasses or contact lenses?

- ❑ Yes ➔ **Please go to Question 13**
- ❑ No
- ❑ Did not wear glasses or contact lenses during past four weeks

12. During the past four weeks, have you been able to see at all?

- ❑ Yes
- ❑ No ➔ **Please go to Question 15**

13. During the past four weeks, have you been able to see well enough to recognize a friend on the other side of the street <u>without</u> glasses or contact lenses?

- ❑ Yes ➔ **Please go to Question 15**
- ❑ No

14. During the past four weeks, have you been able to see well enough to recognize a friend on the other side of the street <u>with</u> glasses or contact lenses?

- ❑ Yes
- ❑ No
- ❑ Did not wear glasses or contact lenses during past four weeks

15. During the past four weeks, have you been able to hear what is said in a group conversation with at least three other people <u>without</u> a hearing aid?

- ❑ Yes ➔ **Please go to Question 20**
- ❑ No

16. During the past four weeks, have you been able to hear what is said in a group conversation with at least three other people <u>with</u> a hearing aid?

- ❑ Yes ➔ **Please go to Question 18**
- ❑ No
- ❑ Did not wear a hearing aid during past four weeks

17. During the past four weeks, have you been able to hear at all?

- ❑ Yes
- ❑ No ➔ **Please go to Question 20**

18. During the past four weeks, have you been able to hear what is said in a conversation with one other person in a quiet room <u>without</u> a hearing aid?

- ❑ Yes ➔ **Please go to Question 20**
- ❑ No

19. During the past four weeks, have you been able to hear what is said in a conversation with one other person in a quiet room <u>with</u> a hearing aid?

- ❑ Yes
- ❑ No
- ❑ Did not wear a hearing aid during past four weeks

20. During the past four weeks, have you been able to be understood <u>completely</u> when speaking your own language with people who do not know you?

- ❑ Yes ➔ **Please go to Question 25**
- ❑ No

21. During the past four weeks, have you been able to be understood <u>partially</u> when speaking with people who do not know you?

- ❑ Yes
- ❑ No

22. During the past four weeks, have you been able to be understood <u>completely</u> when speaking with people who know you well?

- ❑ Yes ➔ **Please go to Question 25**
- ❑ No

23. During the past four weeks, have you been able to be understood <u>partially</u> when speaking with people who know you well?

- ❑ Yes ➔ **Please go to Question 25**
- ❑ No

24. During the past four weeks, have you been able to speak at all?

- ❑ Yes
- ❑ No

25. During the past four weeks, have you been able to bend, lift, jump and run <u>without difficulty</u> and <u>without help or equipment</u> of any kind?

- ❑ Yes ➔ **Please go to Question 33, Page 5**
- ❑ No

26. During the past four weeks, have you been able to walk around the neighborhood <u>without difficulty</u> and <u>without help or equipment</u> of any kind?

- ❑ Yes ➔ **Please go to Question 33, Page 5**
- ❑ No

27. During the past four weeks, have you been able to walk around the neighborhood <u>with difficulty</u> but <u>without help or equipment</u> of any kind?

- ❑ Yes ➔ **Please go to Question 33**
- ❑ No

28. During the past four weeks, have you been able to walk at all?

- ❑ Yes
- ❑ No ➔ **Please go to Question 31**

29. During the past four weeks, have you needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?

- ❑ Yes
- ❑ No

30. During the past four weeks, have you needed the help of another person to walk?

- ❑ Yes
- ❑ No

31. During the past four weeks, have you needed a wheelchair to get around the neighborhood?

- ❑ Yes
- ❑ No ➔ **Please go to Question 33**

32. During the past four weeks, have you needed the help of another person to get around in the wheelchair?

- ❑ Yes
- ❑ No

33. During the past four weeks, have you had the <u>full use</u> of both hands and ten fingers?

- ❑ Yes ➔ **Please go to Question 37, Page 6**
- ❑ No

34. During the past four weeks, have you needed the help of another person because of limitations in the use of your hands or fingers?

- ❑ Yes
- ❑ No ➔ **Please go to Question 36, Page 6**

35. During the past four weeks, have you needed the help of another person with some tasks, most tasks, or all tasks?

- ❑ Some tasks
- ❑ Most tasks
- ❑ All tasks

36. During the past four weeks, have you needed special equipment, for example, special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?

- ❑ Yes
- ❑ No

37. During the past four weeks, have you been able to eat, bathe, dress and use the toilet without difficulty?

- ❑ Yes ➔ **Please go to Question 40**
- ❑ No

38. During the past four weeks, have you needed the help of another person to eat, bathe, dress or use the toilet?

- ❑ Yes
- ❑ No

39. During the past four weeks, have you needed special equipment or tools to eat, bathe, dress or use the toilet?

- ❑ Yes
- ❑ No

40. During the past four weeks, have you been feeling happy or unhappy?

- ❑ Happy
- ❑ Unhappy ➔ **Please go to Question 42**

41. During the past four weeks, would you describe yourself as having felt happy and interested in life or somewhat happy?

- ❑ Happy and interested in life ➔ **Please go to Question 43**
- ❑ Somewhat happy ➔ **Please go to Question 43**

42. During the past four weeks, would you describe yourself as having felt somewhat unhappy, very unhappy, or so unhappy that life was not worthwhile?

- ❑ Somewhat unhappy
- ❑ Very unhappy
- ❑ So unhappy that life was not worthwhile

43. During the past four weeks, did you ever feel fretful, angry, irritable, anxious or depressed?

- ❑ Yes
- ❑ No ➔ **Please go to Question 46, Page 7**

44. During the past four weeks, how often did you feel fretful, angry, irritable, anxious or depressed?

- ❑ Rarely
- ❑ Occasionally
- ❑ Often
- ❑ Almost always

45. During the past four weeks, did you feel <u>extremely</u> fretful, angry, irritable, anxious or depressed, to the point of needing professional help?

- ❑ Yes
- ❑ No

46. How would you describe your ability to remember things, during the past four weeks?

- ❑ Able to remember most things
- ❑ Somewhat forgetful
- ❑ Very forgetful
- ❑ Unable to remember anything at all

47. How would you describe your ability to think and solve day-to-day problems, during the past four weeks?

- ❑ Able to think clearly and solve problems
- ❑ Had a little difficulty
- ❑ Had some difficulty
- ❑ Had a great deal of difficulty
- ❑ Unable to think or solve problems

48. Have you had any trouble with pain or discomfort, during the past four weeks?

- ❑ Yes
- ❑ No ➔ **Please go to Question 50**

49. How many of your activities, during the past four weeks, were limited by pain or discomfort?

- ❑ None
- ❑ A few
- ❑ Some
- ❑ Most
- ❑ All

50. Overall, how would you rate your health during the past four weeks?

- ❑ Excellent
- ❑ Very good
- ❑ Good
- ❑ Fair
- ❑ Poor

51. The following is a list of physical symptoms that people sometimes experience.	**51a. How <u>often</u> have you had this symptom in the <u>past six months</u>?** *Circle ONE number for each symptom.*				**51b. How much <u>discomfort</u> has this symptom caused you in the <u>past six months</u>?** *Circle ONE number for each symptom you experienced.*			
	Have not had	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Coughing/wheezing	1	2	3	4	1	2	3	4
b. Chest Pain	1	2	3	4	1	2	3	4
c. Palpitations (feeling your heart pound or race)	1	2	3	4	1	2	3	4
d. Shortness of breath	1	2	3	4	1	2	3	4
e. Dizziness/faintness	1	2	3	4	1	2	3	4
f. Excessive sweating	1	2	3	4	1	2	3	4
g. Foot pain	1	2	3	4	1	2	3	4
h. Hip pain	1	2	3	4	1	2	3	4
i. Back pain/strain	1	2	3	4	1	2	3	4
j. Bone pains	1	2	3	4	1	2	3	4
k. Neck and/or shoulder pain	1	2	3	4	1	2	3	4
l. Pain in your ankles/knees	1	2	3	4	1	2	3	4
m. Pain in your hands/wrists	1	2	3	4	1	2	3	4
n. Aching muscles	1	2	3	4	1	2	3	4
o. Stiff/swollen joints	1	2	3	4	1	2	3	4
p. Foot or leg swelling	1	2	3	4	1	2	3	4
q. Upset stomach	1	2	3	4	1	2	3	4
r. Constipation	1	2	3	4	1	2	3	4
s. Diarrhea	1	2	3	4	1	2	3	4
t. Fatigue/exhaustion	1	2	3	4	1	2	3	4
u. Headache	1	2	3	4	1	2	3	4
v. Lack of energy	1	2	3	4	1	2	3	4
w. Numbness	1	2	3	4	1	2	3	4
x. Ringing in ears	1	2	3	4	1	2	3	4
y. Skin problems	1	2	3	4	1	2	3	4

52. Has a medical professional ever said you have any of the illnesses or conditions listed below? *Circle one for each illness or condition.*	Yes	No	**52a. How old were you when first diagnosed with this illness or condition?** *At what age?*	**52b. How much does each of your illnesses or conditions currently interfere with what you like to do?** *Circle one only for each of your illnesses or conditions.* Not at all	Very little	Some	Quite a bit	A great deal
a. Allergies: *Please specify*_____	1	2	_____	1	2	3	4	5
b. Asthma	1	2	_____	1	2	3	4	5
c. Arthritis/rheumatism	1	2	_____	1	2	3	4	5
d. Chronic bronchitis/emphysema	1	2	_____	1	2	3	4	5
e. Chronic sinus problems	1	2	_____	1	2	3	4	5
f. Fibromyalgia	1	2	_____	1	2	3	4	5
g. High cholesterol	1	2	_____	1	2	3	4	5
h. Irritable bowel syndrome	1	2	_____	1	2	3	4	5
i. Kidney/bladder problems	1	2	_____	1	2	3	4	5
j. Liver disease	1	2	_____	1	2	3	4	5
k. Multiple sclerosis	1	2	_____	1	2	3	4	5
l. Osteoporosis	1	2	_____	1	2	3	4	5
m. Parkinson's Disease	1	2	_____	1	2	3	4	5
n. Serious back trouble	1	2	_____	1	2	3	4	5
o. Ulcer	1	2	_____	1	2	3	4	5

53. <u>During the last year</u>, how many days, if any, did you stay in bed for more than half of the day because of illness or injury? *Write the number of days or check none.*

_____ # of Day(s) ❑ None

54. How often do you have extreme sleepiness in the daytime when you have to struggle against falling asleep?

❑ Never or Rarely ➔ **Please go to Question 55, Page 10**

❑ Sometimes

❑ Several times a week (3-5)

❑ Every day or almost every day

54a. Have you had this problem for a month or more?

❑ Yes ❑ No

55. On a typical <u>weekday</u>, how many hours of sleep do you usually get, rounded to the nearest half hour (for example, 7.5 hours)?

_____ hours

56. On a typical <u>weekend</u> day, how many hours of sleep do you usually get, rounded to the nearest half hour (for example, 7.5 hours)?

_____ hours

57. Have you ever been told by a doctor or other health professional that you have sleep apnea?

❑ Yes ❑ No ➔ **Please go to Question 58**

57a. Have you had any of the following treatments for sleep apnea?

a. Weight loss ❑ Yes ❑ No
b. CPAP/BiPAP ❑ Yes ❑ No
c. Surgery ❑ Yes ❑ No
d. Dental device ❑ Yes ❑ No
e. Other; *Please specify:* _____

58. How tall are you? _____ feet _____ inches

59. How much do you weigh? _____ pounds

60. Up to the present time, what is the most you have ever weighed? _____pounds
(Please do not include pregnancies)

60a. How old were you then? _____ years old

61. What is the least you have ever weighed since you were 18 years old? _____pounds

61a. How old were you then? _____ years old

62. How much did you weigh when you were about 18 years old, about when you graduated from high school? _____pounds

63. How long has it been since you… *Check only one box in response to each question below.*	Within past year	Within past 2 years	Within past 3 years	Within past 4 years	Within past 5 years	More than 5 years	Never
a. had a complete health exam or physical?	❑	❑	❑	❑	❑	❑	❑
b. had a heart or exercise stress test?	❑	❑	❑	❑	❑	❑	❑
c. had a cholesterol test?	❑	❑	❑	❑	❑	❑	❑
d. had a blood pressure check?	❑	❑	❑	❑	❑	❑	❑
e. had a flu shot?	❑	❑	❑	❑	❑	❑	❑
f. visited a chiropractor?	❑	❑	❑	❑	❑	❑	❑
g. had an eye examination?	❑	❑	❑	❑	❑	❑	❑
h. had your hearing checked?	❑	❑	❑	❑	❑	❑	❑
i. had a Bone Mass or Bone Density Measurement test for osteoporosis?	❑	❑	❑	❑	❑	❑	❑
j. had a sigmoidoscopy or colonoscopy?	❑	❑	❑	❑	❑	❑	❑
k. had a blood stool test using a special kit or cards to determine whether the stool contains blood?	❑	❑	❑	❑	❑	❑	❑
l. had a shot for pneumonia?	❑	❑	❑	❑	❑	❑	❑
m. had a dental check-up?	❑	❑	❑	❑	❑	❑	❑
n. (men only) A prostate specific antigen, or "P-S-A," test is a blood test for prostate cancer. How long has it been since you had a PSA test?	❑	❑	❑	❑	❑	❑	❑
o. (women only) had a mammogram?	❑	❑	❑	❑	❑	❑	❑
p. (women only) did a breast self-exam?	❑	❑	❑	❑	❑	❑	❑
q. (women only) had a doctor or other health professional perform a breast exam (feel the breast for lumps)?	❑	❑	❑	❑	❑	❑	❑
r. (women only) had a pelvic exam or Pap smear?	❑	❑	❑	❑	❑	❑	❑

64. Currently, how would you describe your eye color? _____

65. Has your eye color <u>ever</u> changed?

❑ Yes ❑ No ➔ **Please go to Question 66, Page 12**

↓

65a. How would you describe your previous eye color? _____

66. Which of the following best describes your use of hearing aids?

- ❑ I have hearing aids for one or both ears and use them regularly
- ❑ I have hearing aids for one or both ears but do **not** use them regularly
- ❑ I do not own hearing aids

Do you find that any of the following problems have INCREASED for you in the last 12 months or last 5 years?

67. Have you experienced increased problems with... *Circle one response for each question.*	Problems increased in last 12 months? *Circle Yes or No*		Problems increased in last 5 years? *Circle Yes or No*	
a. hearing conversations in person?	Yes	No	Yes	No
b. hearing conversations on the phone?	Yes	No	Yes	No
c. understanding spoken instructions from your doctor, employer or other person?	Yes	No	Yes	No
d. reading small print on medicine bottles or other places?	Yes	No	Yes	No
e. understanding written instructions?	Yes	No	Yes	No

68. Do you consider yourself now to be... *Check one answer only.*

- ❑ Overweight
- ❑ Underweight
- ❑ About the right weight
- ❑ Don't know

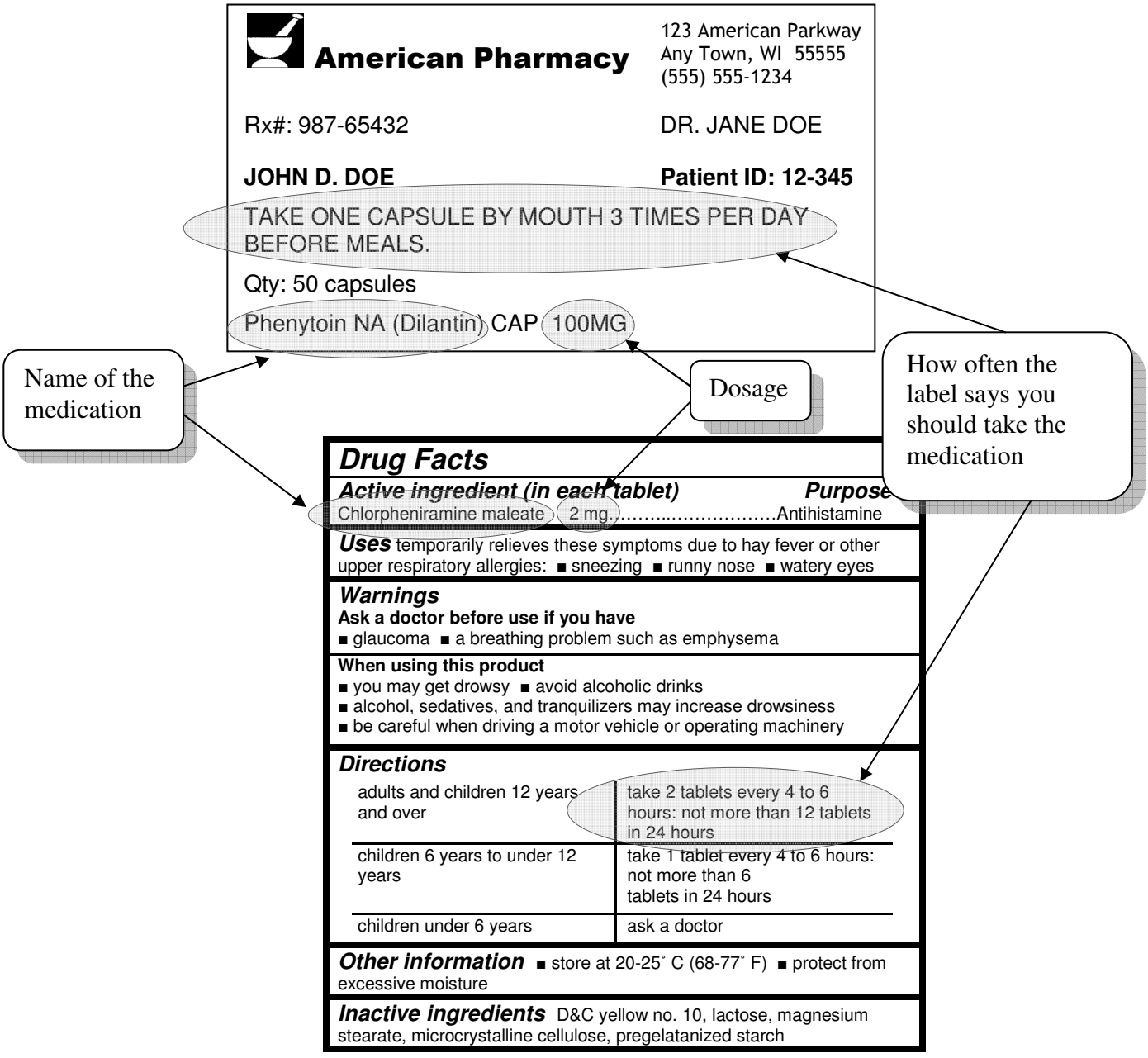
69. Are you actively trying to lose weight or maintain a desirable weight?

- ❑ No ➔ **Please go to Question 71, Page 13**
- ❑ Yes, trying to lose weight
- ❑ Yes, trying to maintain a desirable weight

70. To lose or maintain my weight, I… *Circle one response for each question.*		
a. eat fewer calories or less fat.	Yes	No
b. use physical activities or exercise.	Yes	No
c. use pills or laxatives.	Yes	No
d. use other methods. *Please specify* _____	Yes	No

71. To understand the effect of medications on health, it is important to know about the medications that people take. In the table on the next page (Question 71a, Page 14), please list all medications you are currently taking, even those medications you take only occasionally. Include both prescription medications and over-the-counter medications.

Please consult the label on each of the medications you are currently taking and provide the following information: name of the medication, dosage, and how often the label says you should take the medication. Also, please write in the main reason you are taking the medication, how many times you took the medication yesterday, and in about what month and year you began taking the medication.



71a. List all the medications you are currently taking in the table below. The examples of medication labels on Page 13 show where to find the medication name, dosage, and how often the label says you should take the medication.

Use one line for each medication. The table provides lines to list 11 medications. If you are currently taking more medications than this, please list them on an additional piece of paper, answer the same questions about them as in the table below, and insert the piece of paper into the questionnaire.

What is the <u>name</u> <u>of this medication</u> on the label?	**What is the <u>dosage</u> on the label?** (e.g., 10 mg)	**How often does the label say you should take this medication?** (e.g., once per day, as needed, etc.)	**What is the main reason you are taking this medication?** (e.g., anxiety, cholesterol, etc.)	**Yesterday, how many times did you take this medication?**	**In about what month and year did you begin taking this medication?**
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year

72. Are any of the medications that you listed above prescribed by a doctor or other healthcare professional to be taken regularly?

❑ Yes ❑ No ➔ **Please go to Question 73**

Please answer the questions below about your experiences with taking medications prescribed by a doctor or healthcare professional.

<u>In the past 12 months</u>, how often…

Circle one response for each question.	Never	Rarely	Sometimes	Often	Very often
a. have you forgotten to take your medication?	1	2	3	4	5
b. have you been careless about using your medications?	1	2	3	4	5
c. have you stopped using your medications because you felt better?	1	2	3	4	5
d. have you taken less medication than your doctor prescribed because you felt better?	1	2	3	4	5
e. did you take less medication than was prescribed or delay filling your prescriptions because of the cost?	1	2	3	4	5
f. have you taken an extra dose of your medication without talking to your doctor first, because you thought it might improve your condition?	1	2	3	4	5
g. have you gotten a refill when you had more than a few days of the medication left?	1	2	3	4	5
h. has someone else used your prescription medications?	1	2	3	4	5

73. Do you have any prescription medications stored in your home that are expired or you are no longer taking?

❑ Yes ❑ No

74. Have you ever smoked cigarettes regularly in your entire life?

❑ Yes ❑ No ➔**Please go to Question 77**

75. How old were you when you started smoking regularly?

_____ years old

76. How often do you smoke now?

❑ Not at all (Go to Question 76c)

❑ Every day ❑ Some days

76a. On average, how many packs do you smoke a day? _____ packs

76b. For how many years have you smoked this amount? _____ years

Answer questions 76c and 76d only if you have *quit* smoking cigarettes.

76c. About how many packs did you usually smoke per day when you smoked regularly? _____ packs

76d. How old were you when you last smoked cigarettes? _____ years old

Everyone

77. Does anyone (other than yourself) regularly smoke cigarettes or other tobacco products INSIDE your home?

❑ Yes ❑ No

78. Do you ever drink alcoholic beverages?

❑ Yes ❑ No ➔ **Please go to Question79**

78a. The next questions are about alcoholic beverages. *Circle one response for each question.*	Yes	No
a. When talking with others, do you ever underestimate how much you actually drink?	1	2
b. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	1	2
c. Does having a few drinks help decrease your shakiness or tremors?	1	2
d. Does alcohol sometimes make it hard for you to remember parts of the day or night?	1	2
e. Do you usually take a drink to relax or calm your nerves?	1	2
f. Do you drink to take your mind off your problems?	1	2
g. Have you ever increased your drinking after experiencing a loss in your life?	1	2
h. Has a doctor or nurse ever said they were worried or concerned about your drinking?	1	2
i. Have you ever made rules to manage your drinking?	1	2
j. When you feel lonely does having a drink help?	1	2

79. Have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?

❑ Yes ❑ No

80. Are you willing to be contacted about the possibility of donating your body for scientific research after death?

❑ Yes ❑ No

81. Are you willing to be contacted about the possibility of donating just your brain for scientific research after death?

❑ Yes ❑ No

82. The next questions ask about important considerations at the end of life. Please rate how important each experience is to you when you think about the final days and weeks of your life.

How important is it to you…

Circle one number for each question.		Not at all important	A little important	Somewhat important	Very important	Extremely important
a.	to be free of pain?	1	2	3	4	5
b.	to be free of shortness of breath?	1	2	3	4	5
c.	to have your family and loved ones with you?	1	2	3	4	5
d.	to be at peace with God?	1	2	3	4	5
e.	to resolve unfinished business with family or friends?	1	2	3	4	5
f.	to use all available treatments, no matter what the chance of recovery?	1	2	3	4	5
g.	to have one's financial affairs in order?	1	2	3	4	5
h.	to know what to expect about your physical condition?	1	2	3	4	5
i.	to be mentally aware?	1	2	3	4	5
j.	to have funeral arrangements planned?	1	2	3	4	5
k.	to control the place of one's death?	1	2	3	4	5
l.	to feel one's life is complete?	1	2	3	4	5
m.	to believe one's family is prepared for death?	1	2	3	4	5
n.	to not be connected to machines?	1	2	3	4	5

83. Including living and deceased persons, have any of the following BIOLOGICAL relatives had any of the following diseases?

Check all that apply and specify the type(s) of cancer.	My mother	My father	Any of my brothers	Any of my sisters	Any of my sons	Any of my daughters
a. Don't know about this person's health/No such relative	❑	❑	❑	❑	❑	❑
b. High blood pressure (or hypertension)	❑	❑	❑	❑	❑	❑
c. High blood cholesterol	❑	❑	❑	❑	❑	❑
d. Stroke before age 65	❑	❑	❑	❑	❑	❑
e. Stroke age 65 or older	❑	❑	❑	❑	❑	❑
f. Heart attack before age 55	❑	❑	❑	❑	❑	❑
g. Heart attack age 55 or older	❑	❑	❑	❑	❑	❑
h. Diabetes (or high blood sugar)	❑	❑	❑	❑	❑	❑
i. Alzheimer's disease	❑	❑	❑	❑	❑	❑
j. Asthma	❑	❑	❑	❑	❑	❑
k. Osteoporosis	❑	❑	❑	❑	❑	❑
l. Cancer:	❑	❑	❑	❑	❑	❑
Please use the lines in each column to indicate the name of the organ or system of the body where the cancer occurred.	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

II. Fishing and Seafood Consumption

1. Do you or anyone in your household have a currently valid, state-issued fishing license?

❑ Yes ❑ No

2. Have you heard anything about limiting fish and seafood consumption because of mercury contamination?

❑ Yes ❑ No

3. Do you <u>ever</u> eat fish or seafood?

❑ Yes ❑ No➔ **If you NEVER eat fish or seafood, please go to Question 4.**

3a. If you EVER eat fish or seafood, please answer the following questions.

In the past 30 days, how many times have you eaten the following types of fish or seafood?

Write in the number of times for each type of fish or seafood.	Number of times
a. Canned white (albacore) tuna	_____ times
b. Other canned tuna	_____ times
c. Fish or seafood prepared at a restaurant or a store, including take-out, fast-food, deli meals, and Friday fish fry (exclude any canned tuna reported at Questions a. and b. above)	_____ times
d. Fish or seafood bought at a store and prepared at home (exclude any canned tuna reported at Questions a. and b. above)	_____ times
e. Fish or seafood caught by you or someone you know	_____ times

3b. How does the amount of fish and seafood you ate in the past month compare to the amount you usually eat? *Please check one of the following.*

❑ I usually eat more fish and seafood than I did in the past month.

❑ This is the usual amount of fish and seafood that I eat.

❑ I usually eat less fish and seafood than I did in the past month.

4. If you NEVER eat fish or seafood, please answer the following questions. Otherwise, go to Question 1, page 21.

How important are each of the following reasons why you do not eat fish or seafood?

Circle one number for each reason.	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
a. I don't like fish and seafood.	1	2	3	4	5
b. I am a vegetarian.	1	2	3	4	5
c. I am concerned that fish and seafood are unsafe to eat because of contamination.	1	2	3	4	5
d. Fish and seafood have never been part of my diet.	1	2	3	4	5
e. I am allergic to some fish and seafood.	1	2	3	4	5

III. Values and Attitudes

This section lists a number of characteristics that may or may not apply to you. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

1.	I see myself as someone who...	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a.	is talkative.	1	2	3	4	5	6
b.	tends to find fault with others.	1	2	3	4	5	6
c.	does a thorough job.	1	2	3	4	5	6
d.	is reserved.	1	2	3	4	5	6
e.	prefers the conventional, traditional.	1	2	3	4	5	6
f.	is full of energy.	1	2	3	4	5	6
g.	prefers work that is routine and simple.	1	2	3	4	5	6
h.	is a reliable worker.	1	2	3	4	5	6
i.	can be tense.	1	2	3	4	5	6
j.	tends to be quiet.	1	2	3	4	5	6
k.	values artistic, aesthetic experiences.	1	2	3	4	5	6
l.	tends to be disorganized.	1	2	3	4	5	6
m.	is emotionally stable, not easily upset.	1	2	3	4	5	6
n.	has an active imagination.	1	2	3	4	5	6
o.	is sometimes rude to others.	1	2	3	4	5	6
p.	is generally trusting.	1	2	3	4	5	6
q.	is lazy at times.	1	2	3	4	5	6
r.	worries a lot.	1	2	3	4	5	6
s.	wants things to be simple and clear-cut.	1	2	3	4	5	6
t.	is sometimes shy, inhibited.	1	2	3	4	5	6
u.	does things efficiently.	1	2	3	4	5	6
v.	generates a lot of enthusiasm.	1	2	3	4	5	6
w.	can be cold and aloof.	1	2	3	4	5	6
x.	remains calm in tense situations.	1	2	3	4	5	6
y.	is considerate to almost everyone.	1	2	3	4	5	6
z.	gets nervous easily.	1	2	3	4	5	6
aa.	is sophisticated in art, music or literature.	1	2	3	4	5	6
bb.	likes to cooperate with others.	1	2	3	4	5	6
cc.	is easily distracted.	1	2	3	4	5	6

This section lists a number of statements that you may or may not agree with. Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

2. Please read the statements below and decide the extent to which each statement describes you.

Circle the number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
b. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
c. For me, life has been a continuous process of learning, changing and growing.	1	2	3	4	5	6
d. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
e. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
f. When I look at the story of my life I am pleased with how things have turned out.	1	2	3	4	5	6
g. I judge myself by what I think is important, not by what others think is important.	1	2	3	4	5	6
h. The demands of everyday life often get me down.	1	2	3	4	5	6
i. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
j. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
k. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
l. I like most aspects of my personality.	1	2	3	4	5	6
m. I have confidence in my opinions even if they are contrary to the general consensus.	1	2	3	4	5	6
n. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
o. I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5	6
p. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6

2. Please read the statements below and decide the extent to which each statement describes you.

Circle the number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
q. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
r. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
s. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
t. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
u. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
v. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
w. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
x. In general, I feel confident and positive about myself.	1	2	3	4	5	6
y. It's difficult for me to voice my opinions on controversial matters.	1	2	3	4	5	6
z. I have been able to create a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
aa. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
bb. It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
cc. I used to set goals for myself, but now that seems like a waste of time.	1	2	3	4	5	6
dd. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
ee. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
ff. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6

Please read the statements below and circle the number that best describes your agreement or disagreement with each statement.

