

ICPSR 37404

Health and Relationships Project, United States, 2014-2015

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Questionnaire for Baseline Data

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Screening

Q1.1.

The first few questions assess whether you are eligible to participate in the study.

What is your current marital status?

- ☐ Married
- ☐ Cohabiting/living with partner, but not legally married
- ☐ Other - Please Specify

Q1.2. Have you and your spouse been living together (married or not) for a total of at least 3 years?

- ☐ No
- ☐ Yes

Q1.3. What is your current age?

Q1.4. What is your spouse's age?

Q1.5. What is your gender?

- ☐ Man
- ☐ Woman
- ☐ Other - Please Specify

Q1.6. What is your spouse's gender?

- ☐ Man
- ☐ Woman
- ☐ Other - Please Specify

Q1.7.

Thank you very much for your interest in the Health and Relationships Project.

At this time, you are not eligible to participate in this study. However, if you would like to participate in future studies, please enter your e-mail address below, and then click NEXT.

Consent

Q2.1.

**Consent to Participate in Internet Research
Health and Relationships Project (HARP)**

You are eligible to participate in the Health and Relationships Project (HARP).

Please read the information below before continuing with the survey.

STUDY GOAL:

The major goal of this study is to assess how spouses influence each other's health.

YOUR PARTICIPATION:

1. You and your spouse will complete a 35 to 40 minutes online questionnaire (which will follow this form).
2. You will be asked to fill out a short online survey (about 5 minutes to complete) each evening for 10 days.

Most people report that talking about their experiences is a positive exercise for them. However, since all relationships experience bad times as well as good times, some questions may remind you of difficult experiences you have had. If you experience discomfort, please call 617-475-0494 or email us at health@austin.utexas.edu. We have also created a "Resource" page on our website (www.USAHarp.com) with a list of agencies and contacts that may be helpful.

AMERICAN EXPRESS CARD:

You and your spouse will each receive a \$50 American Express card (totaling \$100 per couple) after you complete both today's survey and the short daily questionnaires.

CONFIDENTIALITY:

All information from the questionnaires will be completely confidential. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study. Authorized persons from The University of Texas at Austin, members of the Institutional Review Board and the National Institute on Aging have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law.

PROTECTIONS:

This study has been reviewed and approved by The University Institutional Review Board and the study number is 2010-09-0005. For questions about your rights or dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Institutional Review Board by phone at (512) 471-8871 or email at orsc@uts.cc.utexas.edu.

Your participation is entirely voluntary. If at any time you would like to stop filling out the survey, you are free to do so and may close your browser. You may refuse to answer any question in the survey. Your decision about whether to participate in this study will not affect your health care benefits or eligibility for services, or your future relations with the University of Texas. If you have a question at any time while taking the survey or after you participate, you may contact us at 617-475-0494 or health@austin.utexas.edu. You may also visit our website at www.USAHarp.com or send mail to Dr. Debra Umberson, Population Research Center, 305 E. 23rd St., Stop G1800, Austin, TX, 78712.

Please print a copy of this information to keep for your records.

Statement of Consent

You are now making a decision about whether or not to participate in this study. By clicking the consent statement below, you indicate that you have read the information above and decided to participate. If you do not understand what you have read in this document, do not proceed. Please contact us to explain anything you do not understand. You may decide to stop taking the survey at any time during the survey. If you understand the above information and agree to this statement of consent, please click the circle below to proceed.

- ☐ I certify that I am between the ages of 35 and 65 and consenting to participate in this study.

Instructions

Q3.1.

Welcome to the Health and Relationships survey!

There are three steps to the process.

STEP 1: You and your spouse complete the initial survey (about 35 minutes long).

STEP 2: You and your spouse complete short daily questionnaires (about 5-10 minutes each) for 10 days.

STEP 3: We send you and your spouse a \$50 American Express cards (for a total of \$100 per couple).

You and your spouse should not be taking this survey together. You should complete the survey in private.

Q3.2. First, please indicate your e-mail address where we can send you the daily questionnaire link?

