

Institute on Aging and Adult Life
University of Wisconsin-Madison

**LIFE HISTORIES AND HEALTH STUDY
MAIL SURVEY**

RESPONDENT # _____

Instructions

This booklet includes several categories of questions that will help us understand you, your values and attitudes, your health, your relationships, and your general feelings about life. There are no "right" or "wrong" answers to any of these questions. Please choose the answers that best describe you and your life.

This booklet usually takes about one and one-half hours to complete. If you find yourself getting tired, we recommend that you take a break for a while (we have suggested a place in the middle), and then come back to it.

Some of the questions may seem redundant to you. Please bear with us. We need all of the information to have a good sense of the many different people in our study.

Please be sure that you answer every item by circling the answer choice that comes closest to how you feel. Be sure to look at the different answer choices before answering each new section of questions.

Finally, please do not discuss or answer this questionnaire with anyone else.

**PLEASE NOTICE THAT QUESTIONS ARE
ON BOTH SIDES OF EACH PAGE!**

THANK YOU!

I. RELATIONSHIPS: FAMILY, WORK, AND FRIENDS

This first section is about people's relationships with spouses or romantic partners. We would like you to complete the following section independently; that is, please do not discuss your answers with your spouse or partner.

1. The following items describe romantic relationships.

1a.) First, are you currently married?

YES	NO
↓	↓
go to 1d	go to 1b

1b.) If no, (that is you are not currently married), are you now involved in a serious romantic relationship?

YES	NO
↓	↓
go to 1d	go to 1c

1c.) If no, (that is you are not currently in a romantic relationship), how old were you at the time that your most recent serious romantic relationship ended? _____

If you have never had a serious romantic relationship, please turn to question 4 (pg. 5). Otherwise, please answer question 1d.

1d.) How long has/did this relationship last(ed) for? _____

Now, please go to question 2 and describe your relationship.

2. Please read the statements below, and decide the extent to which each statement describes your relationship with your current or previous partner.	Circle the number that best describes your agreement or disagreement with each statement				
	Disagree Strongly	Disagree	Neither Agree nor Disagree	Agree	Agree Strongly
a. My partner listens to me when I need someone to talk to.	1	2	3	4	5
b. I think that we share some of the same interests.	1	2	3	4	5
c. My partner has all the qualities I've ever wanted in a mate.	1	2	3	4	5
d. I am satisfied with our sex life.	1	2	3	4	5
e. My partner helps me clarify my thoughts.	1	2	3	4	5
f. After even a brief separation, I eagerly look forward to seeing my partner.	1	2	3	4	5
g. I'm often not sure how I feel about my partner.	1	2	3	4	5
h. My partner does not show as much affection as I would like.	1	2	3	4	5
i. I seldom feel imposed upon sexually.	1	2	3	4	5
j. I can state my feelings without him/her getting defensive.	1	2	3	4	5

	Disagree Strongly	Disagree	Neither Agree nor Disagree	Agree	Agree Strongly
k. I share in very few of my partner's interests.	1	2	3	4	5
l. There are times when I do not feel a great deal of love and affection for my partner.	1	2	3	4	5
m. I feel our sexual activity is just routine.	1	2	3	4	5
n. When it comes to having a serious discussion it seems that we have little in common.	1	2	3	4	5
o. When I am away from my romantic partner, I miss him or her a great deal.	1	2	3	4	5
p. I often have trouble figuring out whether I'm truly in love with my partner or not.	1	2	3	4	5
q. When my partner is out of sight, I worry that he or she might become interested in someone else.	1	2	3	4	5
r. I need my partner to give more recognition to my contributions at work and in the home.	1	2	3	4	5
s. I often feel distant from my partner.	1	2	3	4	5
t. We seldom find time to do fun things together.	1	2	3	4	5
u. Every new thing that I have learned about my partner has pleased me.	1	2	3	4	5
v. I am able to tell my partner when I want sexual intercourse.	1	2	3	4	5
w. I feel "put-down" in a serious conversation with my partner.	1	2	3	4	5
x. My partner is too bossy and acts superior.	1	2	3	4	5
y. I often worry that my partner might leave me for someone else.	1	2	3	4	5
z. It helps to turn to my romantic partner in times of need.	1	2	3	4	5
aa. I miss my partner intensely when we're apart, but sometimes when we're together I feel like escaping .	1	2	3	4	5
bb. I have to give in more than my partner.	1	2	3	4	5
cc. I often worry that my partner doesn't really love me.	1	2	3	4	5
dd. My partner can really understand my hurts and joys.	1	2	3	4	5
ee. We enjoy the same recreational activities.	1	2	3	4	5
ff. My partner and I understand each other completely.	1	2	3	4	5
gg. I "hold back" my sexual interest because my partner makes me feel uncomfortable.	1	2	3	4	5
hh. I feel it is useless to discuss some things with my partner.	1	2	3	4	5
ii. I don't seek out my romantic partner when I am feeling bad.	1	2	3	4	5