3. *Circle one number for each question.*	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. It is alright for a couple to live together without intending to get married.	1	2	3	4	5
b. When a husband and wife make decisions about buying major things for the home, the husband should have final say.	1	2	3	4	5
c. A man should always try to project an air of confidence even if he really doesn't feel confident inside.	1	2	3	4	5
d. It bothers me when a man does something that I consider "feminine."	1	2	3	4	5
e. Men have greater sexual needs than women.	1	2	3	4	5
f. When a man is feeling pain he should not let it show.	1	2	3	4	5
g. In some kinds of situations a man should be ready to use his fists.	1	2	3	4	5
h. Being larger, stronger-looking, and more muscular makes men more attractive to women.	1	2	3	4	5
i. It is much better for everyone if the man earns the main living and the woman takes care of the home and family.	1	2	3	4	5
j. Women are more nurturing and caring compared to men.	1	2	3	4	5
k. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.	1	2	3	4	5
l. Women are less rational and more emotional than men.	1	2	3	4	5
m. A woman can never be fully happy without a child.	1	2	3	4	5
n. Wives' careers are just as important as husbands' careers.	1	2	3	4	5

4. Please complete the following statement by choosing one phrase from the list below that best represents how you feel about getting older.

As I get older, things are _____ I thought they would be.

- ❑ better than
- ❑ worse than
- ❑ the same as

5. When you think of an "old person," what are the first three phrases that come to mind?

1._____

2._____

3._____

6. In your opinion, at what age do most women enter old age? _____ years old

7. In your opinion, at what age do most men enter old age? _____ years old

8. How much do you agree with the following statements?

Circle one number for each question.	Not at all	A little	Some	Quite a bit	A lot
a. Things keep getting worse as I get older.	1	2	3	4	5
b. I have as much pep as I did last year.	1	2	3	4	5
c. As you get older you are less useful.	1	2	3	4	5
d. I am as happy now as when I was younger.	1	2	3	4	5

9. Many people feel older or younger than they actually are. What age do you feel most of the time?

_____ years old

IV: Employment

1. Have you *ever* worked at a paid job?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 29**

2. Are you currently working at a paid job, looking for work, retired, not working due to disability, or something else?

❑ Working at a paid job
❑ Looking for work
❑ Retired/Not Working
❑ Not working due to disability
❑ Something else; *Please specify* _____

3. What kind of work do/did you do at your current or last job? *(For example: electrical engineer, stock clerk, farmer, etc.)* _____

4. What are/were your most important activities or duties? *(For example: kept account books, filed, sold cars, operated printing press, finished concrete, etc.)* _____
_____

5. What kind of business or industry is/was this? *(For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm, etc.)* _____
_____

6. Is/Was this mainly manufacturing, wholesale trade, retail trade, or something else?

❑ Manufacturing
❑ Wholesale
❑ Retail
❑ Something else

7. Please read all of the answer choices and check the one answer that best applies to you. Is/Were you...

❑ an employee of a private company, business or individual for wages, salary, or commissions?

❑ a government employee (Federal, State, County, or local government)?

❑ self-employed in own business, professional practice, or farm?

❑ own business not incorporated ❑ own business incorporated

❑ working without pay in a family business or farm?

8. **How many hours per week do/did you usually work at this job? _____** hours per week

9. **Date you began this job: _____**
Month Year

10. **If no longer working, please provide the date you last worked at this job: _____**
Month Year

If the questions below are crossed out, please skip them and go to Question 1, Page 29.

11. **Have you ever retired from any job?**

❑ Yes ❑ No ➔ **Please go to Question 12**

↓

11a. If you have retired from more than one job, please answer the following question about the job you retired from first: **What is the name of the employer from which you retired first?** *Please skip Questions 12-13a below and go directly to Page 28 and write the name of this employer on the blank line at the top of the page where indicated.*

12. *Please answer the following question only if you selected "No" to Question 11 above:* **Are you currently working?**

❑ Yes ❑ No ➔ **Please go to Question 13**

↓

12a. If you are currently working for more than one employer, please answer the following question about the current employer at which you have worked the longest: **What is the name of your current employer at which you have worked the longest?** *Please skip Questions 13 and 13a below and go directly to Page 28 and write the name of this employer on the blank line at the top of the page where indicated.*

13. *Please answer the following question only if you selected "No" to Question 12 above:* **Have you ever held a job lasting at least 6 months?**

❑ Yes ❑ No ➔ **Please go to Question 1, Page 29**

↓

13a. If you have held more than one job lasting at least six months, please answer the following question about the job lasting at least six months that you began working at more or most recently: **What is the name of the employer at which you worked for at least 6 months?** *Please go to Page 28 and write the name of this employer on the blank line at the top of the page where indicated.*

V. Job Characteristics

If this page is crossed out, please go to Question 1, Page 29.

At Question 11a, 12a, or 13a on Page 27, you were asked to think about the name of an employer. Please write the name of this employer on the line to the right and answer the questions on this page about your work with this employer:_____

1. How often do or did you... *Circle the response that best describes your situation.*	Never	Rarely	Sometimes	Often	Very Often
a. have to lift, pull or carry heavy loads?	1	2	3	4	5
b. have to work in an awkward posture?	1	2	3	4	5
c. have to stand for prolonged periods of time?	1	2	3	4	5
d. have to kneel or squat for prolonged periods of time?	1	2	3	4	5
e. do repeated lifting, pushing, pulling or bending?	1	2	3	4	5
f. perform repetitive or forceful hand movements?	1	2	3	4	5

2. The things people do at their jobs can involve reading and writing, working with their hands and dealing with people, or sometimes all three at the same time. For the following questions, please think about an average week at the job written in above. (If you do or did more than one of these things at the same time it is all right if your hours add up to more than your total time at work.)

How many hours per week do or did you spend…

a. reading, writing and dealing with written materials? _____hours per week

b. working with your hands, tools or equipment? _____hours per week

c. dealing with people about work—not just passing the time of day? _____hours per week

d. doing the same things over and over? _____hours per week

3. The following statements have to do with the way family life and work life can influence each other. *For each statement, please circle the number that best describes your situation when you worked for this employer.*	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Family worries or problems distract me from my work.	1	2	3	4	5
b. Stress at home makes me irritable at work.	1	2	3	4	5
c. Family activities stop me from getting the amount of sleep I need to do my job well.	1	2	3	4	5

VI. What would you do…?

The next section presents several hypothetical scenarios. You will not actually be paid as a result of your choices, but please read each scenario carefully and select as though you would get the money specified. If you select Choice A, you would have a 100% chance of getting a certain amount. If you select Choice B, you would have a 50% chance of getting the dollar amount specified and a 50% chance of getting $0. There are no right or wrong choices, since we are simply measuring your personal preferences.

1. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$5** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$7** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$9** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$11** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$13** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$15** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$5**	OR	❑ a 50% chance of getting **$19** and a 50% chance of getting **$0**

2. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$11** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$15** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$17** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$19** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$21** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$25** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$9**	OR	❑ a 50% chance of getting **$29** and a 50% chance of getting **$0**

3. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$15** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$19** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$21** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$23** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$25** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$29** and a 50% chance of getting **$0**
❑ a 100% chance of getting **$11**	OR	❑ a 50% chance of getting **$33** and a 50% chance of getting **$0**

We are now going to ask you a different kind of question. Like in the last section, the scenarios are hypothetical. You will not actually be paid as a result of your choices, but please read each scenario carefully and select as though you would lose or gain the money specified. If you select Choice A, you would have a 100% chance of getting $0. If you select Choice B, you would have a 50% chance of gaining the dollar amount specified and a 50% chance of losing a certain amount. There are no right or wrong choices, since we are simply measuring your personal preferences.

1. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$4** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$6** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$7** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$9** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$11** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$13** and a 50% chance of losing **$5**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$17** and a 50% chance of losing **$5**

2. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$7** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$11** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$14** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$17** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$19** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$23** and a 50% chance of losing **$9**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$27** and a 50% chance of losing **$9**

3. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$9** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$13** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$17** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$21** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$23** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$27** and a 50% chance of losing **$11**
❑ a 100% chance of getting **$0**	OR	❑ a 50% chance of gaining **$31** and a 50% chance of losing **$11**

We are now going to ask you a third kind of question. Like in the last two sections, the scenarios are hypothetical. You will not actually be paid as a result of your choices, but please read each scenario carefully and select as though you would get the money specified. There are no right or wrong choices, since we are simply measuring your personal preferences. Please check the box for either Choice A or Choice B for each scenario below according to your preference.

1. If you select Choice A, you would get the dollar amount specified today. If you select Choice B, you would get the larger dollar amount thirty days from today. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$12** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$15** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$18** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$21** thirty days from today.
❑ I prefer to get **$10** today.	OR	❑ I prefer to get **$24** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$13** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$16** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$19** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$22** thirty days from today.
❑ I prefer to get **$12** today.	OR	❑ I prefer to get **$25** thirty days from today.

2. If you select Choice A, you would get the dollar amount specified thirty days from today. If you select Choice B, you would get the larger dollar amount sixty days from today. Please check the box for either Choice A or Choice B for each scenario below.

Choice A ▼	**OR**	**Choice B** ▼
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$12** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$15** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$18** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$21** sixty days from today.
❑ I prefer to get **$10** thirty days from today.	OR	❑ I prefer to get **$24** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$13** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$16** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$19** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$22** sixty days from today.
❑ I prefer to get **$12** thirty days from today.	OR	❑ I prefer to get **$25** sixty days from today.

VII. Dealing with Problems

1. The following questions are about experiences you may have had. We would like you to tell us how old you were the FIRST (or ONLY) time this ever happened, and how old you were the LAST or most recent time this happened. If you have never had such an experience, please indicate that it never happened.

	FIRST or ONLY time this happened **Your age?**	LAST time This happened **Your age?**	Never
a. A close friend died.	_____	_____	❑
b. I experienced a life-threatening flood, fire, storm or some other disaster.	_____	_____	❑
c. My child or grandchild served in a war or combat.	_____	_____	❑
d. I witnessed the severe injury or death of another person.	_____	_____	❑
e. I went deeply into debt or suffered substantial financial loss.	_____	_____	❑
f. My child went deeply into debt or suffered substantial financial loss.	_____	_____	❑
g. I had serious legal difficulties.	_____	_____	❑
h. I was in jail or prison.	_____	_____	❑
i. My spouse (or partner) treated me in a way that some would think of as physical abuse.	_____	_____	❑
j. One of my children was divorced.	_____	_____	❑
k. My child had a life-threatening illness or accident.	_____	_____	❑
l. My grandchild had a life-threatening illness or accident.	_____	_____	❑
m. My adult child moved back into my home.	_____	_____	❑
n. I had increased responsibility for the care of grandchildren.	_____	_____	❑
o. My aging parent or in-law moved into my home.	_____	_____	❑
p. I placed my aging spouse, in-law or parent into a nursing home.	_____	_____	❑
q. I seriously thought about taking my own life.	_____	_____	❑

We are interested in how people respond when they face difficult or stressful events in their lives. The following questions ask you to indicate what you generally do and feel when you experience stressful events. Please answer every item. There are no "right" or "wrong" answers, so circle the most accurate answer for you—not what you think "most people" would say or do.

2. Generally, when I experience a difficult or stressful event... *Circle one number for each question.*	I usually **do not do this at all**	I usually **do this a little bit**	I usually **do this a medium amount**	I usually **do this a lot**
a. I turn to work or other activities to take my mind off things.	1	2	3	4
b. I concentrate my efforts on doing something about the situation I'm in.	1	2	3	4
c. I say to myself "this isn't real."	1	2	3	4
d. I give up trying to deal with it.	1	2	3	4
e. I take action to try to make the situation better.	1	2	3	4
f. I refuse to believe that it has happened.	1	2	3	4
g. I say things to let my unpleasant feelings escape.	1	2	3	4
h. I try to see it in a different light, to make it seem more positive.	1	2	3	4
i. I criticize myself.	1	2	3	4
j. I try to come up with a strategy about what to do.	1	2	3	4
k. I give up the attempt to cope.	1	2	3	4
l. I look for something good in what is happening.	1	2	3	4
m. I do something to think about it less, such as going to the movies, watching TV, reading, daydreaming, sleeping or shopping.	1	2	3	4
n. I accept the reality of the fact that it has happened.	1	2	3	4
o. I express my negative feelings.	1	2	3	4
p. I learn to live with it.	1	2	3	4
q. I think hard about what steps to take.	1	2	3	4
r. I blame myself for things that happened.	1	2	3	4

VIII. How You've Felt This Past Week

1. Next is a list of the ways you might have felt or behaved during the past week.

On how many days during the past week did you...	*Circle the **number of days** in the past week you experienced each feeling.*							
a. feel you could not shake off the blues even with help from your family and friends?	0	1	2	3	4	5	6	7
b. feel bothered by things that usually don't bother you?	0	1	2	3	4	5	6	7
c. think your life had been a failure?	0	1	2	3	4	5	6	7
d. feel happy?	0	1	2	3	4	5	6	7
e. feel that people were unfriendly?	0	1	2	3	4	5	6	7
f. feel lonely?	0	1	2	3	4	5	6	7
g. enjoy life?	0	1	2	3	4	5	6	7
h. have crying spells?	0	1	2	3	4	5	6	7
i. feel that people disliked you?	0	1	2	3	4	5	6	7
j. feel sad?	0	1	2	3	4	5	6	7
k. feel depressed?	0	1	2	3	4	5	6	7
l. have trouble keeping your mind on what you were doing?	0	1	2	3	4	5	6	7
m. not feel like eating, your appetite was poor?	0	1	2	3	4	5	6	7
n. feel you were just as good as other people?	0	1	2	3	4	5	6	7
o. feel everything you did was an effort?	0	1	2	3	4	5	6	7
p. feel hopeful about the future?	0	1	2	3	4	5	6	7
q. feel fearful?	0	1	2	3	4	5	6	7
r. sleep restlessly?	0	1	2	3	4	5	6	7
s. talk less than usual?	0	1	2	3	4	5	6	7
t. feel you could not "get going"?	0	1	2	3	4	5	6	7
u. feel irritable, or likely to fight or argue?	0	1	2	3	4	5	6	7
v. feel like telling someone off?	0	1	2	3	4	5	6	7
w. feel angry or hostile for several hours at a time?	0	1	2	3	4	5	6	7

2. Next is a list of ways you might have felt or behaved during the past week.

On how many days <u>in the past week</u> did you...	*Circle the **number of days** in the past week you experienced each feeling.*							
a. feel calm?	0	1	2	3	4	5	6	7
b. feel furious?	0	1	2	3	4	5	6	7
c. feel tense?	0	1	2	3	4	5	6	7
d. feel like banging on the table?	0	1	2	3	4	5	6	7
e. feel at ease?	0	1	2	3	4	5	6	7
f. feel angry?	0	1	2	3	4	5	6	7
g. worry over possible misfortune?	0	1	2	3	4	5	6	7
h. feel like yelling at somebody?	0	1	2	3	4	5	6	7
i. feel nervous?	0	1	2	3	4	5	6	7
j. feel like breaking things?	0	1	2	3	4	5	6	7
k. feel jittery?	0	1	2	3	4	5	6	7
l. feel mad?	0	1	2	3	4	5	6	7
m. feel relaxed?	0	1	2	3	4	5	6	7
n. feel irritated?	0	1	2	3	4	5	6	7

IX. Religion and Spirituality

Next we have a few questions about your religious beliefs.

1. What is your current religious preference? _____

1a. If Protestant, what specific Protestant denomination is that?

_____

2. About how often, if at all, have you attended religious services during the past year?

_____

3. The following questions are about being religious and being spiritual.

Please think about what these words mean to you and answer the questions with those meanings in mind.

Circle one number for each question.	Not at all	Not Very	Somewhat	Very	Extremely
a. How important is religion in your life?	1	2	3	4	5
b. How important is spirituality in your life?	1	2	3	4	5
c. How closely do you identify with being a member of a religious group?	1	2	3	4	5
d. How important is it for you to be with other people who are the same religion as you?	1	2	3	4	5
e. How important do you think it is for people of your religion to marry other people who are the same religion?	1	2	3	4	5
f. How strongly do you believe that one should stick to a particular faith?	1	2	3	4	5
g. How important was religion in your home when you were growing up?	1	2	3	4	5
h. When you have important decisions to make in your life, how much do you rely on your religious or spiritual beliefs?	1	2	3	4	5
i. How much would your spiritual or religious beliefs influence your medical decisions if you were to become gravely ill?	1	2	3	4	5

4. How often do you turn to people in your religious community for practical support, such as financial assistance, food preparation, or transportation?

- ❑ Never
- ❑ Rarely
- ❑ Sometimes
- ❑ Often

5. When you have problems or difficulties in your family, work or personal life, how often do you seek comfort through any of the following religious or spiritual means?

Circle one number for each question.	Never	Rarely	Sometimes	Often
a. Praying	1	2	3	4
b. Meditating	1	2	3	4
c. Attend a religious or spiritual service	1	2	3	4
d. Talk to a religious or spiritual advisor	1	2	3	4

6. Please indicate how much you agree or disagree with the following statements.

Circle one number for each question.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
a. The Bible is God's word and everything happened or will happen exactly as it says.	1	2	3	4	5
b. The Bible is the answer to all important human problems.	1	2	3	4	5

X. Internet

1. If your home does NOT have a connection to the Internet, check here ❑ and SKIP to Question 2.

Which of the following were among the most important reasons why your household first obtained Internet access?

Check all that apply.	Not True	True for <u>you</u>	True for <u>your spouse</u>	True for someone else in <u>your household</u>
a. Interested in using the Web for recreation	❑	❑	❑	❑
b. Doing tasks related to one's job	❑	❑	❑	❑
c. Using e-mail to communicate with one of your children	❑	❑	❑	❑
d. Using e-mail to communicate with one of your siblings	❑	❑	❑	❑
e. Using e-mail to communicate with other relatives	❑	❑	❑	❑
f. Using e-mail to communicate with friends	❑	❑	❑	❑

2. If you NEVER use e-mail from any location, check here ❑ and SKIP to Question 3.

How often do you send or receive personal e-mail messages from the following people: *Circle one number for each question.*	Almost daily (or more)	More than once per week	More than once per month	Less than once per month	Never
a. Your spouse?	1	2	3	4	5
b. Your children?	1	2	3	4	5
c. Your siblings?	1	2	3	4	5
d. Your grandchildren?	1	2	3	4	5
e. Other relatives?	1	2	3	4	5
f. Co-workers (related to your job)?	1	2	3	4	5
g. Co-workers (not related to your job)?	1	2	3	4	5
h. Friends?	1	2	3	4	5

3. If you do NOT use either the World Wide Web or e-mail, check here ❑ and SKIP to Question 4.

About how many <u>hours each week</u> do you use the World Wide Web or e-mail from the following locations?

	At home?	At work?	At another location?
a. Using the World Wide Web	_____ hrs	_____ hrs	_____ hrs
b. Using e-mail	_____ hrs	_____ hrs	_____ hrs

4. In the past year, have you used the Internet to look for advice or information about YOUR health or healthcare?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 40**

5. The last time you looked on the Internet for information for yourself, did you happen to go looking for this health information:

❑ BEFORE visiting a doctor or clinic
❑ AFTER visiting a doctor or clinic
❑ INSTEAD of visiting a doctor or clinic
❑ UNRELATED TO visiting a doctor or clinic

6. Next, please answer the following questions based on your experiences in the past 12 months using the Internet to look for advice or information about <u>your</u> health or healthcare.

Circle one number for each question.	Not at all	A little	Somewhat	Very	Extremely
a. How <u>hard</u> was it to find the information you needed?	1	2	3	4	5
b. How <u>frustrated</u> did you feel during your search for information?	1	2	3	4	5
c. How <u>concerned</u> were you about the quality of the information you found?	1	2	3	4	5
d. How <u>hard</u> was it to understand the information you found?	1	2	3	4	5
e. How <u>satisfied</u> were you with the information you found?	1	2	3	4	5

7. Please circle yes or no in response to each question below to indicate whether you have done any of the following.

Circle one response for each question.

a. Have you <u>ever</u> used e-mail or the Internet to communicate with any doctor or any doctor's office?	Yes	No
b. Have you <u>ever</u> searched the Internet for information on the quality of your doctor, clinic, or hospital?	Yes	No

XI. Pensions and Income

One of the purposes of this study is to learn how people prepare for and adjust to retirement. Specifically, we are interested in how people allocate their assets, how much they rely on Social Security versus other income sources, and how they are affected by recent changes in the economy. All information you give will be held in the strictest confidence. Your name and all other identifying information will be separated from all of your answers.

1. In the last 12 months, did <u>you yourself</u> receive any Social Security income?

❑ Yes ❑ No ➔ **Please go to Question 2**

1a. We are interested in how much Social Security income people receive per month. People receive monthly Social Security income either by check or by direct deposit into their bank account. About how much was <u>your</u> Social Security check, or the amount directly deposited into <u>your</u> account, <u>last month</u>?

❑ $0
❑ Between $1 and $500
❑ Between $501 and $800
❑ Between $801 and $1,100
❑ Between $1,101 and $1,500
❑ More than $1,500
❑ Don't know

2. Did <u>your spouse or partner</u> receive any Social Security income in the last 12 months?

❑ Yes ❑ No ➔ **Please go to Question 3, Page 41**

❑ If widowed or not married or partnered, check here ➔ **Please go to Question 3, Page 41**

2a. About how much was <u>your spouse's or partner's</u> Social Security check, or the amount directly deposited into your spouse's or partner's account, <u>last month</u>?

❑ $0
❑ Between $1 and $900
❑ Between $901 and $1,400
❑ Between $1,401 and $1,700
❑ Between $1,701 and $2,100
❑ More than $2,100
❑ Don't know

3. The next questions are about the last 12 months. When answering these questions, please think about what month it is presently and about your financial situation in the 12 months prior to the present month.

In the last 12 months, did you yourself receive any income from your own traditional pension?

❑ Yes ❑ No ➔ **Please go to Question 4**

3a. People can have more than one traditional pension. In the last 12 months, about how much income did you yourself receive from all of your own traditional pensions combined?

- ❑ Less than $2,300
- ❑ Between $2,300 and $9,000
- ❑ Between $9,001 and $21,000
- ❑ Between $21,001 and $42,000
- ❑ More than $42,000
- ❑ Don't know

4. In the last 12 months, did your spouse or partner receive any income from his or her own traditional pension?

❑ Yes ❑ No ➔ **Please go to Question 5, Page 42**

❑ If widowed or not married or partnered, check here ➔ **Please go to Question 5, Page 42**

4a. In the last 12 months, about how much income did your spouse or partner receive from all of his or her own traditional pensions combined?

- ❑ Less than $3,600
- ❑ Between $3,600 and $18,000
- ❑ Between $18,001 and $36,000
- ❑ Between $36,001 and $62,000
- ❑ More than $62,000
- ❑ Don't know

5. Do <u>you yourself</u> have any of the following investments: 401k, 403b, Individual Retirement Account, which is also known as IRA, or Keogh?

❑ Yes ❑ No ➔ **Please go to Question 6, Page 43**

5a. What is the total balance of all of <u>your own</u> 401k, 403b, IRA, and Keogh plans combined?

- ❑ Less than $10,000
- ❑ Between $10,000 and $70,000
- ❑ Between $70,001 and $200,000
- ❑ Between $200,001 and $500,000
- ❑ More than $500,000
- ❑ Don't know

5b. In the last 12 months, did <u>you yourself</u> receive any income from <u>your own</u> 401k, 403b, IRA or Keogh plans?

❑ Yes ❑ No ➔ **Please go to Question 6, Page 43**

5c. In the last 12 months, about how much income did <u>you yourself</u> receive from <u>your own</u> 401k, 403b, IRA, and Keogh plans combined?

- ❑ Less than $700
- ❑ Between $700 and $4,500
- ❑ Between $4,501 and $11,000
- ❑ Between $11,001 and $27,000
- ❑ More than $27,000
- ❑ Don't know

6. Does <u>your spouse or partner</u> have any of the following investments: 401k, 403b, Individual Retirement Account, which is also known as IRA, or Keogh?

❑ Yes

❑ No ➔ **Please go to Question 7, Page 44**

❑ If widowed or not married or partnered, check here ➔ **Please go to Question 7, Page 44**

6a. What is the total balance of all of <u>your spouse's or partner's</u> 401k, 403b, IRA, and Keogh plans combined?

- ❑ Less than $20,000
- ❑ Between $20,000 and $150,000
- ❑ Between $150,001 and $400,000
- ❑ Between $400,001 and $900,000
- ❑ More than $900,000
- ❑ Don't know

6b. In the last 12 months, did <u>your spouse or partner</u> receive any income from <u>his or her own</u> 401k, 403b, IRA, or Keogh plans?

❑ Yes

❑ No ➔ **Please go to Question 7, Page 44**

6c. In the last 12 months, about how much income did <u>your spouse or partner</u> receive from all of <u>his or her own</u> 401k, 403b, IRA, and Keogh plans combined?

- ❑ Less than $1,500
- ❑ Between $1,500 and $10,000
- ❑ Between $10,001 and $24,000
- ❑ Between $24,001 and $60,000
- ❑ More than $60,000
- ❑ Don't know

7. Do <u>you or your spouse or partner</u> have any annuities?

❑ Yes ❑ No ➔ **Please go to Question 13, Page 46**

8. Thinking about the <u>largest annuity</u>, do <u>you or your spouse or partner</u> receive payments from it yet?

❑ Yes ❑ No ➔ **Please go to Question 9**

8a. How much does <u>your or your spouse's or partner's largest annuity</u> pay PER YEAR?

- ❑ Less than $1,000
- ❑ Between $1,000 and $5,000
- ❑ Between $5,001 and $12,000
- ❑ Between $12,001 and $25,000
- ❑ More than $25,000
- ❑ Don't know

8b. How long will payments continue from <u>your or your spouse's or partner's largest annuity</u>? *Please select only one of the following responses, then go to Question 10, Page 45.*

- ❑ As long as I live
- ❑ As long as my spouse or partner lives
- ❑ As long as either of us is alive
- ❑ For a set number of years ➔ **Please specify how many years from now payments will continue: _____** years

9. Please answer the following question only if you and your spouse or partner have not begun to receive payments from your largest annuity. **What is the total balance of <u>your or your spouse's or partner's largest annuity</u>?**

- ❑ Less than $10,000
- ❑ Between $10,000 and $50,000
- ❑ Between $50,001 and $150,000
- ❑ Between $150,001 and $400,000
- ❑ More than $400,000
- ❑ Don't know

10. Do <u>you or your spouse or partner</u> have any other annuities?

❑ Yes ❑ No ➔ **Please go to Question 13, Page 46**



10a. Thinking about the <u>second largest annuity</u>, do <u>you or your spouse or partner</u> receive payments from it yet?

❑ Yes ❑ No ➔ **Please go to Question 12**



11a. How much does <u>your or your spouse's or partner's second largest annuity</u> pay PER YEAR?

❑ Less than $750

❑ Between $750 and $3,000

❑ Between $3,001 and $6,000

❑ Between $6,001 and $10,000

❑ More than $10,000

❑ Don't know

11b. How long will payments continue from <u>your or your spouse's or partner's second largest annuity</u>? *Please select only one of the following responses, then go to Question 13, Page 46.*

❑ As long as I live

❑ As long as my spouse or partner lives

❑ As long as either of us is alive

❑ For a set number of years ➔ **Please specify how many years from now payments will continue: _____** years

12. Please answer the following question only if you and your spouse or partner have not begun to receive payments from your second largest annuity. **What is the total balance of <u>your or your spouse's or partner's second largest annuity</u>?**

❑ Less than $10,000

❑ Between $10,000 and $50,000

❑ Between $50,001 and $150,000

❑ Between $150,001 and $400,000

❑ More than $400,000

❑ Don't know

13. In the last 12 months, did <u>you yourself</u> receive any income from <u>your own</u> wages, salaries, commissions, or tips before taxes and other deductions?

❑ Yes ❑ No ➔ **Please go to Question 14**

13a. In the last 12 months, about how much income did <u>you yourself</u> receive from <u>your own</u> wages, salaries, commissions, and tips before taxes and other deductions?

- ❑ Less than $1,000
- ❑ Between $1,000 and $8,000
- ❑ Between $8,001 and $30,000
- ❑ Between $30,001 and $80,000
- ❑ More than $80,000
- ❑ Don't know

14. In the last 12 months, did <u>your spouse or partner</u> receive any income from <u>his or her own</u> wages, salaries, commissions, or tips before taxes and other deductions?

❑ Yes ❑ No ➔ **Please go to Question 15**

❑ If widowed or not married or partnered, check here ➔ **Please go to Question 15**

14a. In the last 12 months, about how much income did <u>your spouse or partner</u> receive from <u>his or her own</u> wages, salaries, commissions, and tips before taxes and other deductions?

- ❑ Less than $1,500
- ❑ Between $1,500 and $12,000
- ❑ Between $12,001 and $55,000
- ❑ Between $55,001 and $140,000
- ❑ More than $140,000
- ❑ Don't know

15. In the last 12 months, did <u>you yourself</u> receive any income from Welfare or other government programs?

❑ Yes ❑ No ➔ **Please go to Question 16, Page 47**

15a. In the last 12 months, about how much income did <u>you yourself</u> receive from Welfare or other government programs?

- ❑ Less than $250
- ❑ Between $250 and $2,000
- ❑ Between $2,001 and $9,000
- ❑ Between $9,001 and $15,000
- ❑ More than $15,000
- ❑ Don't know

16. In the last 12 months, did <u>your spouse or partner</u> receive any income from Welfare or other government programs?

❑ Yes ❑ No ➔ **Please go to Question 17**

❑ If widowed or not married or partnered, check here ➔ **Please go to Question 17**

16a. In the last 12 months, about how much income did <u>your spouse or partner</u> receive from Welfare or other government programs?

- ❑ Less than $250
- ❑ Between $250 and $2,000
- ❑ Between $2,001 and $10,000
- ❑ Between $10,001 and $20,000
- ❑ More than $20,000
- ❑ Don't know

17. Do <u>you or your spouse or partner</u> own a home?

❑ Yes ❑ No ➔ **Please go to Question 18**

17a. How much would <u>your and your spouse's or partner's</u> home sell for now?

- ❑ Less than $100,000
- ❑ Between $100,000 and $200,000
- ❑ Between $200,001 and $325,000
- ❑ Between $325,001 and $700,000
- ❑ More than $700,000
- ❑ Don't know

17b. How much do <u>you and your spouse or partner</u> owe on your home?