Q3.3. Please re-enter your e-mail address.

Q3.4. Please indicate your spouse's e-mail address for their daily questionnaire link? *Note: This e-mail address must be different than your e-mail address.*

Q3.5. Please re-enter your spouse's e-mail address.

Q3.6.

**Please use the next and previous buttons in the bottom right corner to move through the survey.
Do not use the forward and back buttons on your web browser.**

Relationship History

Q4.1. In what month and year were you married?

Month

Year

Q4.2. Did you and your spouse live together before you got married?

- ☐ No
☐ Yes

Q4.3. How many years did you and your spouse live together before you married?

Social Support and Strain: Family, Friends, Civic Participation

Q5.1. The next questions are about social activities and stress in your everyday life.

Q5.2. In the **past 12 months**, how often did you get together socially with **family members** (with or without your spouse)? Please think of all your family members who do not live with you (for example, parents, siblings, adult children, in-laws).

- | | |
|--|--|
| <input type="radio"/> Several times a week | <input type="radio"/> Several times a year |
| <input type="radio"/> Every week | <input type="radio"/> About once or twice a year |
| <input type="radio"/> About once a month | <input type="radio"/> Never |

Q5.3. Thinking of **family members** you are in contact with, how often is it that...

	Hardly Ever (or Never)	Some of the Time	Often	Almost Always (or Always)
a. You can open up to them if you need to talk about your worries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You can rely on them for help if you have a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. They make too many demands on you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. They criticize you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5.4. In the **past 12 months**, how often did you get together socially with **friends** (with or without your spouse)?

- ☐ Several times a week
- ☐ Every week
- ☐ About once a month
- ☐ Several times a year
- ☐ About once or twice a year
- ☐ Never

Q5.5. Thinking about the people you consider **your friends**, how often is it that...

	Hardly Ever (or Never)	Some of the Time	Often	Almost Always (or Always)
a. You can open up to them if you need to talk about your worries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You can rely on them for help if you have a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. They make too many demands on you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. They criticize you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Stress-domains and global

Q6.1. Please tell me how stressful the following situations are for you at the present time.

	Not at All	Slightly	Somewhat	Very	Extremely
a. Your finances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your work or employment situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your relationship with your spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other family relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Relationships with friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Your health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your spouse's health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your household work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Overall current life circumstances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health Assessment

Q7.1. The next questions are about health and illness.

Q7.2. In general, would you say your physical health is:

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7.3. In general, would you say your spouse's physical health is:

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7.4. What about your spouse's emotional or mental health? Would you say it is:

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7.5. During the past 4 weeks, to what extent has your physical health interfered with your daily activities at home or at work?

- Not at All Slightly Moderately Quite a Bit Extremely
- ☐ ☐ ☐ ☐ ☐

Q7.6.

Has a doctor ever diagnosed you with any of the following (please check all that apply):

- ☐ High blood pressure ☐ Lung disease ☐ Arthritis
☐ Diabetes ☐ Heart problems ☐ HIV
☐ Cancer (or malignant tumor) ☐ Stroke Other chronic illness(es)
☐ (please specify below)

Serious Illness Sequence

Q8.1. Since you started living with your spouse, what is the **most significant physical health event(s) you have experienced** (for example, cancer, heart problems, a chronic illness, an injury, a surgical procedure or hospitalization)? Please report on the most significant health event(s) to date, even if it seems routine (for example, sprained ankle, pregnancy).

[Questions about mental health will be asked later.]

Q8.2. When did this health event occur/begin?

- ☐ Within the past year
☐ 1 to 2 years ago
☐ 3 to 5 years ago
☐ More than 5 years ago

Q8.3. Are you still experiencing this health event?

- ☐ No
☐ Yes

Q8.4. How long has this health event been going on?

Q8.5. How long did this health event last?

Q8.6. Overall, how serious is/was your health event(s)?

Not at All

☐

Slightly

☐

Somewhat

☐

Very

☐

Extremely

☐

Q8.7. The following questions are about **how your spouse reacted during your most significant health event(s)**.

