

Institute on Aging and Adult Life
University of Wisconsin-Madison

LIFE HISTORIES AND HEALTH STUDY HOME INTERVIEW

	ID #: _ _ _ _
INTERVIEWER NAME: _____	INTERVIEWER NUMBER: _ _
TIME STARTED: _____ AM or PM	DATE: (RECORD MONTH) _ _
	(RECORD DAY) _ _
	(RECORD YEAR) _ _

**LIFE EVENTS
INVENTORY**

Ask	Freq
___ a	___
___ b	___
___ c	___ (Fr/Mo)
___ d	___
___ e	___
___ f	___ (Fr/Mo)
___ g	___ (Fr/Mo)
___ h	___
___ i	___
___ j	___
___ k	___
___ l	___
___ m	___
___ n	___
___ o	___ (Fir/Fld/Dis)
___ p	___ (Fr/Mo)
___ q	___ (Fr/Mo)
___ r	___
___ s	___
___ t	___ (Died/Ill)
___ u	___
___ v	___
___ w	___
___ x	___ (Lgl/Pris)
___ y	___
___ z	___
___ aa	___
___ bb	___
___ cc	___
___ dd	___
___ ee	___
___ ff	___
___ gg	___
___ hh	___
___ ii	___

Person close to R

___ jj	___
___ kk	___ (Fir/Fld/Dis)
___ ll	___
___ mm	___
___ nn	___

Life Histories and Health Study

INTRODUCTION

A. I want to thank you again for taking the time to be a part of our Life Histories and Health Study. We very much appreciate your willingness to talk with us.

B. (Note to Interviewers: If others are home, REQUEST THAT ONLY THE RESPONDENT BE IN THE ROOM DURING THE INTERVIEW. IF THIS IS IMPOSSIBLE, ACCEPT ONLY THE RESPONDENT'S ANSWERS WITHOUT HELP FROM ANYONE ELSE.)

C. As with the earlier waves of the Wisconsin Longitudinal Study, we will be talking with a large number of men and women, and we want to be able to compare their answers. This means that we will ask everyone the same questions in the same way. For some questions, I'll ask you to use one of these cards, and to choose from the response that best describes your feelings and experiences (HAND CARDS TO R). I'll tell you when I want you to use each card.

D. Also, please feel free to interrupt me if you have any questions or don't understand what it is I am asking you.

E1. During the interview you will have opportunities to talk about your life in more detail. Tape recording the interview will help us to make sure we record this information completely and accurately. You certainly have the right to refuse, but we hope that you will agree. Your contribution of time and information is extremely valuable, and we want to be sure that we accurately capture your experiences. May I tape record the interview?

NO

(Go to SP1)

YES

(Turn on tape recorder)

E3. (After turning on tape recorder:) Before we continue with the interview, I just want to verify that you have agreed to have the interview audio taped. Is that correct?

R Refused to be taped

(Turn off tape recorder)

Go to SP1

R Confirmed consent

(Go to SP1)

Spouse

I'd like to start by asking some questions about your marital and family relationships.

Interviewer: What was R's marital status at last interview

Never Married	1
Separated	2
Divorced	3
Widowed	4
Married	5

SP1. Think back to _____, when we last interviewed you. At that time, according to our records you were _____ (SEPARATED MEANS LEGALLY MARRIED, BUT LIVING APART BECAUSE OF MARITAL PROBLEMS) Is that correct?

YES

1

NO

2

(go to SP2)

SP1a. **Interviewer:** If R is still never married/widowed/divorced/separated, go to SP4

If R is still married to same person, go to SP28

SP2. What is your current marital status?

Never Married	Separated	Divorced	Widowed	Married
1	2	3	4	5
(go to SP4)				

SP3. When were you (married/widowed/divorced/separated)? Month _____ Year _____
(If married, go to SP18)

SP4. Are you currently living with a (romantic) partner?

YES

NO

(Go to Work pg. 6)

SP5. When did you begin living together?

Month _____ Year _____

SP6-SP17. Questions Omitted

SP18. What is your spouse/partner's name ? _____

SP19. In what month and year was your spouse/partner born ? Month _____ Year _____

SP20. Was your spouse/partner ever married to someone else before (marrying you/you began living together) ?

YES	NO (go to SP22)
-----	--------------------

SP21. How many times had He/She been married ? _____

SP22. At the time [of your marriage/when you moved in together], what was the highest grade of regular school that [He/She] had attended ?

0	NO EDUCATION
1-8	FIRST TO EIGHTH GRADE
9-11	FIRST TO THIRD YEAR OF HIGH SCHOOL
12	FOURTH YEAR OF HIGH SCHOOL
13-15	FIRST TO THIRD YEAR OF COLLEGE
16	FOURTH YEAR OF COLLEGE
17-24	ONE TO EIGHT YEARS OF POST GRADUATE EDUCATION
95	OTHER _____
96	HIGH SCHOOL EQUIVALENCY - FOR EXAMPLE GED

SP23. Did [He/She] complete this grade or year ?

Yes	No	Don't Know	Refused
1	2	8	9

SP24. Is [He/She] currently working at a paid job?

Yes	No	Don't Know	Refused
1	2	8	9
(go to SP27)			

SP25. Does [He/She] do any type of work, even if it's only part-time? Include unpaid work of 15 or more hours per week in a family business or farm.

Yes	No	Don't Know	Refused
1	2	8	9
(Go to SP27)			

SP26. Is [He/She] looking for work, keeping house, unable to work, retired or otherwise occupied?

Looking for Work	Keeping House	Unable to Work	Retired	Volunteer	Other	Don't Know	Refused
1	2	3	4	5	6	8	9

SP27. What kind of work (did/does) your spouse do ? (FOR EXAMPLE: ELECTRICAL ENGINEER; STOCK CLERK; FARMER)

SP28. How close would you say you are to your [spouse/partner] ? Are you very close, somewhat close, not very close, or not at all close ?

Very Close	Somewhat Close	Not Very Close	Not at all Close	Don't Know	Refused
1	2	3	4	8	9

SP29. In terms of your outlook on life, would you say you and your [spouse/partner] share very similar views, somewhat similar views, not very similar views, or not at all similar views ?

Very Similar	Somewhat Similar	Not Very Similar	Not at all Similar	Don't Know	Refused
1	2	3	4	8	9

SP30. How would you describe your [spouse's/partner's] physical health ? Would you say it is excellent, good, fair, poor, or very poor ?

Excellent	Good	Fair	Poor	Very Poor	Don't Know	Refused
1	2	3	4	5	8	9

SP31. Has your [spouse/partner] become seriously physically ill at any time since we last interviewed you?

YES	NO
1	2

SP32. How would you describe your [spouse's/partner's] mental health ? Would you say it is excellent, good, fair, poor, or very poor ?

Excellent	Good	Fair	Poor	Very Poor
1	2	3	4	5

SP33. Has your [spouse/partner] become seriously mentally ill at any time since we last interviewed you?

YES	NO
-----	----

Respondent's Work

WK1. Now we have a number of questions about your work experiences since we last spoke to you in _____. We are interested in full- and part-time jobs, working for yourself or working for an employer. Are you currently working ? **Record response on Interviewer Worksheet**

Yes	No	Don't Know	Refused
1	2	8	9
(go to WK30)			

WK2. What kind of work are you doing ? (FOR EXAMPLE: ELECTRICAL ENGINEER; STOCK CLERK; FARMER)

WK2a. What are your principal activities or duties? (For example: Kept account books; filed; sold cars; operated printing press; finished concrete)

WK2b. What kind of business or industry is this? (For example: Elementary school; tv and radio manufacturing; retail shoe store; state labor department; farm)

WK2c. Is this mainly manufacturing, wholesale trade, retail trade or something else? (Probe if unclear)

Manufacturing	Wholesale	Retail	Something Else	Don't Know	Refused
1	2	3	4	8	9
(go to WK2c1)					

WK2c1. Specify_____

WK2d. Are you employed by government, by a private company or organization, self-employed or working in a family business?