- ❑ $0
- ❑ Between $1 and $15,000
- ❑ Between $15,001 and $70,000
- ❑ Between $70,001 and $140,000
- ❑ Between $140,001 and $300,000
- ❑ More than $300,000
- ❑ Don't know

18. Do <u>you or your spouse or partner</u> own a business or a farm?

❑ Yes ❑ No ➔ **Please go to Question 19, Page 48**

18a. How much would <u>your and your spouse's or partner's</u> business or farm sell for now?

- ❑ Less than $20,000
- ❑ Between $20,000 and $250,000
- ❑ Between $250,001 and $750,000
- ❑ Between $750,001 and $2,000,000
- ❑ More than $2,000,000
- ❑ Don't know

18b. How much do <u>you and your spouse or partner</u> owe on your business or farm?

- ❑ $0
- ❑ Between $1 and $10,000
- ❑ Between $10,001 and $100,000
- ❑ Between $100,001 and $450,000
- ❑ Between $450,001 and $1,000,000
- ❑ More than $1,000,000
- ❑ Don't know

18c. In the last 12 months, about how much income did <u>you and your spouse or partner</u> receive from this business or farm?

- ❑ $0
- ❑ Between $1 and $1,000
- ❑ Between $1,001 and $7,000
- ❑ Between $7,001 and $30,000
- ❑ Between $30,001 and $125,000
- ❑ More than $125,000
- ❑ Don't know

18d. Who received the income from this business or farm in the last 12 months?
Please select one of the following responses.

- ❑ Only I received this income
- ❑ Only my spouse or partner received this income
- ❑ Both my spouse or partner and I received this income jointly
- ❑ Neither I nor my spouse or partner received income from this farm or business in the last 12 months

19. Do <u>you or your spouse or partner</u> own real estate other than your home?

❑ Yes ❑ No ➔ **Please go to Question 20, Page 49**

19a. How much would all of <u>your and your spouse's or partner's</u> real estate other than your home sell for now?

- ❑ Less than $25,000
- ❑ Between $25,000 and $150,000
- ❑ Between $150,001 and $375,000
- ❑ Between $375,001 and $1,000,000
- ❑ More than $1,000,000
- ❑ Don't know

19b. How much do <u>you and your spouse or partner</u> owe on all of your real estate other than your home?

- ❑ $0
- ❑ Between $1 and $25,000
- ❑ Between $25,001 and $100,000
- ❑ Between $100,001 and $225,000
- ❑ Between $225,001 and $600,000
- ❑ More than $600,000
- ❑ Don't know

19c. In the last 12 months, did <u>you and your spouse or partner</u> receive any rental income from any of these real estate properties?

❑ Yes ❑ No ➔ **Please go to Question 20**



19d. In the last 12 months, about how much income did <u>you and your spouse or partner</u> receive from all of your real estate properties combined?

❑ Less than $1,000
❑ Between $1,000 and $8,000
❑ Between $8,001 and $20,000
❑ Between $20,001 and $50,000
❑ More than $50,000
❑ Don't know

20. Do <u>you or your spouse or partner</u> own any cars, trucks, campers, boats, airplanes, or other vehicles?

❑ Yes ❑ No ➔ **Please go to Question 21, Page 50**



20a. How much would all of <u>your and your spouse's or partner's</u> cars, trucks, campers, boats, airplanes, and other vehicles sell for now?

❑ Less than $5,000
❑ Between $5,000 and $18,000
❑ Between $18,001 and $35,000
❑ Between $35,001 and $65,000
❑ More than $65,000
❑ Don't know

20b. How much do <u>you and your spouse or partner</u> owe on all your cars, trucks, campers, boats, airplanes, and other vehicles?

❑ $0
❑ Between $1 and $2,000
❑ Between $2,001 and $10,000
❑ Between $10,001 and $17,000
❑ Between $17,001 and $30,000
❑ More than $30,000
❑ Don't know

21. Do <u>you or your spouse or partner</u> have any credit cards?

❑ Yes ❑ No ➔ **Please go to Question 22**

21a. Thinking about all of your credit cards, how often do <u>you and your spouse or partner</u> pay off the total balance each month?

❑ Always or every month ➔ **Please go to Question 22**

❑ Almost always ➔ **Please go to Question 22**

❑ Sometimes ➔ **Please go to Question 21b**

❑ Never ➔ **Please go to Question 21b**

21b. How much do <u>you and your spouse or partner</u> owe on all your credit cards combined?

❑ Less than $500
❑ Between $500 and $5,000
❑ Between $5,001 and $10,000
❑ Between $10,001 and $25,000
❑ More than $25,000
❑ Don't know

22. Do <u>you or your spouse or partner</u> owe a total of $5,000 or more for anything other than what you have already answered about above in Questions 17-21, Page 47-50, such as for installment loans, overdue bills, and personal loans for schooling or other purposes?

❑ Yes ❑ No ➔ **Please go to Question 23**

22a. How much do <u>you and your spouse or partner</u> owe on any debts other than those asked about in Questions 17-21 combined?

❑ Between $5,000 and $12,000
❑ Between $12,001 and $20,000
❑ Between $20,001 and $60,000
❑ More than $60,000
❑ Don't know

23. Do <u>you or your spouse or partner</u> have any checking accounts, savings accounts, or money market funds?

❑ Yes ❑ No ➔ **Please go to Question 24, Page 51**

23a. If you added up all such accounts, about how much would they amount to right now?

❑ Less than $3,000
❑ Between $3,000 and $20,000
❑ Between $20,001 and $60,000
❑ Between $60,001 and $200,000
❑ More than $200,000
❑ Don't know

23b. In the last 12 months, how much interest did <u>you and your spouse or partner</u> earn from these accounts?

- ❑ Less than $20
- ❑ Between $20 and $200
- ❑ Between $201 and $1,000
- ❑ Between $1,001 and $4,000
- ❑ More than $4,000
- ❑ Don't know

24. Do <u>you or your spouse or partner</u> have any certificates of deposit, which are also known as CDs, or any Treasury bills?

❑ Yes ❑ No ➔ **Please go to Question 25**

24a. What is the total balance of all <u>your and your spouse's or partner's</u> CDs and Treasury bills?

- ❑ Less than $2,500
- ❑ Between $2,500 and $25,000
- ❑ Between $25,001 and $100,000
- ❑ Between $100,001 and $250,000
- ❑ More than $250,000
- ❑ Don't know

24b. In the last 12 months, how much interest did <u>you and your spouse</u> or partner earn from all your CDs and Treasury bills combined?

- ❑ Less than $100
- ❑ Between $100 and $700
- ❑ Between $701 and $2,500
- ❑ Between $2,501 and $8,000
- ❑ More than $8,000
- ❑ Don't know

25. Please exclude 401ks and IRAs, which are also known as Individual Retirement Accounts, from your answer to this question. **Do <u>you or your spouse or partner</u> have any stocks, bonds, or mutual funds?**

❑ Yes ❑ No ➔ **Please go to Question 26, Page 52**

25a. What is the total balance of all <u>your and your spouse's or partner's</u> stocks, bonds, or mutual funds combined?

- ❑ Less than $20,000
- ❑ Between $20,000 and $150,000
- ❑ Between $150,001 and $400,000
- ❑ Between $400,001 and $900,000
- ❑ More than $900,000
- ❑ Don't know

25b. In the last 12 months, how much interest or dividends did <u>you and your spouse or partner</u> earn from all your stocks, bonds, or mutual funds combined?

- ❑ Less than $200
- ❑ Between $200 and $3,500
- ❑ Between $3,501 and $15,000
- ❑ Between $15,001 and $60,000
- ❑ More than $60,000
- ❑ Don't know

26. Do <u>you or your spouse or partner</u> have any assets other than those you answered about above in Questions 1-25, Pages 40-52?

❑ Yes ❑ No ➔ **Please go to Question 27**

26a. What is the total balance of all <u>your and your spouse's or partner's</u> assets other than those you answered about above in Questions 1-25?

- ❑ Less than $2,000
- ❑ Between $2,000 and $15,000
- ❑ Between $15,001 and $75,000
- ❑ Between $75,001 and $350,000
- ❑ More than $350,000
- ❑ Don't know

27. In the last 12 months, did <u>you or your spouse or partner</u> receive any income from any source other than those you already answered about above in Questions 1-25, Page 40-52?

❑ Yes ❑ No ➔ **Please go to Question 28**

27a. Thinking of the largest amount received, about how much did <u>you or your spouse or partner</u> receive from this source of income in the last 12 months?

- ❑ Less than $500
- ❑ Between $500 and $6,000
- ❑ Between $6,001 and $22,000
- ❑ Between $22,001 and $80,000
- ❑ More than $80,000
- ❑ Don't know

28. How satisfied are you with your present financial situation?

- ❑ Completely satisfied
- ❑ Very satisfied
- ❑ Somewhat satisfied
- ❑ Not very satisfied
- ❑ Not at all satisfied

29. How difficult is it for you to meet the monthly payments on your bills?

- ❑ Extremely difficult
- ❑ Very difficult
- ❑ Somewhat difficult
- ❑ Not very difficult
- ❑ Not at all difficult

XII. Health Services

1. Please think about the doctor that you usually go to when you are sick or need advice about your health and indicate how much you agree or disagree with each statement.

Circle the one number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. All in all, I have complete trust in my doctor.	1	2	3	4	5
b. It is very important to me to see my regular doctor.	1	2	3	4	5
c. It is very important to me that doctors at my usual place of care agree about treatments for my health conditions(s).	1	2	3	4	5
d. It is very important to me that my doctor's office send out reminders when I am due for a regular check up or test.	1	2	3	4	5
e. It is very important to me to see a doctor who has full information about my medical history.	1	2	3	4	5
f. When there is more than one method to treat a problem, I should be told about each one.	1	2	3	4	5
g. I believe that my doctor needs to know everything about my medical history to take good care of me.	1	2	3	4	5
h. I would rather have my doctor make the decisions about what's best for my health than be given many choices.	1	2	3	4	5
i. The important medical decisions should be made by my doctor, not by me.	1	2	3	4	5
j. It is my responsibility to understand all of my medications, even if my doctor hasn't explained them fully.	1	2	3	4	5
k. When there is more than one medication to treat a problem, my doctor only needs to discuss the one he/she thinks is best.	1	2	3	4	5
l. My doctor should discuss the cost of medications with me before prescribing one.	1	2	3	4	5
m. When there is more than one medication to treat a problem, I prefer that my doctor has me decide which one I should use.	1	2	3	4	5

2. Please indicate how much you agree or disagree with each statement.

Circle the one number that best describes your agreement or disagreement with each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for healthcare.	1	2	3	4	5
b. If my doctor were not available, I would feel safe visiting another doctor or clinic.	1	2	3	4	5
c. I work hard at trying to stay healthy.	1	2	3	4	5

3. In the past 12 months, did you experience difficulty or delay in obtaining any type of healthcare, or not receive healthcare you thought you needed due to any of the reasons listed below?

Circle yes or no for each of the following reasons.	Yes	No
a. I couldn't afford medical care.	1	2
b. My insurance company wouldn't approve, cover or pay for care.	1	2
c. My insurance company required a referral but I couldn't get one.	1	2
d. My doctor refused to accept my insurance plan.	1	2
e. Medical care was too far away.	1	2
f. It was too expensive to get there.	1	2
g. I couldn't get there when the doctor's office was open.	1	2
h. I didn't know where to go to get care.	1	2
i. It took too long to get an appointment.	1	2
j. I couldn't get through on the telephone to make an appointment.	1	2
k. Other; *Please specify*: _____	1	2

4. Thinking about your own healthcare, how would you rate the following? *Circle one number for each question.*	Poor	Fair	Good	Very good	Excellent
a. Convenience of location of the doctor's office	1	2	3	4	5
b. Hours when the doctor's office is open	1	2	3	4	5
c. Access to specialty care if I need it	1	2	3	4	5
d. Access to hospital care if I need it	1	2	3	4	5
e. Access to medical care in an emergency	1	2	3	4	5
f. Access to mental healthcare if I need it	1	2	3	4	5
g. Arrangements for making appointments for medical care by phone	1	2	3	4	5
h. Length of time spent waiting at the office to see the doctor	1	2	3	4	5
i. Length of time I wait between making an appointment for routine care and the day of my visit	1	2	3	4	5
j. Availability of medical information or advice by phone	1	2	3	4	5
k. Access to medical care whenever I need it	1	2	3	4	5
l. Services available for getting prescriptions filled	1	2	3	4	5
m. Ease of seeing the doctor of my choice	1	2	3	4	5
n. Amount of time I have with doctors and staff during a visit	1	2	3	4	5
o. Overall quality of care and services	1	2	3	4	5
p. The amount I pay out-of-pocket (for example, co-payments, deductibles or payments for services not covered by my plan)	1	2	3	4	5

5. This section lists some statements that people sometimes make when they talk about their health.

Please read each statement below and circle the number that best describes your agreement or disagreement with each statement.

Your answers should be what is true for you and not just what you think the doctors want you to say.

Circle one number for each statement.	Agree Strongly	Agree	Neutral	Disagree	Disagree Strongly
a. When all is said and done, I am the person who is responsible for managing my health condition(s).	1	2	3	4	5
b. Taking an active role in my own healthcare is the most important factor in determining my health and ability to function.	1	2	3	4	5
c. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).	1	2	3	4	5
d. I know what each of my prescribed medications do.	1	2	3	4	5
e. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.	1	2	3	4	5
f. I am confident I can tell my healthcare provider concerns I have even when he or she does not ask.	1	2	3	4	5
g. I am confident that I can follow through on medical treatments I need to do at home.	1	2	3	4	5
h. I understand the nature and causes of my health condition(s)	1	2	3	4	5
i. I know the different medical treatment options available for my health condition(s).	1	2	3	4	5
j. I have been able to maintain the lifestyle changes for my health that I have made.	1	2	3	4	5
k. I know how to prevent further problems with my health condition(s).	1	2	3	4	5
l. I am confident I can figure out solutions when new situations or problems arise with my health condition(s).	1	2	3	4	5
m. I am confident that I can maintain lifestyle changes like diet and exercise even during times of stress.	1	2	3	4	5

6. In the past 12 months, has there been any one doctor who…

Circle one response for each question.	Yes	No	Don't know
a. coordinates your overall medical care?	1	2	3
b. knows the results of all your tests and treatments?	1	2	3
c. keeps in touch with your other doctors and healthcare providers?	1	2	3
d. asks you about the care from your other doctors and healthcare providers?	1	2	3
e. knows all of your prescription medicines?	1	2	3

7. In the past 12 months, have you gone to a hospital emergency room for medical treatment for yourself?

❑ **Yes** ❑ **No ➔ Please go to Question 8**

7a. For the next set of questions, please think about the last time you went to the hospital emergency room in the past 12 months.

Circle one response for each question.	Yes	No
a. Could this health problem have been handled by a primary care doctor if one had been available?	1	2
b. Before going to the hospital emergency room, did you try to see or call a doctor or other health professional about this problem?	1	2
c. Before going to the hospital emergency room, were you able to contact a doctor or other health professional about this problem?	1	2
d. Did a doctor or other health professional tell you to go to the hospital emergency room?	1	2

8. Please answer the questions below about seeing doctors for medical care in the past 12 months.

Circle one number for each question.	Never	Rarely	Sometimes	Often	Very often
a. When you see a doctor at your usual place of care, how often do they have information about your full medical history?	1	2	3	4	5
b. How often do the doctors at your usual place of care appear to agree on treatments for your health conditions(s)?	1	2	3	4	5
c. How often does your doctor's office send you reminders when you are due for a regular check up or test?	1	2	3	4	5

9. How would you rate your doctor's knowledge of you as a person, including your values and beliefs that are important to you?

- ❑ Poor
- ❑ Fair
- ❑ Good
- ❑ Very Good
- ❑ Excellent

10. Please answer the following questions.

Circle one number for each question.		Yes	No
a.	Do you worry a lot about your health?	1	2
b.	Is it hard for you to believe the doctor when he tells you that there is nothing to worry about?	1	2
c.	Do you often worry about the possibility that you have a serious illness?	1	2
d.	Do you think there is something seriously wrong with your body?	1	2
e.	Are you bothered by many different aches and pains?	1	2
f.	If a disease is brought to your attention (such as on TV or the radio, in the newspapers or by someone you know), do you worry about getting it yourself?	1	2
g.	Do you find that you are bothered by many different symptoms?	1	2

XIII. Health Insurance Coverage

Next, we have some questions about health insurance and healthcare coverage.

1. Currently, do you or does your spouse have any of the following types of government or public health insurance or healthcare coverage that cover hospital costs or the costs of visits to the doctor?

Circle Yes or No for you and again for your spouse for each type of health insurance or healthcare coverage that you or your spouse may have.	Do you have this?		**Does your spouse have this?** ❑ If widowed or not married, check here.	
a. Medicare Part A	Yes	No	Yes	No
b. Medicare Part B	Yes	No	Yes	No
c. Wisconsin Medicaid Program; Badgercare (a Forward Health Card); Other state Medicaid Program, (sometimes called Medical Assistance or Title XIX)	Yes	No	Yes	No
d. TRICARE for Life (a military health plan)	Yes	No	Yes	No
e. CHAMP VA (a military health plan)	Yes	No	Yes	No
f. Go to a VA clinic and receive healthcare directly through the VA	Yes	No	Yes	No
g. HIRSP Wisconsin Health Insurance Risk Sharing Plan	Yes	No	Yes	No
h. Indian Health Service	Yes	No	Yes	No
i. Other public or government health insurance	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

2. Currently, do you or does your spouse have <u>any</u> of the following types of <u>private</u> health insurance or private healthcare coverage that work with, supplement, or replace Medicare that cover hospital costs or the costs of visits to the doctor?

Circle Yes or No for you and again for your spouse for each type of health insurance or healthcare coverage that you or your spouse may have.	Do <u>you</u> have this?		**Does <u>your spouse</u> have this?** ❑ If widowed or not married, check here.	
a. Medicare HMO: a Medicare Advantage Plan, a Medicare Private Fee for Service or "PFFS" Plan, or other Medicare HMO	Yes	No	Yes	No
b. "Medigap" Medicare supplement policy or a Medicare Select policy	Yes	No	Yes	No
c. Other health insurance that supplements Medicare	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

3. Do you or your spouse currently have <u>any</u> of the following types of other <u>private</u> health insurance to cover hospital costs or the costs of visits to the doctor that do NOT supplement or replace Medicare? (Do not include long-term care, dental, vision, or plans that provide extra cash or that pay for one type of service such as cancer or accidents)

Circle Yes or No for you and again for your spouse for each type of health insurance or healthcare coverage that you or your spouse may have.	Do <u>you</u> have this?		**Does <u>your spouse</u> have this?** ❑ If not married or widowed, check here.	
a. Individual private insurance not supplementing Medicare	Yes	No	Yes	No
b. Health insurance through an employer not supplementing Medicare	Yes	No	Yes	No
c. Other private health insurance that does not supplement or replace Medicare	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

The next few questions are about any insurance coverage you or your spouse may have that helps pay for prescriptions.

4. Currently, are you or your spouse covered by <u>any</u> of the following prescription drug insurance plans?

Circle Yes or No for you and again for your spouse for each type of prescription drug insurance plan that you or your spouse may have.	Are <u>you</u> covered by this?		**Is <u>your spouse</u> covered by this?** ❑ If widowed or not married, check here.	
a. Wisconsin SeniorCare	Yes	No	Yes	No
b. Some other state prescription drug program	Yes	No	Yes	No
c. Medicare Advantage	Yes	No	Yes	No
d. A Medigap prescription drug benefit plan	Yes	No	Yes	No
e. Some other type of private prescription drug insurance	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

5. The Medicare Part D Prescription Drug Plan provides coverage for prescription drugs, usually through a private insurance provider. **Currently, is <u>your spouse</u> enrolled in a Medicare Part D prescription drug plan?**

- ❑ Yes
- ❑ No
- ❑ Not married/widowed
- ❑ Don't know

6. Currently, are <u>you</u> enrolled in a Medicare Part D prescription drug plan?

- ❑ Yes ➔ **Please go to Question 8, Page 62**
- ❑ No ➔ **Please go to Question 7, Page 62**
- ❑ Don't know ➔ **Please go to Long Term Care Insurance Question 15, Page 64.**

7. How important are each of the following reasons why you did <u>not</u> sign up for the Medicare Part D prescription drug plan?

Circle one number for each reason.	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
a. I am not yet age 65.	1	2	3	4	5
b. I prefer Wisconsin SeniorCare.	1	2	3	4	5
c. I did not know the Medicare Part D Prescription Drug Plan was available.	1	2	3	4	5
d. I get prescription drugs from the VA.	1	2	3	4	5
e. I do not use enough prescription drugs to make it worthwhile.	1	2	3	4	5
f. I prefer some other state prescription drug program.	1	2	3	4	5
g. Some other reason; *Please specify:* _____	1	2	3	4	5

Thank you for your answers to this section. Please go to the Long Term Care Insurance Question 15 on Page 64.

8. What is the name of your current Medicare Part D prescription drug plan?

_____ Name of my Medicare Part D prescription drug plan

❑ Don't know

9. What is the name of the insurance company that provides your current Medicare Part D prescription drug plan?

_____ Insurance company name

❑ Don't know

10. Which of the following statements best describes how you selected your current Medicare Part D prescription drug plan?

❑ I chose my own plan.

❑ Someone chose my plan for me.

❑ I was enrolled automatically.

11. How important was each of the following in helping you choose your Medicare Part D prescription drug plan?

Circle one number for each.	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
a. Medicare's 800, toll-free telephone number	1	2	3	4	5
b. State or county government program or helpline	1	2	3	4	5
c. Medicare's Part D Prescription Drug Plan representative	1	2	3	4	5
d. Pharmacist	1	2	3	4	5
e. My spouse	1	2	3	4	5
f. My child/child in law	1	2	3	4	5
g. A family member other than my child/child in law	1	2	3	4	5
h. A friend	1	2	3	4	5

12. Did you use the Internet <u>at all</u> in deciding whether to enroll in a Medicare Part D prescription drug plan?

❑ Yes ↓

❑ No ➔ **Please go to Question 13**

❑ Don't know ➔ **Please go to Question 13**

12a. The government's Medicare website has tools intended to help people select a Medicare Part D prescription drug plan. **Did you use these website tools <u>at all</u> to select your Medicare Part D prescription drug plan?**

❑ Yes

❑ No

❑ Don't know

13. Currently, do you pay <u>any</u> part of the insurance premium for your Medicare Part D prescription drug plan?

❑ Yes ↓

❑ No ➔ **Please go to Question 14, Page 64**

❑ Don't know ➔ **Please go to Question 14, Page 64**

13a. Currently, how much do you pay in premiums for your Medicare Part D prescription drug plan?

Please select monthly, quarterly, or annually for your answer.

$_____ Monthly premium <u>OR</u> $_____ Quarterly premium <u>OR</u> $_____ Annual premium

14. Please circle one number for each question that best describes your feelings about your Medicare Part D prescription drug plan.

Circle one number for each.	Not at all	Slightly	Somewhat	Very	Extremely
a. How satisfied are you with the range of drugs covered under your current Medicare Part D prescription drug plan?	1	2	3	4	5
b. In the next 12 months, how likely is it that you will switch to a new Medicare Part D Prescription drug plan?	1	2	3	4	5
c. How confident are you that you have made the right decision about your current prescription drug coverage?	1	2	3	4	5

Long-Term Care Insurance

15. Not including government programs such as Medicare or Medicaid, have you EVER had any long-term care insurance which specifically covers any part of personal or medical care in your home or in a nursing home?

❑ Yes ➔ **Please go to Page 65** ❑ No

15a. Why have you NEVER had long-term care insurance?
Check all that apply.

❑ Premiums were too high
❑ Didn't think I needed it
❑ Hadn't thought about it
❑ Not a good use of money
❑ Not eligible
❑ Other; *Please specify* _____

XIV. Financial Matters

Next we would like to ask you a series of statements about financial matters. We would like to know whether, in your opinion, the statement is generally **"True"** or generally **"False"** and how strongly you believe this to be the case.

An example of a true-false statement is the following:

Example Question: A savings bank never offers a checking account.												
Most Likely False						Most Likely True						
Surely False					Guess False	Guess True					Surely True	
100%	**90%**	**80%**	**70%**	**60%**	**50%**	**50%**	**60%**	**70%**	**80%**	**90%**	**100%**	

← ***Please circle one number*** →

If you think that this statement is most likely to be **true**, please choose a number in the right half of the box above. If you think that the statement is surely true, circle "**100%**." If you think it is only 60% likely to be true, please circle "**60%**."

Similarly, if you think that this statement is most likely to be **false**, please choose a number in the left half of the box above. If you think that the statement is surely false, circle "**100%**." If you think it is only 70% likely to be false, please circle "**70%**." If you are completely unsure and have "no idea" whether the statement is true or false, please make your best possible guess and circle whether you would like to guess true with 50% confidence or guess false with 50% confidence.

1. Mutual funds do not pay a guaranteed rate of return.												
Most Likely False						Most Likely True						
Surely False					Guess False	Guess True					Surely True	
100%	**90%**	**80%**	**70%**	**60%**	**50%**	**50%**	**60%**	**70%**	**80%**	**90%**	**100%**	

← ***Please circle one number*** →

2. You should invest in either mutual funds or a large number of different stocks instead of just a few stocks.												
Most Likely False						Most Likely True						
Surely False					Guess False	Guess True					Surely True	
100%	**90%**	**80%**	**70%**	**60%**	**50%**	**50%**	**60%**	**70%**	**80%**	**90%**	**100%**	

← ***Please circle one number*** →

3. Using money in a bank savings account to pay off credit card debt is usually a bad idea.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← *Please circle one number* →

4. Financially, investing in the stock market is no better than buying lottery tickets.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← *Please circle one number* →

5. When an investor spreads money between 20 stocks, rather than 2, the risk of losing a lot of money decreases.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← *Please circle one number* →

6. Taxes do not affect how you should invest your money.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← *Please circle one number* →

7. If you start out with $1,000 and earn an average return of 10% per year for 30 years, after compounding, the initial $1,000 will have grown to more than $6,000.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← *Please circle one number* →

8. Buying a single company stock usually provides a safer return than a stock mutual fund.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

9. Even older retired people should hold some stocks.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

10. An older person with $100,000 to invest should hold riskier financial investments than a younger person with $100,000 to invest.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

11. It is important to take a look at your investments periodically to see if you need to make changes.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

12. It is best to avoid owning stocks of foreign companies.												
Most Likely False							Most Likely True					
Surely False					Guess False		Guess True					Surely True
100%	**90%**	**80%**	**70%**	**60%**	**50%**		**50%**	**60%**	**70%**	**80%**	**90%**	**100%**

← ***Please circle one number*** →

XV. Social Relationships

1. Is there a person in your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No

2. Is there a friend outside your family with whom you can really share your very private feelings and concerns?

❑ Yes ❑ No ➔ **Please go to Question 3**

↓

2a. About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)?

Write in number of close friends and close relatives: _____

3. Are you able to drive?

❑ Yes ❑ No ➔ **Please go to Question 4**

↓ ❑ Never drove ➔ **Please go to Question 4**

3a. Have you driven a car in the past month?

❑ Yes
❑ No

3b. Do you have a car available to use when you need one?

❑ Yes
❑ No

3c. When you drive, do you only drive to nearby places, or do you also drive on longer trips? *Check one answer only.*

❑ I only drive to nearby places.
❑ I drive to nearby places and also on longer trips.

4. Are you within walking distance to public transportation such as a city bus or a subway system?

❑ Yes
❑ No
❑ Don't Know

5. In the past 30 days, about how often have you used public transportation?

❑ Never
❑ Once or twice
❑ About once a week
❑ Almost every day

6. Next, we are interested in the help and support that you receive from or give to people (other than a spouse). We are interested here in help that is not paid for. During the <u>past month</u> have you GIVEN the following kinds of help?

Kind of help GIVEN:	*Check the box for EVERYONE that you GAVE each kind of help TO. (other than spouse)*							
	None of these people needed help	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grand-children	Other relatives	Friends, neighbors, co-workers	Members of my religious community
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑
d. Help with baby sitting or child care.	❑	❑	❑	❑	❑	❑	❑	❑

7. During the <u>past month</u> have you RECEIVED the following kinds of help?

Kind of help RECEIVED:	*Check the box for EVERYONE that you RECEIVED each kind of help FROM. (other than spouse)*								
	Help not needed	No one available to help	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grand-children	Other relatives	Friends, neighbors, co-workers	Members of my religious community
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑	❑
d. Help using a computer or the Internet in your home.	❑	❑	❑	❑	❑	❑	❑	❑	❑

8. Now think about persons (other than a spouse) who you feel you COULD ask for help, IF YOU NEEDED IT.

Kind of help you could ask for:	*Check the box for EVERYONE that you COULD ASK FOR each kind of HELP FROM.*							
	No one	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grand-children	Other relatives	Friends, neighbors, co-workers	Members of my religious community
a. Suppose you had to borrow $250 for a few weeks because of an emergency. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑	❑
b. Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice?	❑	❑	❑	❑	❑	❑	❑	❑
c. Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑	❑
d. *(Answer only if you have a computer in your home that you use.)* Suppose you had a problem setting up or using your computer or the Internet that you couldn't figure out. Who could you ask for help?	❑	❑	❑	❑	❑	❑	❑	❑

9. The next question asks about the help you may receive from people such as family, friends or others who are not paid to help you. **Currently, do you receive unpaid help with things such as carrying groceries, preparing meals, or doing your other day-to-day activities?**

❑ Yes ❑ No ➔ **Please go to Question 11**

a. On the line below, please describe the kind of help you need the most.

_____

b. What is your relationship to the person who gives you the help you need the most, as described on the line above? (e.g., mother, spouse, friend, neighbor)

_____

10. Currently, how concerned are you that…

Circle one number for each question.	Not at all	A little	Somewhat	Very	Extremely
a. the health of your helper could suffer as a result of assisting you?	1	2	3	4	5
b. the demands of assisting you have strained your relationship with your helper?	1	2	3	4	5
c. your helper has to take time away from other things in order to assist you?	1	2	3	4	5

11. The next few questions ask how you feel about needing help as you get older, whether or not you are currently receiving help.