	Disagree Strongly	Disagree	Neither Agree nor Disagree	Agree	Agree Strongly
jj. Sometimes I feel certain I can trust my partner, but at other times I'm not so sure.	1	2	3	4	5
kk. When my partner pays attention to other people, I can't help feeling jealous.	1	2	3	4	5
ll. My partner's love for me has not changed since the beginning of our relationship.	1	2	3	4	5
mm. I feel neglected at times by my partner.	1	2	3	4	5
nn. We enjoy the out-of-doors together.	1	2	3	4	5
oo. I don't think anyone could possibly be happier than my partner and I when we are with one another.	1	2	3	4	5
pp. Sexual expression is an essential part of our relationship.	1	2	3	4	5
qq. My partner frequently tries to change my ideas.	1	2	3	4	5
rr. I am certain that my partner loves me as much as he or she used to.	1	2	3	4	5
ss. I sometimes feel angry or annoyed with my partner without knowing why.	1	2	3	4	5
tt. I rarely worry about my partner leaving me.	1	2	3	4	5
uu. Having time together with friends is an important part of our shared activities.	1	2	3	4	5
vv. I have some needs that are not being met by my relationship.	1	2	3	4	5
ww. Many of my partner's closest friends are also my closest friends.	1	2	3	4	5
xx. I don't often feel I have to keep track of my partner's whereabouts.	1	2	3	4	5
yy. My partner and I care for each other as much as we did in the beginning of our relationship.	1	2	3	4	5
zz. We have very few friends in common.	1	2	3	4	5
aaa. We have an endless number of things to talk about.	1	2	3	4	5
bbb. We like playing together.	1	2	3	4	5
ccc. My partner seems disinterested in sex.	1	2	3	4	5
ddd. We enjoy spending time with other couples.	1	2	3	4	5
eee. My partner and I are not really companions.	1	2	3	4	5
fff. We usually "keep to ourselves."	1	2	3	4	5
ggg. The love in our relationship is still there.	1	2	3	4	5
hhh. I sometimes feel lonely when we're together.	1	2	3	4	5
iii. My partner disapproves of some of my friends.	1	2	3	4	5

IF YOU HAVE NOT BEEN IN A SERIOUS, ROMANTIC RELATIONSHIP WITHIN THE LAST YEAR, GO TO #4.

<p>3. The following is a list of the ways your partner might have treated you during the last year.</p> <p>No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the other person does, or just have spats and fights because they're in a bad mood or tired. They also have different ways of trying to settle their differences.</p>	<p>Please circle the number that best describes how your partner treated you.</p>
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	Never	Rarely	Sometimes	Often
a. Insulted or swore at you.	0	1	2	3
b. Did or said something to spite you.	0	1	2	3
c. Ridiculed or humiliated you.	0	1	2	3
d. Intentionally embarrassed you in front of others.	0	1	2	3
e. Threatened to hit you or throw something at you.	0	1	2	3
f. Threw or smashed or hit or kicked something.	0	1	2	3
g. Shoved or shook you.	0	1	2	3
h. Slapped you.	0	1	2	3
i. Hit, or tried to hit, you with something.	0	1	2	3
j. Kicked, bit, or hit you with a fist.	0	1	2	3
k. Beat you up.	0	1	2	3
l. Acted in any other way that might have caused you great bodily harm (e.g. choked, scalded).	0	1	2	3

The next set of questions will ask you to recall and describe your relationship with your parents when you were growing up. Please think back to your childhood, up until the time that you were about 16 years old, and focus on your relationships with your parents or guardians at that time.

<p>4. The next set of questions is about your mother, or the woman who raised you. Please answer these questions thinking about the entire period of time up until you were 16 years old.</p> <p>4a. First, did you live with your biological mother up until the time you were 16 years old?</p> <p style="text-align: center;">YES NO</p> <p>4b. If no, who was the woman primarily responsible for raising you at that time? (please circle)</p> <p style="text-align: center;">Step-mother Grandmother Sister Other female-Specify relationship: _____ Aunt No female raised me. (Go to Q10, p.7)</p>					
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	Excellent	Very Good	Good	Fair	Poor
5. Looking back to when you were growing up, how would you rate the physical health of the woman who raised you?	1	2	3	4	5

	Excellent	Very Good	Good	Fair	Poor
6. Looking back to when you were growing up, how would you rate the mental health of the woman who raised you?	1	2	3	4	5
7. Overall, how would you rate your relationship with your mother (or the woman who raised you) during the years you were growing up?	1	2	3	4	5
8. Now, please answer these more specific questions about the woman who raised you. When you were growing up, how much did she behave in each of the following ways.	Never	A Little	Some	A Lot	
a. She spoke to me with a warm and friendly voice.	0	1	2	3	
b. She was affectionate to me.	0	1	2	3	
c. She let me do those things I liked doing.	0	1	2	3	
d. She seemed emotionally cold to me.	0	1	2	3	
e. She appeared to understand my problems and worries.	0	1	2	3	
f. She helped me as much as I needed.	0	1	2	3	
g. She liked me to make my own decisions.	0	1	2	3	
h. She did not want me to grow up.	0	1	2	3	
i. She tried to control everything I did.	0	1	2	3	
j. She invaded my privacy.	0	1	2	3	
k. She enjoyed talking things over with me.	0	1	2	3	
l. She frequently smiled at me.	0	1	2	3	
m. She tended to baby me.	0	1	2	3	
n. She seemed to understand what I needed or wanted.	0	1	2	3	
o. She let me decide things for myself.	0	1	2	3	
p. She made me feel I wasn't wanted.	0	1	2	3	
q. She could make me feel better when I was upset.	0	1	2	3	
r. She communicated with me very much.	0	1	2	3	
s. She tried to make me very dependent on her.	0	1	2	3	
t. She felt I could not look after myself unless she was around.	0	1	2	3	
u. She gave me as much freedom as I wanted.	0	1	2	3	
v. She let me go out as often as I wanted.	0	1	2	3	
w. She was overprotective of me.	0	1	2	3	
x. She praised me.	0	1	2	3	
y. She let me dress in any way I pleased.	0	1	2	3	
z. She took an active interest in my hobbies and school activities.	0	1	2	3	