- | | |
|---|-------------------------------------------------------------|
| 1 | Government |
| 2 | Private company or organization, including non-profit firms |
| 3 | Self-employed, not incorporated |
| 4 | Self-employed, incorporated |
| 5 | Working in family business, paid |
| 6 | Working in family business, unpaid |
| 7 | Other; (specify) _____ |
| 8 | Don't Know |
| 9 | Refused |

WK3. On average, many hours per week do you work? _____ **(Record on Interviewer Worksheet)**

WK4. Including yourself, about how many people work where you work? _____

(Interviewer: If this is a large business focus on the unit or department, then circle one of the following)

Unit Department Business

WK5. Do you have authority to hire or fire others?

Yes	No
1	2

WK6. Do you influence or set the rate of pay received by others?

Yes	No
1	2

WK7. Do you supervise the work of others? That is, what they produce or how much?

Yes	No
1	2

WK8. As an official part of your job, do you supervise the work of other employees or tell other employees what work to do?

Yes	No
1	2

WK9. Which of the following best describes the position which you hold in your business or organization? Would it be a managerial position, a supervisory position, or a non-management position?

Managerial	Supervisory	Non-management/ Non-supervisory	Don't Know
1	2 (go to WK 11)	3 (go to WK 11)	8 (go to WK11)

WK10. Would that be a top, upper, middle, or lower managerial position?

Top	Upper	Middle	Lower
1	2	3	4

WK11. 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 you participate in making these kinds of decisions, or even provide advice about them?

Yes	No	Don't Know
1	2	8

WK12. Does someone else supervise your work? That is, what you produce or how much?

Yes	No
1	2 (go to WK 14)

WK13. About how often does a supervisor check up on your work? (Probe once before accepting "constantly" as an answer) _____

WK14. Can you decide what time to come to work and when to leave, either officially or unofficially?

Yes	No
1	2

WK15. Does your boss have a boss?

Yes	No
1	2

WK16. How much education do MOST people in jobs like YOURS have?

1	Less than a High School Graduate
2	High School Graduate
3	Technical or Vocational School
4	Some College
5	College Graduate
6	Graduate or Professional School
7	Other
96	R says were no others in job like (his/hers)
98	Don't Know
99	Refused

WK17. All things considered, how satisfied are you with your job as a whole--are you very satisfied, fairly satisfied, somewhat dissatisfied, or very dissatisfied?

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
1	2	3	4

WK18. Would you agree or disagree with the following statement about your job?
A person on your job learns NEW THINGS that could lead to a better job or to a promotion? Do you agree or disagree?

Agree	Disagree	Neither Agree Nor Disagree
1	2	3

WK19. 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 your job require lots of physical effort?

Always	Frequently	Sometimes	Rarely	Never
1	2	3	4	5

WK20. How frequently does your job require intense concentration or attention?

Always	Frequently	Sometimes	Rarely	Never
1	2	3	4	5

WK21. How frequently do you have to work under the pressure of time?

Always	Frequently	Sometimes	Rarely	Never
1	2	3	4	5

WK22. 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 you spend reading, writing, and dealing with written materials? _____ hours

Comments _____

WK23. How many hours per week do you spend working with your hands, tools, or equipment? (equipment OTHER than a computer or keyboard) _____ hours

Comments _____

WK23a. How many hours per week do you work at a computer (on the job & off)?

_____ hours at work _____ hours not at work

Comments _____

WK24. How many hours per week do you spend dealing with people about work--not just passing the time of day? _____ hours

Comments _____

WK25. How many hours per week do you do the SAME THINGS OVER AND OVER? _____ hours

Comments _____

WK26. How dirty do you get on the job? Would you say very dirty, fairly dirty, a little dirty, or not at all dirty?

Very Dirty	Fairly Dirty	A Little Dirty	Not at all Dirty
1	2	3	4

WK27. 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, are you exposed to such conditions in your work?

Yes	No
1	2
	(go to WK 29)

WK27a. What conditions are these? _____

WK28. How frequently are you exposed to those conditions? Is it always, frequently, sometimes, rarely or never?

Always	Frequently	Sometimes	Rarely	Never
1	2	3	4	5

WK29. 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.

_____ chance (go to children section, KD1)

WK30. Interviewer: was R working at last interview? YES _____ (go to WK32) / NO _____

WK31. Since the last time we interviewed you, have you held a full time civilian job lasting six-months or more?

YES _____ NO _____ (go to children section KD1)

WK31a. How many months did you work? _____ (go to WK33)

WK32. When we last interviewed you in 1992/3 you were working at _____ as _____. In what month and year did you leave that job?

WK32a. Month _____ Year _____

WK33. Was the main reason you left your last 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?) (Interviewer, probe all and check all that apply)

Find Better Job	Wanted to do Something Else	Family Reasons	Health Reasons	Other
1	2	3	4	5

WK34. What did you do after leaving that job?

WK35. What kind of family reason was most important? Please tell me more about that.

WK36. What kind of health condition was most important?

WK37. How long did this condition last? _____

WK38. (omitted)

WK39. What other reason was most important?

Interviewer: How many reasons given in WK 33? _____ Did you follow up on all these reasons?

Children

KD1. Now we'd like to ask you some questions about your children. First, I'd like to verify the information that we've received in earlier interviews with you. Is it correct that you have _____ living children?

YES	NO
1	2
(Go to KD2)	

KD1a. What is the correct number? _____ (if 0 Go to Sibling Section)

KD1b. Could you tell me what happened?

KD1c. When did this happen? Month _____ Year _____

KD2. I'd like to obtain a bit more information on each child:

Interviewer - go to Child information Form.

Sibling

Interviewer: How many siblings does the respondent have? _____ (If 0, go to Religion section, RL1)

SB1. Now I would like to ask some questions about your brothers and sisters. I understand that you have _____ living brothers and sisters. Is that correct?

Yes	No
1	2
	(go to SB1a)

Interviewer: If 0 go to Religion Section, RL1
If 1-3 go to Sibling Information Form
If more than 3, go to SB2

SB1a. What is the correct number? _____ (If 0, go to Religion section, RL1)

SB2. Today, we'd like to focus on 3 siblings; [One of them being your brother/Sister, who is a part of our study, and two others] who have been most influential or important in your life. Who would those siblings be?

Sibling #1 _____

Sibling #2 _____

Sibling #3 _____

SB3. **Interviewer:** Go to Sibling Information Form

Religion

RL1. Next I have some questions about your religion. What is your religion?

0	No religion
1	Roman Catholic
2	Jewish
3	Baptist
4	Episcopalian
5	Lutheran
6	Methodist
7	Latter Day Saints (Mormon)
8	Presbyterian
9	United Church of Christ (Congregational)
10	Protestant
96	All Other Responses _____

RL2. About how often have you attended religious services during the past year, if at all?

Almost Daily	Almost Weekly	1-2 Times per month	Few times per year	Rarely	Never
1	2	3	4	5	6

Importance and Success

- SC1. Different people value different things in life. Please tell me how important the following things are to you. How important do you feel education is? Would you say it is very important, somewhat important, not very important, or not at all important?

Very Important	Somewhat Important	Not very important	Not at all important
1	2	3	4

- SC2. How important to you is work? (Is it very important, somewhat important, not very important, or not at all important?)

Very Important	Somewhat Important	Not very important	Not at all important
1	2	3	4

- SC3. How important to you is your financial situation? (Is it very important, somewhat important, not very important, or not at all important?)