Currently, how worried are you…

Circle one number for each question.	Not at all	A little	Somewhat	Very	Extremely
a. about not being able to get around on your own as you get older?	1	2	3	4	5
b. that others will have to make decisions for you as you get older?	1	2	3	4	5
c. about being financially dependent on others when you get older?	1	2	3	4	5
d. that you will have to live with your adult children when you get older?	1	2	3	4	5

XVI. Mistreatment of You

Now we would like to ask about the ways that people behave towards you that bother you. Some of these questions may be sensitive. Keep in mind that your replies are strictly confidential and voluntary. You may skip any questions that you do not wish to answer.

1. In the past 12 months, have you felt there is someone who is too controlling over your daily decisions and life?

❑ Yes

❑ No ➔ **Please go to Question 2**

1a. In the past 12 months, how many people have you felt are too controlling over your daily decisions and life?

_____ people

1b. In the past 12 months, who has controlled your daily decisions and life <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

2. In the past 12 months, has anyone insulted you or put you down?

❑ Yes

❑ No ➔ **Please go to Question 3, Page 73**

2a. In the past 12 months, how many people have insulted you or put you down?

_____ people

2b. In the past 12 months, who has insulted you or put you down <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

3. In the past 12 months, has anyone taken your money or belongings without your OK or prevented you from getting them even when you ask?

❑ Yes

❑ No ➔ **Please go to Question 4**

3a. In the past 12 months, how many people have taken your money or belongings without your OK or prevented you from getting them even when you ask?

_____ people

3b. In the past 12 months, who has taken your money or belongings <u>most often</u> without your OK or prevented you from getting them even when you ask?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

4. In the past 12 months, has anyone hit, kicked, slapped, or thrown things at you?

❑ Yes

❑ No ➔ **Please go to Question 5, Page 74**

4a. In the past 12 months, how many people have hit, kicked, slapped, or thrown things at you?

_____ people

4b. In the past 12 months, who has hit, kicked, slapped, or thrown things at you <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

5. In the past 12 months, has anyone intentionally prevented you from having things you need, such as medication, food, money, or personal care?

❑ Yes

❑ No ➔ **Please go to Question 6**

5a. In the past 12 months, how many people have prevented you from having things you need, such as medication, food, money, or personal care?

_____ people

5b. In the past 12 months, who has prevented you from having things you need, such as medication, food, money, or personal care <u>most often</u>?

- ❑ Spouse or partner
- ❑ Child
- ❑ Parent
- ❑ Someone else (e.g., home health aide, friend, grandchild, accountant); *Please specify*:_____

6. In the past 12 months, have you made a purchase, either over the telephone or in person, where you later felt taken advantage of or "scammed"?

❑ Yes

❑ No ➔ **Please go to Question 7, Page 75**

6a. What did you purchase (e.g., magazines, life insurance)?

_____

6b. About how much did you pay for this purchase?

$_____

7. In the past 12 months, have you sold a major possession, such as jewelry, where you later felt taken advantage of or "scammed"?

❑ Yes

❑ No ➔ **Please go to Question 8**

7a. What did you sell? _____

7b. About how much payment did you receive? $_____

8. In the past 12 months, have you made a donation to a charitable organization, either over the telephone, in person, or by mail where you later worried that the organization was not legitimate or "on the level?"

❑ Yes

❑ No ➔ **Please go to Question 1, Page 76**

8a. What kind of organization was this (e.g. animal welfare, religious group)?

_____

8b. About how much payment did you donate? $_____

If you need advice concerning abuse, neglect, or exploitation, call the National Center on Elder Abuse at 1-800-677-1116.

XVII. Marriage and Marriage-like Relationships

1. Have you ever been married?

❑ Yes ❑ No ➔ **Please go to Question 9, Page 77**

2. How many times have you been married in your lifetime including your current marriage?

_____ Times

3. In what month and year did your current or last marriage begin?

_____ Month _____ Year

4. At the time your current or last marriage began, what was the highest grade or year of school your spouse had completed?

- ❑ Did not graduate from high school
- ❑ Graduated from high school
- ❑ Some college (did not graduate)
- ❑ Graduated with an associate's degree
- ❑ Bachelor's degree from a college or university
- ❑ Professional degree (medicine, law, dentistry, etc.) or master's degree
- ❑ Ph.D.
- ❑ Other; *Please specify:* _____

5. Are you currently married?

❑ Yes ❑ No ➔ **Please go to Question 6**

5a. What is your spouse's name? *Please write your spouse's first name, last name, and maiden name, if applicable, on the line below and then go to Question 10, Page 77.*

_____	_____	_____
First Name	Last Name	Maiden Name, if applicable

6. Are you currently widowed?

❑ Yes ❑ No ➔ **Please go to Question 7, Page 77**

6a. In what month and year did your spouse pass away? *If you have been widowed more than once, please answer about the spouse who passed away most recently. After writing the month and year that your spouse passed away, go to Question 9, Page 77.*

_____ Month _____ Year

7. Are you currently divorced?

❑ Yes ❑ No ➔ **Please go to Question 8**

7a. In what month and year was your divorce finalized? *If you have been divorced more than once, please answer about your most recent divorce.*

_____ Month _____ Year

7b. In what month and year did you and your divorced spouse stop living together? *After writing the month and year that you and your divorced spouse stopped living together, go to Question 9.*

_____ Month _____ Year

8. Are you currently separated?

❑ Yes ❑ No ➔ **Please go to Question 9**

8a. In what month and year did you and your spouse stop living together? *If you have been separated more than once, please answer about your most recent separation. After writing the month and year that you and your spouse stopped living together, go to Question 9.*

_____ Month _____ Year

9. Are you currently living with a romantic partner in a marriage-like relationship, which is also known as cohabiting?

❑ Yes ❑ No ➔ **Please go to Question 15, Page 79**

10. During the past month, about how often did you and your spouse or partner spend time alone with each other, talking, or sharing an activity?

- ❑ Never
- ❑ About once a month
- ❑ Two or three times a month
- ❑ About once a week
- ❑ Two or three times a week
- ❑ Almost every day

11. In terms of who does household chores, how fair would you say your relationship with your spouse or partner is?

- ❑ Very unfair to me
- ❑ Somewhat unfair to me
- ❑ Fair to both
- ❑ Somewhat unfair to my spouse or partner
- ❑ Very unfair to my spouse or partner

12. The following is a list of subjects on which couples often have disagreements.
How often, if at all, in the last year have you had open disagreements about each of the following?

Circle one number for each question.	Never	Less than once a month	Several times a month	About once a week	Several times a week	Almost everyday
a. Household tasks	1	2	3	4	5	6
b. Money	1	2	3	4	5	6
c. Spending time together	1	2	3	4	5	6
d. Sex	1	2	3	4	5	6

13. The following questions ask about your current relationship with your spouse or partner. **Please indicate your current level of satisfaction or dissatisfaction for each of the items listed below.**

How satisfied are you with...	Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
a. the day-to-day support and encouragement provided by your spouse or partner?	1	2	3	4	5	6
b. your spouse's or partner's overall personality?	1	2	3	4	5	6
c. the amount of consideration shown by your spouse or partner?	1	2	3	4	5	6
d. the way disagreements are settled?	1	2	3	4	5	6
e. how decisions are made in your marriage or marriage-like relationship?	1	2	3	4	5	6
f. how well your spouse or partner listens to you?	1	2	3	4	5	6

14. Would you say that your SPOUSE'S or PARTNER'S health is excellent, very good, good, fair or poor?

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

Married persons, please go to Question 16, Page 79

15. Do you have a sexual partner?

❑ Yes ❑ No ➔ **Please go to Question 19**

16. We realize that some of the questions on this page may be very sensitive. Keep in mind that all of your replies are strictly confidential and voluntary. Recall that you may skip any questions that you do not wish to answer.

In the past 12 months...	Not at all	Slightly	Moderately	Very	Extremely
a. How physically pleasurable did you find your sexual relationship with your spouse or partner to be?	1	2	3	4	5
b. How emotionally satisfying did you find your sexual relationship with your spouse or partner to be?	1	2	3	4	5

17. During the past 12 months, about how often did you have sex with your spouse or partner?

❑ Once a day or more
❑ 3 to 6 times a week
❑ Once or twice a week
❑ 2 to 3 times a month
❑ Once a month or less
❑ Not at all

18. If you have decreased or stopped sexual activities with your spouse or partner, please indicate whether each of the following was a reason.

a. My illness	❑ Yes	❑ No
b. Spouse's or partner's illness	❑ Yes	❑ No
c. My physical changes	❑ Yes	❑ No
d. Spouse's or partner's physical changes	❑ Yes	❑ No
e. I lost interest	❑ Yes	❑ No
f. Spouse or partner lost interest	❑ Yes	❑ No
g. No privacy	❑ Yes	❑ No
h. My emotional problems	❑ Yes	❑ No
i. Spouse's or partner's emotional problems	❑ Yes	❑ No
j. Other; *Please specify*: _____	❑ Yes	❑ No

19. Do you have any children?

❑ Yes ❑ No ➔ **Please go to Page 86**

19a. How many children do you have? _____

19b. Do any of your children live with you?

❑ Yes ❑ No

XVIII. Children

If this page and pages 81-85 are crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 81**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

If this page is crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 82**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

If this page is crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 83**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

If this page is crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 84**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

If this page is crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 85**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

If this page is crossed out, please go to page 86.

1. Please answer the questions on this page about:

1a. Is the child whose name appears on the label to the right still living?

❑ Yes ❑ No ➔ **Please go to Question 1, Page 86**

1b. In the last 12 months, how often did you…
Circle one number for each question.

	Never	About once a year	Several times a year	About once a month	Several times a month	Once or twice a week	Every day
a. talk on the telephone with him/her?	1	2	3	4	5	6	7
b. send e-mail to or receive e-mail from him/ her?	1	2	3	4	5	6	7
c. see him/her in person?	1	2	3	4	5	6	7

2.	Not at all	A little	Somewhat	Very	Extremely
a. How similar is his/her general outlook on life to yours?	1	2	3	4	5
b. How close are you to him/her?	1	2	3	4	5
c. How likely are you to ask this child for help if you need assistance while sick?	1	2	3	4	5
d. How likely are you to ask this child for help if you need some money to help pay your bills?	1	2	3	4	5

3a. About how many miles away from you does s/he live? _____ miles away from me

3b. In what city and state does s/he live? _____ City _____ State

4.	Not at all	A little bit	Somewhat	Quite a bit	A great deal
a. How much does s/he make you feel loved and cared for?	1	2	3	4	5
b. How much do you feel that s/he makes too many demands on you?	1	2	3	4	5
c. How much is s/he willing to listen when you need to talk about worries or problems?	1	2	3	4	5
d. How much is s/he critical of what you do?	1	2	3	4	5

5. Has he or she ever attended college for one year or more?

❑ Yes ❑ No ➔ **Please go to Question 6**

a. What is the name and location of the college where he or she first began his or her college education?

_____ _____ _____
College Name City State

b. Has he/she ever obtained a bachelor's degree?

❑ Yes ❑ No ➔ **Please go to Question 6**

c. What is the name and location of the college where he or she obtained his or her first bachelor's degree?

_____ _____ _____
College Name City State

6. How would you rate his/her health?

❑Poor ❑Fair ❑ Good ❑ Very good ❑Excellent

XIX. Social and Civic Participation

We find that sometimes people have trouble remembering whether or not they voted in a specific election. And sometimes people think about voting, but then do not.

The next question asks whether or not you voted in the general election on Tuesday, November 4, 2008. Before you answer the question, try to remember who was on the ballot, how you got to the polls if you did vote – details that would help you know for sure if you voted in the November 4, 2008 general election.

1. **Now that you have thought about it, which of these statements best describes you:**

   - ❑ I did not vote in the election in November 2008.
   - ❑ I thought about voting in November 2008, but did not.
   - ❑ I usually vote, but did not vote in November 2008.
   - ❑ I am sure I voted at the polls in the election in November 2008.
   - ❑ I am sure I voted by absentee ballot in November 2008.

2. **Generally speaking, do you usually think of yourself as a Republican, Democrat, Independent, or what?**

   - ❑ Republican
   - ❑ Democrat
   - ❑ Independent but leaning towards Republican
   - ❑ Independent but leaning towards Democrat
   - ❑ Independent
   - ❑ Other; *Please specify*: _____

3. **We hear a lot of talk these days about political liberals and conservatives. Where would you place yourself on this scale?**

   - ❑ Extremely liberal
   - ❑ Liberal
   - ❑ Slightly liberal
   - ❑ Moderate, middle of the road
   - ❑ Slightly conservative
   - ❑ Conservative
   - ❑ Extremely conservative

4. We would like to find out about some of the things people do to help a party or a candidate win an election. **During the Presidential election campaign of 2008, did you talk to any people and try to show them why they should vote for or against one of the parties or candidates?**

   - ❑ Yes
   - ❑ No

Here are some questions about leisure time activities. Please tell us about your activities during the past four weeks and 5 years ago. Please write a "0" if you do not do this activity at all.

5. How many times, if at all...	**During the past 4 weeks?**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. have you gotten together with friends? We mean like going out together or visiting in each other's homes.	_____times	❑	❑	❑
b. have you gotten together socially with relatives?	_____times	❑	❑	❑

6. Have you ever owned a pet?

❑ Yes ❑ No ➔ **Please go to Question 7**

6a. What types of pet have you ever owned?

a. Dog ❑ Yes ❑ No
b. Cat ❑ Yes ❑ No
c. Bird ❑ Yes ❑ No
d. Fish ❑ Yes ❑ No
e. Other; *Please specify:* _____

7. *For this section, please provide your response in* ***hours per <u>week</u>***	**During the <u>past year</u>, I did this...**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Watching television	_____ hours per week	❑	❑	❑
b. Talking on the phone with friends or relatives	_____ hours per week	❑	❑	❑
Different types of reading (include electronic)				
c. Reading on the job	_____ hours per week	❑	❑	❑
d. Reading biographies or other non-fiction books	_____ hours per week	❑	❑	❑
e. Reading the Bible or other religious materials	_____ hours per week	❑	❑	❑
f. Reading magazines or newspapers	_____ hours per week	❑	❑	❑
g. Reading fiction	_____ hours per week	❑	❑	❑

8. *For this section, please provide your response in* ***hours per <u>month</u>***	**During the <u>past year</u>, I did this...**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Letter writing (not including e-mail)	_____ hours per month	❑	❑	❑
b. Playing cards or board games, including games on a computer	_____ hours per month	❑	❑	❑
c. Painting, drawing or other art	_____ hours per month	❑	❑	❑
d. Playing a musical instrument	_____ hours per month	❑	❑	❑
e. Going to the movies	_____ hours per month	❑	❑	❑
f. Going to a lecture, concert, play, museum or similar activity	_____ hours per month	❑	❑	❑
g. Going out to a restaurant or bar	_____ hours per month	❑	❑	❑
h. Working crossword puzzles or other word games	_____ hours per month	❑	❑	❑
i. Crafts or hobbies such as needlework, woodworking, model trains, jigsaw puzzles, etc.	_____ hours per month	❑	❑	❑
j. Making home repairs, car repairs or other handy work	_____ hours per month	❑	❑	❑
k. Hunting or fishing (in season)	_____ hours per month	❑	❑	❑
l. Caring for or playing with pets	_____ hours per month	❑	❑	❑

There are many ways to get exercise, and people sometimes do these activities alone and sometimes with others. We would like to know how many hours per month you spend on activities like the following.

9. *For this section, please provide your response in* ***hours per <u>month</u>***	**During the <u>past year</u>, I did this...**	**How often did you do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Light physical activities that you do alone, such as light housework, gardening, or walking by yourself	_____ hours per month	❑	❑	❑
b. Light physical activities that you do with others, such as walking with friends, bowling, playing softball or other team sports with light activity	_____ hours per month	❑	❑	❑
c. Vigorous physical activities that you do alone, such as jogging, swimming, biking, or going to the gym by yourself	_____ hours per month	❑	❑	❑
d. Vigorous physical activities that you do with others such as jogging, swimming, biking, or going to the gym with friends or playing team sports	_____ hours per month	❑	❑	❑

10. Thinking of your high school class, were you in the top quarter, somewhere in the middle, or the bottom quarter in terms of your grade point average?

- ❑ Top quarter
- ❑ Somewhere in the middle
- ❑ Bottom quarter

11. Do you ever talk on a cell phone?

❑ Yes ❑ No ➔ **Please go to Question 12, Page 90**

11a. Do you talk on the cell phone rarely, occasionally, a great deal, or exclusively?

- ❑ Rarely
- ❑ Occasionally
- ❑ A great deal
- ❑ Exclusively

11b. In a typical week, how much time do you spend talking on a cell phone?

_____

11c. In what year did you begin to use a cell phone?

_____

Here is a list of clubs and organizations to which many people belong.

12. Please indicate your level of involvement with each activity in the <u>past 12 months</u>.

Circle one number for each question.	Not involved	Very little	Some	Quite a bit	A great deal
a. A church, temple or other place of worship	1	2	3	4	5
b. Church connected groups, but not the church itself	1	2	3	4	5
c. Labor unions	1	2	3	4	5
d. Veterans' organizations	1	2	3	4	5
e. Fraternal organizations or lodges	1	2	3	4	5
f. Business or civic groups	1	2	3	4	5
g. Parent-teachers' associations	1	2	3	4	5
h. Community centers	1	2	3	4	5
i. Organizations of people of the same nationality	1	2	3	4	5
j. Sport teams	1	2	3	4	5
k. Country club	1	2	3	4	5
l. Youth groups (Scout leader, etc.)	1	2	3	4	5
m. Professional groups	1	2	3	4	5
n. Political clubs or organizations	1	2	3	4	5
o. Neighborhood improvement organizations	1	2	3	4	5
p. Charity or welfare organizations	1	2	3	4	5
q. Hobby groups	1	2	3	4	5
r. A group for senior men or women (e.g., Red Hat Society)	1	2	3	4	5
s. Other; *Please specify*_____	1	2	3	4	5
t. Other; *Please specify*_____	1	2	3	4	5

The following are some reasons why people engage in volunteer activities.

13. If you have volunteered, please indicate how important or accurate each of the following possible reasons for volunteering is for you. If you have not, please indicate how important/accurate each of the reasons for volunteering would be for you.

Circle one number for each question.	Not at all important/ accurate						Extremely important/ accurate
a. Others with whom I am close place a high value on community service.	1	2	3	4	5	6	7
b. Volunteering helps me work through my own personal problems.	1	2	3	4	5	6	7
c. I feel compassion toward people in need.	1	2	3	4	5	6	7
d. I can explore my own strengths.	1	2	3	4	5	6	7
e. Volunteering makes me feel needed.	1	2	3	4	5	6	7
f. Volunteering makes me feel better about myself.	1	2	3	4	5	6	7
g. I feel it is important to help others.	1	2	3	4	5	6	7
h. Volunteering is an important activity to the people I know the best.	1	2	3	4	5	6	7
i. Volunteering is a good escape from my own troubles.	1	2	3	4	5	6	7
j. I can learn how to deal with a variety of people.	1	2	3	4	5	6	7

14. Please indicate how much you agree or disagree with the following statements.

Circle one number for each question.	Agree Strongly						Disagree Strongly
a. Doing volunteer work is something I rarely even think about.	1	2	3	4	5	6	7
b. I would feel a loss if I were forced to give up volunteer work.	1	2	3	4	5	6	7
c. Volunteering is an important part of who I am.	1	2	3	4	5	6	7

XX. End

Thank you for your cooperation and assistance. A report on the results will be sent to you as soon as possible after all questionnaires have been completed. This report will not identify you personally.

Is there an e-mail address where we can send you information about the Wisconsin Longitudinal Study?

❑ Yes, my e-mail address is _____

(The Wisconsin Longitudinal Study will never share your e-mail address with anyone else.)

❑ No

Did you complete this on your own or work with someone else?

❑ On own

❑ With someone else: Who? _____

Please tell us approximately how long it took you to complete this questionnaire.

_____

Please return your questionnaire in the postage-paid envelope to the:

Wisconsin Longitudinal Study
UW Survey Center
Sterling Hall, Room B607
475 N. Charter St.
Madison, WI 53706

If you would need us to send another postage-paid envelope to you, please call us at 1-866-891-2492.

Thank you and please feel free to contact us with any questions or comments you may have at the toll-free number above or at: wls@wisls.info

Leave-Behind SAQ for Proxies

Return to Tab 8

I. Health

We would like to begin the questionnaire with some general questions about this person's health.

1. How would you rate this person's health... *Circle one number for each question.*	Very Poor	Poor	Fair	Good	Excellent
a. at the present time?	1	2	3	4	5
b. compared with other people this person's age and sex?	1	2	3	4	5
c as a child, when this person was growing up through age 16?	1	2	3	4	5

2. Compared with 5 years ago... *Circle one number for each question.*	Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
a. how would you rate this person's health?	1	2	3	4	5
b. how would you rate this person's appearance?	1	2	3	4	5

3. The following questions are about activities this person might do during a typical day.

Does this person's health now limit this person in these activities? If so, how much?

Circle one number for each question.	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
b. Climbing several flights of stairs	1	2	3

4. Does this person have any difficulty...	Yes	No
a. lifting and carrying something as heavy as 10 lbs - such as a bag of groceries?	1	2
b. lifting and carrying something as heavy as 25 lbs - such as a bag of pet food?	1	2
c. pushing and pulling large objects such as a living room chair?	1	2
d. standing or being on his or her feet for one hour?	1	2
e. sitting for one hour?	1	2
f. stooping, crouching or kneeling?	1	2
g. reaching over his or her head?	1	2
h. climbing one flight of stairs?	1	2
i. If yes, what condition is the main reason for this person's difficulty? *Please specify*: _____		

5. During the <u>past four weeks</u>, how much did pain interfere with this person's normal work (including both work outside the home and housework)?

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

6. The following is a list of physical symptoms that people sometimes experience.	**6a. How <u>often</u> has this person had this symptom in the <u>past six months</u>?** *Circle ONE number for each symptom.*				**6b. How much <u>discomfort</u> has this symptom caused this person in the <u>past six months</u>?** *Circle ONE number for each symptom this person experienced.*			
	Has not had	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot
a. Coughing/wheezing	1	2	3	4	1	2	3	4
b. Chest Pain	1	2	3	4	1	2	3	4
c. Palpitations (feeling his or her heart pound or race)	1	2	3	4	1	2	3	4
d. Shortness of breath	1	2	3	4	1	2	3	4
e. Dizziness/faintness	1	2	3	4	1	2	3	4
f. Excessive sweating	1	2	3	4	1	2	3	4
g. Foot pain	1	2	3	4	1	2	3	4
h. Hip pain	1	2	3	4	1	2	3	4
i. Back pain/strain	1	2	3	4	1	2	3	4
j. Bone pains	1	2	3	4	1	2	3	4
k. Neck and/or shoulder pain	1	2	3	4	1	2	3	4
l. Pain in his or her ankles/knees	1	2	3	4	1	2	3	4
m. Pain in his or her hands/wrists	1	2	3	4	1	2	3	4
n. Aching muscles	1	2	3	4	1	2	3	4
o. Stiff/swollen joints	1	2	3	4	1	2	3	4
p. Foot or leg swelling	1	2	3	4	1	2	3	4
q. Upset stomach	1	2	3	4	1	2	3	4
r. Constipation	1	2	3	4	1	2	3	4
s. Diarrhea	1	2	3	4	1	2	3	4
t. Fatigue/exhaustion	1	2	3	4	1	2	3	4
u. Headache	1	2	3	4	1	2	3	4
v. Lack of energy	1	2	3	4	1	2	3	4
w. Numbness	1	2	3	4	1	2	3	4
x. Ringing in ears	1	2	3	4	1	2	3	4
y. Skin problems	1	2	3	4	1	2	3	4

7. Has a medical professional ever said this person has any of the illnesses or conditions listed below? *Circle one for each illness or condition.*	Yes	No	**7a. How old was this person when first diagnosed with this illness or condition?** *At what age?*	**7b. How much do each of this person's illnesses or conditions currently interfere with what this person likes to do?** *Circle one only for each of this person's illnesses or conditions.* Not at all	Very little	Some	Quite a bit	A great deal
a. Allergies: *Please specify*_____	1	2	_____	1	2	3	4	5
b. Asthma	1	2	_____	1	2	3	4	5
c. Arthritis/rheumatism	1	2	_____	1	2	3	4	5
d. Chronic bronchitis/emphysema	1	2	_____	1	2	3	4	5
e. Chronic sinus problems	1	2	_____	1	2	3	4	5
f. Fibromyalgia	1	2	_____	1	2	3	4	5
g. High cholesterol	1	2	_____	1	2	3	4	5
h. Irritable bowel syndrome	1	2	_____	1	2	3	4	5
i. Kidney/bladder problems	1	2	_____	1	2	3	4	5
j. Liver disease	1	2	_____	1	2	3	4	5
k. Multiple sclerosis	1	2	_____	1	2	3	4	5
l. Osteoporosis	1	2	_____	1	2	3	4	5
m. Parkinson's Disease	1	2	_____	1	2	3	4	5
n. Serious back trouble	1	2	_____	1	2	3	4	5
o. Ulcer	1	2	_____	1	2	3	4	5

8. <u>During the last year</u>, how many days, if any, did this person stay in bed for more than half of the day because of illness or injury? *Write the number of days or check none.*

_____ # of Day(s) ❑ None

9. How often does this person have extreme sleepiness in the daytime when you have to struggle against falling asleep?

❑ Never or Rarely ➔ **Please go to Question 10, Page 4**

❑ Sometimes

❑ Several times a week (3-5)

❑ Every day or almost every day

9a. Has this person had this problem for a month or more?

❑ Yes ❑ No

10. On a typical <u>weekday</u>, how many hours of sleep does this person usually get, rounded to the nearest half hour (for example, 7.5 hours)?

_____ hours

11. On a typical <u>weekend</u> day, how many hours of sleep does this person usually get, rounded to the nearest half hour (for example, 7.5 hours)?

_____ hours

12. Has this person ever been told by a doctor or other health professional that this person has sleep apnea?

❑ Yes ❑ No ➔ **Please go to Question 13**

↓

12a. Has this person had any of the following treatments for sleep apnea?

a. Weight loss ❑ Yes ❑ No
b. CPAP/BiPAP ❑ Yes ❑ No
c. Surgery ❑ Yes ❑ No
d. Dental device ❑ Yes ❑ No
e. Other; *Please specify:* _____

13. How tall is this person? _____ feet _____ inches

14. How much does this person weigh? _____ pounds

15. Up to the present time, what is the most this person has ever weighed? _____pounds
(Please do not include pregnancies)

15a. How old was this person then? _____ years old

16. What is the least this person has ever weighed since this person was 18 years old? _____pounds

16a. How old was this person then? _____ years old

17. How much did this person weigh when this person was about 18 years old, about when this person graduated from high school?

_____pounds

18. How long has it been since this person… *Check only one box in response to each question below.*	Within past year	Within past 2 years	Within past 3 years	Within past 4 years	Within past 5 years	More than 5 years	Never
a. had a complete health exam or physical?	❑	❑	❑	❑	❑	❑	❑
b. had a heart or exercise stress test?	❑	❑	❑	❑	❑	❑	❑
c. had a cholesterol test?	❑	❑	❑	❑	❑	❑	❑
d. had a blood pressure check?	❑	❑	❑	❑	❑	❑	❑
e. had a flu shot?	❑	❑	❑	❑	❑	❑	❑
f. visited a chiropractor?	❑	❑	❑	❑	❑	❑	❑
g. had an eye examination?	❑	❑	❑	❑	❑	❑	❑
h. had his or her hearing checked?	❑	❑	❑	❑	❑	❑	❑
i. had a Bone Mass or Bone Density Measurement test for Osteoporosis?	❑	❑	❑	❑	❑	❑	❑
j. had a sigmoidoscopy or colonoscopy?	❑	❑	❑	❑	❑	❑	❑
k. had a blood stool test using a special kit or cards to determine whether the stool contains blood?	❑	❑	❑	❑	❑	❑	❑
l. had a shot for pneumonia?	❑	❑	❑	❑	❑	❑	❑
m. had a dental check-up?	❑	❑	❑	❑	❑	❑	❑
n. (men only) A prostate specific antigen, or "P-S-A," test is a blood test for prostate cancer. How long has it been since this person had a PSA test?	❑	❑	❑	❑	❑	❑	❑
o. (women only) had a mammogram?	❑	❑	❑	❑	❑	❑	❑
p. (women only) did a breast self-exam?	❑	❑	❑	❑	❑	❑	❑
q. (women only) had a doctor or other health professional perform a breast exam (feel the breast for lumps)?	❑	❑	❑	❑	❑	❑	❑
r. (women only) had a pelvic exam or Pap smear?	❑	❑	❑	❑	❑	❑	❑

19. What is this person's eye color? _____

20. Has this person's eye color <u>ever</u> changed?

❑ Yes ❑ No ➔ **Please go to Question 21, page 6**

↓

20a. How would you describe this person's previous eye color? _____

21. Which of the following best describes this person's use of hearing aids?

- ❑ This person has hearing aids for one or both ears and uses them regularly
- ❑ This person has hearing aids for one or both ears but do **not** use them regularly
- ❑ This person does not own hearing aids

Does this person find that any of the following problems have INCREASED for this person in the last 12 months or last 5 years?

22. Has this person experienced increased problems with... *Circle one response for each question.*	Problems increased in last 12 months? *Circle Yes or No*		Problems increased in last 5 years? *Circle Yes or No*	
a. hearing conversations in person?	Yes	No	Yes	No
b. hearing conversations on the phone?	Yes	No	Yes	No
c. understanding spoken instructions from this person's doctor, employer or other person?	Yes	No	Yes	No
d. reading small print on medicine bottles or other places?	Yes	No	Yes	No
e. understanding written instructions?	Yes	No	Yes	No

Please go to Question 24 on page 7 if this person is not married or not living in a marriage-like relationship, or if this person is widowed.