<p>9. Mothers and children use many different ways of trying to settle differences between them. Listed below are some of the ways your mother might have treated you when you were growing up (i.e. until the time you were 16 years old).</p>	<p>Please circle the number that best describes how your mother or the woman who raised you treated you.</p>			
	Never	Rarely	Sometimes	Often
a. Insulted or swore at you.	0	1	2	3
b. Did or said something to spite you.	0	1	2	3
c. Threatened to hit you or throw something at you.	0	1	2	3
d. Threatened to leave you somewhere that frightened you.	0	1	2	3
e. Threatened to leave home and never come back.	0	1	2	3
f. Threw or smashed or hit or kicked something.	0	1	2	3
g. Shoved or shook you.	0	1	2	3
h. Slapped you.	0	1	2	3
i. Hit, or tried to hit, you with something.	0	1	2	3
j. Kicked, bit, or hit you with a fist.	0	1	2	3
k. Beat you up.	0	1	2	3
l. Acted in any other way that might have caused you great bodily harm (e.g. choked, burned, stabbed).	0	1	2	3
m. Intentionally embarrassed you in front of others.	0	1	2	3
n. Ridiculed or humiliated you.	0	1	2	3

<p>10. The next set of questions is about your father, or the man who raised you. Again, please answer these questions thinking about the entire period of time up until you were 16 years old.</p>	
10a.	First, did you live with your biological father up until the time you were 16 years old?
	<div style="display: flex; justify-content: space-around; width: 100%;"> YES NO </div>
10b.	If no, who was the man primarily responsible for raising you at that time? (please circle)
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Step-father Brother Uncle </div> <div style="width: 45%;"> Grandfather Other Male-Specify relationship: _____ No male raised me. (Go to 16, p. 9) </div> </div>

	Excellent	Very Good	Good	Fair	Poor
11. Looking back to when you were growing up, how would you rate the physical health of the man who raised you?	1	2	3	4	5
12. Looking back to when you were growing up, how would you rate the mental health of the man who raised you?	1	2	3	4	5
13. Overall, how would you rate your relationship with your father (or the man who raised you) during the years you were growing up?	1	2	3	4	5

14. Now, please answer these more specific questions about the man who raised you. Up until you were 16, how much did he behave in each of the following ways?	Never	A Little	Some	A Lot
a. He spoke to me with a warm and friendly voice.	0	1	2	3
b. He was affectionate to me.	0	1	2	3
c. He let me do those things I liked doing.	0	1	2	3
d. He seemed emotionally cold to me.	0	1	2	3
e. He appeared to understand my problems and worries.	0	1	2	3
f. He did not help me as much as I needed.	0	1	2	3
g. He liked me to make my own decisions.	0	1	2	3
h. He did not want me to grow up.	0	1	2	3
i. He tried to control everything I did.	0	1	2	3
j. He invaded my privacy.	0	1	2	3
k. He enjoyed talking things over with me.	0	1	2	3
l. He frequently smiled at me.	0	1	2	3
m. He tended to baby me.	0	1	2	3
n. He did not seem to understand what I needed or wanted.	0	1	2	3
o. He let me decide things for myself.	0	1	2	3
p. He made me feel I wasn't wanted.	0	1	2	3
q. He could make me feel better when I was upset.	0	1	2	3
r. He did not talk with me very much.	0	1	2	3
s. He tried to make me dependent on him.	0	1	2	3
t. He felt I could not look after myself unless he was around .	0	1	2	3
u. He gave me as much freedom as I wanted.	0	1	2	3
v. He let me go out as often as I wanted.	0	1	2	3
w. He was overprotective of me.	0	1	2	3
x. He praised me.	0	1	2	3
y. He let me dress in any way I pleased.	0	1	2	3
z. He took an active interest in my hobbies and school activities.	0	1	2	3

15. Fathers and children use many different ways of trying to settle differences between them. Listed below are some of the ways your father might have treated you when you were growing up (i.e. up until the time you were 16 years old).	Please circle the number that best describes how your father or the man who raised you treated you.			
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	Never	Rarely	Sometimes	Often
a. Insulted or swore at you.	0	1	2	3
b. Did or said something to spite you.	0	1	2	3
c. Threatened to hit you or throw something at you.	0	1	2	3
d. Threatened to leave you somewhere that frightened you.	0	1	2	3
e. Threatened to leave home and never come back.	0	1	2	3
f. Threw or smashed or hit or kicked something.	0	1	2	3
g. Shoved or shook you.	0	1	2	3
h. Slapped you.	0	1	2	3
i. Hit, or tried to hit, you with something.	0	1	2	3
j. Kicked, bit, or hit you with a fist.	0	1	2	3
k. Beat you up.	0	1	2	3
l. Acted in any other way that might have caused you great bodily harm (e.g. choked, burned, stabbed).	0	1	2	3
m. Intentionally embarrassed you in front of others.	0	1	2	3
n. Ridiculed or humiliated you.	0	1	2	3

16. This section lists a number of statements that may or may not describe you. Please read the statements below and decide the extent to which each statement describes you.	Circle the number that best describes your agreement or disagreement with each statement
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	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
a. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
b. I am good at juggling my time so that I can fit everything in that needs to get done.	1	2	3	4	5	6
c. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
d. I don't have many people who want to listen when I need to talk.	1	2	3	4	5	6
e. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6

	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
f. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
g. I have confidence in my opinions even if they are contrary to the general consensus.	1	2	3	4	5	6
h. I tend to worry about what other people think of me.	1	2	3	4	5	6
i. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
j. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6
k. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6
l. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
m. In general, I feel confident and positive about myself.	1	2	3	4	5	6
n. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
o. I often change my mind about decisions if my friends or family disagree.	1	2	3	4	5	6
p. I do not fit very well with the people and community around me.	1	2	3	4	5	6
q. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
r. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
s. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6
t. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6
u. I think it is important to have new experiences that challenge how I think about myself and the world.	1	2	3	4	5	6
v. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6
w. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6