Very Important	Somewhat Important	Not very important	Not at all important
1	2	3	4

- SC4. 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?

Very Successful	Somewhat Successful	Not very Successful	Not at all Successful
1	2	3	4

- SC5. How successful do you feel you have been in work? (Have you been very successful, somewhat successful, not very successful, or not at all successful?)

Very Successful	Somewhat Successful	Not very Successful	Not at all Successful
1	2	3	4

- SC6. How successful do you feel you have been financially? (Have you been very, somewhat, not very, or not at all successful?)

Very Successful	Somewhat Successful	Not very Successful	Not at all Successful
1	2	3	4

Work Aspirations

Now, we are interested in the plans that people make throughout their lives. Most young adults have career dreams and plans for the future. We'd like you to think back to 1957, the year that you graduated high school. Think about the plans and dreams you had at that time, when you were about 18 years old.

- WA1. Please tell us about the plans you had for your post-high school education, if any, and about the type of job or career that you had hoped to enter into. [PROBE: What kind of work did you hope to be doing in the future? Can you tell us a bit more about the career goals you had at age 18?]

- WA2. So, to summarize, at age 18 you hoped to be working as a _____ in the future. {enter on interviewer worksheet} [NOTE TO INTERVIEWER: If R does not clearly state what his/her goal was, ask "So, when you were graduating high school, what type of occupation did you hope eventually to enter (FOR EXAMPLE, ELECTRICAL ENGINEER, TELEPHONE OPERATOR, AUTHOR) ?

- WA3. Did you want to be working for yourself or for someone else?

Self	Someone Else
1	2

- WA4. Have you ever worked in the type of job that you just told me about?

Yes	No
1	2
(go to WA5)	(go to WA6)

- WA5. I'd like to learn a little bit more about your experience working as a (1957 aspiration).

- WA5a. First, for how long did you work in this type of career? _____.

WA5b. When people look back at their worklives, some are pleased with the job they've chosen, while others find that their job is not all they had hoped it would be. I'd like to know whether your experience working was all you had hoped it would be. Can you tell me more about your experience working as **(1957 aspiration)**, and about how satisfied you were in this line of work? (Go to WA7)

WA6a. What kind of work did you do instead, after completing your schooling? **[FOR EXAMPLE: ELECTRICAL ENGINEER; STOCK CLERK; FARMER]**

WA6b. Can you tell me about why you never ended up working as a **(1957 aspiration)**? What were some of the circumstances that caused your work life to take on a new direction?

WA6c. How do you feel about the fact that you've never worked as a **(1957 aspiration)**. [PROBE: How do you think your life might have turned out if you had worked as a **(1957 aspiration)**]

WA7. Now, we'd like you to think back to 1975, when you were about 35 years old. Most adults at that age have plans and dreams for how they'd like their worklives to develop. Thinking back to that time, please tell us about the plans you had for your future work life. [PROBE: What kind of work did you hope to be doing in the future? Can you tell us a bit more about the career goals you had at age 35?]

WA8. So, to summarize, at age 35 you hoped to be working as a _____ in the future. (**enter on interviewer worksheet**) [NOTE TO INTERVIEWER: If R does not clearly state what his/her goal was, ask "So, when you were about 35 years old, what type of occupation did you hope eventually to enter (FOR EXAMPLE, ELECTRICAL ENGINEER, TELEPHONE OPERATOR, AUTHOR?)

WA9. Did you want to be working for yourself or for someone else?

Self	Someone Else
1	2

[IF R names the same occupation as mentioned in WA1, go to WA13]

WA10. Have you ever worked in the type of job that you just told me about?

Yes	No
1	2
(go to WA11)	(go to WA12)

WA11. I'd like to learn a little bit more about your experience working as a (**1975 aspiration**).

WA11a. First, for how long did you work in this type of career? _____.

WA11b. When people look back at their work lives, some are pleased with the job they've chosen, while others find that their job is not all they had hoped it would be. I'd like to know whether your experience working was all you had hoped it would be. Can you tell me more about your experience working as a **(1975 aspiration)**, and about how satisfied you were in this line of work? (Go to WA13).

WA12a. What kind of work did do instead, after setting your goal at age 35? **[FOR EXAMPLE: ELECTRICAL ENGINEER; STOCK CLERK; FARMER]**

WA12b. Can you tell me about why you never ended up working as a **(1975 aspiration)**? What were some of the circumstances that caused your work life to take on a new direction?

WA12c. How do you feel about the fact that you've never worked as a **(1975 aspiration)**. **[PROBE: How do you think your life might have turned out if you had worked as a (1975 aspiration)]**

WA13. Now we'd like you to think about your worklife in general. What have been some of the best aspects, or best times in your worklife?

Could you say why?/Could you say more about that?/What about that is important to you?

WA14. What have been some of the worst aspects, or worst times in your worklife?

Could you say why?/Could you say more about that?/What about that is important to you?

WA15. All told, do you think that your work life has been successful? **YES** **NO** **SOMEWHAT**
Could you say why?/Could you say more about that?/What about that is important to you?

WA16. If you could have made one major change in your work life, what might that have been?

Could you say why?/Could you say more about that?/What about that is important to you?

Family Aspirations/Evaluations

Now we'd like to ask similar questions that pertain to your family & personal life.

- FA1. Most young adults have plans and dreams for their futures. Sometimes, these dreams are realized. Other times, life turns out quite differently than we've planned for. Please think about the hopes and dreams you had for your family and personal life, when you were a young adult.

Have things turned out as you had expected they might? **YES** **NO**

Could you say why?/Could you say more about that?/What about that is important to you?

- FA2. In what ways has your family life or personal life been better than you could have anticipated?

Could you say why?/Could you say more about that?/What about that is important to you?

- FA3. In what ways has your family or personal life fallen short of your hopes and dreams?

Could you say why?/Could you say more about that?/What about that is important to you?

FA4. All told, do you think that your family or personal life has been successful? **YES** **NO**
Could you say why?/Could you say more about that?/What about that is important to you?

FA5. If you could have made one major change in your family or personal life, what might that have been?

Could you say why?/Could you say more about that?/What about that is important to you?

Now we'd like you to think about your life as a whole (including your work, your family and friends, your hobbies and recreational activities, your spiritual life).

FA6. What are some of the things you have done in your life that you feel best about?

FA7. What are the things you have done or failed to do so far in your life that you feel worst about?

FA8. 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?

Extremely Far	Somewhat Far	Not far At All	Accomplished Everything
1	2	3	4

PLANS FOR THE FUTURE

Now we would like to ask a few more questions about your plans for the future.

- PL1. If you were free to choose, what would you like to be doing 10 years from now, in terms of your work? Would you like to be working full-time, working part-time, not working, retired, or something else? [allow 2]

1	Same work as I am doing now	(go to PL4)
2	Working Full-time	(go to PL2)
3	Working Part-time	(go to PL2)
4	Not Working	(go to PL4)
5	Keeping House	(go to PL4)
6	Retired	(go to PL4)
7	Volunteer Work	(go to PL2)
0	Other	(go to PL4)
98	Don't Know	(go to PL4)
99	Refused	

- PL2. What kind of (work/volunteer work) would you like to be doing? (FOR EXAMPLE: ELECTRICAL ENGINEER; STOCK CLERK; FARMER)

- PL3. Would this be the same kind of work that you are doing now?

Yes	No
1	2

- PL4. On a scale from 0 to 10, where 0 equals absolutely no chance, and 10 equals absolutely certain, what do you think the chances are that you will be doing what you want to be doing 10 years from now?

Absolutely No Chance	Enter Number	Absolutely Certain
0	_____	10

See Interviewer Worksheet (WK1 & WK3)

If R is currently working fulltime (35 hours or more per week) Go To PL11

If R (is not working/never worked) Go To PL12

If R is working parttime or is retired Go To PL 5

- PL5. We are interested in people's retirement status and their retirement plans. At the present time, do you consider yourself partly retired, completely retired, or not retired at all?