23. Would you say that this person's SPOUSE'S or PARTNER'S health is excellent, very good, good, fair or poor?

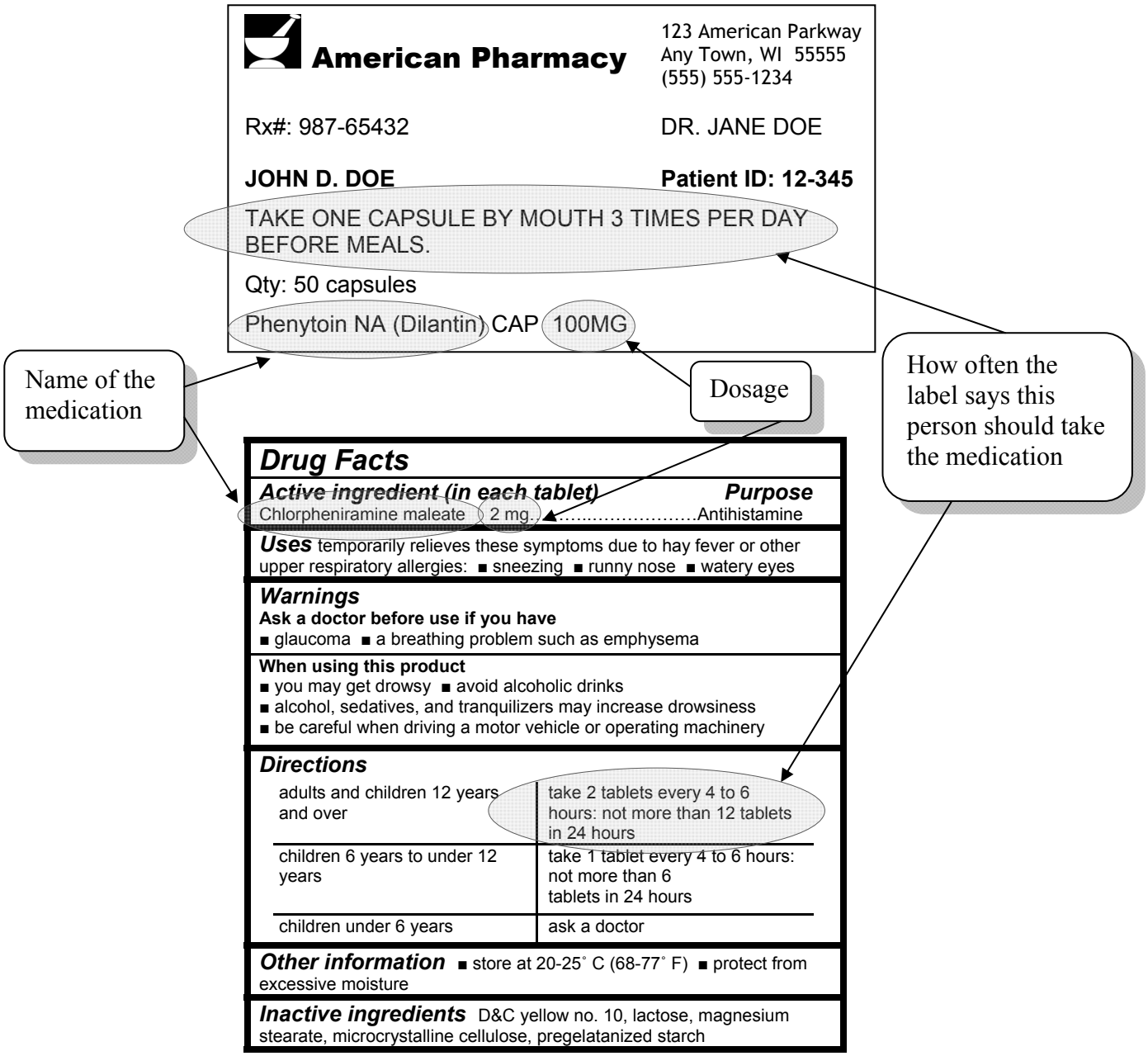
- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

24. Including living and deceased persons, have any of the following BIOLOGICAL relatives of this person had any of the following diseases?

Check all that apply and specify the type(s) of cancer.	Mother	Father	Any Brother	Any Sister	Any Son	Any Daughter
a. Don't know about this person's health/No such relative	❑	❑	❑	❑	❑	❑
b. High blood pressure (or hypertension)	❑	❑	❑	❑	❑	❑
c. High blood cholesterol	❑	❑	❑	❑	❑	❑
d. Stroke before age 65	❑	❑	❑	❑	❑	❑
e. Stroke age 65 or older	❑	❑	❑	❑	❑	❑
f. Heart attack before age 55	❑	❑	❑	❑	❑	❑
g. Heart attack age 55 or older	❑	❑	❑	❑	❑	❑
h. Diabetes (or high blood sugar)	❑	❑	❑	❑	❑	❑
i. Alzheimer's disease	❑	❑	❑	❑	❑	❑
j. Asthma	❑	❑	❑	❑	❑	❑
k. Osteoporosis	❑	❑	❑	❑	❑	❑
l. Cancer:	❑	❑	❑	❑	❑	❑
Please use the lines in each column to indicate the name of the organ or system of the body where the cancer occurred.	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

25. To understand the effect of medications on health, it is important to know about the medications that people take. In the table on the opposite page, please list all medications this person is currently taking, even those medications this person takes only occasionally. Include both prescription medications and over-the-counter medications.

Please consult the label on each of the medications this person is currently taking and provide the following information: name of the medication, dosage, and how often the label says this person should take the medication. Also, please write in the main reason this person is taking the medication, how many times this person took the medication yesterday, and in about what month and year this person began taking the medication.



25a. List all the medications this person is currently taking in the table below. Use one line for each medication.

The table provides lines for this person to list 11 medications. If this person is currently taking more medications than this, please list them on an additional piece of paper, answer the same questions about them as in the table below, and insert the piece of paper into the questionnaire.

What is the <u>name of this medication</u> on the label?	**What is the <u>dosage</u> on the label?** (e.g., 10 mg)	**How often does the label say this person should take this medication?** (e.g., once per day, as needed, etc.)	**What is the main reason this person is taking this medication?** (e.g., anxiety, cholesterol, etc.)	**Yesterday, how many times did this person take this medication?**	**In about what month and year did this person begin taking this medication?**
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year
				_____ times	_____ month _____ year

II. Health Insurance Coverage

Next, we have some questions about health insurance and healthcare coverage.

1. Currently, does this person or does this person's spouse have <u>any</u> of the following types of <u>government or public</u> health insurance or healthcare coverage that cover hospital costs or the costs of visits to the doctor?

Circle Yes or No for this person and again for this person's spouse for each type of health insurance or healthcare coverage that this person or this person's spouse may have.	Do <u>this person</u> have this?		**Does <u>this person's spouse</u> have this?** ❑ If widowed or not married, check here.	
a. Medicare Part A	Yes	No	Yes	No
b. Medicare Part B	Yes	No	Yes	No
c. Wisconsin Medicaid Program; Badgercare (a Forward Health Card); Other state Medicaid Program, (sometimes called Medical Assistance or Title XIX)	Yes	No	Yes	No
d. TRICARE for Life (a military health plan)	Yes	No	Yes	No
e. CHAMP VA (a military health plan)	Yes	No	Yes	No
f. Goes to a VA clinic and receive healthcare directly through the VA	Yes	No	Yes	No
g. HIRSP Wisconsin Health Insurance Risk Sharing Plan	Yes	No	Yes	No
h. Indian Health Service	Yes	No	Yes	No
i. Other public or government health insurance	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

2. Currently, does this person or does this person's spouse have <u>any</u> of the following types of <u>private</u> health insurance or private healthcare coverage that work with, supplement, or replace Medicare that cover hospital costs or the costs of visits to the doctor?

Circle Yes or No for this person and again for this person's spouse for each type of health insurance or healthcare coverage that this person or this person's spouse may have.	Does <u>this person</u> have this?		**Does <u>this person's spouse</u> have this?** ❑ If widowed or not married, check here.	
a. Medicare HMO: a Medicare Advantage Plan, a Medicare Private Fee for Service or "PFFS" Plan, or other Medicare HMO	Yes	No	Yes	No
b. "Medigap" Medicare supplement policy or a Medicare Select policy	Yes	No	Yes	No
c. Other health insurance that supplements Medicare	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

3. Does this person or this person's spouse currently have <u>any</u> of the following types of other <u>private</u> health insurance to cover hospital costs or the costs of visits to the doctor that do NOT supplement or replace Medicare? (Do not include long-term care, dental, vision, or plans that provide extra cash or that pay for one type of service such as cancer or accidents)

Circle Yes or No for this person and again for this person's spouse for each type of health insurance or healthcare coverage that this person or this person's spouse may have.	Does <u>this person</u> have this?		**Does <u>this person's spouse</u> have this?** ❑ If not married or widowed, check here.	
a. Individual private insurance <u>not</u> supplementing Medicare	Yes	No	Yes	No
b. Health insurance through an employer <u>not</u> supplementing Medicare	Yes	No	Yes	No
c. Other private health insurance that <u>does not</u> supplement or replace Medicare	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

The next few questions are about any insurance coverage this person or this person's spouse may have that helps pay for prescriptions.

4. Currently, is this person or this person's spouse covered by <u>any</u> of the following prescription drug insurance plans?

Circle Yes or No for this person and again for this person's spouse for each type of prescription drug insurance plan that this person or this person's spouse may have.	Is <u>this person</u> covered by this?		**Is <u>this person's spouse</u> covered by this?** ❑ If widowed or not married, check here.	
a. Wisconsin SeniorCare	Yes	No	Yes	No
b. Some other state prescription drug program	Yes	No	Yes	No
c. Medicare Advantage	Yes	No	Yes	No
d. A Medigap prescription drug benefit plan	Yes	No	Yes	No
e. Some other type of private prescription drug insurance	Yes ⬇ If yes, *please specify*: _____	No	Yes ⬇ If yes, *please specify*: _____	No

5. The Medicare Part D Prescription Drug Plan provides coverage for prescription drugs, usually through a private insurance provider. **Currently, is <u>this person's spouse</u> enrolled in a Medicare Part D prescription drug plan?**

- ❑ Yes
- ❑ No
- ❑ Not married/widowed
- ❑ Don't know

6. Currently, is <u>this person</u> enrolled in a Medicare Part D prescription drug plan?

- ❑ Yes ➔ **Please go to Question 7, page 13**
- ❑ No ➔ **Please go to Question 1, page 13, Section III**
- ❑ Don't know ➔ **Please go to Question 1, page 13, Section III**

7. What is the name of this person's current Medicare Part D prescription drug plan?

_____ Name of Medicare Part D prescription drug plan

❑ Don't know

8. What is the name of the insurance company that provides this person's current Medicare Part D prescription drug plan?

_____ Insurance company name

❑ Don't know

9. Which of the following statements best describes how this person selected his or her current Medicare Part D prescription drug plan?

❑ This person chose his or her plan.

❑ Someone chose this person's plan for him or her.

❑ This person was enrolled automatically.

III. Religion and Spirituality

Next we have a few questions about this person's religious beliefs.

1. What is this person's current religious preference?_____

1a. If Protestant, what specific Protestant denomination is that? _____

2. About how often, if at all, has this person attended religious services during the past year? _____

IV. Social Relationships

1. Is this person able to drive?

❑ Yes ❑ No ➔ **Please go to Question 2**

❑ Never drove ➔ **Please go to Question 2**

1a. Has this person driven a car in the past month?

❑ Yes
❑ No

1b. Does this person have a car available to use when this person needs one?

❑ Yes
❑ No

1c. When this person drives, does this person only drive to nearby places, or does this peron also drive on longer trips? *Check one answer only.*

❑ This person only drives to nearby places.
❑ This person drives to nearby places and also on longer trips.

2. Is this person within walking distance to public transportation such as a city bus or a subway system?

❑ Yes
❑ No
❑ Don't Know

3. In the past 30 days, about how often has this person used public transportation?

❑ Never
❑ Once or twice
❑ About once a week
❑ Almost every day

4. Has this person ever owned a pet?

❑ Yes ❑ No ➔ **Please go to Question 5**

4a. What types of pets has this person ever owned?

a. Dog ❑ Yes ❑ No
b. Cat ❑ Yes ❑ No
c. Bird ❑ Yes ❑ No
d. Fish ❑ Yes ❑ No
e. Other; *Please Specify:* _____

5. Next, we are interested in the help and support that this person receives from or gives to people (other than a spouse). We are interested here in help that is not paid for. During the past month has this person GIVEN the following kinds of help?

Kind of help GIVEN:	*Check the box for EVERYONE that this person GAVE each kind of help TO. (other than spouse)*							
	None of these people needed help	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grand-children	Other relatives	Friends, neighbors, co-workers	Members of this person's religious community
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑
d. Help with baby sitting or child care.	❑	❑	❑	❑	❑	❑	❑	❑

6. During the past month has this person RECEIVED the following kinds of help?

Kind of help RECEIVED:	*Check the box for EVERYONE that this person RECEIVED each kind of help FROM. (other than spouse)*								
	Help not needed	No one available to help	Sons or daughters *(19 or older)*	Parents	Brothers or sisters	Grand-children	Other relatives	Friends, neighbors, co-workers	Members of this person's religious community
a. Help with transportation, errands or shopping.	❑	❑	❑	❑	❑	❑	❑	❑	❑
b. Housework, yard work, repairs or other work around the house.	❑	❑	❑	❑	❑	❑	❑	❑	❑
c. Advice, encouragement, moral or emotional support.	❑	❑	❑	❑	❑	❑	❑	❑	❑
d. Help using a computer or the Internet in your home.	❑	❑	❑	❑	❑	❑	❑	❑	❑

V. Social and Civic Participation

Here are some questions about leisure time activities. Please tell us about this person's activities during the past four weeks and 5 years ago. Please write a "0" if this person do not do this activity at all.

1. How many times, if at all...	**During the past 4 weeks?**	**How often did this person do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. has this person gotten together with friends? We mean like going out together or visiting in each other's homes.	_____times	❑	❑	❑
b. Has this person gotten together socially with relatives?	_____times	❑	❑	❑

2. *For this section, please provide this person's response in* ***hours per <u>week</u>***	**During the <u>past year</u>, this person did this...**	**How often did this person do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Watching television	_____ hours per week	❑	❑	❑
b. Talking on the phone with friends or relatives	_____ hours per week	❑	❑	❑
Different types of reading (include electronic)				
c. Reading on the job	_____ hours per week	❑	❑	❑
d. Reading biographies or other non-fiction books	_____ hours per week	❑	❑	❑
e. Reading the Bible or other religious materials	_____ hours per week	❑	❑	❑
f. Reading magazines or newspapers	_____ hours per week	❑	❑	❑
g. Reading fiction	_____ hours per week	❑	❑	❑

3. *For this section, please provide this person's response in* ***hours per <u>month</u>***	**During the <u>past year</u>, this person did this...**	**How often did this person do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Letter writing (not including e-mail)	_____ hours per month	❑	❑	❑
b. Playing cards or board games, including games on a computer	_____ hours per month	❑	❑	❑
c. Painting, drawing or other art	_____ hours per month	❑	❑	❑
d. Playing a musical instrument	_____ hours per month	❑	❑	❑
e. Going to the movies	_____ hours per month	❑	❑	❑
f. Going to a lecture, concert, play, museum or similar activity	_____ hours per month	❑	❑	❑
g. Going out to a restaurant or bar	_____ hours per month	❑	❑	❑
h. Working crossword puzzles or other word games	_____ hours per month	❑	❑	❑
i. Crafts or hobbies such as needlework, woodworking, model trains, jigsaw puzzles, etc.	_____ hours per month	❑	❑	❑
j. Making home repairs, car repairs or other handy work	_____ hours per month	❑	❑	❑
k. Hunting or fishing (in season)	_____ hours per month	❑	❑	❑
l. Caring for or playing with pets	_____ hours per month	❑	❑	❑

There are many ways to get exercise, and people sometimes do these activities alone and sometimes with others. We would like to know how many hours per month this person spends on activities like the following.

4. *For this section, please provide this person's response in* ***hours per <u>month</u>***	**During the <u>past year</u>, this person did this...**	**How often did this person do this about 5 years ago?**		
		Often	**Rarely**	**Never**
a. Light physical activities that this person does alone, such as light housework, gardening, or walking by oneself	_____ hours per month	❑	❑	❑
b. Light physical activities that this person does with others, such as walking with friends, bowling, playing softball or other team sports with light activity	_____ hours per month	❑	❑	❑
c. Vigorous physical activities that this person does alone, such as jogging, swimming, biking, or going to the gym by oneself	_____ hours per month	❑	❑	❑
d. Vigorous physical activities that this person does with others such as jogging, swimming, biking, or going to the gym with friends or playing team sports	_____ hours per month	❑	❑	❑

Here is a list of clubs and organizations to which many people belong.

5. Please indicate this person's level of involvement with each activity in the <u>past 12 months</u>.

Circle one number for each question.	Not involved	Very little	Some	Quite a bit	A great deal
a. A church, temple or other place of worship	1	2	3	4	5
b. Church connected groups, but not the church itself	1	2	3	4	5
c. Labor unions	1	2	3	4	5
d. Veterans' organizations	1	2	3	4	5
e. Fraternal organizations or lodges	1	2	3	4	5
f. Business or civic groups	1	2	3	4	5
g. Parent-teachers' associations	1	2	3	4	5
h. Community centers	1	2	3	4	5
i. Organizations of people of the same nationality	1	2	3	4	5
j. Sport teams	1	2	3	4	5
k. Country club	1	2	3	4	5
l. Youth groups (Scout leader, etc.)	1	2	3	4	5
m. Professional groups	1	2	3	4	5
n. Political clubs or organizations	1	2	3	4	5
o. Neighborhood improvement organizations	1	2	3	4	5
p. Charity or welfare organizations	1	2	3	4	5
q. Hobby groups	1	2	3	4	5
r. A group for senior men or women (e.g., Red Hat Society)	1	2	3	4	5
s. Other; *Please specify*_____	1	2	3	4	5
t. Other; *Please specify*_____	1	2	3	4	5

VI. End

Thank you for your cooperation and assistance on behalf of this person. A report on the results will be sent to you as soon as possible after all interviews have been completed. This report will not identify you personally.

Is there an e-mail address where we can send you information about the Wisconsin Longitudinal Study?

❑ Yes, my e-mail address is _____

(The Wisconsin Longitudinal Study will never share your e-mail address with anyone else.)

❑ No

Did you complete this on your own or work with someone else?

❑ On Own

❑ With the participant

❑ With someone else: Who? _____

Please tell us approximately how long it took you to complete this questionnaire.

_____

Please return your questionnaire in the postage-paid envelope to the:

Wisconsin Longitudinal Study
UW Survey Center
630 W. Mifflin St. Room 174
Madison, WI 53703

If you would need us to send another postage-paid envelope to you, please call us at 1-866-891-2492.

Thank you and please feel free to contact us with any questions or comments you may have at: wls@wisls.info

Leave-Behind Non-Normative SAQ

Return to Tab 8

PLEASE ANSWER AS MANY QUESTIONS AS YOU CAN.
SOME QUESTIONS MAY NOT APPLY TO EVERYONE.

Our first questions are about your son or daughter's physical health.

1. What is your son's or daughter's approximate height and weight?

Height _____ Weight _____

2. Does your son or daughter currently smoke on a regular basis?

_____ No *(Skip to Q.3)* _____ Yes *(Answer Q.2a)*

2a. How many years has he/she been smoking?

_____ Number of years

3. How would you rate your son's or daughter's overall health <u>at the present time</u>?
(Check only one.)

_____ Excellent
_____ Very good
_____ Good
_____ Fair
_____ Poor

4. Does your son or daughter have any trouble walking one block because of a health problem?

_____ No _____ Yes

5. Does your son or daughter have trouble walking uphill or climbing a few flights of stairs because of a health problem?

_____ No _____ Yes

6. Does your son or daughter exercise on a <u>regular basis</u>? *(A "regular basis" is weekly or more often, and does *<u>**not**</u>* include walking just to get somewhere; must be for exercise.)*

_____ No _____ Yes

7. Below is a list of common, serious health problems. For each one, please check 'yes' if your son or daughter has ever been told by a doctor that he/she has this health problem. *(Note: If it is an occasional problem, check 'Yes'.)*

To the best of your knowledge, has your son or daughter ever been told by a doctor that he/she has any of the following diagnoses?			
Diagnosis	Check (✔) if **YES**	Diagnosis	Check (✔) if **YES**
a. Allergies		p. High cholesterol	
b. Anemia		q. Kidney/bladder problems	
c. Arthritis		r. Liver problems (chronic)	
d. Asthma		s. Memory problems	
e. Back problems (serious)		t. Multiple sclerosis	
f. Cancer		u. Osteoporosis or brittle bones	
g. Colitis		v. Parkinson's disease	
h. Dental problems (persistent trouble with his/her teeth)		w. Recurring stomach trouble, indigestion, or diarrhea	
i. Diabetes		x. Shortness of breath	
j. Emphysema or chronic bronchitis		y. Skin problems	
k. Foot problems (persistent trouble with bunions, ingrown toenails, etc.)		z. Stroke	
l. Hearing problems or hearing loss		aa. Thyroid problem	
m. Heart attack		bb. Ulcer	
n. Heart disease		cc. Visual impairment (uncorrected)	
o. High blood pressure or hypertension		dd. Other (specify): _____	

8. Many people with a disability take a variety of prescription medications. We are interested in the medications your son or daughter is currently taking.

Does your son or daughter currently take prescription medications?

_____ No *(Skip to Q.9)*
_____ Yes *(Please complete the table below.)*
_____ Don't know *(Skip to Q.9)*

Name of medication	**Purpose primarily prescribed for:**	**How effective is it?** ***(Circle one per medication.)***		
		Not at all effective	**Some-what effective**	**Very effective**
a.		0	1	2
b.		0	1	2
c.		0	1	2
d.		0	1	2
e.		0	1	2
f.		0	1	2
g.		0	1	2
h.		0	1	2
i.		0	1	2

9. We are interested in the services your son or daughter currently receives.

Indicate all the services received currently:	**Is the service received?**	**If no➜**	**If this service is NOT RECEIVED, is it needed or not needed?** *(Circle one response.)*	
CASE MANAGEMENT SERVICES, which involve a person who helps to coordinate services, may help find a job, find housing, or help with daily living activities?	Yes No ➜	**If no➜**	Needed	Not needed
RECREATIONAL OR SOCIAL ACTIVITIES, provided by an organization or agency, such as bowling, dances, or other organized activities?	Yes No ➜	**If no➜**	Needed	Not needed
TRANSPORTATION SERVICES ?	Yes No ➜	**If no➜**	Needed	Not needed
INCOME SUPPORT SERVICES, such as SSDI (Social Security Disability Insurance) or SSI (Supplemental Security Income)?	Yes No ➜	**If no➜**	Needed	Not needed
MEDICAL ASSISTANCE OR MEDICAID?	Yes No ➜	**If no➜**	Needed	Not needed
CRISIS INTERVENTION PROGRAMS, including crisis respite services?	Yes No ➜	**If no➜**	Needed	Not needed
PSYCHOLOGICAL OR PSYCHIATRIC SERVICES, such as therapy, counseling, medication review, or behavioral consultation?	Yes No ➜	**If no➜**	Needed	Not needed
PHYSICAL THERAPY, which is a specialized service to help with gross motor skills, but not general exercise?	Yes No ➜	**If no➜**	Needed	Not needed
OCCUPATIONAL THERAPY, which is a specialized service to help with small motor exercises, such as writing, using scissors, or self-help skills?	Yes No ➜	**If no➜**	Needed	Not needed
SPEECH THERAPY?	Yes No ➜	**If no➜**	Needed	Not needed
RESPITE SERVICES?	Yes No ➜	**If no➜**	Needed	Not needed

10. Next, we are interested in things that your son or daughter may do for you. Please indicate if he/she gives you no help, a little, some, or a lot of help with the following tasks.

How much does your son or daughter:		**None**	**A little**	**Some**	**A lot**
a.	Help you out with indoor household tasks (e.g., cleaning, vacuuming, etc.)?	0	1	2	3
b.	Help you with outdoor household tasks (e.g., yard work, shoveling snow, etc.)?	0	1	2	3
c.	Help you by preparing meals?	0	1	2	3
d.	Drive you places that you need to go (e.g., to an appointment, shopping, etc.)?	0	1	2	3
e.	Share household expenses?	0	1	2	3
f.	Help you with your shopping for food, groceries and other things?	0	1	2	3
g.	Help you out when you are sick?	0	1	2	3
h.	Listen to your problems and provide advice?	0	1	2	3
i.	Provide companionship?	0	1	2	3

11. These questions pertain to how you feel about your son or daughter.

Please read each of the following statements and answer either "true" or "false" depending on how accurate you feel the statement is for you.

		False	True
a.	I worry about what will happen to my son/daughter when I can no longer take care of him/her.	0	1
b.	I have accepted the fact that my son/daughter might have to live out his/her life in some special setting (such as a group home).	0	1
c.	It bothers me that my son/daughter will always be this way.	0	1
d.	My son/daughter doesn't do as much as he/she should be able to do.	0	1
e.	My son/daughter is over-protected.	0	1
f.	My son/daughter has too much time on his/her hands.	0	1
g.	I am disappointed that my son/daughter does not lead a normal life.	0	1
h.	Time drags for my son/daughter, especially free time.	0	1
i.	I worry about what will be done with my son/daughter when he/she gets older.	0	1
j.	My son/daughter will always be a problem to us.	0	1

12. Please circle the number that corresponds to the answer that best describes your response to each statement. *(Please circle only one response per row.)*

0 = Not At All 1 = Somewhat 2 = Extremely		**Not At All**	**Somewhat**	**Extremely**
a.	I feel resentful of other relatives who could, but who do not, do things for my son/daughter.	0	1	2
b.	I feel that my son/daughter makes requests which I perceive to be over and above what he/she needs.	0	1	2
c.	Because of my involvement with my son/daughter, I don't have enough time for myself.	0	1	2
d.	I feel stressed between trying to give to my son/daughter as well as to other family responsibilities, job, etc.	0	1	2
e.	I feel embarrassed over my son's/daughter's behavior.	0	1	2
f.	I feel guilty about my interactions with my son/daughter.	0	1	2
g.	I feel that I don't do as much for my son/daughter as I could or should.	0	1	2
h.	I feel angry about my interactions with my son/daughter.	0	1	2
i.	I feel that in the past, I haven't done as much for my son/daughter as I could have or should have.	0	1	2

0 = Not At All 1 = Somewhat 2 = Extremely		Not At All	Somewhat	Extremely
j.	I feel nervous or depressed about my interactions with my son/daughter.	0	1	2
k.	I feel that my son/daughter currently affects my relationships with other family members and friends in a negative way.	0	1	2
l.	I feel resentful about my interactions with my son/daughter.	0	1	2
m.	I am afraid of what the future holds for my son/daughter.	0	1	2
n.	I feel pleased about my interactions with my son/daughter.	0	1	2
o.	It is painful to watch my son/daughter age.	0	1	2
p.	I feel useful in my interactions with my son/daughter.	0	1	2
q.	I feel my son/daughter is dependent.	0	1	2
r.	I feel strained in my interactions with my son/daughter.	0	1	2
s.	I feel that my health has suffered because of my involvement with my son/daughter.	0	1	2
t.	I feel that I am contributing to the well-being of my son/daughter.	0	1	2

0 = Not At All 1 = Somewhat 2 = Extremely		Not At All	Somewhat	Extremely
u.	I feel that the present situation with my son/daughter doesn't allow me as much privacy as I'd like.	0	1	2
v.	I feel that my social life has suffered because of my involvement with my son/daughter.	0	1	2
w.	I wish that my son/daughter and I had a better relationship.	0	1	2
x.	I feel that my son/daughter doesn't appreciate what I do for him/her as much as I would like.	0	1	2
y.	I feel uncomfortable when I have friends over.	0	1	2
z.	I feel that my son/daughter tries to manipulate me.	0	1	2
aa.	I feel that my son/daughter seems to expect me to take care of him/her as if I were the only one he/she could depend on.	0	1	2
bb.	I feel that I don't have enough money to support my son/daughter in addition to the rest of our expenses.	0	1	2
cc.	I feel that I would like to be able to provide more money to support my son/daughter than I am able to now.	0	1	2
dd.	I worry about what will happen to my son/daughter when I can no longer care for him/her.	0	1	2

13. Sometimes people discover strengths and skills they never knew they had when a family member has a long-term disability. How about you? *(Please circle only one per row.)*

How much have you . . .	**Not at All**	**Just a Little**	**Somewhat**	**Very Much**
a. Become more aware of your inner strengths?	0	1	2	3
b. Become more self-confident?	0	1	2	3
c. Gotten a better idea of what is important in life?	0	1	2	3
d. Gained a sense of fulfilling your duty?	0	1	2	3
e. Grown as a person?	0	1	2	3
f. Learned to do things you didn't do before?	0	1	2	3
g. Become closer to your family?	0	1	2	3
h. Become more sensitive to persons with disabilities?	0	1	2	3
i. Made new friends?	0	1	2	3
j. Become more patient?	0	1	2	3

14. Most parents caring for a child with a disability have both positive and negative experiences related to the care of their son or daughter. Do you think your experiences as a parent have been mostly positive or mostly negative?

_____Mostly positive _____Mostly negative

15. What have been the positive things you have experienced in coping with your son's or daughter's condition?

16. What have been the negative things you have experienced in coping with your son's or daughter's condition?

If there is anything else you'd like to tell us about your son or daughter, please feel free to comment here:

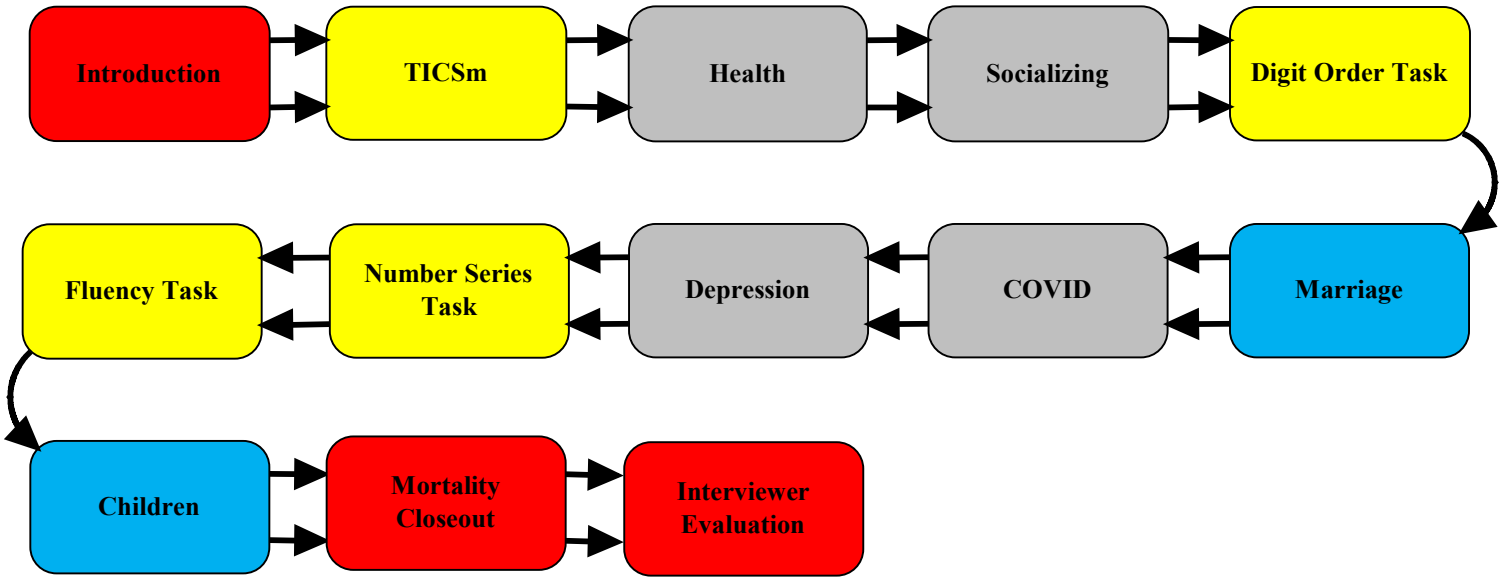
Thank you for taking the time to complete these questions!