	Often	Sometimes	Rarely	Never
a. My spouse provided physical care for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My spouse got annoyed with me for needing help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My spouse helped me get a better perspective on the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My spouse did not take my health problem as seriously as I wanted them to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My spouse tended to withdraw.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Often	Sometimes	Rarely	Never
f. My spouse took care of tasks I normally do in order to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My spouse dealt with doctors or medical staff in ways that helped me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My spouse gave me the time and space that I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I worried about the stress this situation caused for my spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I did things to take stress off my spouse even when I did not feel well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8.8. Overall, how supportive was your spouse during your health event?

Not at All A Little Somewhat Very Extremely

☐ ☐ ☐ ☐ ☐

Q8.9. Overall, how stressful was your health event(s) for you personally?

Not at All Slightly Somewhat Very Extremely

☐ ☐ ☐ ☐ ☐

Q8.10. Overall, how stressful was your health event(s) for your relationship?

Not at All Slightly Somewhat Very Extremely

☐ ☐ ☐ ☐ ☐

Q8.11. Describe the things your spouse did that may have made it harder for you during your health event.

Q8.12. If you were to face a serious health problem in the future, how confident are you that your spouse will provide the help and support that you want?

Not at All A Little Somewhat Very Extremely

☐ ☐ ☐ ☐ ☐

Q8.13. Since you started living with your spouse, what is the **most significant health event(s) your spouse has experienced** (for example, cancer, heart problems, a chronic illness, an injury, a surgical procedure or hospitalization)? Please report on the most significant health event(s) to date, even if it seems routine (for example, sprained ankle, pregnancy).

Q8.14. When did this health problem begin?

- ☐ Within the past year
- ☐ 1 to 2 years ago
- ☐ 3 to 5 years ago
- ☐ More than 5 years ago

Q8.15. Is your spouse still experiencing this health event?

- ☐ No
- ☐ Yes

Q8.16. How long did this health event last?

Q8.17. How long has this health event been going on?

Q8.18. Overall, how serious is/was your spouse's health event?

Not at All

☐

Slightly

☐

Somewhat

☐

Very

☐

Extremely

☐

Q8.19. The next questions are about **how you reacted during your spouse's most significant health event(s)**.

	Often	Sometimes	Rarely	Never
a. I provided physical care to my spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I provided emotional support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt burdened by my spouse's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I tried to help my spouse get a better perspective on their situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I thought my spouse exaggerated their health problem and needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Often	Sometimes	Rarely	Never
f. I took care of tasks that my spouse normally handles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I dealt with doctors or the hospital for my spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I gave my spouse time and space to him/herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I withdrew from the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I worried about my spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8.20. Describe the main things your spouse did that made caring for them easier during their health event.

Q8.21. Describe the main things your spouse did during their health event that made caring for them more difficult or stressful.

Q8.22. Overall, how stressful was your spouse's health event(s) for you personally?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at All | Slightly | Somewhat | Very | Extremely |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q8.23. Overall, how stressful was your spouse's health event(s) for your relationship?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at All | Slightly | Somewhat | Very | Extremely |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Formal Health Care

Q9.1.

The next questions are about formal health care.

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- ☐ No
- ☐ Yes
- ☐ Don't know/Not sure

Q9.2. Over the past year, have you had any trouble paying for health care?

- | | | |
|-----------------------|-----------------------|-----------------------|
| No Trouble | Some Trouble | A Lot of Trouble |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q9.3. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific illness, injury or condition.

- | | | |
|--|---|---|
| <input type="radio"/> Within past year (anytime less than 12 months ago) | <input type="radio"/> Within past 5 years | <input type="radio"/> Don't know/Not sure |
| <input type="radio"/> Within past 2 years | <input type="radio"/> More than 5 years ago | |

MQ, Support, Strain

Q10.1. The next questions are about your relationship with your spouse.

Please indicate the degree of happiness, all things considered, of your relationship.

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.2. Please indicate how true the following statements are for your relationship with your spouse.