	Agree Strongly	Agree Moderately	Agree Slightly	Disagree Slightly	Disagree Moderately	Disagree Strongly
x. I don't want to try new ways of doing things- my life is fine the way it is.	1	2	3	4	5	6
y. It seems to me that most other people have more friends than I do.	1	2	3	4	5	6
z. I tend to focus on the present, because the future nearly always brings me problems.	1	2	3	4	5	6
aa. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
bb. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
cc. Being happy with myself is more important to me than having others approve of me.	1	2	3	4	5	6
dd. I have been able to create a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
ee. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
ff. Most people see me as loving and affectionate.	1	2	3	4	5	6
gg. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
hh. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.	1	2	3	4	5	6
ii. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
jj. It's difficult for me to voice my opinions on controversial matters.	1	2	3	4	5	6
kk. There is truth to the saying you can't teach an old dog new tricks.	1	2	3	4	5	6
ll. I know I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
mm. I used to set goals for myself, but that now seems like a waste of time.	1	2	3	4	5	6
nn. The past had its ups and downs, but in general, I wouldn't want to change it.	1	2	3	4	5	6
oo. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6

<p>Are you currently employed?</p> <p>YES NO (go to Q 18, p. 14)</p> <p>FULL-TIME PART-TIME</p> <p>17. Work and family are two of the most important activities in the lives of many adults. The next set of questions asks about how you manage these two aspects of your life. Please read the statements below and decide the extent to which each statement describes you.</p>	<p>Circle the number that best describes your agreement or disagreement with each statement</p>				
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	Disagree Strongly	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. My job reduces the effort I can give to activities at home.	1	2	3	4	5
b. Job worries and problems distract me when I am at home.	1	2	3	4	5
c. The things I do at work help me to deal with personal and practical issues at home.	1	2	3	4	5
d. The things I do at work make me a more interesting person at home.	1	2	3	4	5
e. Having a good day on the job makes me a better companion when I get home.	1	2	3	4	5
f. The skills I use on my job are useful for things I have to do at home.	1	2	3	4	5
g. Activities and chores at home prevent me from getting the amount of sleep I need to do my job well.	1	2	3	4	5
h. Stress at home makes me irritable at work.	1	2	3	4	5
i. Talking with someone at home helps me to deal with problems at work.	1	2	3	4	5
j. Providing for what is needed at home makes me work harder at my job.	1	2	3	4	5
k. The love and respect I get at home makes me feel confident about myself at work.	1	2	3	4	5
l. My home life helps me to relax and feel ready for the next day's work.	1	2	3	4	5
m. Family matters reduce the time I can devote to my job.	1	2	3	4	5
n. I can do good work on the job because I am so happy at home.	1	2	3	4	5
o. Family worries or problems distract me from my work.	1	2	3	4	5

	Disagree Strongly	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
p. Family activities stop me from getting the amount of sleep I need to do my job well.	1	2	3	4	5
q. Family obligations reduce the time I need to relax or be by myself.	1	2	3	4	5
r. Family responsibilities make me work harder on the job.	1	2	3	4	5
s. My job reduces the amount of time I can spend with the family.	1	2	3	4	5
t. Problems at work make me irritable at home.	1	2	3	4	5
u. My job involves a lot of travel away from home.	1	2	3	4	5
v. I can devote a lot of time to my job because of the support I get on the home front.	1	2	3	4	5
w. My job takes so much energy, I don't feel up to doing things that need attention at home.	1	2	3	4	5
x. If I didn't have to work to make a living, I would want to work anyway.	1	2	3	4	5

This section is about how you evaluate your relationships with friends.

18. Do you feel there is a person in your family with whom you can really share your very private feelings and concerns?	Not at All 0	A Little 1	Some 2	A great deal 3
19. Do you feel there is a friend outside your family with whom you can really share your very private feelings and concerns?	Not at All 0	A Little 1	Some 2	A great deal 3
20. Friends can be a great source of social support, yet at other times, they may be a source of strain. The next set of questions asks about your relationship with friends.				
20a. How often are you in contact with any of your friends - including visits, phone calls, letters, or electronic mail messages?				
<div> <div>1. Several times a day.</div> <div>2. About once a day.</div> <div>3. Several times a week.</div> <div>4. About once a week.</div> <div>5. 2 or 3 times a month.</div> <div>6. About once a month.</div> <div>7. Less than once a month.</div> <div>8. Never or hardly ever.</div> </div>				
	Not At All	A Little	Some	A Lot
20b. How much do your friends really care about you?	0	1	2	3
20c. How much do they understand the way you feel about things?	0	1	2	3
20d. How much can you rely on them for help if you have a serious problem?	0	1	2	3
20e. How much can you open up to them if you need to talk about your worries?	0	1	2	3
20f. How much do your friends make too many demands on you?	0	1	2	3
20g. How much do they criticize you?	0	1	2	3
20h. How much do they let you down when you are counting on them?	0	1	2	3
20i. How much do they get on your nerves?	0	1	2	3

II. ATTITUDES AND VALUES

21. Circle the number that best describes your present agreement or disagreement with each statement.	Disagree Strongly	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Agree Strongly
a. Sometimes I change the way I act or think to be more like those around me.	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. In general, I feel that I continue to learn more about myself as time goes by.	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 feel good when I think of what I've done in the past and what I hope to do in 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 tend to be influenced by people with strong opinions.	1	2	3	4	5	6
h. The demands of everyday life often get me down.	1	2	3	4	5	6
i. I am the kind of person who likes to give new things a try.	1	2	3	4	5	6
j. It is important to me to be a good listener when close friends talk to me about their problems.	1	2	3	4	5	6
k. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
l. Given the opportunity, there are many things about myself that I would change.	1	2	3	4	5	6
m. People rarely talk me into doing things I don't want to do.	1	2	3	4	5	6
n. If I were unhappy with my living situation, I would take effective steps to change it.	1	2	3	4	5	6
o. In my view, people of every age are able to continue growing and developing.	1	2	3	4	5	6
p. I feel like I get a lot out of my friendships.	1	2	3	4	5	6