Partly Retired	Completely Retired	Not Retired At All	Don't Know
1	2	3	8
		(go to PL7)	(go to PL7)

- PL6. When did you (partly/completely) retire? **(Record on Interviewer Worksheet)**

Month _____ Year _____

- PL7. How about your spouse? Is s/he currently retired, partly retired, working and not retired at all, or not working but not retired at all?

Retired	Partly Retired	Working and Not Retired at All	Not Working and Not Retired
1	2	3	4
		(go to PL11)	(go to PL11)

- PL8. When did s/he (partly/completely) retire? **(Record on Interviewer Worksheet)**

Month _____ Year _____

- PL9. Question Omitted

- PL10. **Interviewer: If R is completely retired(see PL5) go to PL16**

- PL11. 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 further reduce the time you spend working before you stop working altogether?

Absolutely No Chance	Enter Number	Absolutely Certain
0	_____	10

- PL12. Now, thinking about work generally (not just your present job), what do you think the chances are that you will be working full-time after you reach age 62? Zero (0) means no chance and 10 means absolutely certain.

No Chance	Enter Number	Absolutely Certain
0	_____	10
(Go to PL14)		

- PL13. And what about the chances that you will be working full-time after you reach age 65?

No Chance	Enter Number	Absolutely Certain
0	_____	10

- PL14. When you (or your spouse) 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?

Increase A Lot	Increase Somewhat	Stay About The Same	Decline Somewhat	Decline A Lot
1	2	3	4	5

- PL15. (Question Omitted)

Ask questions PL16 and PL17 only of persons who are currently retired. For respondents who are not at all retired, go to LE1.

- PL16. Sometimes people go back to work after they retire or increase their hours after their partner retires. What are the chances that you will go back to work or increase your hours sometime in the future? Use a scale from 0 to 10, where 0 equals no chance and 10 equals absolutely certain.

No Chance	Enter Number	Absolutely Certain	Back at work - currently working
0	_____	10	96

- PL17. Since you retired in 19____, have your living standards increased a lot, increased somewhat, stayed about the same, decreased somewhat, or decreased a lot?

Increased A Lot	Increased Somewhat	Stayed About the Same	Decreased Somewhat	Decreased A Lot
1	2	3	4	5

LIFE EVENTS

LE1. Interviewer:

How many life events did R check (see checklist on pages 31-32 of mailout)? _____ (record number)

0 (none)

(go to General Anxiety Section)

1 or more

(go to LE2)

LE2. Now I'd like to ask some additional questions about experiences you've had in your life. On the questionnaire you received in the mail you marked (event___/several events). **[Show R the list and then ask "is there anything else you'd like to add at this time? -- If yes update the list and the interview as needed]**

LE3. (omitted)

LE4. We're interested in how people feel when they have different experiences and how it affects their lives. Thinking about event ____, could you tell me when this (last) happened?
(RECORD MONTH AND YEAR IN CHART BELOW)

LE5. (AFTER GETTING DATE, ASK IMMEDIATELY): What was your major feeling or reaction when (EVENT___) happened? **(PROBE FOR THE ONE PRIMARY FEELING, E.G. DISAPPOINTMENT, IF R GIVES A BROAD ANSWER, E.G., GOOD OR BAD, PROBE FOR SPECIFIC GOOD OR BAD FEELING.) [RECORD FEELING IN CHART BELOW]**

LE6. (AFTER GETTING EMOTION, ASK IMMEDIATELY): Look at **CARD A** how (feeling) did you feel? Would you say extremely, moderately or a little? **(CIRCLE IN Q LE6 FOR EACH EVENT)**

Extremely	Moderately	A Little	Not at all
1	2	3	4

LE7. (AFTER GETTING STRENGTH OF EMOTION, ASK IMMEDIATELY): Looking again at **CARD A** how much impact did (EVENT ___) have on you or your life? In other words, how much did you or your life change because of it? Would you say extremely, moderately, a little or not at all? **(CIRCLE IN Q LE7 FOR EACH EVENT)**

#1: EVENT _____ OPTION _____

NAME _____ RELATION _____

GENDER: M F MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#2: EVENT _____ OPTION _____

NAME _____ RELATION _____

GENDER: M F MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#3: EVENT _____ OPTION _____

NAME _____ RELATION _____

GENDER: M F MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#4: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#5: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#6: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#7: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#8: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#9: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#10: EVENT _____ OPTION _____

NAME _____ RELATION _____

GENDER: M F MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#11: EVENT _____ OPTION _____

NAME _____ RELATION _____

GENDER: M F MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#12: EVENT _____ OPTION _____

NAME _____ RELATION _____

GENDER: M F MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#13: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#14: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#15: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#16: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____

YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#17: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____

YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#18: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____

YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#19: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

#20: EVENT _____

OPTION _____

NAME _____

RELATION _____

GENDER: M F

MONTH _____ YEAR _____

EMOTION: _____

	Extremely	Moderately	A Little	Not at all
Emotion Strength Q LE6	1	2	3	4
Impact on Life QLE7	1	2	3	4

GENERALIZED ANXIETY

Now we'd like you to think about feelings and concerns you may have about different parts of your life.

- GA1. People differ a lot in how much they worry. Considering how things have been going in your life over the PAST 12 MONTHS, would you say you worry MORE than most people would in the same situation, LESS than most people, or ABOUT THE SAME as most people would in the same situation?

More	Less	About The Same	I Don't Worry At All
1	2	3	7
	(go to GA3)	(go to GA3)	(go to GA3)

- GA2. Would you say A LOT MORE than most people, SOMEWHAT MORE, or only A LITTLE MORE?

A Lot More	Somewhat	A Little
1	2	3
(go to GA4)	(go to GA4)	

- GA3. Has there ever been a period in your life when you worried A LOT MORE than most people in the same situation?

YES (go to GA5a)	NO (go to next section Panic - pg.39)
---------------------	---------------------------------------------

- GA4. Have your feelings of worry over the past 12 months been as bad as the worst period of worry in your life?

YES (go to GA6)	NO
--------------------	----

- GA5a. About how old were you when your worrying was at its height? _____ (go to GA6)

- GA5b. Interviewer note: If R uncertain probe year & month.

Year _____

Month _____

GA6. About how long did/has this period of worry go/gone on for? _____

Interviewer : Follow **EITHER** the worst period at age_____ or the past 12 months throughout the rest of this section.

If GA2 is "A Little" ask about worst period at age_____ (go to GA7b)

If GA 2 is "A Lot More" or "Somewhat" ask about past 12 months (go to GA7a)

GA7a. Please answer the following questions thinking about the past 12 months. How often did you worry?

Every Day	Just About Every Day	Most Days	About Half The Days	Less Than Half The Days
1	2	3	4	5
(Go to GA8)	(Go to GA8)	(Go to GA8)	(Go to GA8)	(Go to GA8)

GA7b. Please answer the following questions thinking about your worst period of worry when you were age_____. How often did you worry?

Every Day	Just About Every Day	Most Days	About Half The Days	Less Than Half The Days
1	2	3	4	5

GA8. On days you worried, has the worry usually lasted...

All Day Long	Most of The Day	About Half The Day	Less Than Half The Day
1	2	3	4

GA9. Did you usually worry about ONE particular thing or MORE THAN ONE thing?

One Thing	More Than One
1	2

GA10. Did you ever have different worries on your mind AT THE SAME TIME?

Yes	No
1	2

GA11. Did you worry about things that are not likely to happen?

Yes	No
1	2

GA12. Did you worry about things that are not really serious?