	Not at All True	A Little True	Somewhat True	Mostly True	Almost Completely True	Completely True
a. I have a warm and comfortable relationship with my spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel I can confide in my spouse about virtually anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.3. Thinking about you and your spouse,

	Not at All	A Little	Somewhat	Mostly	Almost Completely	Completely
a. How rewarding is your relationship with your spouse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In general, how satisfied are you with your relationship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.4. In general, how much:

	Not at All	A Little	Somewhat	Quite a Bit	A Great Deal
a. Does your spouse make you feel loved and cared for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Is your spouse critical of you or what you do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Is your spouse willing to listen when you need to talk about your worries or problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Does your spouse make too many demands on you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10.5. In general, how much:

	Not at All	A Little	Somewhat	Quite a Bit	A Great Deal
a. Do you try to make your spouse feel loved and cared for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Are you willing to listen when your spouse needs to talk about their worries or problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MAR: Communication, Conflict

Q11.1.

The next questions are about **communication with your spouse**. To what extent do you:

	Never	Very Little	Occasionally	Somewhat Frequently	Very Frequently
a. Tell your spouse what you want or need from him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Show with your behavior what you want or need from your spouse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Try to change things about your spouse that bother you (e.g. behaviors, attitudes, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Start a conversation when there is tension between you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sense when your spouse is disturbed or bothered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Keep your feelings to yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Change things about yourself to please your spouse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Give your spouse space when they are troubled or stressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11.2. Thinking about how your spouse affects your mood:

	Never	Rarely	Sometimes	Often	Always
a. How often do the good things that happen to your spouse affect your mood in a positive way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How often do the stressful things that happen to your spouse affect your mood negatively?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How often does tension with your spouse affect your mood negatively?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11.3. About how often do you and your spouse argue with each other?

Very Rarely	Rarely	Sometimes	Often	Very Often
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11.4. When you and your spouse argue, how stressful is this for you?

Not at All	Slightly	Somewhat	Very	Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11.5. How often does your spouse require too much time and attention?

Very Rarely	Rarely	Sometimes	Often	Very Often
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11.6. How frequently does **your spouse** use each of the following styles to deal with arguments or disagreements with you?

	Never	Rarely	Sometimes	Often	Always
a. Explode and get out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Reach a limit and refuse to talk any further.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Throw insults and digs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Withdraw, act distant or not interested.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CESD

Q12.1. The next questions are about feelings you may have had recently.

Indicate how often you **felt or behaved** in the following ways **during the past week**:

	Rarely or None of the Time	Some of the Time	Occasionally	Most of the Time
a. I did not feel like eating; my appetite was poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt like everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. People were unfriendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I felt that people disliked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I could not "get going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12.2. During the past week, how often have physical health problems been the main cause of these feelings?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12.3. During the past week, how often have problems with your spouse been the main cause of these feelings?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12.4. Please indicate how often you **felt or behaved** in the following ways *during the past week*:

	Rarely or None of the Time	Some of the Time	Occasionally	Most of the Time
a. I was unable to control important things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I felt confident about my ability to handle personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt that things are going my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I felt difficulties were piling up so high that I could not overcome them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MH/Distress Sequence

Q13.1. We all go through periods when we feel upset or depressed. Since you started living with your spouse, please **think about the time that you felt most distressed**.

Q13.2. What was the main cause of your distress?

Q13.3. How long ago did this period of distress occur?

- ☐ Less than a year ago
- ☐ 1 to 2 years ago
- ☐ 3 to 4 years ago
- ☐ 5 or more years ago

Q13.4. Are you still experiencing this period of emotional distress?

- ☐ No
- ☐ Yes

Q13.5. How long did this period of distress last?

Q13.6. How long has this period of distress been going on?

Q13.7. Overall, how serious was your emotional distress during this period?

Not at All Slightly Somewhat Very Extremely
☐ ☐ ☐ ☐ ☐

Q13.8. **How did your spouse react** to your emotional distress?

