

## I. Health

*We would like to begin the questionnaire with some general questions about your health.*

<b>1. How would you rate your health...</b>					
<i>Circle one number for each question.</i>	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

<b>2. Compared with 10 years ago...</b>					
<i>Circle one number for each question.</i>	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. 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? 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?**

<i>Circle one number for each question.</i>		Yes, limited a lot	Yes, limited a little	No, not limited at all
a.	<u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
b.	Climbing <u>several</u> 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 <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 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 often have you had this symptom in the past six months?				15b. How much discomfort has this symptom caused you in the past six months?			
	<i>Circle ONE number for each symptom.</i>				<i>Circle ONE number for each symptom you experienced.</i>			
	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 <b>medical professional</b> 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 <b>currently</b> interfere with what you like to do? <i>Circle one <u>only</u> for each of <u>your</u> illnesses or conditions.</i>				
<i>Circle one for each illness or condition.</i>	<i>At what age?</i>	Not at all	Very little	Some	Quite a bit	A great deal
a. Allergies: <i>Please specify</i> _____	_____	1	2	3	4	5
b. Asthma	_____	1	2	3	4	5
c. Chronic bronchitis/Emphysema	_____	1	2	3	4	5
d. Chronic sinus problems	_____	1	2	3	4	5
e. Circulation problems	_____	1	2	3	4	5
f. Fibromyalgia	_____	1	2	3	4	5
g. High cholesterol	_____	1	2	3	4	5
h. Irritable bowel syndrome	_____	1	2	3	4	5
i. Kidney/bladder problems	_____	1	2	3	4	5
j. Multiple sclerosis	_____	1	2	3	4	5
k. Osteoporosis	_____	1	2	3	4	5
l. Serious back trouble	_____	1	2	3	4	5
m. Ulcer	_____	1	2	3	4	5

17. Have you ever had... <i>Circle one number for each question.</i>		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? <i>Please specify which joint was replaced</i> _____	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.

<b>5. What medications have you taken? Are you still taking them? When did you take them?</b>				
Medications	Ever taken? <i>Circle Yes or No</i>	Age started?	Currently taking? <i>Circle Yes or No</i>	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 <i>Please specify: _____</i>	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?**

<i>Circle one number for each reason.</i>	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; <i>Please specify</i> _____	1	2	3	4

9. Have you ever stopped 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 stopping hormones for menopausal or aging symptoms?**

<i>Circle one number for each reason.</i>	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; <i>Please specify</i> _____	1	2	3	4
k. Other reason; <i>Please specify</i> _____	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. High blood pressure (or hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High blood cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stroke before age 65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Stroke age 65 or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Heart attack before age 55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Heart attack age 55 or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Diabetes (or high blood sugar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Alzheimer's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Cancer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?**

<i>Circle one response for each question.</i>		None	Mild	Moderate	Severe	Extreme
<b>20.</b>	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
<b>21.</b>	Carol is able to walk distances of up to 1/8 mile without any problems but feels tired after walking 1/2 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
<b>22.</b>	Judith feels nervous and anxious. She worries and thinks negatively about the future, but feels better in the company of people or when doing something that really interests her. When she is alone she tends to feel useless and empty.					
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
<b>23.</b>	Mary is able to move her arms and legs, but requires assistance in standing up from a chair or walking around the house. Any bending is painful and lifting is impossible.					
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

**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?**

<b>29. Have you experienced increased problems with...</b> <i>Circle one response for each question.</i>	<b>Problems increased in last 12 months?</b> <i>Circle Yes or No</i>	<b>Problems increased in last 5 years?</b> <i>Circle Yes or No</i>
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



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.

<b>1.</b>	<b>I see myself as someone who...</b>	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.**

<i>Circle one number for each question.</i>	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.**

<i>Circle one number for each question.</i>	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.**

<i>Circle one number for each question.</i>	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.**

<i>Circle the number that best describes your agreement or disagreement with each statement.</i>	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.**

<i>Circle the number that best describes your agreement or disagreement with each statement.</i>		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.

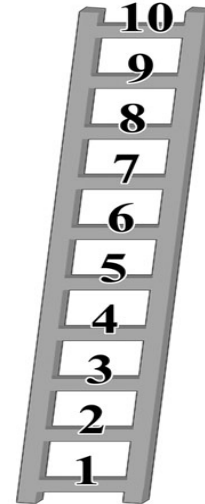
At the top of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs.

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.*



- b. Now think of this ladder as representing where people stand in their communities, that is, where they live and the surrounding area.

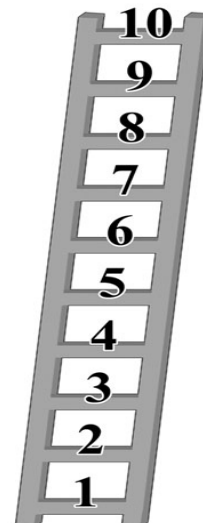
At the top of the ladder are the people who have the highest standing in their community.