Yes	No
1	2

GA13. How often is/was your worry so strong that you can't/couldn't put it out of your mind no matter how hard you tried?

Often	Sometimes	Rarely	Never
1	2	3	4

GA14. How often did/do you find it difficult to control your worry?

Often	Sometimes	Rarely	Never
1	2	3	4

GA15. (omitted)

GA16. What do/did you worry most about during those times?

GA17. Some people have physical reactions because of their worry. Thinking about your worst period of worry (when you were age___/in the past 12 months), how often did you have each of the following reactions because of your worry? Include ONLY physical reactions that might have been caused by your worry, not those that were caused by something else.

First, looking at card B, how often [during your worst period of worry/during the past year] were you restless because of your worry?

Most Days	About Half The Days	Less Than Half The Days	Never	NA/S _x not due to worry
1	2	3	4	9

GA18. How often were you keyed up, on edge, or had a lot of nervous energy?

Most Days	About Half The Days	Less Than Half The Days	Never	NA/S _x not due to worry
1	2	3	4	9

GA19. How often were you irritable because of worry?

Most Days	About Half The Days	Less Than Half The Days	Never	NA/S _x not due to worry
1	2	3	4	9

GA20. How often did you have trouble falling asleep?

Most Days	About Half The Days	Less Than Half The Days	Never	NA/S _x not due to worry
1	2	3	4	9

GA21. How often did you have trouble staying asleep because of your worry?

Most Days	About Half The Days	Less Than Half The Days	Never	NA/S _x not due to worry
1	2	3	4	9

GA22. How often did you have trouble keeping your mind on what you were doing?

Most Days	About Half The Days	Less Than Half The Days	Never	NA/S _x not due to worry
1	2	3	4	9

GA23. How often did you have trouble remembering things because of your worry?

Most Days	About Half The Days	Less Than Half The Days	Never	NA/S _x not due to worry
1	2	3	4	9

GA24. How often were you low on energy?

Most Days	About Half The Days	Less Than Half The Days	Never	NA/S _x not due to worry
1	2	3	4	9

GA25. How often did you tire easily because of worry?

Most Days	About Half The Days	Less Than Half The Days	Never	NA/S _x not due to worry
1	2	3	4	9

GA26. How often did you have sore or aching muscles because of tension?

Most Days	About Half The Days	Less Than Half The Days	Never	NA/S _x not due to worry
1	2	3	4	9

GA27. How much did the worry interfere with your life or activities?

A Lot	Some	A Little	Not At All	NA/S _x not due to worry
1	2	3	4	9

GA28. Did you avoid leaving your house or other routine activities because of your worry?

YES	NO
1	2
(go to next section - Panic)	

GA29. What activities did you avoid? (If NONE, go to Panic - next page)

GA30. Did you avoid these activities because you were worried that you might have embarrassing, incapacitating, or life threatening symptoms, such as collapsing?

YES	NO
1	2

PANIC ATTACKS

- PN1. During the past 12 months, did you ever have a spell or an attack when ALL OF A SUDDEN you felt frightened, anxious, or very uneasy, in a situation when most people would not be afraid or anxious?

Yes	No
1	2
(go to PN3)	

- PN2. Has there ever been a period in your life when all of a sudden you felt frightened, anxious, or very uneasy, in a situation when most people would not be afraid or anxious?

YES	NO
1	2
(go to PN4a)	(go to next section Sadness)

- PN3. Was this spell the worst period in your life?

YES	NO
1	2
(go to PN5)	

- PN4a. About how old were you when the worst spell of this sort occurred?
Age _____ (Go to PN6)

- PN4b. (Interviewer note: If R uncertain probe year & month.)

Month _____

Year _____ (go to PN6)

- PN5. About how many attacks or spells of feeling frightened, anxious, or very uneasy in situations when most people would not be afraid or anxious did you have in the past 12 months? _____ (Record on Interviewer Worksheet go to PN7)

- PN6. About how many attacks or spells of feeling frightened, anxious, or very uneasy in situations when most people would not be afraid or anxious did you have in your life? _____ (Record on Interviewer Worksheet)

PN7. Please look at **CARD C** During [this/these] spell(s), did you become frightened, anxious or uneasy FOR ANY OF THE REASONS LISTED ON **CARD C** [Interviewer - Show R table - circle all that apply]

- | | |
|---|-------------------------------------------------------------|
| A | I have a heart problem |
| B | I was undergoing a medical/dental procedure |
| C | I was physically ill |
| D | I felt I might not make it to the restroom |
| E | I felt I might collapse |
| F | I felt trapped |
| G | I was speaking or performing in front of a group of people. |
| H | I thought I might do something embarrassing |
| I | I thought others were being critical of me |
| J | I was taking drugs/ drinking alcohol |
| K | An animal or insect frightened me. |
| L | I felt the place I was in was dangerous |
| M | Other _____ |

<p>Note to interviewer: See interviewer worksheet - PN5 or PN6. If only one spell/attack, then go to question DS1 page 42</p>

Now I am going to ask you for more details about these attacks.

PN8. Have any of these attacks or spells -- when all of a sudden you felt frightened, anxious or very uneasy -- seemed to occur for no reason at all?

Yes	No
1	2

PN9. (When you have attacks), does your heart pound?

Yes	No
1	2

PN10. (When you have attacks), Do you have tightness, pain, or discomfort in your chest or stomach?

Yes	No
1	2

PN11. (When you have attacks), do you sweat?

Yes	No
1	2

PN12. (When you have attacks), do you tremble or shake?

Yes	No
1	2

PN13 (When you have attacks), do you have hot flashes or chills?

Yes	No
1	2

PN14. (When you have attacks), do you or the things around you seem unreal?

Yes	No
1	2

SADNESS

Now we are going to talk about different types of feeling that you may have had in your life.

- DS1. In your lifetime, have you have had two weeks or more when nearly every day you felt sad, blue or depressed? **(Record on Interviewer Worksheet)**

Yes	No
1	2
(go to DS4)	

- DS2. Have you ever had two weeks or more when you felt down in the dumps, low or gloomy? **(Record on Interviewer Worksheet)**

Yes	No
1	2
(go to DS4)	

- DS3. Have you ever experienced a period of two weeks or more when you lost interest or no longer enjoyed doing most things like work, hobbies or things you usually liked to do for fun? **(Record on Interviewer Worksheet)**

Yes	No
1	2
(go to DS5)	(go to Helpseeking, p.57)

- DS4. Have you ever experienced a period of two weeks or more when you lost interest or no longer enjoyed most things like work, hobbies or things you usually liked to do for fun? **(Record on Interviewer Worksheet)**

Yes	No
1	2

- DS5. Did you lose interest or no longer enjoy almost **all** the things you usually liked to do for fun? **(Record on Interviewer Worksheet)**

Yes	No
1	2

Interviewer: If R said YES at DS3 and NO to DS5 then go to Section F, Helpseeking, p. 57

DS6. Question Omitted

DS7.

See interviewer worksheet - TERMS (DS7)

DS8. In your lifetime, how many periods have you had that lasted two weeks or more when you felt (TERM) **(Record on Interviewer Worksheet)**

Greater than or equal to 2: _____	One (1) (go to DS10)
--------------------------------------	--------------------------------

DS9. Was there ever a time in your life when your felt MOST (term)?

Yes 1	No 2 (go to DS11)
----------	--------------------------------

DS10. About how old were you when this period of feeling (term) began? Age= _____

[Interviewer, record age on worksheet at DS10/DS11/DS14/DS18]

DS11. How old were you when you most clearly remember beginning to feel (term) for two weeks or more? Age= _____ **[Interviewer, record age in worksheet at DS10/DS11/DS14/DS18]**

DS12. Please think about when you were AGE _____, and you felt (term) for two weeks or longer. Did this period occur just after someone close to you died, or after you knew they were about to die?