	Often	Sometimes	Rarely	Never
a. My spouse was supportive and caring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My spouse got annoyed with me for feeling distressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My spouse helped me get a better perspective on the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I worried about the stress that I put on my spouse during this period.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My spouse tended to withdraw when I was sad or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Often	Sometimes	Rarely	Never
f. My spouse gave me time and space to myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My spouse did not take my emotional distress as seriously as I wanted them to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My spouse took care of tasks that I normally handle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. My spouse urged me to talk about my situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13.9. Describe how your spouse reacted to your distress in ways that were helpful to you.

Q13.10. Describe how your spouse reacted to your distress in ways that were not helpful to you or that made you feel more distressed.

Q13.11. How stressful was your emotional distress for your relationship with your spouse?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at All | Slightly | Somewhat | Very | Extremely |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q13.12. Since you started living with your spouse, please **think about the time that your partner was most distressed**.

What was the main cause of their distress?

Q13.13. How long ago did this period of distress occur?

- ☐ Less than a year ago
- ☐ 1 to 2 years ago
- ☐ 3 to 4 years ago
- ☐ 5 or more years ago

Q13.14. Is your spouse still experiencing this period of distress?

- ☐ No
- ☐ Yes

Q13.15. How long has your spouse's distress been going on?

Q13.16. How long did your spouse's distress last?

Q13.17. How serious was your spouse's emotional distress/depression during this time?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at All | Slightly | Somewhat | Very | Extremely |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q13.18. The next questions are about **how you reacted during your spouse's period of distress/depression.**

	Often	Sometimes	Rarely	Never
a. I provided support and care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I felt annoyed and/or burdened by my spouse's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I tried to help my spouse get a better perspective on the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I worried about my spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I withdrew from the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Often	Sometimes	Rarely	Never
f. I gave my spouse time and space to him/herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I provided support even though I did not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I took care of tasks that my spouse normally handles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I encouraged my spouse to talk about their feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13.19. Describe the main things you did to try and help your spouse feel better during the time they felt

distressed/depressed.

Q13.20. Overall, how stressful was your spouse's distress/depression for you personally?

Not at All Slightly Somewhat Very Extremely

☐ ☐ ☐ ☐ ☐

Q13.21. Overall, how stressful was your spouse's distress for your relationship?

Not at All Slightly Somewhat Very Extremely

☐ ☐ ☐ ☐ ☐

Q13.22. Describe the most stressful aspects of dealing with your spouse's distress.

Q13.23. How concerned are you that your spouse might experience significant depression or psychological problems in the future?

Not at All Slightly Somewhat Very Extremely

☐ ☐ ☐ ☐ ☐

Health Behaviors: Smoking and Alcohol

Q14.1.

The next questions are about health behaviors such as smoking, drinking, diet and exercise.

Which of the following best describes you?

- ☐ I have never smoked tobacco/have only tried smoking once or twice
- ☐ I have given up smoking tobacco
- ☐ I smoke tobacco occasionally
- ☐ I smoke tobacco regularly

Q14.2. If you have given up smoking tobacco:

How many years ago did
you give up smoking?

How many years did you
smoke?

Q14.3. If you smoke tobacco occasionally or regularly, about how many days a week do you smoke any cigarettes at all?

Q14.4. If you smoke tobacco occasionally or regularly, how many years have you been smoking?

Q14.5. If you smoke tobacco occasionally or regularly, on the days you smoke, how many cigarettes do you typically smoke?

Q14.6.

Which of these best describes you?

- ☐ I have never drunk alcohol/have only tried alcohol once or twice
- ☐ I have given up alcohol.
- ☐ I drink alcohol less often than once a month
- ☐ I drink alcohol more than once a month but not weekly
- ☐ I drink alcohol 1-2 days per week
- ☐ I drink alcohol 3-5 days per week
- ☐ I drink alcohol 6-7 days per week

Q14.7. If you used to drink and have given up drinking, **how long ago did you stop drinking?**

Months

Years

Q14.8. On days that you drink, on average, about how many drinks do you have? (1 drink is equivalent to a 12-ounce beer, 5-ounce glass of wine, or drink with 1 shot of liquor)

Q14.9. In the last three months, how many **days** have you had four or more drinks on one occasion?