Please return this survey in the business-reply envelope provided,
along with your completed WLS survey.
If you happen to have misplaced or already used the business-reply envelope,
please call 1-866-891-2492 to request that a new envelope be sent to you,
or use a regular envelope to mail the survey directly to:

University of Wisconsin Survey Center
630 W. Mifflin St. Room B174
Madison, WI 53703-2636

Flowcharts for 2020 Survey of Graduates & Siblings

2020 ILIAD Overview



INTRODUCTION

>Intro1< Hello, my name is (name). I'm calling on behalf of the Wisconsin Longitudinal Study. May I please speak to (name)?

>Expl< Thank you for your past participation in the WLS. Today we would like to invite you to do a brief interview by phone that will take about 30 minutes. As a token of our appreciation, you will receive 25 dollars upon completion of this interview. We will ask about your health, your social life, memory and thinking, and your family. The purpose of the study is to continue to explore how your earlier life experiences shape your current well-being.
Are you able to talk with me for about 30 minutes now?

Yes

>idconfim< IF GRAD: Just to confirm, are you the (name) who was enrolled at (high school) in 1957?
IF SIB: Just to confirm, are you the (brother/sister) of (name) who was enrolled at (this high school) in 1957?

No/ Don't Know

Yes

>ID_noconfirm< I'm sorry. Right now we don't have enough information to verify that we've reached the right person. A supervisor may get in touch with you to follow up. Do you remember participating in the Wisconsin Longitudinal Study at any time within the past 10 years?

No/ Don't Know

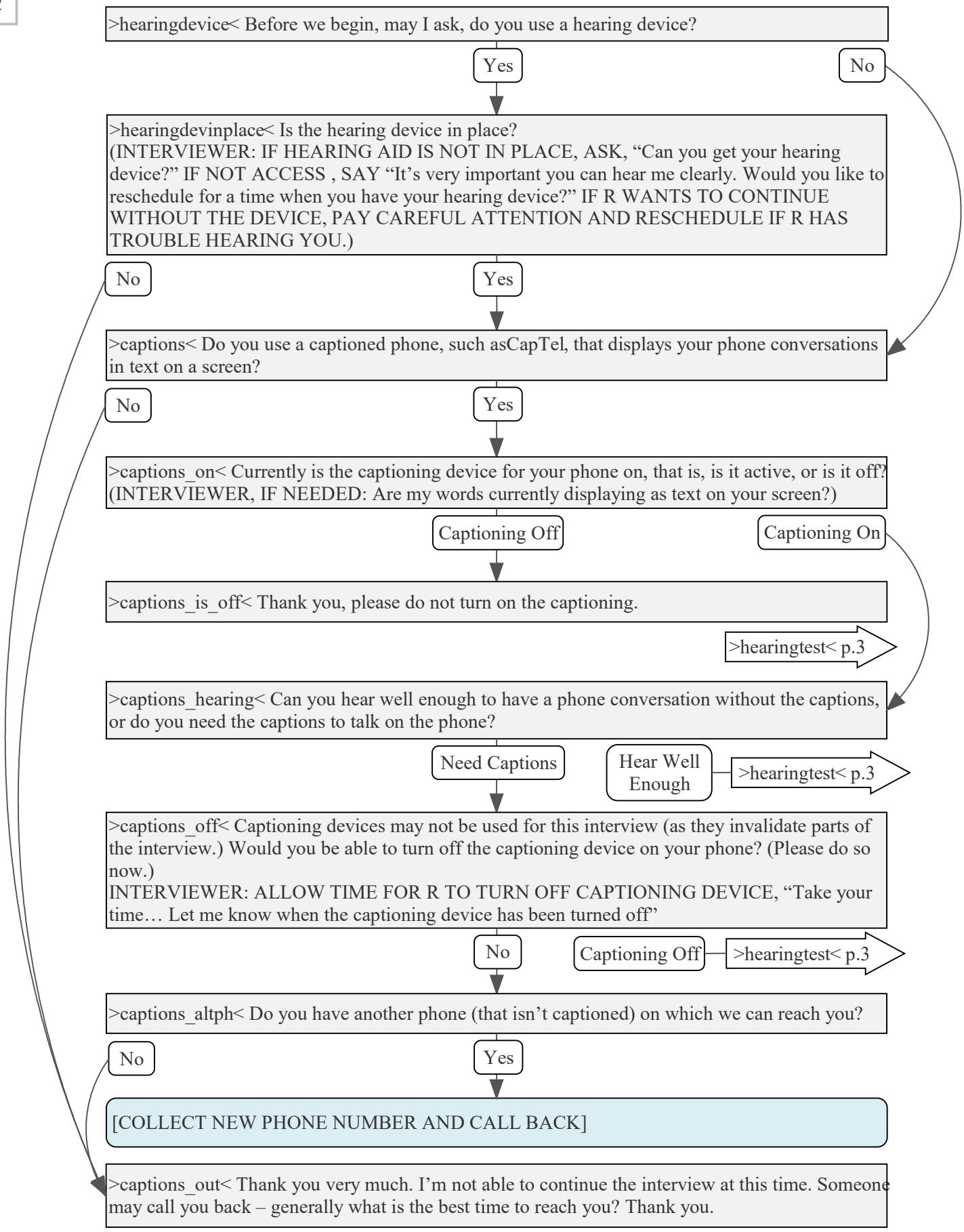
Yes

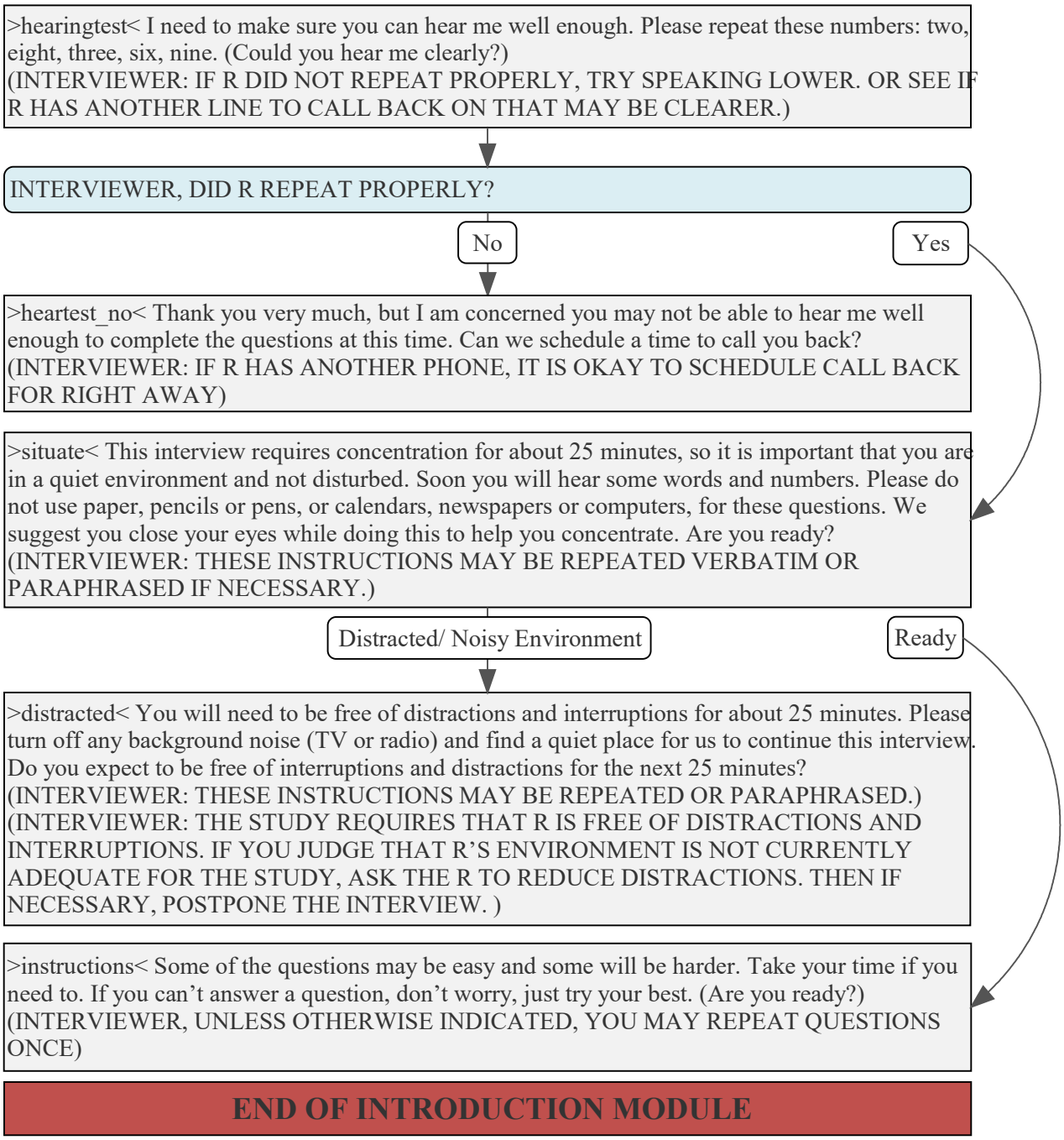
INT: PROBE FOR ANY INFORMATION R MAY RECALL FROM PREVIOUS PARTICIPATION

INT: EXIT – PUT ON HOLD FOR REVIEW

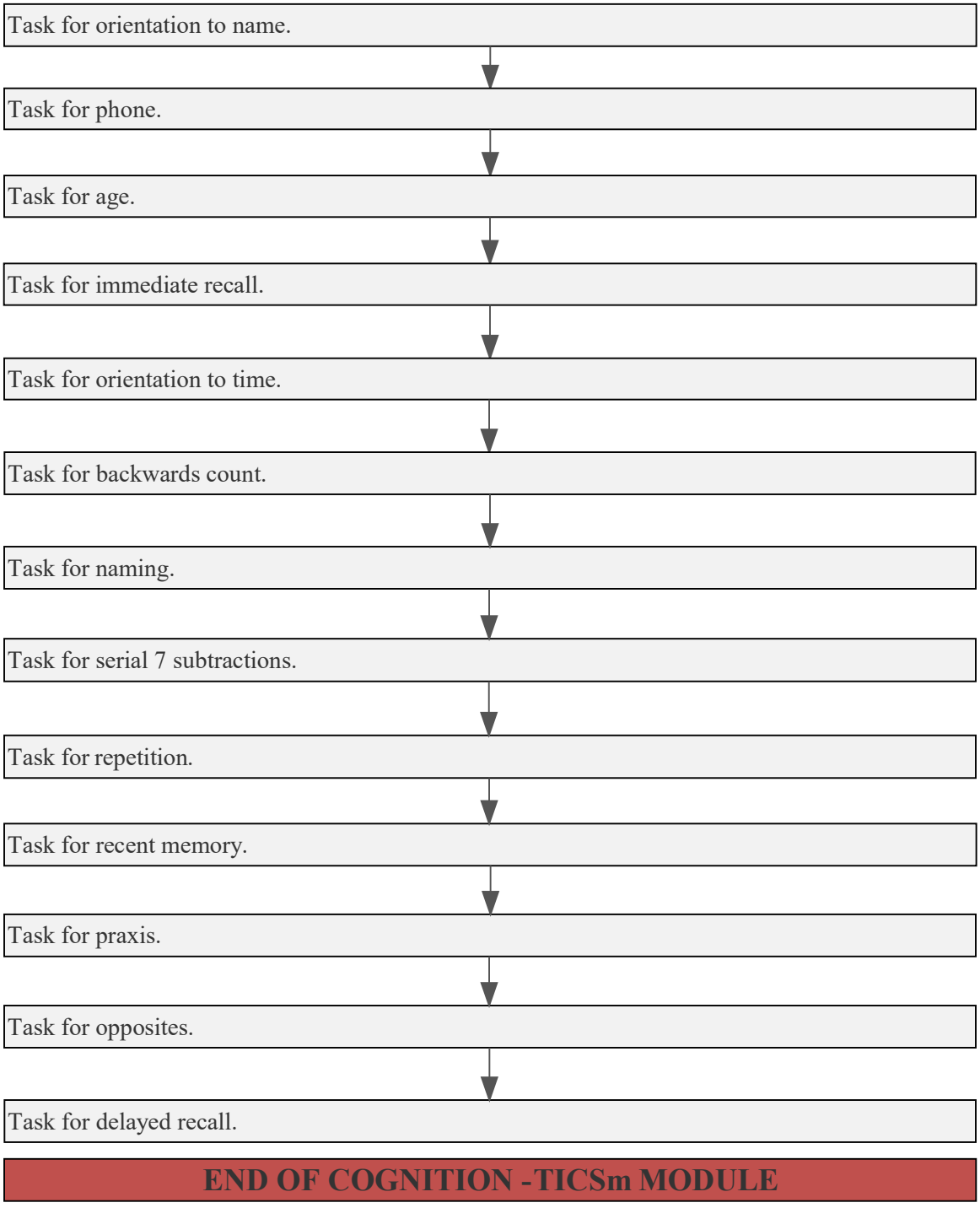
>cnfd< The information you give us during this interview will be combined with information you've shared with us previously. Because of their value, data from this interview will be kept indefinitely. Data will only be shared with other researchers after all identifying information has been removed.
Your participation is completely voluntary. If you prefer not to answer any question, just tell me so, and I will go on to the next question. You can end your participation at any time with no negative consequences. All of your answers will be kept strictly confidential. There are no substantial risks to you to participate. There is a very small risk that your information could become known to someone not involved in this study, though we make every effort to ensure that does not happen. Although you won't receive any direct benefit by being interviewed, your help with this research is greatly appreciated.
Do you have any questions about the WLS or about participating before we begin?
(INTERVIEWER, IF NECESSARY: "I can give you the number for the project director, or have her call you." PROJECT DIRECTOR: VICKILEIN - 608-263-3427)

>PermRecord< For quality control and research purposes, we would like to record this interview. Again, this will only be used for quality control and research and never released to the public. May I have your permission to record this interview?


>hearingdevice< Before we begin, may I ask, do you use a hearing device?
Yes
No
>hearingdevinplace< Is the hearing device in place?
(INTERVIEWER: IF HEARING AID IS NOT IN PLACE, ASK, "Can you get your hearing device?" IF NOT ACCESS , SAY "It's very important you can hear me clearly. Would you like to reschedule for a time when you have your hearing device?" IF R WANTS TO CONTINUE WITHOUT THE DEVICE, PAY CAREFUL ATTENTION AND RESCHEDULE IF R HAS TROUBLE HEARING YOU.)
No
Yes
>captions< Do you use a captioned phone, such asCapTel, that displays your phone conversations in text on a screen?
No
Yes
>captions_on< Currently is the captioning device for your phone on, that is, is it active, or is it off?
(INTERVIEWER, IF NEEDED: Are my words currently displaying as text on your screen?)
Captioning Off
Captioning On
>captions_is_off< Thank you, please do not turn on the captioning.
>hearingtest< p.3
>captions_hearing< Can you hear well enough to have a phone conversation without the captions, or do you need the captions to talk on the phone?
Need Captions
Hear Well Enough
>hearingtest< p.3
>captions_off< Captioning devices may not be used for this interview (as they invalidate parts of the interview.) Would you be able to turn off the captioning device on your phone? (Please do so now.)
INTERVIEWER: ALLOW TIME FOR R TO TURN OFF CAPTIONING DEVICE, "Take your time… Let me know when the captioning device has been turned off"
No
Captioning Off
>hearingtest< p.3
>captions_altph< Do you have another phone (that isn't captioned) on which we can reach you?
No
Yes
[COLLECT NEW PHONE NUMBER AND CALL BACK]
>captions_out< Thank you very much. I'm not able to continue the interview at this time. Someone may call you back – generally what is the best time to reach you? Thank you.


>hearingtest< I need to make sure you can hear me well enough. Please repeat these numbers: two, eight, three, six, nine. (Could you hear me clearly?)
(INTERVIEWER: IF R DID NOT REPEAT PROPERLY, TRY SPEAKING LOWER. OR SEE IF R HAS ANOTHER LINE TO CALL BACK ON THAT MAY BE CLEARER.)
INTERVIEWER, DID R REPEAT PROPERLY?
No
Yes
>heartest_no< Thank you very much, but I am concerned you may not be able to hear me well enough to complete the questions at this time. Can we schedule a time to call you back?
(INTERVIEWER: IF R HAS ANOTHER PHONE, IT IS OKAY TO SCHEDULE CALL BACK FOR RIGHT AWAY)
>situate< This interview requires concentration for about 25 minutes, so it is important that you are in a quiet environment and not disturbed. Soon you will hear some words and numbers. Please do not use paper, pencils or pens, or calendars, newspapers or computers, for these questions. We suggest you close your eyes while doing this to help you concentrate. Are you ready?
(INTERVIEWER: THESE INSTRUCTIONS MAY BE REPEATED VERBATIM OR PARAPHRASED IF NECESSARY.)
Distracted/ Noisy Environment
Ready
>distracted< You will need to be free of distractions and interruptions for about 25 minutes. Please turn off any background noise (TV or radio) and find a quiet place for us to continue this interview. Do you expect to be free of interruptions and distractions for the next 25 minutes?
(INTERVIEWER: THESE INSTRUCTIONS MAY BE REPEATED OR PARAPHRASED.)
(INTERVIEWER: THE STUDY REQUIRES THAT R IS FREE OF DISTRACTIONS AND INTERRUPTIONS. IF YOU JUDGE THAT R'S ENVIRONMENT IS NOT CURRENTLY ADEQUATE FOR THE STUDY, ASK THE R TO REDUCE DISTRACTIONS. THEN IF NECESSARY, POSTPONE THE INTERVIEW.)
>instructions< Some of the questions may be easy and some will be harder. Take your time if you need to. If you can't answer a question, don't worry, just try your best. (Are you ready?)
(INTERVIEWER, UNLESS OTHERWISE INDICATED, YOU MAY REPEAT QUESTIONS ONCE)
END OF INTRODUCTION MODULE

COGNITION - TICSm



HEALTH

>x_health1< How would you rate your health at the present time? Is it very poor, poor, fair, good or excellent?

>x_health3a< Think about how your current health affects activities you might do during a typical day. Now, moderate activities include such things as moving a table, pushing a vacuum cleaner, bowling, or playing golf. How much does your current health limit you in moderate activities? Does it limit you a lot, a little, or not at all?

>x_ health3b< How much does your current health limit you in climbing several flights of stairs? Does it limit you a lot, a little, or not at all?

>x_health4 < Currently, do you have any difficulty...
a …lifting and carrying something as heavy as 10 lbs - such as a bag of groceries?
b …lifting and carrying something as heavy as 25 lbs - such as a bag of pet food?
c …pushing and pulling large objects such as a living room chair?
d …standing or being on your feet for one hour?
e …sitting for one hour?
f …stooping, crouching or kneeling?
g ...reaching over your head?
h ...climbing one flight of stairs?

>x_x1a2< Has a doctor ever told you that you have any of the following: High blood pressure or hypertension? IF YES: In what year was that first diagnosed?

>x_x1a3g< (Has a doctor ever told you that you have:) High blood sugar? IF YES: In what year was that first diagnosed?

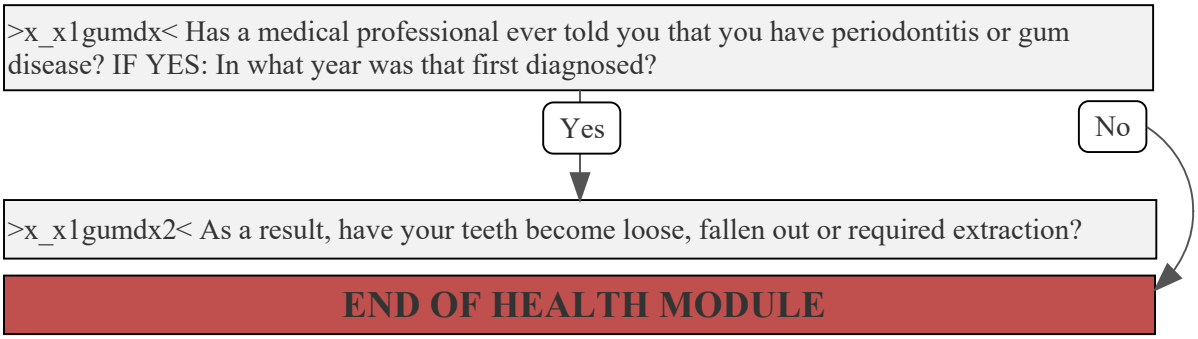
>x_x1a3< (Has a doctor ever told you that you have:) Diabetes? IF YES: In what year was that first diagnosed?

>x_x1a4< (Has a doctor ever told you that you have:) Cancer or a malignant tumor not including minor skin cancers? IF YES: In what year was that first diagnosed?

>x_x1a5< (Has a doctor ever told you that you had:) A heart attack, coronary heart disease, angina, congestive heart failure, or A-fib, that is atrial fibrillation? IF YES: In what year was that first diagnosed?

>x_x1a6< (Has a doctor ever told you that you had:) A stroke? IF YES: In what year was that first diagnosed?

>x_x1a6< (Has a doctor ever told you that you had:) A stroke? IF YES: In what year was that first diagnosed?


>x_x1gumdx< Has a medical professional ever told you that you have periodontitis or gum disease? IF YES: In what year was that first diagnosed?
Yes
No
>x_x1gumdx2< As a result, have your teeth become loose, fallen out or required extraction?
END OF HEALTH MODULE

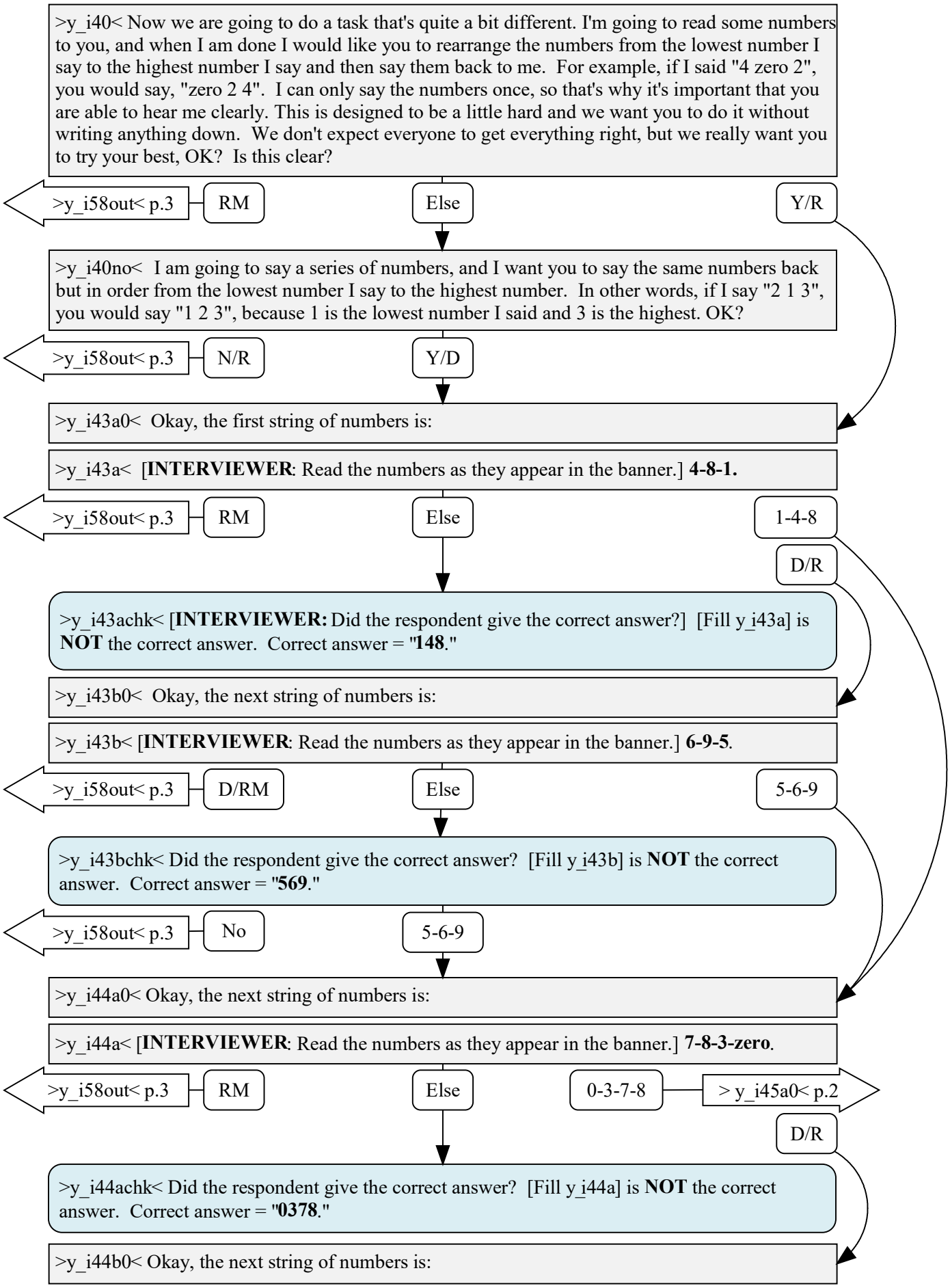
SOCIALIZING

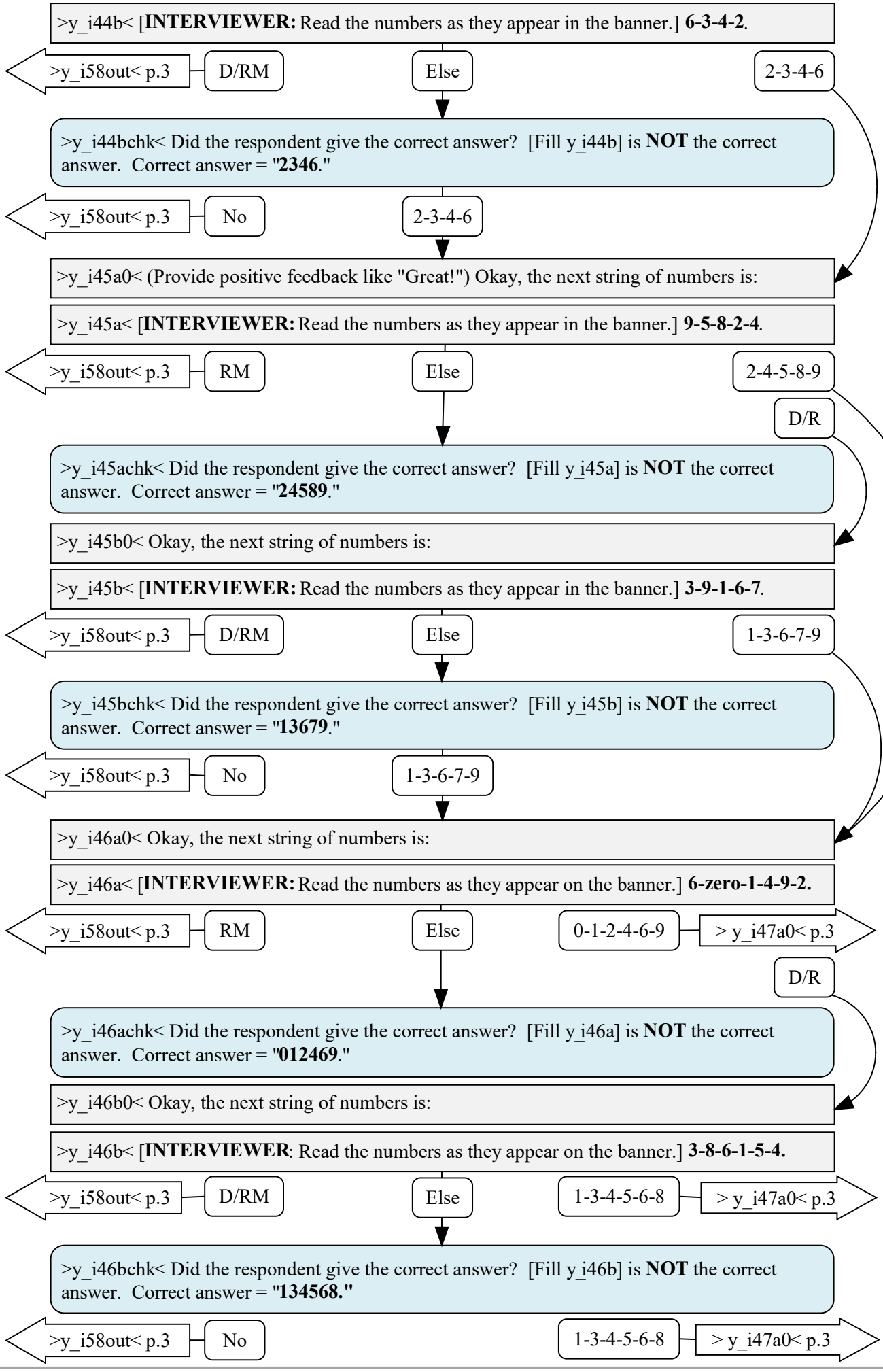
>x_social1< We know these are unusual times. However, we'd like you to tell us only about your experiences over the past four weeks. During the past**four weeks**, how many times, if at all, have you gotten together with family, visiting in each other's home, or meeting together elsewhere?
(INTERVIEWER, IF ASKED: MAY INCLUDE FAMILY WITH WHOM R LIVES)
(INTERVIEWER, IF R ASKS OR MENTIONS THEY MET VIRTUALLY, SAY: "For this question we are interested only in the times you got together with family in the same place (or the same physical location).")