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.*



<b>2. Please compare the importance of each of the following job characteristics with the IMPORTANCE OF HIGH PAY.</b>							
<i>Circle the number that best describes the IMPORTANCE of each characteristic COMPARED TO HIGH PAY.</i>	<b>Much more important than high pay</b>	<b>Moderately more important than high pay</b>	<b>Slightly more important than high pay</b>	<b>Same importance as high pay</b>	<b>Slightly less important than high pay</b>	<b>Moderately less important than high pay</b>	<b>Much less important than high pay</b>
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.**

<i>For each statement, please circle the number that best describes your situation when you worked for this employer.</i>	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**

<b>6. The following questions concern the work that you do or did when you worked for this employer. How often do you...</b>					
<i>Circle the response that best describes your situation.</i>					
	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

	<b>My immediate boss or supervisor</b>					<b>Other people at work</b>				
<i>For each statement, please circle the response that best describes your situation when you worked for the employer named above.</i>	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
<b>7.</b> How much do each of these people go out of their way to do things to <u>make your life easier</u> for you?	1	2	3	4	5	1	2	3	4	5
<b>8.</b> How easy is it to <u>talk with</u> each of these people?	1	2	3	4	5	1	2	3	4	5
<b>9.</b> How much can each of these people be <u>relied</u> on when things get tough at work?	1	2	3	4	5	1	2	3	4	5
<b>10.</b> How much are each of these people <u>willing to listen</u> to your personal problems?	1	2	3	4	5	1	2	3	4	5

**If you have NEVER been employed, skip to Page 24**

<b>11. Please indicate the degree to which you agree or disagree with the following statements about your job with the employer named above.</b>				
<i>For each statement, please circle the response that best describes your situation.</i>				
	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

**If you have NEVER been employed, skip to Page 24**

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

<p><b>1.</b> 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.</p>			
	FIRST or ONLY time this happened Age?	LAST time this happened Age?	Never
a. A close friend died.	_____	_____	<input type="checkbox"/>
b. My parent drank or used drugs so much or so regularly it caused problems for the family.	_____	_____	<input type="checkbox"/>
c. A brother or sister treated me in a way that some would think of as physical abuse.	_____	_____	<input type="checkbox"/>
d. I experienced a life-threatening flood, fire, storm or some other disaster.	_____	_____	<input type="checkbox"/>
e. I served in a war or combat.	_____	_____	<input type="checkbox"/>
f. I witnessed the severe injury or death of another person.	_____	_____	<input type="checkbox"/>
g. I went deeply into debt or suffered substantial financial loss.	_____	_____	<input type="checkbox"/>
h. I had serious legal difficulties.	_____	_____	<input type="checkbox"/>
i. I was in jail or prison.	_____	_____	<input type="checkbox"/>
j. My spouse (or romantic partner) treated me in a way that some would think of as physical abuse.	_____	_____	<input type="checkbox"/>
k. One of my children was divorced.	_____	_____	<input type="checkbox"/>
l. My child had a life-threatening illness or accident.	_____	_____	<input type="checkbox"/>
m. My adult child moved back into my home.	_____	_____	<input type="checkbox"/>
n. I had increased responsibility for the care of grandchildren.	_____	_____	<input type="checkbox"/>
o. My aging parent or in-law moved into my home.	_____	_____	<input type="checkbox"/>
p. I placed my aging spouse, in-law or parent into a nursing home.	_____	_____	<input type="checkbox"/>
q. I seriously thought about taking my own life.	_____	_____	<input type="checkbox"/>



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

<b>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?</b>					
<i>Circle one number for each question.</i>		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

<b>3. Please indicate how much you agree or disagree with the following statements.</b>						
<i>Circle one number for each question.</i>		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

<b>1. Next is a list of the ways you might have felt or behaved during the past week.</b>									
<b>On how many days <u>during the past week</u> did you...</b>	<i>Circle the <b>number of days</b> in the past week you experienced each feeling.</i>								
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.**

<b>On how many days in the past week did you...</b>	<i>Circle the <b>number of days</b> in the past week you experienced each feeling.</i>								
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.

<b>2. Now please indicate how much you experienced each of the following feelings during this typical week.</b>				
<i>Circle one number for each question.</i>				
	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

<b>3 These questions are about friends and relatives OTHER than your spouse or children.</b>						
		Not at all	A little	Some	Quite a bit	A lot
<i>For each statement circle one number in each column.</i>						
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Housework, yard work, repairs or other work around the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Advice, encouragement, moral or emotional support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Help with baby sitting or child care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Housework, yard work, repairs or other work around the house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Advice, encouragement, moral or emotional support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Help using a computer or the Internet in your home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Suppose you had a personal problem, and you wanted to talk to someone about it. Who could you ask for help or advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Suppose you were sick and unable to take care of yourself for a week or more. Who could you ask for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <i>(Answer only if you have a computer in your home that you use.)</i> 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

<b>7. We would like to ask you about some of your experiences growing up—until you were 18 years old.</b>					
<i>Please circle one answer for each statement.</i>	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