Health Behaviors: Sleep, Exercise, Weight

Q15.1. How many hours do you usually sleep at night?

Q15.2. How often do you feel really rested when you wake up in the morning?

Most of the Time

☐

Sometimes

☐

Rarely

☐

Never

☐

Q15.3. How often do you engage in VIGOROUS physical activity or exercise long enough to raise your heart rate and work up a sweat (for example, running or lifting heavy objects) ?

Never	Less than once a month	About once a month	Several times a month	About once a week	Several times a week or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15.4. On the days that you engage in VIGOROUS physical activity or exercise, for how many minutes do you typically exercise?

Q15.5. How often do you engage in MODERATE physical activity or exercise (for example, taking a walk or using a vacuum cleaner)?

Never	Less than once a month	About once a month	Several times a month	About once a week	Several times a week or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15.6. On the days that you engage in MODERATE physical activity or exercise, for how many minutes do you typically exercise?

Q15.7.

How often do you try to make yourself feel better or more relaxed by doing the following:

	Often	Sometimes	Rarely	Never
a. Exercising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Taking drugs or medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15.8. About how much do you weigh without shoes on (in pounds)?

Q15.9.

How tall are you without shoes (in feet and inches)?

Feet Inches **Social Control**

Q16.1. Please indicate how often the following occur.

	Often	Sometimes	Rarely	Never
a. I do things with my spouse that help me to have a healthy lifestyle (for example, exercise or eating well).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My spouse tells or reminds me to do things to protect my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16.2. How often do you feel the following **when your spouse tries to influence your health habits?**

	Often	Sometimes	Rarely	Never
a. Irritated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Appreciative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Inclined to ignore my spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16.3. How true is the following statement for you? I feel a sense of responsibility to my spouse to stay healthy.

Not at All True ☐
 A Little True ☐
 Somewhat True ☐
 Mostly True ☐
 Very True ☐

Q16.4. How much would you like for your spouse to change the following habits?

	Not at All	A Little	Some	Quite a Bit
a. Their exercise habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Their drinking habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Their eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other health habits (please list)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>				

Q16.5. How often have you used the following tactics to try and influence any of your spouse's health habits?

	Often	Sometimes	Rarely	Never
a. Ask or remind your spouse to change their habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Express worry or concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Provide encouragement and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Express frustration or irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Often	Sometimes	Rarely	Never
e. Model the behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. State how important it is to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Drop hints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Offer to make changes with your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Often	Sometimes	Rarely	Never
i. Praise or complement your spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Try to reason with your spouse, be logical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Use humor, make jokes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Change the environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16.6. Please describe any other ways that you have tried to influence your spouse's health habits.

Q16.7. Overall, how successful are you **when you try to influence your spouse's health habits?**

Not at All

☐

A Little

☐

Somewhat

☐

Very

☐

DOL, Communication Style, Gender Identity

Q17.1.

Now, I'd like for you to think about what you and your spouse do around the house.

How much do you depend on your spouse to handle or help with:

	Not at All	A Little	Some	A Lot
a. General housework and laundry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Preparing meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Home maintenance and minor repairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Keeping up with checking and savings accounts and paying bills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Making major financial and legal decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17.2. Please indicate whether you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. My physical appearance and demeanor are typical of someone of my gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My interests, hobbies and skills are similar to those of other people of my gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My spouse's physical appearance and demeanor are typical of someone of their gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My spouse's interests, hobbies, and skills are similar to those of other people of their gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My spouse and I have equal power in our relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Parental Status

Q18.1. Do you have any **children living with you at this time** (including biological, adopted, step, or others you think of as your children)?

- ☐ No
- ☐ Yes

Q18.2. What is the age of each child living with you? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	
First Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Second Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Third Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fourth Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fifth Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Sixth Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Q18.3. Do you have any **children living elsewhere at this time** (including biological, adopted, step, or others you think of as your children)?