	Disagree Strongly	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Agree Strongly
q. I have a sense of direction and purpose in life.	1	2	3	4	5	6
r. I like most aspects of my personality.	1	2	3	4	5	6
s. It is more important to me to "fit in" with others than to stand alone on my principles.	1	2	3	4	5	6
t. I generally do a good job of taking care of my personal finances and affairs.	1	2	3	4	5	6
u. With time, I gained a lot of insight about life that has made me a stronger, more capable person.	1	2	3	4	5	6
v. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
w. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
x. For the most part, I am proud of who I am and the life I lead.	1	2	3	4	5	6
y. I am not the kind of person who gives in to social pressures to think or act in certain ways.	1	2	3	4	5	6
z. I find it stressful that I can't keep up with all of the things I have to do each day.	1	2	3	4	5	6
aa. For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6
bb. I often feel like I'm on the outside looking in when it comes to friendships.	1	2	3	4	5	6
cc. My aims in life have been more a source of satisfaction than frustration to me.	1	2	3	4	5	6
dd. I envy many people for the lives they lead.	1	2	3	4	5	6
ee. I am concerned about how other people evaluate the choices I have made in my life.	1	2	3	4	5	6
ff. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6

	Disagree Strongly	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Agree Strongly
gg. My daily life is busy, but I derive a sense of satisfaction from keeping up with everything.	1	2	3	4	5	6
hh. I enjoy seeing how my views have changed and matured over the years.	1	2	3	4	5	6
ii. I find it difficult to really open up when I talk with others.	1	2	3	4	5	6
jj. I find it satisfying to think about what I have accomplished in life.	1	2	3	4	5	6
kk. Many days I wake up feeling discouraged about how I have lived my life.	1	2	3	4	5	6
ll. I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do.	1	2	3	4	5	6
mm. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
nn. My friends and I sympathize with each others' problems.	1	2	3	4	5	6
oo. In the final analysis, I'm not so sure that my life adds up to much.	1	2	3	4	5	6
pp. Everyone has their weaknesses, but I seem to have more than my share.	1	2	3	4	5	6
qq. My efforts to find the kinds of activities and relationships that I need have been quite successful.	1	2	3	4	5	6

21a. This section is about how you evaluate different aspects of your life, such as your home, your work, and your relationships with your children.

	Disagree Strongly	Disagree	Neither Disagree nor Agree	Agree	Agree Strongly
a. I feel good about the opportunities I have been able to provide for my children.	1	2	3	4	5
b. I feel cheated about the chances I have to work at good jobs.	1	2	3	4	5
c. I live in as nice a home as most people.	1	2	3	4	5
d. It seems to me that family life with my children has been more negative than most people's.	1	2	3	4	5
e. When I think about the work I do on my job, I feel a good deal of pride.	1	2	3	4	5
f. I'm proud of my home.	1	2	3	4	5
g. Problems with my children have caused me shame and embarrassment at times.	1	2	3	4	5
h. I feel that others respect the work that I do on my job.	1	2	3	4	5
i. Most people live in a better neighborhood than I do.	1	2	3	4	5
j. As a family, we have not had the resources to do many fun things together with the children.	1	2	3	4	5
k. Most people have more rewarding jobs than I do.	1	2	3	4	5
l. I don't like to invite people to my home because I do not live in a very nice place.	1	2	3	4	5
m. I believe I have been able to do as much for my children as other people.	1	2	3	4	5
n. When it comes to my work life, I've had opportunities that are as good as most people's.	1	2	3	4	5
o. I feel very good about my home and neighborhood.	1	2	3	4	5
p. I feel a lot of pride about what I have been able to do for my children.	1	2	3	4	5
q. It makes me discouraged that other people have much better jobs than I do.	1	2	3	4	5
r. I feel hopeless to try to improve my home and neighborhood situation.	1	2	3	4	5

III. HEALTH SYMPTOMS and ILLNESSES

The next set of questions asks you to describe your physical health, including any illnesses or symptoms that you may have experienced recently.

22. Please read the statements below and decide the extent to which each statement describes you.		Circle the number that best describes your agreement or disagreement with each statement				
		Very Poor	Poor	Fair	Good	Excellent
a.	How would you rate your health at the present time?	1	2	3	4	5
b.	How would you rate your health compared with other people of your age and sex?	1	2	3	4	5
		Much Worse	Somewhat Worse	About the Same	Somewhat Better	Much Better
c.	Compared with 10 years ago, how would you rate your health at the present time?	1	2	3	4	5
d.	Compared with 10 years ago, how would you rate your appearance at the present time?	1	2	3	4	5
e.	Have you gained or lost more than 10 pounds in the past year?	YES			NO	
f.	Did you lose or gain the weight?	Lose		Gain		Both
g.	Did you intend to lose or gain this weight?	YES			NO	

22 cont. How often do you participate in				
	Circle number of most appropriate response.			
	Three or more times per week	Once or twice per week	About 1-3 times per month	Less than once per month
h. Light physical activity such as walking, dancing, gardening, golfing, bowling, etc.	1	2	3	4
i. Vigorous physical exercise or sports--such as aerobics, running, swimming, bicycling etc.	1	2	3	4