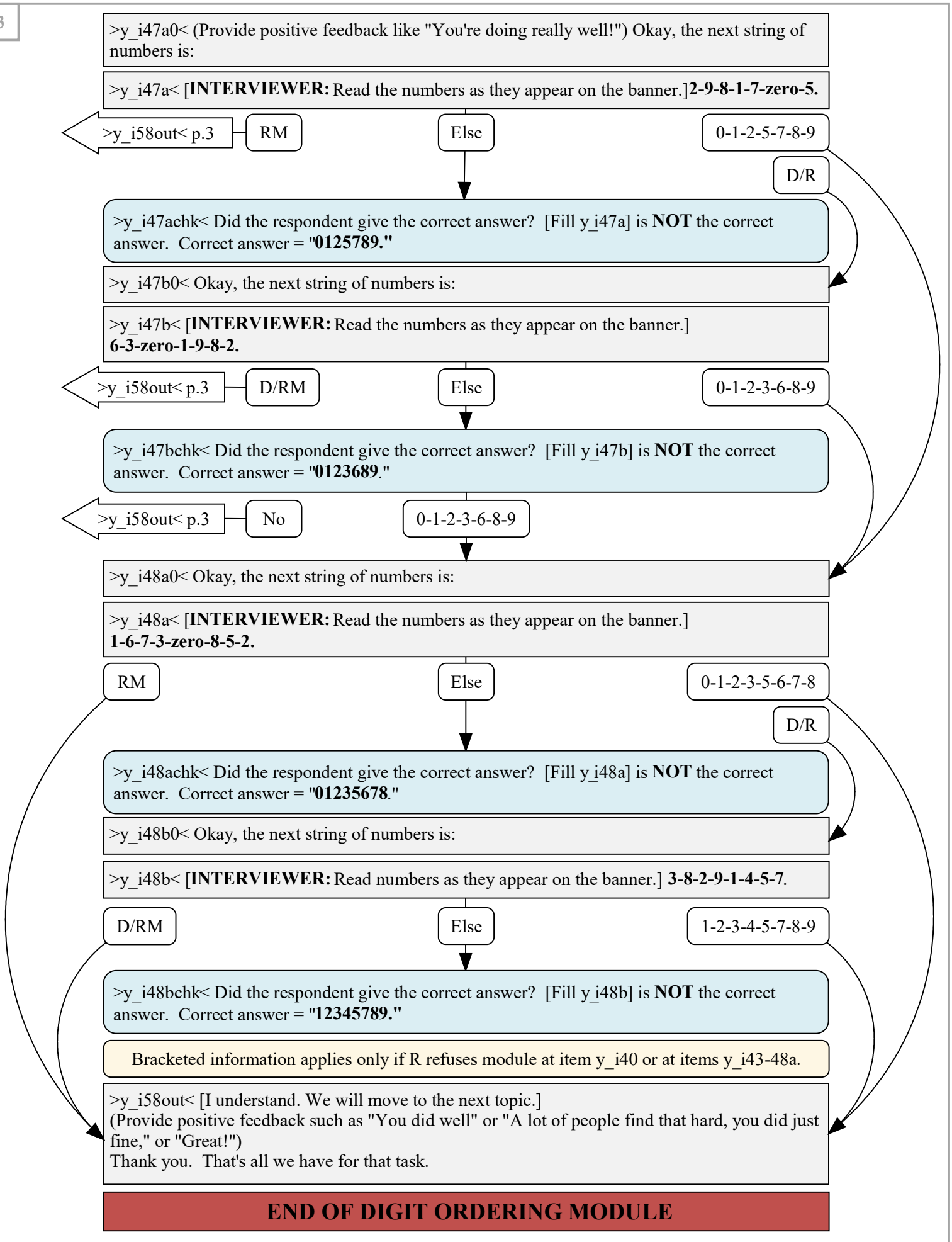
>x_social2< During the past **four weeks**, how many times, if at all, have you gotten together with friends, visiting in each other's home, or meeting together elsewhere?
(INTERVIEWER, IF ASKED: MAY INCLUDE FRIENDS WITH WHOM R LIVES)
(INTERVIEWER, IF R ASKS OR MENTIONS THEY MET VIRTUALLY, SAY: "For this question we are interested only in the times you got together with friends in the same place (or the same physical location).")

END OF SOCIALIZING MODULE

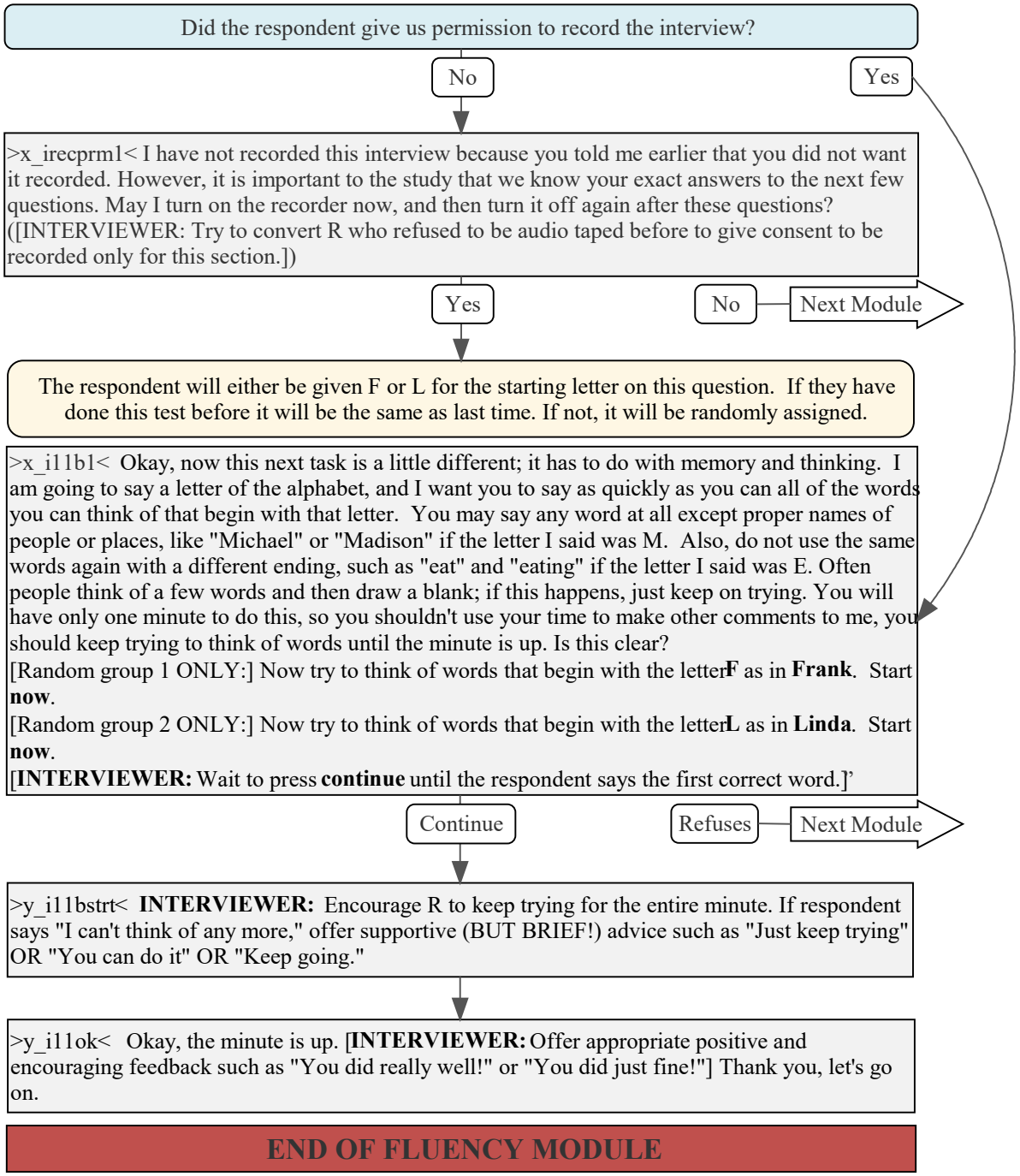
COGNITION--DIGIT ORDERING




>y_i44b< [INTERVIEWER: Read the numbers as they appear in the banner.] 6-3-4-2.
>y_i58out< p.3
D/RM
Else
2-3-4-6
>y_i44bchk< Did the respondent give the correct answer? [Fill y_i44b] is NOT the correct answer. Correct answer = "2346."
>y_i58out< p.3
No
2-3-4-6
>y_i45a0< (Provide positive feedback like "Great!") Okay, the next string of numbers is:
>y_i45a< [INTERVIEWER: Read the numbers as they appear in the banner.] 9-5-8-2-4.
>y_i58out< p.3
RM
Else
2-4-5-8-9
D/R
>y_i45achk< Did the respondent give the correct answer? [Fill y_i45a] is NOT the correct answer. Correct answer = "24589."
>y_i45b0< Okay, the next string of numbers is:
>y_i45b< [INTERVIEWER: Read the numbers as they appear in the banner.] 3-9-1-6-7.
>y_i58out< p.3
D/RM
Else
1-3-6-7-9
>y_i45bchk< Did the respondent give the correct answer? [Fill y_i45b] is NOT the correct answer. Correct answer = "13679."
>y_i58out< p.3
No
1-3-6-7-9
>y_i46a0< Okay, the next string of numbers is:
>y_i46a< [INTERVIEWER: Read the numbers as they appear on the banner.] 6-zero-1-4-9-2.
>y_i58out< p.3
RM
Else
0-1-2-4-6-9
> y_i47a0< p.3
D/R
>y_i46achk< Did the respondent give the correct answer? [Fill y_i46a] is NOT the correct answer. Correct answer = "012469."
>y_i46b0< Okay, the next string of numbers is:
>y_i46b< [INTERVIEWER: Read the numbers as they appear on the banner.] 3-8-6-1-5-4.
>y_i58out< p.3
D/RM
Else
1-3-4-5-6-8
> y_i47a0< p.3
>y_i46bchk< Did the respondent give the correct answer? [Fill y_i46b] is NOT the correct answer. Correct answer = "134568."
>y_i58out< p.3
No
1-3-4-5-6-8
> y_i47a0< p.3


>y_i47a0< (Provide positive feedback like "You're doing really well!") Okay, the next string of numbers is:
>y_i47a< [INTERVIEWER: Read the numbers as they appear on the banner.]2-9-8-1-7-zero-5.
>y_i58out< p.3
RM
Else
0-1-2-5-7-8-9
D/R
>y_i47achk< Did the respondent give the correct answer? [Fill y_i47a] is NOT the correct answer. Correct answer = "0125789."
>y_i47b0< Okay, the next string of numbers is:
>y_i47b< [INTERVIEWER: Read the numbers as they appear on the banner.] 6-3-zero-1-9-8-2.
>y_i58out< p.3
D/RM
Else
0-1-2-3-6-8-9
>y_i47bchk< Did the respondent give the correct answer? [Fill y_i47b] is NOT the correct answer. Correct answer = "0123689."
>y_i58out< p.3
No
0-1-2-3-6-8-9
>y_i48a0< Okay, the next string of numbers is:
>y_i48a< [INTERVIEWER: Read the numbers as they appear on the banner.] 1-6-7-3-zero-8-5-2.
RM
Else
0-1-2-3-5-6-7-8
D/R
>y_i48achk< Did the respondent give the correct answer? [Fill y_i48a] is NOT the correct answer. Correct answer = "01235678."
>y_i48b0< Okay, the next string of numbers is:
>y_i48b< [INTERVIEWER: Read numbers as they appear on the banner.] 3-8-2-9-1-4-5-7.
D/RM
Else
1-2-3-4-5-7-8-9
>y_i48bchk< Did the respondent give the correct answer? [Fill y_i48b] is NOT the correct answer. Correct answer = "12345789."
Bracketed information applies only if R refuses module at item y_i40 or at items y_i43-48a.
>y_i58out< [I understand. We will move to the next topic.]
(Provide positive feedback such as "You did well" or "A lot of people find that hard, you did just fine," or "Great!")
Thank you. That's all we have for that task.
END OF DIGIT ORDERING MODULE

FLUENCY


Did the respondent give us permission to record the interview?
No
Yes
>x_irecprm1< I have not recorded this interview because you told me earlier that you did not want it recorded. However, it is important to the study that we know your exact answers to the next few questions. May I turn on the recorder now, and then turn it off again after these questions? ([INTERVIEWER: Try to convert R who refused to be audio taped before to give consent to be recorded only for this section.])
Yes
No
Next Module
The respondent will either be given F or L for the starting letter on this question. If they have done this test before it will be the same as last time. If not, it will be randomly assigned.
>x_i11b1< Okay, now this next task is a little different; it has to do with memory and thinking. I am going to say a letter of the alphabet, and I want you to say as quickly as you can all of the words you can think of that begin with that letter. You may say any word at all except proper names of people or places, like "Michael" or "Madison" if the letter I said was M. Also, do not use the same words again with a different ending, such as "eat" and "eating" if the letter I said was E. Often people think of a few words and then draw a blank; if this happens, just keep on trying. You will have only one minute to do this, so you shouldn't use your time to make other comments to me, you should keep trying to think of words until the minute is up. Is this clear?
[Random group 1 ONLY:] Now try to think of words that begin with the letter F as in Frank. Start now.
[Random group 2 ONLY:] Now try to think of words that begin with the letter L as in Linda. Start now.
[INTERVIEWER: Wait to press continue until the respondent says the first correct word.]'
Continue
Refuses
Next Module
>y_i11bstrt< INTERVIEWER: Encourage R to keep trying for the entire minute. If respondent says "I can't think of any more," offer supportive (BUT BRIEF!) advice such as "Just keep trying" OR "You can do it" OR "Keep going."
>y_i11ok< Okay, the minute is up. [INTERVIEWER: Offer appropriate positive and encouraging feedback such as "You did really well!" or "You did just fine!"] Thank you, let's go on.
END OF FLUENCY MODULE

MCARDLE TASK

>x_mcardlepen< For this next task you will need paper and a pencil or a pen. Are you able to get paper and a pencil now?
(INTERVIEWER: WAIT FOR R TO GET MATERIALS AND GET SITUATED BEFORE STARTING TASK. IF R IS UNABLE TO GET MATERIALS, PROMPT AS NECESSARY WITH "Can you tell me why?" R MAY SPECIFY, "I'm blind", "I'm in a wheelchair" or "I don't have a pen". RECORD VERBATIM.)

Yes

No → >x_mca_end< p.2

>x_nsintro< Next we are going to do some number exercises. I'm going to read you several numbers and I'd like you to write them down. There will be a blank number in the series that I read to you. For each number series problem, I would like you to tell me what number goes in the blank. For example, if I said the numbers, "1 2 BLANK 4." Then you would simply reply with, "3". OK? Some of the problems may be easy, but others may be hard. Just do the best you can. There is no credit for answering quickly - it is more important to answer the item correctly, but it is okay if you do not know the answer, because some of the items are intended to be very difficult. You can go on to the next item at any time. Are you ready to begin?
Please tell me after you write down each number - just say “OK” - and then I will tell you the next number in the series. OK?
(INTERVIEWER: CLARIFY INSTRUCTIONS FOR THE R IF NECESSARY.)

>x_D200< Next I'm going to read you several numbers and I'd like you to write them down from left to right. There will be a blank number in the series that I read to you. Draw a dash or short blank line when I say “blank.” Then look at the pattern of numbers. Based on this pattern, tell me what number goes in the blank. Sometimes the blank will be at the end of the series, and sometimes the blank will be in the beginning or in the middle.
(INTERVIEWER: REPEAT INSTRUCTIONS IF NECESSARY.)
For example, if I said the numbers ‘1. . . 2. . . BLANK. . .4’ then what number would go in the blank?
(INTERVIEWER, PROBE IF NEEDED TO CHECK THAT R UNDERSTANDS: “Do you understand the directions for this task?”)

>x_D240< Let’s try another one. I’m going to read you a series of numbers. This time I would like you to write down the numbers from left to right and then tell me what number goes in the blank based on the pattern of numbers.
Please tell me after you write down each number – just say “OK” – and then I will tell you the next number in the series. Okay? The numbers are… 2 - 4 - 6 - BLANK. Could you read that back to me?
Now please (look at the numbers you just wrote down and) tell me the number that goes in the blank.
INTERVIEWER, WAIT FOR R TO ANSWER, THEN SAY: The answer here is 8, because in this example the numbers increase by two.
(INTERVIEWER, PROBE IF NEEDED TO CHECK THAT R UNDERSTANDS: “Do you understand the directions for this task?”)

Refuses → >x_mca_end< p.2

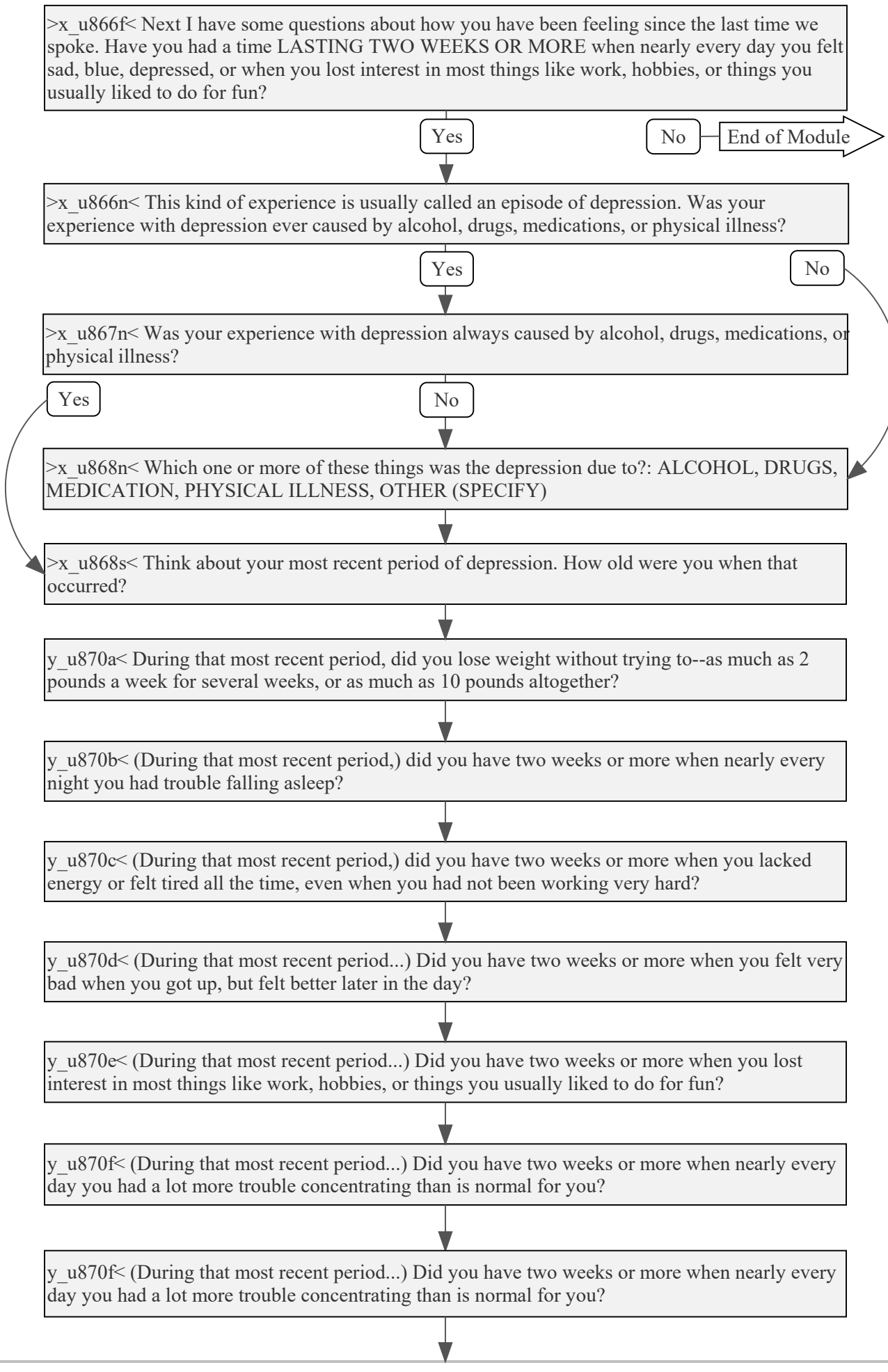
>x_D242< I am now going to ask you six more questions like the one you just did. Sometimes the blank will be at the end of the series, and sometimes it may be at the beginning or in the middle. You may be asked a question with more than one blank in the sequence. The numbers might increase, like 2, 4, 6, or decrease, like 6, 4, 2. Some of the problems may be easy but others may be hard. Just do the best you can. It is more important to answer the item correctly than to answer quickly, so take a little time to think before answering. It is okay if you do not know the answer because some of the items are intended to be very difficult. You can go on to the next item at any time. Are you ready to begin?
(INTERVIEWER: REPEAT INSTRUCTIONS IF NECESSARY.)

INTERVIEWER, IF THE R HAS NOT GIVEN AN ANSWER: PROMPT AS NEEDED.
~30 seconds: (It's fine to take your time with this.)
~60 and/or 90 seconds: (Take your time.) (Would you like more time?)
~ 120 seconds: (Let me know if you'd like to go on to the next question.)
~ 150 seconds: (Are you still working?)
~ 180 seconds: (Would you like to go on to the next question?) ("Your best guess is fine.")
ONLY IF NEEDED: (Let's go on.)
(INTERVIEWER: IF R SAYS SOMETHING LIKE, "I ALMOST HAVE IT!" PLEASE ALLOW MORE TIME)

>x_mca_end< Thank you. Let's go on.
(INTERVIEWER, AS NEEDED SAY: "You did just fine.")

END OF McCARDLE MODULE

DEPRESSION

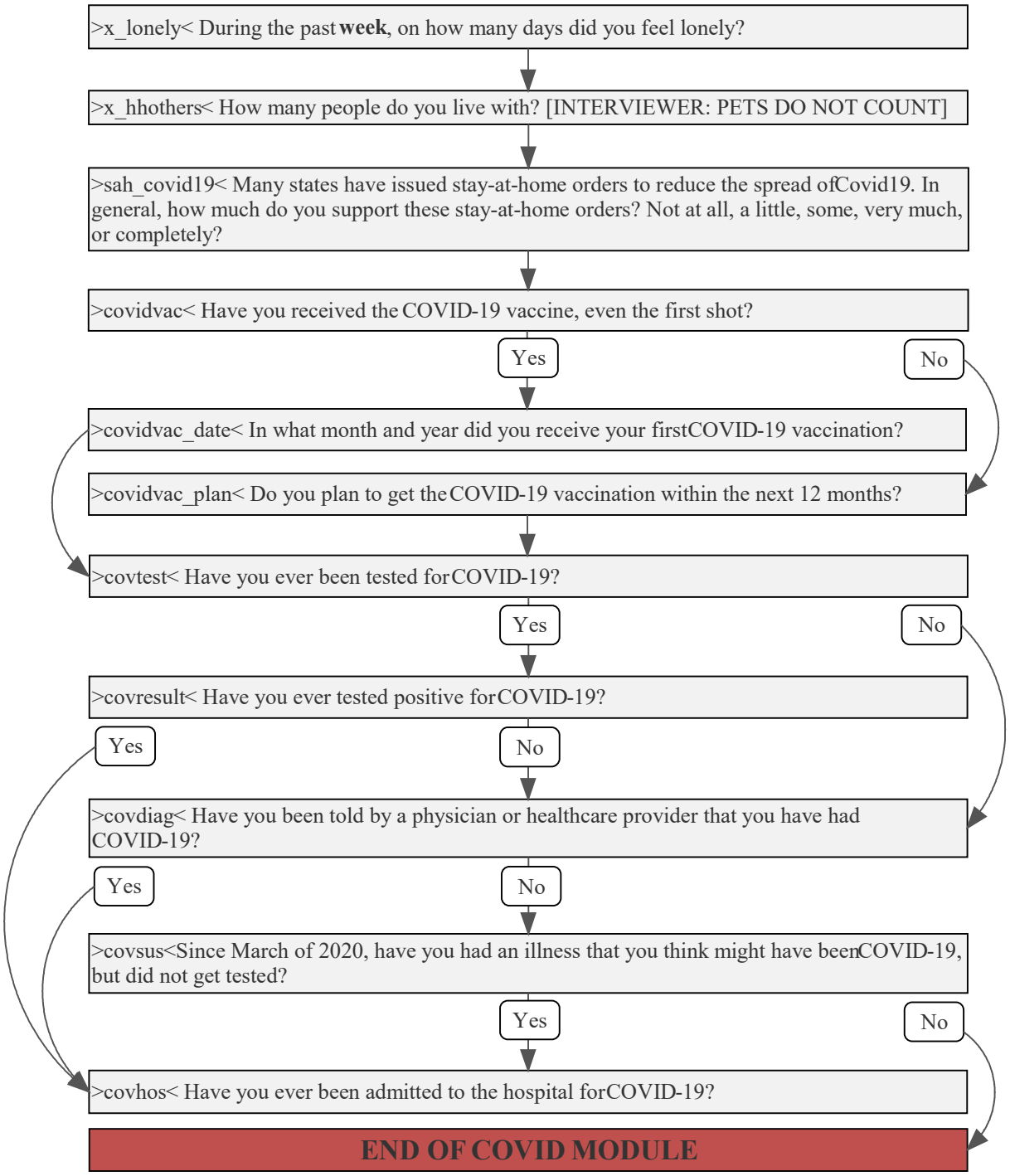

>x_u866f< Next I have some questions about how you have been feeling since the last time we spoke. Have you had a time LASTING TWO WEEKS OR MORE when nearly every day you felt sad, blue, depressed, or when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?
Yes
No
End of Module
>x_u866n< This kind of experience is usually called an episode of depression. Was your experience with depression ever caused by alcohol, drugs, medications, or physical illness?
Yes
No
>x_u867n< Was your experience with depression always caused by alcohol, drugs, medications, or physical illness?
Yes
No
>x_u868n< Which one or more of these things was the depression due to?: ALCOHOL, DRUGS, MEDICATION, PHYSICAL ILLNESS, OTHER (SPECIFY)
>x_u868s< Think about your most recent period of depression. How old were you when that occurred?
y_u870a< During that most recent period, did you lose weight without trying to--as much as 2 pounds a week for several weeks, or as much as 10 pounds altogether?
y_u870b< (During that most recent period,) did you have two weeks or more when nearly every night you had trouble falling asleep?
y_u870c< (During that most recent period,) did you have two weeks or more when you lacked energy or felt tired all the time, even when you had not been working very hard?
y_u870d< (During that most recent period...) Did you have two weeks or more when you felt very bad when you got up, but felt better later in the day?
y_u870e< (During that most recent period...) Did you have two weeks or more when you lost interest in most things like work, hobbies, or things you usually liked to do for fun?
y_u870f< (During that most recent period...) Did you have two weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?
y_u870f< (During that most recent period...) Did you have two weeks or more when nearly every day you had a lot more trouble concentrating than is normal for you?

y_u870g< (During that most recent period...) Did you have two weeks or more when you thought a lot about death--either your own, someone else's, or death in general?