- ☐ No
- ☐ Yes

Q18.4. What is the age of each child living elsewhere? And is the child from your current relationship, prior relationship, or other?

	Age	From Current, Prior, or Other Relationship			If Other, please explain:
		Current	Prior	Other	
First Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Second Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Third Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fourth Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fifth Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Sixth Child	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Q18.5. At this point in your life, how satisfied are you with being a parent?

- Completely Very Somewhat Not Very Not at All
- ☐ ☐ ☐ ☐ ☐

Q18.6. How often are you bothered or upset as a parent?

- Almost Always Often Sometimes Rarely Never
- ☐ ☐ ☐ ☐ ☐

Q18.7. How happy are you with the way your child(ren) has/have turned out so far?

- Very Happy Quite Happy Somewhat Happy Not Too Happy Not at All Happy
- ☐ ☐ ☐ ☐ ☐

Dyadic Coping Inventory

Q19.1. This section is about **what your spouse does when you are feeling stressed.**

	Very Rarely	Rarely	Sometimes	Often	Very Often
a. My spouse expresses that they are on my side.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My spouse blames me for not coping well enough with stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My spouse helps me to see stressful situations in a different light.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My spouse listens to me and gives me the opportunity to communicate what really bothers me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My spouse does not take my stress seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My spouse takes on things that I normally do in order to help me out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. When I am stressed, my spouse tends to withdraw.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. When I am stressed, there is not much my spouse can do to make me feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19.2. This section is about **what you do when your spouse makes known their stress.**

	Very Rarely	Rarely	Sometimes	Often	Very Often
a. I express to my spouse that I am on their side.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I blame my spouse for not coping well enough with stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I tell my spouse that their stress is not that bad and help them see the situation in a different light.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I listen to my spouse and give them space and time to communicate what really bothered them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I do not take my spouse's stress seriously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I take on things that my spouse normally does in order to help them out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. When my spouse is stressed, I tend to withdraw.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. When my spouse is stressed, there is not much I can do that makes them feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19.3. This section is about **what you and your spouse do when you are both feeling stressed.**

	Very Rarely	Rarely	Sometimes	Often	Very Often
a. We try to cope with the problem together and search for solutions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. We engage in a serious discussion about the problem and think through what has to be done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. We help one another to put the problem in perspective and see it in a new light.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sexual Relationship and Intimacy

Q20.1. During the past 12 months, about how often did you and your spouse have sex?

- | | |
|--|---|
| <input type="radio"/> Once or more a week | <input type="radio"/> Once every few months |
| <input type="radio"/> Two or three times a month | <input type="radio"/> A few times over the past 12 months |
| <input type="radio"/> Once a month | <input type="radio"/> Not at all in the past 12 months |

Q20.2. During the past 12 months, would you say that you had sex:

- ☐ Much more often than you would like
- ☐ Somewhat more often than you would like
- ☐ About as often as you would like
- ☐ Less often than you would like
- ☐ Much less often than you would like

Q20.3. In the past 12 months, how often did you have sex for the following reasons:

	Often	Sometimes	Rarely	Never
a. For enjoyment and pleasure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. To please your spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. For emotional closeness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You felt pressured by your spouse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. For the sake of the relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20.4. Overall, how satisfied are you with your current sex life with your spouse?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at All | Slightly | Somewhat | Very | Extremely |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Childhood Adversity

Q21.1. The next questions are about experiences you may have had in the past.

Did you experience any of the following problems or situations before the age of 18? Please check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Family economic hardship | <input type="checkbox"/> At least one parent had an alcohol or drug problem | <input type="checkbox"/> Kicked out of parent's or guardian's home |
| <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Violence in the family | <input type="checkbox"/> Drug and/or alcohol problems |
| <input type="checkbox"/> Never knew father | <input type="checkbox"/> Physical or sexual abuse | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Death of a parent | <input type="checkbox"/> Bullied in school | <input type="checkbox"/> Life threatening illness or injury |
| <input type="checkbox"/> At least one parent had mental health problems | <input type="checkbox"/> Suicidal thoughts or attempt | |

Q21.2. Overall, how stressful was your childhood?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at All | Slightly | Somewhat | Very | Extremely |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Discrimination & Spousal Abuse

Q22.1.