23. Please circle the letter of each symptom you've experienced in the past six months? The following questions ask about health symptoms you might have experienced in the last six months. Please circle the letter of each symptom you've experienced in the last six months.	For only those symptoms that you've circled, please indicate how often this symptom occurs.	For only those symptoms that you've circled, please indicate how much discomfort this symptom caused you in the past six months.	For only those symptoms that you've circled, please tell us about how old you were the first time you ever experienced this symptom.
a. Lack of energy	Never 0 Monthly or less often 1 About once a week 2 Daily or more often 3	None 0 A Little 1 Some 2 A Lot 3	Age:
b. Trouble sleeping	0 1 2 3	0 1 2 3	Age:
c. Fatigue/exhaustion	0 1 2 3	0 1 2 3	Age:
d. Headache	0 1 2 3	0 1 2 3	Age:
e. Visual Problems	0 1 2 3	0 1 2 3	Age:
f. Dizziness/Faintness	0 1 2 3	0 1 2 3	Age:
g. Numbness	0 1 2 3	0 1 2 3	Age:
h. Ringing in ears	0 1 2 3	0 1 2 3	Age:
i. Nausea	0 1 2 3	0 1 2 3	Age:
j. Vomiting	0 1 2 3	0 1 2 3	Age:
k. Upset stomach	0 1 2 3	0 1 2 3	Age:
l. Constipation	0 1 2 3	0 1 2 3	Age:
m. Diarrhea	0 1 2 3	0 1 2 3	Age:
n. Urination problems	0 1 2 3	0 1 2 3	Age:
o. Stiff/swollen joints	0 1 2 3	0 1 2 3	Age:
p. Back pain/strain	0 1 2 3	0 1 2 3	Age:
q. Chest pain	0 1 2 3	0 1 2 3	Age:

	Never	Monthly or less often	About once a week	Daily or more often	None	A Little	Some	A Lot	
r. Shortness of breath	0	1	2	3	0	1	2	3	Age:
s. Excessive sweating	0	1	2	3	0	1	2	3	Age:
t. Respiratory problems	0	1	2	3	0	1	2	3	Age:
u. Skin problems	0	1	2	3	0	1	2	3	Age:
v. Teeth or gum problems	0	1	2	3	0	1	2	3	Age:
w. Hearing loss	0	1	2	3	0	1	2	3	Age:
x. Trouble swallowing	0	1	2	3	0	1	2	3	Age:
y. Shaking or "tremors"	0	1	2	3	0	1	2	3	Age:
z. Any other symptom (please specify):	0	1	2	3	0	1	2	3	Age:

The next questions ask about illnesses or conditions that a medical professional says you have. * By an episode, we mean each flare-up, or each time the illness started to show symptoms and affect your life. Some illnesses, however, are continuous and you may not be able to determine the number of episodes that you've experienced. In such cases, please indicate that you have 1 on-going spell of the illness or condition.

24. Please circle the letter of each illness or condition that a medical professional says you have. If you have not experienced the illness or condition please do not circle the corresponding letter.	For only those illnesses or conditions that you've circled, please tell us how much each interferes with your daily activities and activities that you enjoy doing.	About how old were you when you were told by a medical professional that you have this condition?	How many episodes of this illness have you had during your life?	How many episodes of this illness have you had during the last year?	Thinking about all the episodes you've had during your life, about how long did the episodes last on average.	Have you ever been in the hospital for this illness or condition?	How many times, if any, have you been in the hospital for this illness or conditions?					
	Not at all	Very little	Some	Quite a bit	A great deal	AGE	# of episodes EVER	# of episodes in LAST YEAR	Average duration of episode	YES	NO	Number of times
a. Anemia	1	2	3	4	5					Yes	No	
b. Asthma	1	2	3	4	5					Yes	No	
c. Arthritis/rheumatism	1	2	3	4	5					Yes	No	
d. Bronchitis/emphysema	1	2	3	4	5					Yes	No	
e. Cancer	1	2	3	4	5					Yes	No	
f. Chronic liver trouble	1	2	3	4	5					Yes	No	
g. Diabetes	1	2	3	4	5					Yes	No	
h. Serious back trouble	1	2	3	4	5					Yes	No	
i. Heart trouble	1	2	3	4	5					Yes	No	
j. High blood pressure	1	2	3	4	5					Yes	No	
k. Circulation problems	1	2	3	4	5					Yes	No	

	Not at all	Very little	Some	Quite a bit	A great deal	AGE	# of episodes EVER	# of episodes in LAST YEAR	Average duration of episode	YES	NO	Number of times
l. Kidney/bladder problems	1	2	3	4	5					Yes	No	
m. Ulcer	1	2	3	4	5					Yes	No	
n. Allergies	1	2	3	4	5					Yes	No	
o. Multiple sclerosis	1	2	3	4	5					Yes	No	
p. Colitis	1	2	3	4	5					Yes	No	

The next few questions ask about smoking habits.

24q. Do you smoke regularly? **YES (go to Question 24r)** **NO (go to Question 24s)**

24r. How many packs of cigarettes do you usually smoke in a day? (circle number)

- 0 Half a pack or less
 1 One pack
 2 Two packs
 3 Three packs
 4 Four packs or more

24s. Have you quit smoking since your interview in 1992-93?

YES (please indicate when **Month** **Year** **)** **NO**

24t. Why did you quit smoking at that time?