<b>8. The following questions are about how your father and mother treated you while growing up—until you were 18 years old.</b>									
<i>For each statement circle one number for your father (or step/foster father) and one number for your mother (or step/foster mother).</i>	<b>8A. My father</b> (or step/foster father)				<b>8B. My mother</b> (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	

<b>9. The following questions are about how your father and other people treated you while growing up—until you were 18 years old.</b>									
<i>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.).</i>	<b>9A. My father</b> (or step/foster father)				<b>9B. Any other person</b> (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 now?**

- 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

<i>Circle one number for each question.</i>		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

<i>Circle the methods you are using to lose or maintain your weight.</i>		Yes	No
23a.	<b>Are you eating either fewer calories or less fat?</b>	1	2
23b.	<b>Are you using physical activities or exercise?</b>	1	2
23c.	<b>Are you using any pill or laxatives?</b>	1	2
23d.	<b>Other methods?</b> <i>Please specify</i> _____	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 often 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.**

<i>Circle one number for each question.</i>		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 <u>doctor or health professional</u> in an office, clinic, or health center? <i>(Do not include visits to mental health professionals.)</i>	Yes No	_____	Fully Partly Not at all
b. visited a <u>mental health professional</u> about a personal problem or a problem with alcohol or drugs?	Yes No	_____	Fully Partly Not at all
c. been a <u>patient in the hospital</u> for at least one night?	Yes No	_____	Fully Partly Not at all
d. gone to a <u>hospital emergency room</u> for medical treatment for yourself?	Yes No	_____	Fully Partly Not at all
e. had <u>outpatient surgery</u> , not including dental care?	Yes No	_____	Fully Partly Not at all
f. seen a <u>dentist or oral surgeon</u> 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.**

<i>Circle one number for each question.</i>		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.*

<b>42. What are the chances that...</b>	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.*

<b>What are the chances that...</b>	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.**

<i>Circle one number for each question.</i>		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.

<b>In the past 12 months...</b>	<b>Not at all</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Very</b>	<b>Extremely</b>
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	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
5. have you gotten together socially with relatives?	_____times	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never

6. <i>For this section, please provide your response in hours per week.</i>	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	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
b. Reading books, magazines, newspapers or other reading material	___hours per week	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
c. Talking on the phone with friends or relatives	___hours per week	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never

**CONTINUED ON NEXT PAGE...**

6. For this section, please provide your response in <i>hours per week</i> .	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?
<i>Different types of reading...</i> d. Reading on the job	___ hours per week	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
e. Reading biographies or other non-fiction books	___ hours per week	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
f. Reading the Bible or other religious materials	___ hours per week	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
g. Reading magazines or newspapers	___ hours per week	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
h. Reading fiction	___ hours per week	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never

7. For this section, please provide your response in <i>hours per month</i> .	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	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
b. Playing cards or board games, including games on a computer	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
c. Painting, drawing or other art	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
<b>CONTINUED ON NEXT PAGE...</b>			



7. For this section, please provide your response in <u>hours per 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?
d. Playing a musical instrument	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
e. Going to the movies	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
f. Going to a lecture, concert, play, museum or similar activity	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
g. Going out to a restaurant or bar	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
h. Working crossword puzzles or other word games	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
i. Crafts or hobbies such as needlework, woodworking, model trains, jigsaw puzzles, etc.	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
j. Making home repairs, car repairs or other handy work	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
k. Hunting or fishing (in season)	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> 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.

<b>8. For this section, please provide your response in hours per month.</b>		<b>During the <u>past year</u>, I did this...</b>	<b>How often did you do this about 10 years ago?</b>	<b>How often did you do this when you were about 35?</b>
a.	Light physical activities that you do alone, such as light housework, gardening, or walking by yourself	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> 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	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
c.	Vigorous physical activities that you do alone, such as jogging, swimming, biking, or going to the gym by yourself	___ hours per month	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> 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	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never	<input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never

Here is a list of clubs and organizations to which many people belong.

<b>9. Please indicate your level of involvement with each activity in the past 12 months.</b>						
<i>Circle one number for each question.</i>						
		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; <i>Please specify</i> _____	1	2	3	4	5
s.	Other; <i>Please specify</i> _____	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?**

<i>Check all that apply</i>	Not True	True for <u>you</u>	True for <u>your spouse</u>	True for someone else <u>in your household</u>
a. Interested in using the Web for recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Doing tasks related to one's job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Using e-mail to communicate with one of your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using e-mail to communicate with one of your siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using e-mail to communicate with other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using e-mail to communicate with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:**

<i>Circle one number for each question.</i>	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?**

13. <b>How often do you forward such messages on to other people you know?</b>	1	2	3	4	5
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14. If you do NOT use either the World Wide Web or e-mail, check here  and SKIP to Question 15.

About how many hours each week 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 would be for you.**

<i>Circle one number for each question.</i>	Not at all important/ accurate							Extremely important/ accurate
	1	2	3	4	5	6	7	
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.

<i>Circle one number for each question.</i>	Agree Strongly					Disagree Strongly	
	1	2	3	4	5	6	7
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](mailto:wls@wisls.info)