Yes 1	No 2 (go to DS15)
----------	--------------------------------

DS13. Have you ever felt (term) for two weeks or more that was unrelated to the death of someone close to you?

Yes 1	No 2 (go to DS15)
----------	--------------------------------

DS14. How old were you when you felt (term) the most but no one had died or was dying? Age= _____ Years Old

[Interviewer: record age on worksheet at DS10/DS11/DS14/DS18]

DS15. Did this period when you were Age____ and felt (term) occur at a time in your life when you were drinking alcohol or using drugs more than usual?

Yes 1	No 2 (go to DS18)	Never Use Drugs (go to DS18)
----------	-------------------------	---------------------------------

DS16. Which started first -- the period of feeling (term) or the increase in drinking or drug use?

Drinking/ Drug Abuse 1	Feeling 2 (go to DS18)	Both at Same Time 3 (go to DS18)	It Varies 4 go to DS18
------------------------------	------------------------------	-------------------------------------------	------------------------------

DS17. Have you ever felt (term) for two weeks or more that began when you were not drinking/taking drugs more than usual?

Yes 1	No 2 (go to DS20)
----------	-------------------------

DS18. How old were you when you began to feel (term) most and were not drinking/taking drugs (more than usual)? Age=_____ Years Old **[Interviewer, record age on worksheet at DS10/DS11/DS14/DS18]**

DS19a. (Briefly, what was going on?)_____

DS19b. How long did this period of feeling (term) last?_____

[Interviewer from DS20 on "Age" refers to the last age recorded at DS10/DS11/DS14/DS18 on Interviewer Worksheet.]

DS20. Please think about the period when you were Age____ when you felt (term) for two weeks or longer. During that time did you lose your appetite?

Yes 1	No 2 (go to DS23)
----------	-------------------------

DS21. Question Omitted

DS22. Did you almost completely lose your appetite?

Yes	No
1	2

DS23. During that time, did you lose weight without trying to?

Yes	No
1	2
	(go to DS26)

DS24. About how much weight did you lose? _____ # POUNDS

DS25. About how much did you weigh before you lost that weight? _____ #POUNDS
[go to DS30]

DS26. Did your appetite increase?

Yes	No
1	2

DS27. Did you gain weight?

Yes	No
1	2
	(go to DS30)

DS28. What is the most you gained? _____ # POUNDS

D29. About how much did you weigh before you gained that weight? _____ # POUNDS

**INTERVIEWER if YES to DS22 or lost or gained 5 lb per 100 lb, then check
Appetite/Weight Problems on List.**

DS30. During that period when you were AGE_____, when you felt most (term) for two weeks or longer. Did you have trouble falling asleep nearly every night?

Yes	No
1	2
	(go to DS33)

DS31. Question Omitted

DS32. Did it take you at least 2 hours to fall asleep?

Yes	No
1	2

DS33. Did you have trouble staying asleep nearly every night for two weeks or more?

Yes	No
1	2
(go to DS35)	

DS34. Did you lay awake nearly every night for more than one hour?

Yes	No
1	2

DS35. Did you wake up too early nearly every morning for two weeks or more?

Yes	No
1	2
(go to DS37)	

DS36. Did you wake up at least 2 hours before you wanted to?

Yes	No
1	2

DS37. Did you sleep too much nearly every day for two weeks or more?

Yes	No
1	2

INTERVIEWER if YES to DS32, DS34, DS36 or DS37 then check Sleep Problems on LIST

DS38. During the period when you were AGE____, when you felt most (term) for two weeks or longer. Did you lack energy or feel tired out all the time even when you had not been working very hard?

Yes	No
1	2
(go to DS41)	

DS39. Question Omitted

DS40. Were you completely without energy nearly every day for 2 weeks or more?

Yes	No
1	2

DS41. Did you feel very bad when you got up, but better later in the day?

Yes	No
1	2

INTERVIEWER if YES to D38 or D40 then check Sleep Problems on LIST.

DS42. During the period when you were AGE_____, when you felt most (term) for two weeks or longer. Did you talk or move more slowly than is normal for you nearly every day?

Yes	No
1	2
(go to DS45)	

DS43. Question Omitted

DS44. Did anyone else notice that you were talking or moving more slowly?

Yes	No
1	2

DS45. Did you move all the time, that is, you could not sit still and paced up and down nearly every day for two weeks or more?

Yes	No
1	2

INTERVIEWER if YES to DS42 or DS45 then check Moved More Slowly or Moved All the Time on LIST.

DS46. During the period when you were AGE____, when you felt most (term) for two weeks or longer did you lose the ability to enjoy having good things happen to you, like winning something or being praised or complimented?

Yes	No
1	2

DS47. Was your interest in sex a lot less than usual?

Yes	No
1	2
(go to DS49)	

DS48. Did you completely lose your interest in sex for two weeks or more?

Yes	No
1	2

INTERVIEWER if YES to D46 to D48 then check Lost Interest on LIST.

DS49. During the period when you were AGE____, when you felt most (term) for two weeks or longer. Did you feel worthless nearly every day?

Yes	No
1	2
(go to DS52)	

DS50. Question Omitted

DS51. Did you feel completely worthless for two weeks or more?

Yes	No
1	2

DS52. Did you feel sinful nearly every day?

Yes	No
1	2

DS53. Did you feel guilty nearly every day?

Yes 1	No 2
----------	---------

DS54. Did you feel that you were inferior to or not as good as other people, nearly every day for two weeks or more?

Yes 1	No 2
----------	---------

DS55. Did you feel so little self-confidence that you wouldn't try to have your say about anything?

Yes 1	No 2 (go to DS57)
----------	-------------------------

DS56. Did you entirely lose your self-confidence for two weeks or more?

Yes 1	No 2
----------	---------

DS57. **INTERVIEWER if YES to DS49 to DS56 then check FELT worthless or Guilty on LIST.**

DS58. During the period when you were AGE ____, when you felt (term) for two weeks or longer. Did you have a lot more trouble concentrating than is normal for you for two weeks or more?

Yes 1	No 2 (go to DS60)
----------	-------------------------

DS59. Were you unable to read things that usually interest you or watch television or movies you usually like, because you could not pay attention to them?

Yes 1	No 2
----------	---------

DS60. Did your thoughts come much slower than usual or seem mixed up nearly every day for two weeks or more?

Yes	No
1	2

DS61. Were you unable to make up your mind about things that you ordinarily have no trouble deciding about, nearly every day for 2 weeks or more?

Yes	No
1	2
(go to DS63)	

DS62. Were you completely unable to make up your mind about things you ordinarily have no trouble deciding about?

Yes	No
1	2

INTERVIEWER if YES to DS58 to DS62 then check Difficulty Concentrating on LIST.

DS63. During the period when you were AGE____, when you felt (term) for two weeks or longer, did you think a lot about death--either your own, someone else's, or death in general nearly every day for 2 or more weeks?

Yes	No
1	2

DS64. Question Omitted

DS65. Did you feel like you wanted to die?

Yes	No
1	2

DS66. Have you ever attempted suicide?

Yes	No
1	2
(go to DS68)	

DS67. Have you ever felt so low you thought about committing suicide?

Yes	No
1	2
(go to DS71)	(go to DS71)

DS68. How many times have you attempted suicide?

1	2 or more
---	-----------

DS69. How old were you (the first time/time when) you attempted suicide? _____

Interviewer note: If R attempted suicide only once go to DS71.

DS70. How old were you the LAST time you attempted suicide? _____

DS71. **INTERVIEWER if YES to DS63 to DS65 and DS66 or DS67 then check Thought About or Attempted to Kill yourself on LIST.**

DS72. To review, you said that during the period when you felt most (term) you also -- **Interviewer - read symptom list -- (read each followed by)** for two weeks or more.