25. Next is a list of ways you might have felt or behaved in the past week.	Circle the number that best describes how often you experience each feeling.				
	All of the time	Most of the time	Some of the time	A Little of the time	None of the time
a. Feel calm.	1	2	3	4	5
b. Feel furious.	1	2	3	4	5
c. Feel tense.	1	2	3	4	5
d. Feel like banging on the table.	1	2	3	4	5
e. Feel at ease.	1	2	3	4	5
f. Feel angry.	1	2	3	4	5
g. Worry over possible misfortune.	1	2	3	4	5
h. Feel like yelling at somebody.	1	2	3	4	5
i. Feel nervous.	1	2	3	4	5
j. Feel like breaking things.	1	2	3	4	5
k. Feel jittery.	1	2	3	4	5
l. Feel mad.	1	2	3	4	5
m. Feel relaxed.	1	2	3	4	5
n. Feel irritated.	1	2	3	4	5
o. Feel worried.	1	2	3	4	5
p. Feel like hitting someone.	1	2	3	4	5
q. Feel steady.	1	2	3	4	5
r. Feel burned up.	1	2	3	4	5
s. Feel frightened.	1	2	3	4	5
t. Feel like swearing.	1	2	3	4	5

26. The next section deals with the ways you might have felt or behaved during the last week. Please circle the number of days in the past week you experienced each feeling for most of the day.	Circle the number that best describes your agreement or disagreement with each statement				
	All of the time	Most of the time	Some of the time	A Little of the time	None of the time
a. Feel you could not shake off the blues even with help from your family and friends.	1	2	3	4	5
b. Feel bothered by things that usually don't bother you.	1	2	3	4	5
c. Think your life had been a failure.	1	2	3	4	5
d. Feel happy.	1	2	3	4	5
e. Feel that people were unfriendly.	1	2	3	4	5
f. Feel lonely.	1	2	3	4	5
g. Enjoy life.	1	2	3	4	5
h. Have crying spells.	1	2	3	4	5
i. Feel that people disliked you.	1	2	3	4	5
j. Feel sad.	1	2	3	4	5
k. Feel depressed.	1	2	3	4	5
l. Have trouble keeping your mind on what you were doing.	1	2	3	4	5
m. Not feel like eating, your appetite was poor.	1	2	3	4	5
n. Feel you were just as good as other people.	1	2	3	4	5
o. Feel everything you did was an effort.	1	2	3	4	5
p. Feel hopeful about the future.	1	2	3	4	5
q. Feel fearful.	1	2	3	4	5
r. Sleep restlessly.	1	2	3	4	5
s. Talk less than usual.	1	2	3	4	5
t. Feel you could not "get going."	1	2	3	4	5
u. Feel irritable, or likely to fight or argue.	1	2	3	4	5
v. Feel like telling someone off.	1	2	3	4	5
w. Feel angry or hostile for several hours at a time.	1	2	3	4	5

	All of the time	Most of the time	Some of the time	A Little of the time	None of the time
x. Have difficulty swallowing.	1	2	3	4	5
y. Fear you might collapse.	1	2	3	4	5
z. Think you might be going crazy.	1	2	3	4	5
aa. Fear embarrassing yourself.	1	2	3	4	5
bb. Feel as though your surroundings were unreal.	1	2	3	4	5
cc. Feel that other people thought you were a fool.	1	2	3	4	5
dd. Have hot/cold flashes.	1	2	3	4	5

<p>27. The next set of questions are about your use of drugs and medications. For each of the medications listed below, please circle the letter of each medication or drug that you have used during the past 12 months.</p>	<p>For only those medications or drugs that you've circled, please tell us whether or not a medical professional prescribed this medication or drug. Yes, medical professional prescribed No, medical professional did not prescribe</p>	<p>For only those medications or drugs that you've circled, please tell us for how long you have been taking (or for how long you did take) the medication. Length of time_____</p>
a. Sedatives, including either barbiturates or sleeping pills on your own (e.g. Seconal, Halcion, Methaqualone).	YES NO	
b. Tranquilizers or "nerve pills" on your own (e.g. Librium, Valium, Ativan, Xanax).	YES NO	
c. Amphetamines or other stimulants on your own (e.g. Methamphetamine, Preludin, Dexedrine, Ritalin, "Speed")	YES NO	
d. Analgesics or other prescription painkillers on your own (NOTE: this does not include normal use of aspirin, Tylenol without codeine, etc., but does include use of Tylenol with codeine and other prescribed painkillers like Demerol, Darvon, and Percodan)	YES NO	
e. Prozac or other similar prescription medications to treat depression on your own.	YES NO	
f. H-2 blocker or antacid (for stomach pain or ulceration).	YES NO	
g. High blood pressure medicine.	YES NO	
h. Irregular heart rhythm medication (e.g. Digoxin)	YES NO	
i. Quinine (for leg cramps)	YES NO	
j. Estrogen	YES NO	
k. Antibiotics	YES NO	
l. Nicotine patch/gum	YES NO	
m. Anti-cholesterol medication	YES NO	
n. Caffeine drinks (e.g. tea, coffee, cola drinks)	YES NO	
o. Anti-arthritis medication	YES NO	
p. Insulin or oral anti-hyperglycemic medication	YES NO	
q. Blood thinners (e.g. Warfin, Coumadin)	YES NO	
r. Thyroid medication	YES NO	
s. Vitamins	YES NO	
t. Herbal medicines or treatments	YES NO	
u. Other medication (Please specify):	YES NO	

28a. This next set of questions asks about drinking habits. Have you ever drunk alcoholic beverages, such as beer, wine, liquor, or mixed alcoholic drinks ?

Yes

No (go to Q32, p. 30)

28b. How old were you when you had your first drink, not counting a sip of someone else's drink?

_____ years old

28c. Was there ever a time in your life when you regularly had at least one drink three or more days a week?

Yes

No (go to Q 28h)

28d. How old were you when you started drinking that regularly? _____ years old

28e. Think about the one year in your life when you drank most. During that year, how often did you TYPICALLY have at least one drink?

Every Day	5 or 6 Days a Week	3 or 4 Days a Week	1 or 2 Days a Week	Less Than One Day A Week	Never Drank
1	2	3	4	5	6

28f. By one "drink," we mean either a bottle of beer, a wine cooler, a glass of wine, a shot or liquor, or a mixed drink. With these definitions in mind, during that year you drank most, about how many drinks would you usually have on the days that you drank? _____

28g. How old were you the last time you regularly drank that much? _____ years old

28h. During the last month, on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor? _____ days.