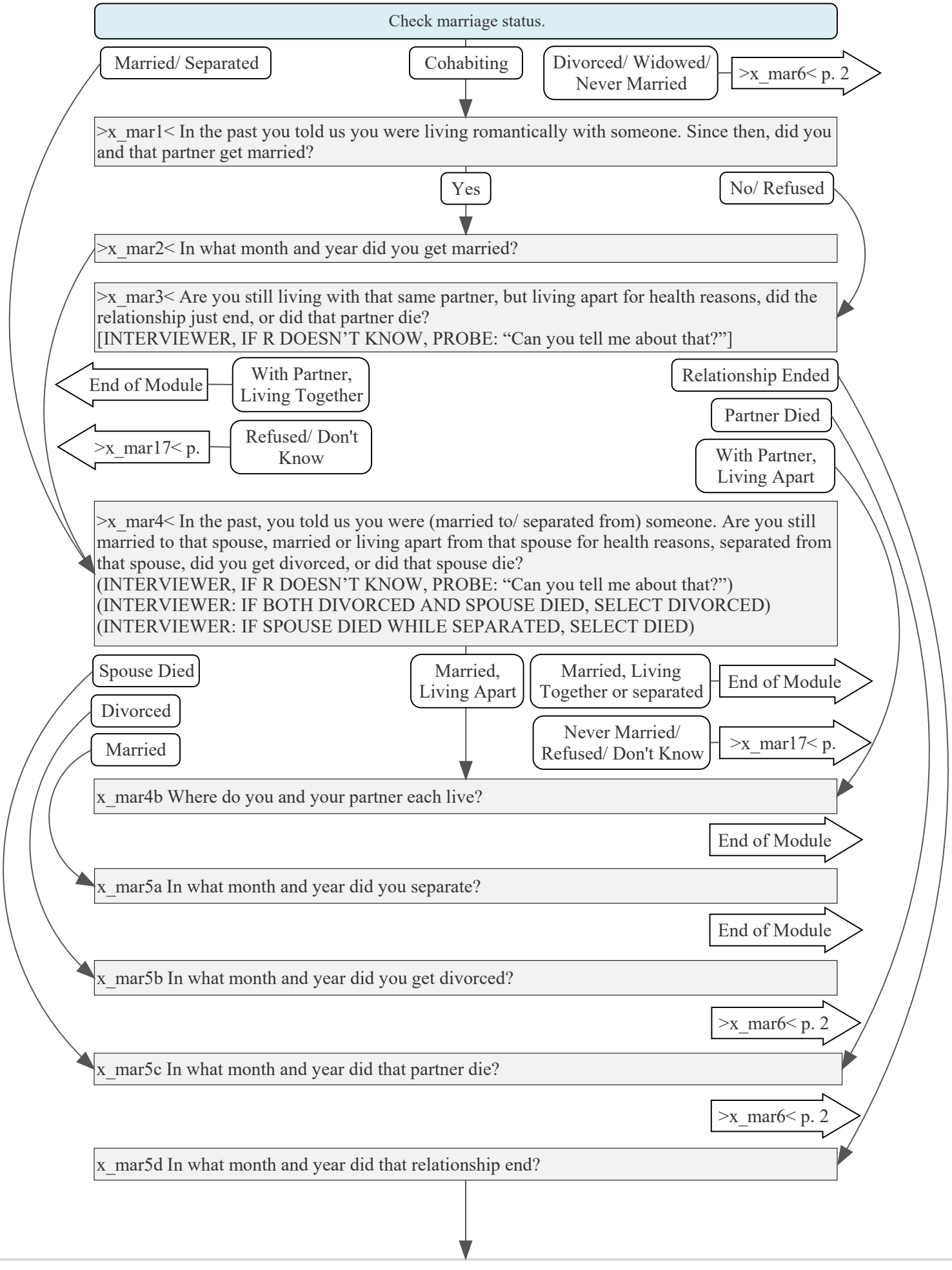
END OF DEPRESSION MODULE

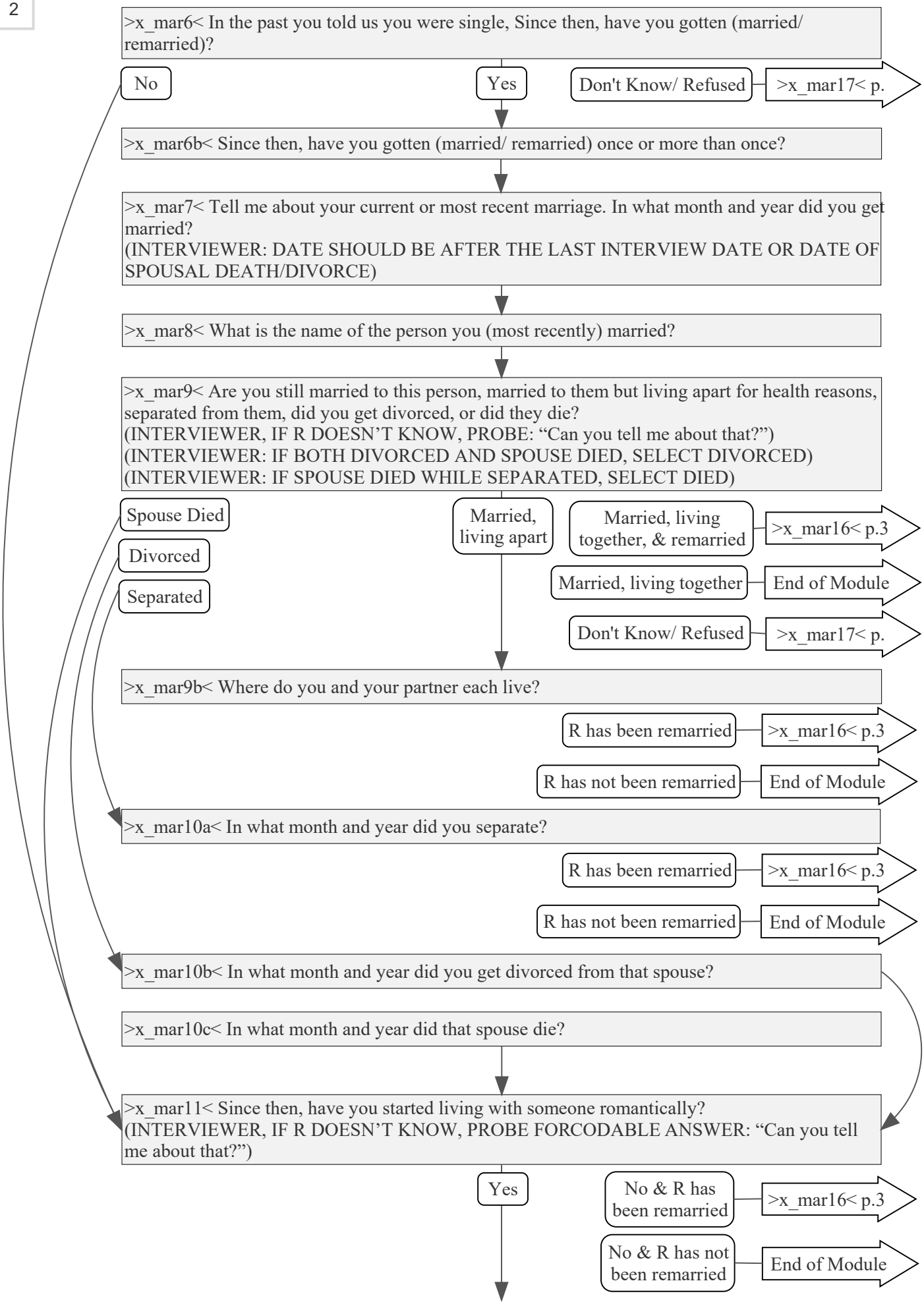
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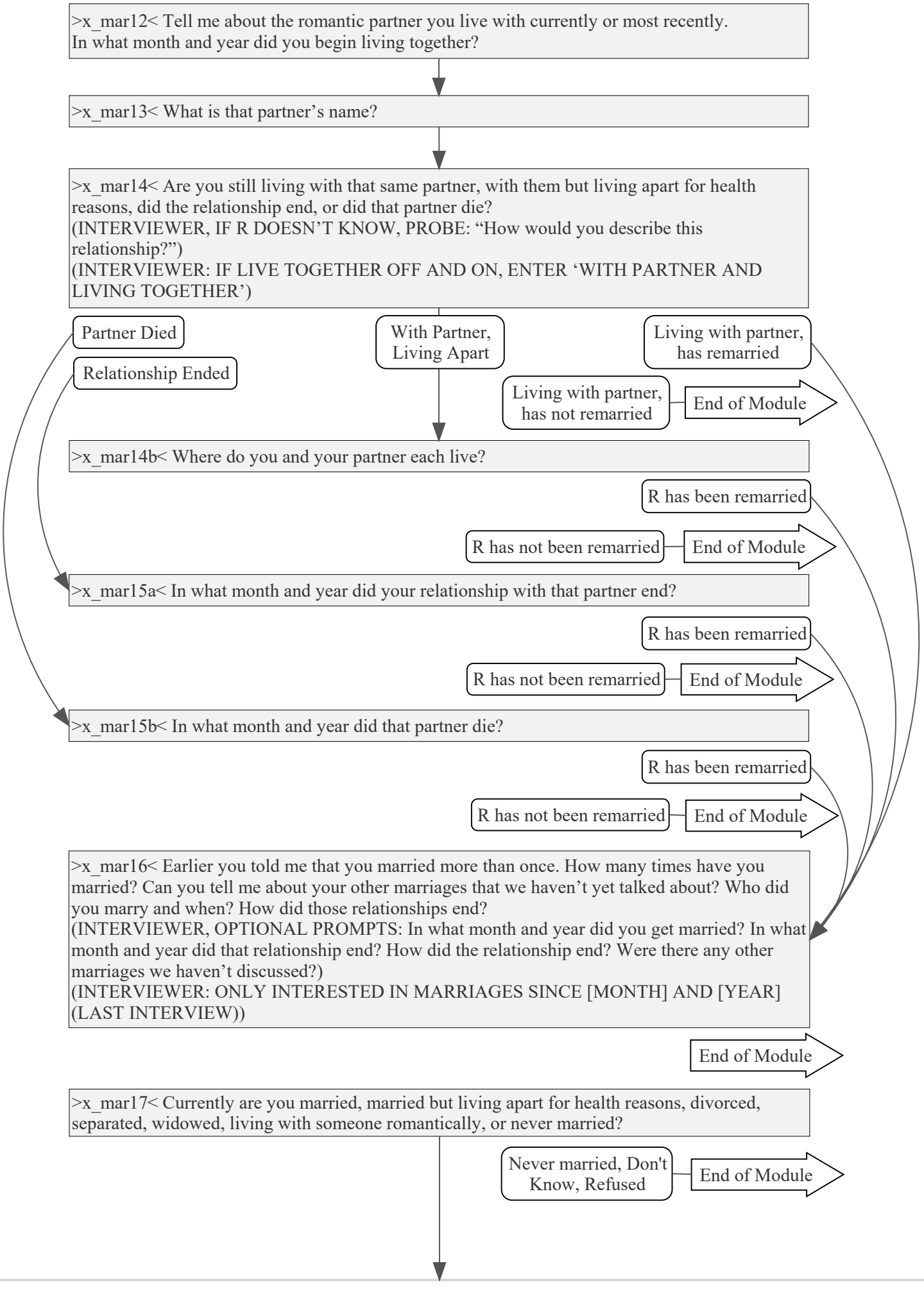
COVID

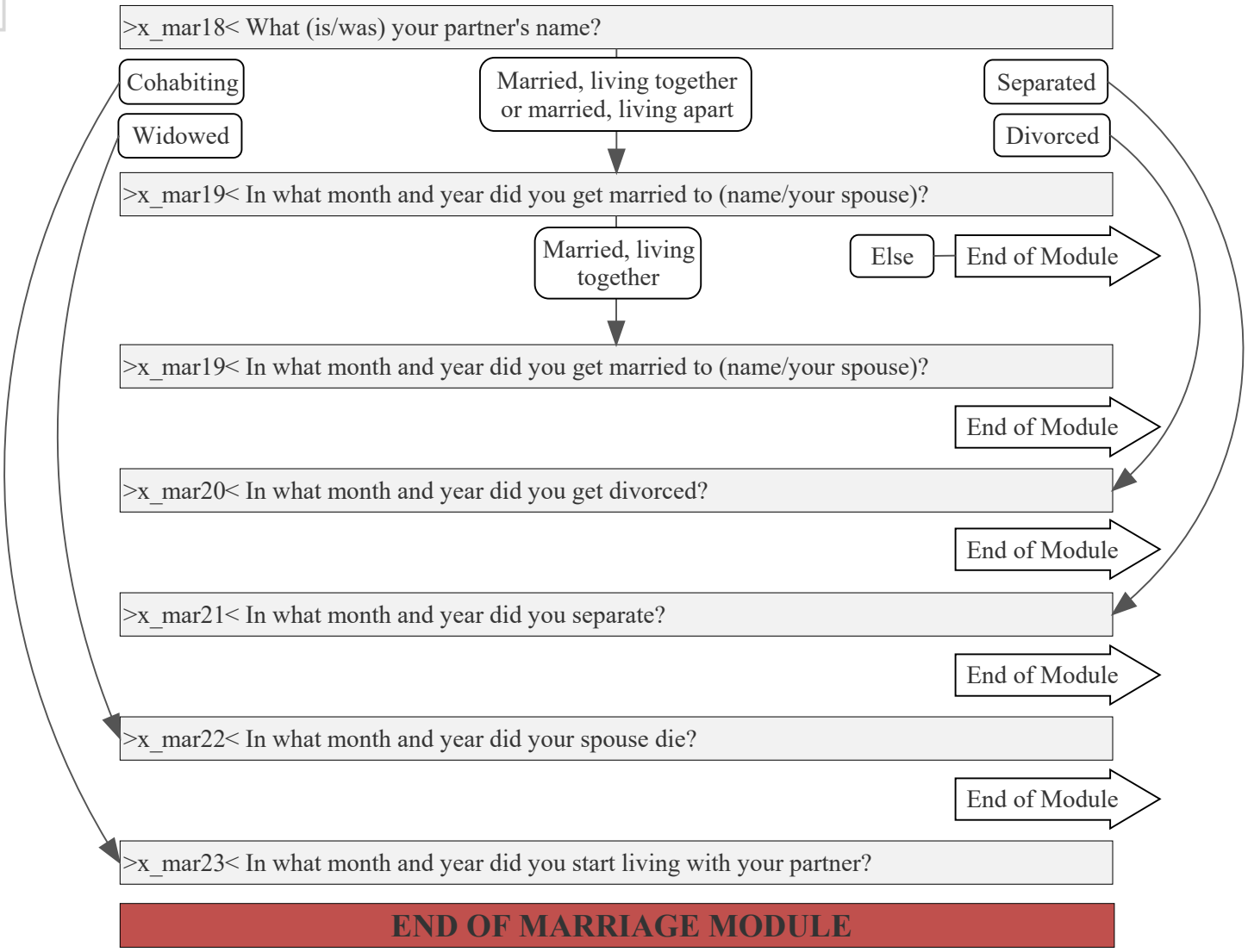

>x_lonely< During the past **week**, on how many days did you feel lonely?
>x_hhothers< How many people do you live with? [INTERVIEWER: PETS DO NOT COUNT]
>sah_covid19< Many states have issued stay-at-home orders to reduce the spread ofCovid19. In general, how much do you support these stay-at-home orders? Not at all, a little, some, very much, or completely?
>covidvac< Have you received the COVID-19 vaccine, even the first shot?
Yes
No
>covidvac_date< In what month and year did you receive your firstCOVID-19 vaccination?
>covidvac_plan< Do you plan to get theCOVID-19 vaccination within the next 12 months?
>covtest< Have you ever been tested forCOVID-19?
Yes
No
>covresult< Have you ever tested positive forCOVID-19?
Yes
No
>covdiag< Have you been told by a physician or healthcare provider that you have had COVID-19?
Yes
No
>covsus<Since March of 2020, have you had an illness that you think might have beenCOVID-19, but did not get tested?
Yes
No
>covhos< Have you ever been admitted to the hospital forCOVID-19?
END OF COVID MODULE

MARRIAGE

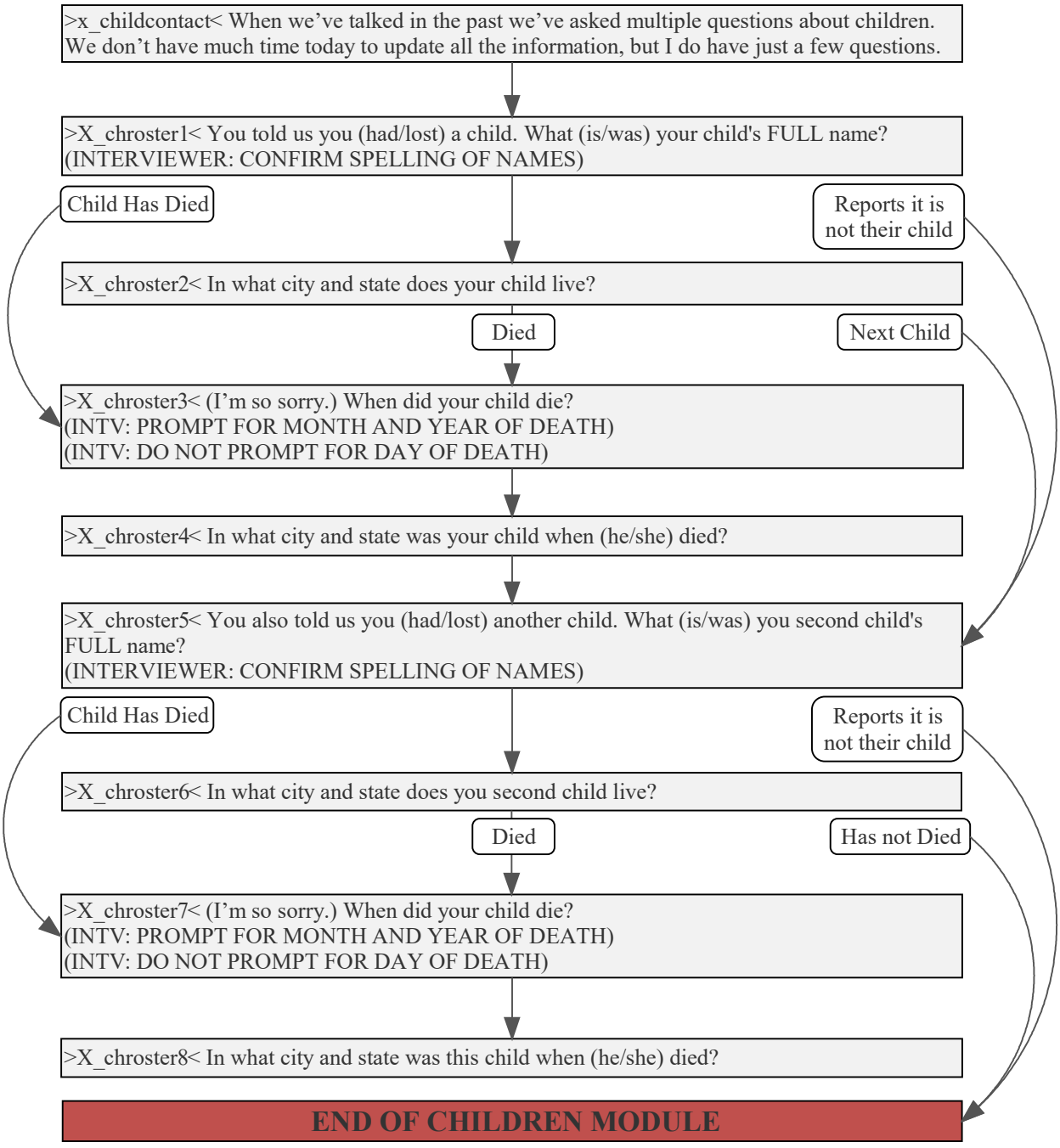

Check marriage status.
Married/ Separated
Cohabiting
Divorced/ Widowed/ Never Married
>x_mar6< p. 2
>x_mar1< In the past you told us you were living romantically with someone. Since then, did you and that partner get married?
Yes
No/ Refused
>x_mar2< In what month and year did you get married?
>x_mar3< Are you still living with that same partner, but living apart for health reasons, did the relationship just end, or did that partner die?
[INTERVIEWER, IF R DOESN'T KNOW, PROBE: "Can you tell me about that?"]
End of Module
With Partner, Living Together
>x_mar17< p.
Refused/ Don't Know
Relationship Ended
Partner Died
With Partner, Living Apart
>x_mar4< In the past, you told us you were (married to/ separated from) someone. Are you still married to that spouse, married or living apart from that spouse for health reasons, separated from that spouse, did you get divorced, or did that spouse die?
(INTERVIEWER, IF R DOESN'T KNOW, PROBE: "Can you tell me about that?")
(INTERVIEWER: IF BOTH DIVORCED AND SPOUSE DIED, SELECT DIVORCED)
(INTERVIEWER: IF SPOUSE DIED WHILE SEPARATED, SELECT DIED)
Spouse Died
Divorced
Married
Married, Living Apart
Married, Living Together or separated
End of Module
Never Married/ Refused/ Don't Know
>x_mar17< p.
x_mar4b Where do you and your partner each live?
End of Module
x_mar5a In what month and year did you separate?
End of Module
x_mar5b In what month and year did you get divorced?
>x_mar6< p. 2
x_mar5c In what month and year did that partner die?
>x_mar6< p. 2
x_mar5d In what month and year did that relationship end?


>x_mar6< In the past you told us you were single, Since then, have you gotten (married/ remarried)?
No
Yes
Don't Know/ Refused
>x_mar17< p.
>x_mar6b< Since then, have you gotten (married/ remarried) once or more than once?
>x_mar7< Tell me about your current or most recent marriage. In what month and year did you get married?
(INTERVIEWER: DATE SHOULD BE AFTER THE LAST INTERVIEW DATE OR DATE OF SPOUSAL DEATH/DIVORCE)
>x_mar8< What is the name of the person you (most recently) married?
>x_mar9< Are you still married to this person, married to them but living apart for health reasons, separated from them, did you get divorced, or did they die?
(INTERVIEWER, IF R DOESN'T KNOW, PROBE: "Can you tell me about that?")
(INTERVIEWER: IF BOTH DIVORCED AND SPOUSE DIED, SELECT DIVORCED)
(INTERVIEWER: IF SPOUSE DIED WHILE SEPARATED, SELECT DIED)
Spouse Died
Divorced
Separated
Married, living apart
Married, living together, & remarried
>x_mar16< p.3
Married, living together
End of Module
Don't Know/ Refused
>x_mar17< p.
>x_mar9b< Where do you and your partner each live?
R has been remarried
>x_mar16< p.3
R has not been remarried
End of Module
>x_mar10a< In what month and year did you separate?
R has been remarried
>x_mar16< p.3
R has not been remarried
End of Module
>x_mar10b< In what month and year did you get divorced from that spouse?
>x_mar10c< In what month and year did that spouse die?
>x_mar11< Since then, have you started living with someone romantically?
(INTERVIEWER, IF R DOESN'T KNOW, PROBE FORCODABLE ANSWER: "Can you tell me about that?")
Yes
No & R has been remarried
>x_mar16< p.3
No & R has not been remarried
End of Module


>x_mar12< Tell me about the romantic partner you live with currently or most recently. In what month and year did you begin living together?
>x_mar13< What is that partner's name?
>x_mar14< Are you still living with that same partner, with them but living apart for health reasons, did the relationship end, or did that partner die?
(INTERVIEWER, IF R DOESN'T KNOW, PROBE: "How would you describe this relationship?")
(INTERVIEWER: IF LIVE TOGETHER OFF AND ON, ENTER 'WITH PARTNER AND LIVING TOGETHER')
Partner Died
Relationship Ended
With Partner, Living Apart
Living with partner, has remarried
Living with partner, has not remarried
End of Module
>x_mar14b< Where do you and your partner each live?
R has been remarried
R has not been remarried
End of Module
>x_mar15a< In what month and year did your relationship with that partner end?
R has been remarried
R has not been remarried
End of Module
>x_mar15b< In what month and year did that partner die?
R has been remarried
R has not been remarried
End of Module
>x_mar16< Earlier you told me that you married more than once. How many times have you married? Can you tell me about your other marriages that we haven't yet talked about? Who did you marry and when? How did those relationships end?
(INTERVIEWER, OPTIONAL PROMPTS: In what month and year did you get married? In what month and year did that relationship end? How did the relationship end? Were there any other marriages we haven't discussed?)
(INTERVIEWER: ONLY INTERESTED IN MARRIAGES SINCE [MONTH] AND [YEAR] (LAST INTERVIEW))
End of Module
>x_mar17< Currently are you married, married but living apart for health reasons, divorced, separated, widowed, living with someone romantically, or never married?
Never married, Don't Know, Refused
End of Module


>x_mar18< What (is/was) your partner's name?
Cohabiting
Widowed
Married, living together or married, living apart
Separated
Divorced
>x_mar19< In what month and year did you get married to (name/your spouse)?
Married, living together
Else
End of Module
>x_mar19< In what month and year did you get married to (name/your spouse)?
End of Module
>x_mar20< In what month and year did you get divorced?
End of Module
>x_mar21< In what month and year did you separate?
End of Module
>x_mar22< In what month and year did your spouse die?
End of Module
>x_mar23< In what month and year did you start living with your partner?
END OF MARRIAGE MODULE

CHILDREN


>x_childcontact< When we've talked in the past we've asked multiple questions about children. We don't have much time today to update all the information, but I do have just a few questions.
>X_chroster1< You told us you (had/lost) a child. What (is/was) your child's FULL name? (INTERVIEWER: CONFIRM SPELLING OF NAMES)
Child Has Died
Reports it is not their child
>X_chroster2< In what city and state does your child live?
Died
Next Child
>X_chroster3< (I'm so sorry.) When did your child die? (INTV: PROMPT FOR MONTH AND YEAR OF DEATH) (INTV: DO NOT PROMPT FOR DAY OF DEATH)
>X_chroster4< In what city and state was your child when (he/she) died?
>X_chroster5< You also told us you (had/lost) another child. What (is/was) you second child's FULL name? (INTERVIEWER: CONFIRM SPELLING OF NAMES)
Child Has Died
Reports it is not their child
>X_chroster6< In what city and state does you second child live?
Died
Has not Died
>X_chroster7< (I'm so sorry.) When did your child die? (INTV: PROMPT FOR MONTH AND YEAR OF DEATH) (INTV: DO NOT PROMPT FOR DAY OF DEATH)
>X_chroster8< In what city and state was this child when (he/she) died?
END OF CHILDREN MODULE

MORTALITY CLOSEOUT

If it is discovered participant is deceased during the call.

>MC_expl< We are very sorry to hear about their death. Over the last 60 years, they have been part of the Wisconsin Longitudinal Study (known asWLS for short), a landmark research study of aging and the life course, supported by the National Institutes of Health. In order to complete our research, we'd like to ask you a few quick questions about their death – this should take only a few minutes.

Do not know participant well.

Know participant

>MC_contact< Is there anyone else, such as a family member or friend who might know about (his/her) health near the end of (his/her) life? Who would that be?
[RECORD NAME/NUMBER/CITY&STATE/RELATIONSHIP, THANKINF AND HANG UP.]

>MC_cnfd< We will combine the information you give us today with information they shared with us previously. While we appreciate the help that (he/she) had given us over the years, your participation is still completely voluntary. There are no risks or benefits to you in answering these questions. Your answers will be kept confidential. Do you have any questions?
(IF INFORMANT HAS QUESTIONS: I can give you the name of the project director, or can have her call you (Vicki Lein, (608) 263-3427, vlein@wisc.edu).

>MC1< Just to make sure our records are correct, what was their complete legal name?

Incorrect Name

Correct Name

The name we have for (her/him) differs – can you tell me about that difference?

>MC2< When was their birthdate?

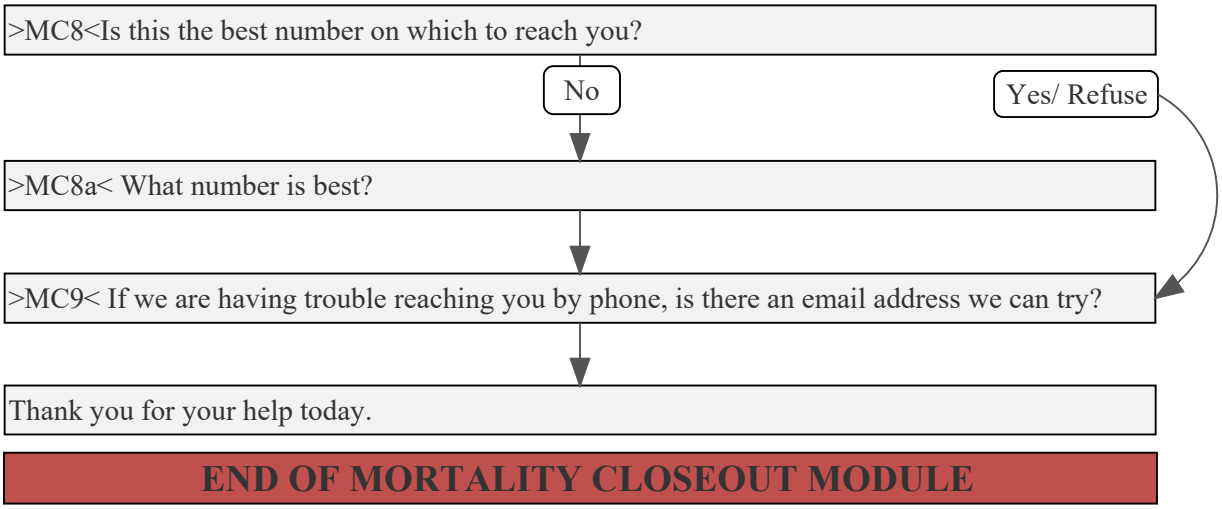
>MC3< When did they die?

>MC4< In what city and state did (FIRST) die?

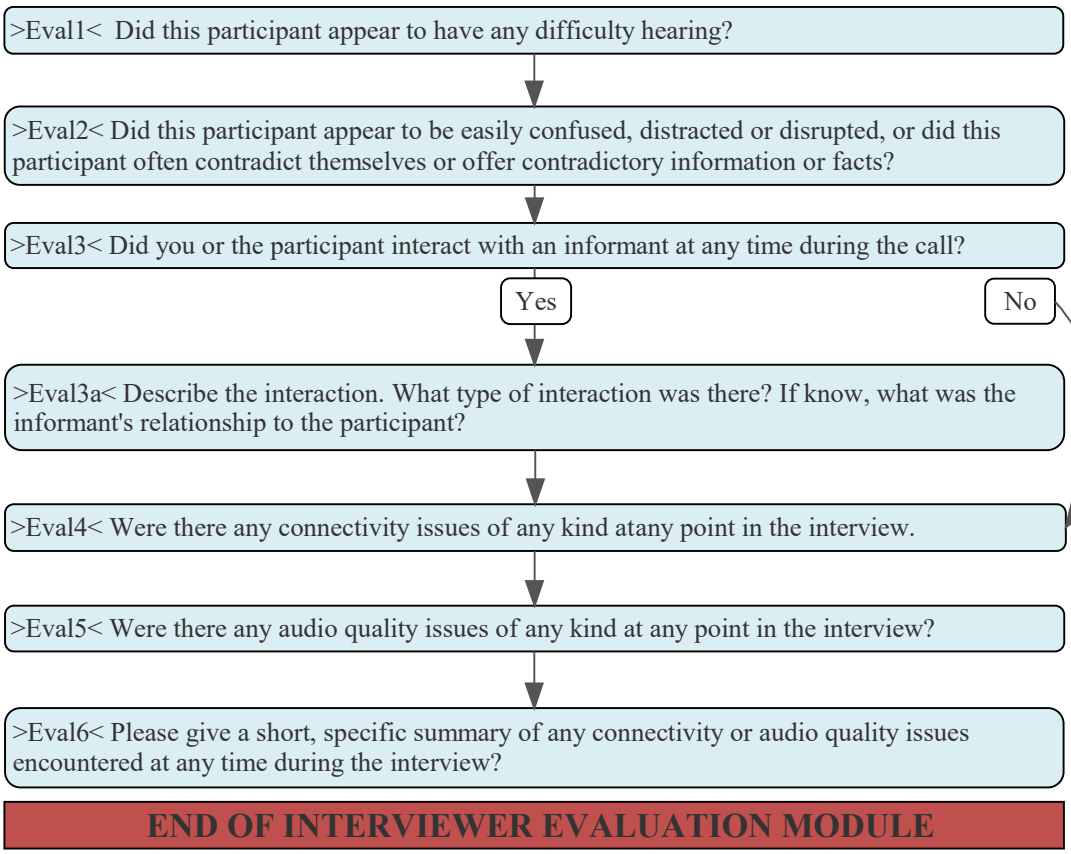
>MC5< What was the cause of death?

>MC6< Our research specialists may want to ask you a few more questions. What is your name?

>MC7< What is your relationship to them?


>MC8<Is this the best number on which to reach you?
No
Yes/ Refuse
>MC8a< What number is best?
>MC9< If we are having trouble reaching you by phone, is there an email address we can try?
Thank you for your help today.
END OF MORTALITY CLOSEOUT MODULE

INTERVIEWER EVALUATION



WISCONSIN LONGITUDINAL STUDY



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