Interviewer show list to R -- About how many of these feelings occurred during the same two week period? _____ → **(If greater than or equal to 2 go to DS74)**

DS73. Let me make sure I am clear about this. There has never been a period when you felt (term) and 2 or more of these other things (Show list) during the same two weeks. Is that correct?
[Interviewer: If respondent identifies additional symptom, go back to that section.]

Yes	No
1	2
(go to Helpseekingg Section, pg 57)	

DS74. How much did this period of feeling (term) ever interfere with your life or activities--a lot, some, a little, or not at all?

A Lot	Some	A Little	Not at All
1	2	3	4

Now I'm going to ask some questions about help you might have received when you felt (term).

DS75. We define a doctor as a medical doctor, a psychiatrist, an osteopath, or a student training to be one of these. We define a professional as a psychologist, nurse, counselor, therapist, social worker, chiropractor, priest, rabbi or minister. Please do not include friends or relatives who happen to be employed in one of these positions. During this period of (term) **(did/have)** you see(n) a doctor or any other professional?

Yes 1	No 2
(go to DS76)	

DS75a. Who did you see? _____

DS76. During **(that/this)** time, **(were you/have you been)** hospitalized for depression, anxiety, or any other mental health problem?

Yes 1	No 2
----------	---------

DS77a. During **(that/this)** time, **(were you/have you been)** treated with any medication for depression, anxiety, or any other mental health problem?

Yes 1	No 2
----------	---------

DS77b. What was the name of the medication? _____

DS78. Was this period of feeling (term) so bad that it kept you from working or from seeing friends or relatives?

Yes 1	No 2
----------	---------

Interviewer see worksheet: If only one period in life go to next section - Helpseeking, pg. 57

DS79. When did your most recent period of feeling (term) and some of the other things on this list (Show List on Interviewer Worksheet) end?

Past Month	Past Six Months	Past Year	More Than a Year Ago	Same as worst period
1	2	3	4	5
(go to DS83)	(go to DS83)	(go to DS83)		go to DS84

DS80. Can you remember your exact age when it ended?

Yes	No
1	2
	(go to DS87)

DS81. How old were you? _____ YEARS OLD [go to DS83]

DS82. About how old were you [when this period ended]? _____ YEARS OLD

DS83. How long did/has this period last(ed) [before it ended/so far]?

Days	Weeks	Months	Years
_____	_____	_____	_____

DS84. When was the first time you had a period of two weeks or more when you had some of the problems circled on this list (Show List) and also felt (term)? -in the past month, past six months, past year, or more than a year ago?

Past Month	Past Six Months	Past Year	More Than a Year Ago	Same as worst period
1	2	3	4	5
(go to DS89)	(go to DS89)	(go to DS89)		(go to DS89)

DS85. Can you remember your exact age the first time you had a period of two weeks or more when you had some of these problems circled on the list and also felt (term)?

Yes	No
1	2
	(go to DS87)

DS86. (How old were you?) _____ YEARS OLD [go to DS89]

DS87. About how old were you the first time you had a period of this sort lasting two weeks or more?
(ACCEPT A RANGE RESPONSE)

_____ YEARS OLD

DS88. What is the earliest age you can clearly remember having a period of this sort lasting two weeks or more? (ACCEPT A RANGE RESPONSE)

_____ YEARS OLD

DS89. Between periods when you felt (term), did you feel O.K. at least for some months?

Yes	No
1	2
(go to DS93)	

DS90. Between (any of) these periods were you fully able to work and enjoy being with other people?

Yes	No
1	2
(go to DS93)	

DS91. Did that "normal" period ever last at least 2 months?

Yes	No
1	2
(go to DS93)	

DS92. Did it ever last at least 6 months?

Yes	No
1	2

DS93. Did any of these periods of feeling (term) occur just after someone close to you died?

Yes	No
1	2
(go to DS95)	

DS94. What about your most recent period of feeling (term)? Was that due to someone close to you dying?

Yes	No
1	2

DS95. Did most of your periods of feeling (term) begin in the same month or the same time of year?

Yes 1	No 2 (go to DS103)
----------	-----------------------------

DS96. In what months? (ACCEPT MONTH OR RANGE OF MONTHS, NOT SEASON. IF R MENTIONS SEASON, PROBE: What months would that be?)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

DS97. About how many of your periods of feeling (term) began during [this/these] months? (ACCEPT NUMBER OR PERCENT)

_____ # OF PERIODS OR _____ % OF PERIODS
[codes: code % if number given]

DS98. Did you ever have two years in a row when a period of feeling (term) started during [this/these] months?

Yes 1	No 2
----------	---------

DS99. Did most of your periods of feeling (term) end in the same month or the same time of year?

Yes 1	No 2 (go to DS103)
----------	--------------------------

DS100. In what months? (ACCEPT MONTH OR RANGE OF MONTHS, NOT SEASON. IF R MENTIONS A SEASON, PROBE: What months would that be?)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

DS101. About how many of the periods of feeling (term) that began in (TIME FROM DS96) ended in [this/these] months? (ACCEPT NUMBER OR PERCENT.)

_____ # OF PERIODS OR _____ % OF PERIODS
[codes: code % if number given]

DS102. When you came out of these periods of feeling (term) in, were your mood and energy back to normal or were they much better than normal?

Back To Normal	Much Better Than Normal	Less Than Normal
1	2	3

DS103. What is the longest period you ever had when you felt (term) and had several of these other problems circled on List at the same time?

_____ # OF WEEKS OR MONTHS OR YEARS

Help Seeking

Interviewer: did respondent have a time of feeling sad, gloomy, etc.?

Yes	No
1	2
(go to HS4)	

- HS1. When we were talking a little earlier about your time of feeling **(term)**, I asked whether you had seen a doctor, been hospitalized, or treated with any medication during that spell. Other than during that time, have you seen a doctor or any other professional for depression, anxiety, or other mental health problem?

Yes	No
1	2

- HS2. Other than during that time, were you hospitalized for depression, anxiety, or any other mental health problem?

Yes	No
1	2

- HS3. Other than during that time, were you treated with any medication for depression, anxiety, or any other mental health problem?

Yes	No
1	2

- HS3a. What was the name of the medication? _____

(Go to Caregiving)

- HS4. Sometimes when people have worries or difficulties in their lives, they will talk with a doctor or professional. We define a doctor as a medical doctor, a psychiatrist, an osteopath, or a student training to be one of these. We define a professional as a psychologist, nurse, counselor, therapist, social worker, chiropractor, priest, rabbi or minister. Think back now to time when you had worries or difficulties in your life. In your lifetime, have you ever seen a doctor or any other professional for depression, anxiety or other mental health problem?

Yes	No
1	2

- HS5. At that time, were you hospitalized for depression, anxiety, or any other mental health problem?

Yes	No
1	2

- HS6a. At that time, were you treated with any medication for depression, anxiety, or any other mental health problem?

Yes	No
1	2

- HS6b. What was the name of the medication? _____

Caregiving

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.

- CG1. Since we last interviewed you, 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	No	Don't Know
1	2	8
	(go to CG14)	(go to CG14)

- CG2. To whom did you GIVE the MOST personal care?

1	HUSBAND/WIFE
2	SON
3	DAUGHTER
4	FATHER
5	MOTHER
6	BROTHER
7	SISTER
8	GRANDPARENT
0	OTHER; [specify]_____
98	DON'T KNOW
99	REFUSED

- CG3. What condition, illness, or disability caused [him/her] to need personal care?

Condition?_____

Anything else?_____

Condition(s) Given	No Specific Condition Given
1	2

- CG4. When did you start helping [him/her]?

Month_____ Year_____

CG5. Are you still helping [him/her]?