28i. About how many drinks did you have on average on those days ? _____ drinks

29. During the past month, how many times did you have 5 or more drinks on the same occasion ? By occasion, we mean at the same time or within a couple of hours of each other ? _____ times

These questions ask about behaviors, feelings or events that may be associated with drinking. Please indicate if you have ever experienced any of the following.	YES	NO
30. Do you feel you are a normal drinker?	1	2
31a. Have you ever awakened the morning after some drinking the night before and found that you could not remember part of the evening before?	1	2
31b. Do friends and relatives think of you as a normal drinker?	1	2
31c. Do your [husband/wife/partner], children or other close relatives worry or complain about your drinking?	1	2
31d. Has your [husband/wife/partner] or other close relatives gone to anyone for help because of your drinking?	1	2
31e. Can you stop drinking without a struggle after one or two drinks?	1	2
31f. Do you ever try to limit your drinking to certain times of the day and to certain places?	1	2
31g. Do you ever drink before noon?	1	2
31h. Have you ever lost friends because of your drinking?	1	2
31i. Have you gotten into fights when drinking?	1	2
31j. Have you ever been arrested for drunk driving or driving after drinking?	1	2
31k. Have you ever been arrested, even for a few hours, because of drunk behavior?	1	2
31l. At any time in your life have you felt bad or guilty about drinking?	1	2
31m. At any time in your life have people annoyed you by criticizing your drinking?	1	2
31n. (At any time in your life) has drinking caused a problem for you at work?	1	2
31o. If yes, have you ever lost a job because of drinking?	1	2
31p. (At any time in your life) has drinking created problems between you and your [husband/wife/partner], children, parents or other near relatives?	1	2
31q. If yes, have you ever been in a hospital because of your drinking?	1	2
31r. Were you a patient in a psychiatric hospital, or a psychiatric ward of a general hospital where drinking was part of your problem?	1	2
31s. Have you ever been seen by a psychiatric or mental health professional, or gone to a doctor, social worker or clergyperson for help with an emotional problem in which drinking played a part?	1	2
31t. Have you ever been told that you have liver trouble such as Cirrhosis?	1	2

31u. Have you ever had shaking, heard voices, or seen things which were not there after heavy drinking?

Yes

No

31v. At any time in your life have you gone to anyone for help about drinking?

Yes

No

31w. Was that about your drinking or someone else's drinking ?

Respondent	Someone Else	Respondent and Someone Else
1	2	3

32. When you were growing up, that is during your first 18 years, did you live with anyone who was a problem drinker or alcoholic ?

Yes

No

33. Have you ever been married to, or lived with someone who was a problem drinker or alcoholic other than when you were growing up ?

Yes

No

IV. LIFE EXPERIENCES AND EVENTS

34. The following questions are about experiences you may have had. Please circle the letter next to each event which you have ever experienced (e.g. circle the letter a. if you ever had a major illness or accident.)	How old were you the first time this happened?	How many times has this happened?
<p>The first set of events are things that may have happened to you while you were a child or teenager, before you moved out of the house.</p> <ul style="list-style-type: none"> a. A major illness or accident that required you to spend a week or more in the hospital. b. Have to do a year of school over again. c. Your father or mother did not have a job for a long time when they wanted to be working. d. Something happened that scared you so much you thought about it for years after. e. You were sent away from home because you did something wrong. f. One (or both) of your parents drank or used drugs so often or so regularly it caused problems for the family. g. You were regularly physically abused by one of your parents. <p>Have you ever in your life had any of these negative experiences?</p> <ul style="list-style-type: none"> h. Moved to a totally new neighborhood or town. i. Fired from job. j. Flunked out of school. k. Failed professional test (e.g. legal bar exam). l. Lost something extremely valuable. m. Had to take action that had negative consequences for someone else? (e.g. fire them) n. Combat in a war. o. Life threatening fire, flood or other natural disaster. p. Parent died. q. Parents divorced. r. Life threatening accident. s. Raped (i.e. forced sexual intercourse) or other unwanted sexual contact. t. Child died or had life threatening illness/accident. u. Physically attacked/assaulted or seriously threatened with physical harm by another person. v. Had a close friend or relative moved so far away that you are no longer able to interact with him or her as you'd like and you miss them. w. Had a close friendship end for any other reason. x. Serious legal difficulties/prison. 		

	How old were you the first time this happened?	How many times has this happened?
y. Life threatening illness. z. Witnessed severe injury or death of another. aa. Is there any negative experience which was not mentioned above that occurred to you? (Please describe) Have you ever in your life had any of these positive experiences? bb. Became a grandparent. cc. Took trip. dd. Children and/or grandchildren visited. ee. Celebrated a significant event (i.e. birthday, anniversary, reunion). ff. Child graduated from college/technical college/vocational program etc.. gg. Child was promoted or had a significant positive job change. hh. Had a religious conversion experience. ii. Is there any positive experience which was not mentioned above that occurred to you? (Please describe) Have any of the following ever happened to someone very close to you? jj. Become divorced or separated. kk. Was seriously physically injured in a fire, flood, or other natural disaster. ll. Was seriously physically injured in a war. mm. Was seriously physically injured by another person. nn. Was raped or sexually molested. oo. Experienced death of a significant loved one.		

PLEASE TELL US HOW MUCH TIME IT TOOK FOR YOU TO COMPLETE THIS QUESTIONNAIRE.

_____ hour(s) _____ minutes

PLEASE FILL IN TODAY'S DATE:

_____ Month _____ Day _____ Year

THANK YOU FOR TAKING TIME TO ANSWER THESE QUESTIONS!!!!