Yes	No
1	2

CG6. 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?] **DON'T READ ALOUD.**

He/She no longer needs care	Someone else is helping	This person is deceased	Some other reason
1	2	3	4

Other Reason: _____

CG7. Does/did [he/she] live with you in your household during this period of giving care?

Yes	No	Some of the Time
1	2	3

CG8. Because of [his/her] limitations did you provide [him/her] personal help with: Bathing, dressing, eating or going to the bathroom?

Yes	No
1	2

CG9. Because of [his/her] limitations did/do you provide [him/her] personal help with: Getting around inside the house or going outside?

Yes	No
1	2

CG10. Because of [his/her] limitations [do/did] you provide [him/her] personal help with: Shopping, cooking, housework or laundry?

Yes	No
1	2

CG11. Because of [his/her] limitations [do/did] you provide [him/her] personal help with: Managing money, making phone calls, or taking medications?

Yes	No
1	2

CG12a. During the period of time that you **(were/have been)** providing care to him/her, **[did/have]** you provide(d) care continuously (continuous means almost daily)?

Yes	No
1	2
(go to CG13)	

CG12b. How many times **did/have** you provide(d) care for him/her for at least one week? _____

CG13. During **that time/those times**, about how many hours per week, on the average, did you help [him/her]?
_____ hours

CG14. Now we would like you to think about personal care that you may have RECEIVED from friends or relatives. Since we last interviewed you 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	No
1	2
(go to CG26)	

CG15. What condition, illness, or disability caused you to need personal care?

Condition _____

Anything else? _____

Condition(s) Given-	No specific condition given
1	2

CG16. Overall, who did you RECEIVE the most personal care from?
(Record condition if more than 1)

		Condition
1	Husband/Wife	_____
2	Son	_____
3	Daughter	_____
4	Father	_____
5	Mother	_____
6	Brother	_____
7	Sister	_____
8	Grandparent	_____
0	Other:[specify]	_____
98	Don't Know	_____
99	Refused	_____

CG17. Is [he/she] still helping you?

Yes	No
1	2
(go to CG19)	

CG18. 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?

You no longer need care	Someone else is helping you	Some other reason; [specify]
1	2	3

Other Reason: _____

Anything else? _____

CG19. During this period of receiving care did/does [he/she] live with you?

Yes	No	Some of the Time
1	2	3

CG20. Because of your limitations did/does [he/she] help you with: Bathing, dressing, eating or going to the bathroom?

Yes	No
1	2

CG21. Because of your limitations [did/does] [he/she] help you with: Getting around inside the house or getting around outside?

Yes	No
1	2

CG22. Because of your limitations does/did [he/she] help you with: Shopping, cooking, housework or laundry?

Yes	No
1	2

CG23. Because of your limitations does/did [he/she] help you with: Managing money, making phone calls, or taking medications?

Yes	No
1	2

CG24a. During that period of time did you receive continuous care from him/her?
(Continuous means almost daily.)

Yes	No
1	2
(go to CG25)	

CG24b How many times did he/she provide care for you for at least one week? _____

CG25. During those weeks, about how many hours per week, on the average, did [he/she] help you?

_____ hours

If respondent is not currently married, go to C1. If respondent is currently married, go to CG26.

CG26. Since we last interviewed you, did your spouse 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	No
1	2
(go to C1, p. 66)	

CG27. Who did [He/She] RECEIVE the most personal care from?
(Record condition if more than 1.)

		Condition
1	Husband/Wife	_____
2	Son	_____
3	Daughter	_____
4	Father	_____
5	Mother	_____
6	Brother	_____
7	Sister	_____
8	Grandparent	_____
0	Other:[specify]	_____
98	Don't Know	_____
99	Refused	_____

CG28a. During that time did he/she receive continuous care from [this/these] persons?

Yes	No
1	2
(go to CG29)	

CG28b. How many times was care provided to him/her for at least one week? _____

C29. During those weeks, about how many hours per week, on the average, did [he/she] help your spouse?

_____ hours

CONCLUSION

- C1. Did R have the completed questionnaire for you to take along?

Yes	No
1	2

- C1a. If questionnaire is ready, check it to be sure all pages are completed and R circled numbers, not spaces between numbers!

If questionnaire is NOT ready, wait for R to fill it out if necessary. If R insists on mailing it in, stress importance and give R envelope.

- C2. Only if R has given you the questionnaire, give \$60.00 check to R. Be sure to get signed receipt and give R carbon copy. Otherwise, tell R we will mail the check when the questionnaire is received.

- C3. Lastly, I have a personal "thank-you" that I'd like to read to you from the directors of the project. **(READ VERBATIM:)** Thank you again for sharing your time with us. Your participation is very important, and the information you've provided us can help researchers to better understand how work and family experiences influence men's and women's lives at midlife. Your participation has been crucial to the success of this study. We appreciate all of your efforts.

- C4. Answer any questions and thank respondent again.

***** TERMINATE *****

- A. Time Interview Ended: _____ AM or PM
(circle)

- B. Checklist:
- | | | |
|----------------------------------------------------|----|------------------------------------------------------------------------------|
| <input type="checkbox"/> Paid R \$60 check | or | <input type="checkbox"/> Told R we would mail it when materials are received |
| <input type="checkbox"/> Got receipt for \$60 | | |
| <input type="checkbox"/> Got questionnaire, or | | <input type="checkbox"/> Gave R envelope |
| <input type="checkbox"/> Got Life Events Checklist | | |

Interviewer Comments

11. Was anyone else present or within earshot during any part of the interview?

Yes	No
1	2

- 11a. Who? (Specify, including name if R's Child or Housemate)

12. How cooperative was R during most of the interview?

Very Uncooperative	Uncooperative	Cooperative	Very Cooperative
1	2	3	4

13. Overall, how frank was R?

Probably not too frank	Mostly Frank	Entirely Frank
1	2	3

14. Overall, how well did R understand the questions?

Didn't understand too well	Mostly understood	Understood completely
1	2	3

15. How did you feel about R? Did you:

Strongly Dislike R	Dislike R	Feel Indifferent	Like R	Strongly Like R
1	2	3	4	5

16. Is there anything else you could add about the interview that would help us to understand the respondent?

Positive Experiences

- PO1. Although the interview has primarily addressed stressful and negative experiences you may have experienced in your life, we know that there are many good and positive experiences throughout people's lives as well. To close we'd like you to think for a moment about some of the positive things that you've experienced recently, either in the last few days or the past few months. Please tell me some of the things that have been positive for you in your life. This can be things that have happened with family or friends, at work, in your community or something that happened to you alone.

- PO2. Of these things that you've just mentioned, which one was most important for you?

- PO3. Can you tell me why that was important and positive for you (**Probe; how has it affected your life ?**)

Last Interview ___/___/___

WK1. Currently Working Yes/No

WK3. ___ # Hours Worked/
Week

WK30. Working @ Last Intw?
Yes/No

WA2. 1957 Aspiration

WA8. 1975 Aspiration

PL7 ___/___ When R Retired

PL8 ___/___ When Sp Retired

GA5a. Age Worst Ax _____

PN5 or 6. ___ # of Panic Attacks

DS7 Check all that apply:

- ☐ Sad or Blue _____
- ☐ Down or Gloomy _____
- ☐ Disinterested _____
- ☐ Joyless _____

DS8. _____, # lifetime periods of
2+ wks when you felt (term)?

Age @ Depression:

Ds10 _____ DS11 _____

DS14 _____ DS18 _____

DS20ff Problems during
depression:

- ☐ Appetite/Weight Probs
- ☐ SleepProbs:
- ☐ Move Slower all the time
- ☐ Lost Interest
- ☐ Worthless/Guilty
- ☐ Difficulty Concentrating
- ☐ Tht ab/Attd Suicide