In your adult life, how often have the following things happened to you?

	Almost Every Day	At Least Once a Week	A Few Times a Month	A Few Times a Year	Less Than Once a Year	Never
a. You have been treated with less respect than other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You have received poorer service than other people at restaurants or stores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You have received poorer service than other people in medical settings (for example, in hospitals or doctors' offices).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You have felt unsafe in public places.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Almost Every Day	At Least Once a Week	A Few Times a Month	A Few Times a Year	Less Than Once a Year	Never
e. People have ignored you or acted as if you do not exist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. People have acted as if they are disgusted by you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. People have acted as though they are afraid of you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. People have treated your marriage/relationship as if it is less legitimate than theirs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Almost Every Day	At Least Once a Week	A Few Times a Month	A Few Times a Year	Less Than Once a Year	Never
i. People have acted as if they think you are dishonest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. People have acted as if they're better than you are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. You have been called names or insulted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. You have been threatened or harassed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q22.2.

IF YES TO ANY ITEM ABOVE THAT OCCURRED IN ADULTHOOD: Please RANK ORDER the main reasons that these things happened to you? (For example, insert 1 for the main reason, followed by 2, and so forth. Leave blank any that do not apply).

☐ Gender

- ☐ Race/Ethnicity
- ☐ Sexual orientation
- ☐ Physical appearance
- ☐ Income level/social class
- ☐ Weight/body size
- ☐ Other (please specify)

Q22.3. Thinking of your current relationship, choose the category that best describes how often your spouse behaves in the following ways.

	Often	Sometimes	Rarely	Never
a. My spouse does not treat me well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My spouse is too controlling over my daily decisions and life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My spouse drinks too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My spouse pushes, slaps, or hits me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics & Recruiting

Q23.1. These next questions are about your background.

What is the status of your relationship with your spouse **in your current state of residence**?

- ☐ We are legally married.
- ☐ We are in a registered domestic partnership.
- ☐ We are in a civil union.
- ☐ Other

Q23.2. In what state were you married?

State

If married outside the U.S.,
which country

Q23.3. In what state do you currently live?

Q23.4. Do you consider yourself primarily... (Check all that apply)

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Other (please specify)

- ☐ Don't Know

Q23.5. Do you consider yourself Hispanic or Latino/Latina?

- ☐ No
- ☐ Yes
- ☐ Don't know

Q23.6. What is your religious preference?

- | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
| None | Protestant | Catholic | Jewish | Hindu | Islamic | Buddhist | Other |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

Q23.7.

Which of the following best represents how you think of yourself?

- | | | |
|--|--------------------------------|--|
| <input type="radio"/> Heterosexual or Straight | <input type="radio"/> Lesbian | <input type="radio"/> Queer |
| <input type="radio"/> Gay | <input type="radio"/> Bisexual | <input type="radio"/> Other - Please Specify |
| | | <input type="text"/> |

Q23.8.

What is the highest level of formal education that you have completed?

- | | | |
|---|--|---|
| <input type="radio"/> Less than high school | <input type="radio"/> High school graduate (or GED) | <input type="radio"/> College graduate |
| <input type="radio"/> Some high school | <input type="radio"/> Some college or technical school | <input type="radio"/> Post-graduate or professional |

Q23.9. What is your current employment situation? (CHOOSE ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Currently working full-time | <input type="checkbox"/> Unemployed or laid off and looking for work |
| <input type="checkbox"/> Currently working part-time | <input type="checkbox"/> A homemaker |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Other - Please describe:
<input type="text"/> |
| <input type="checkbox"/> Disabled or unable to work | |

Q23.10. IF CURRENTLY EMPLOYED: What is your occupation on your main job?

Q23.11. IF RETIRED OR UNEMPLOYED: What was your occupation on your main job?

Q23.12. Which of the following comes closest to your total PERSONAL income (NOT INCLUDING your spouse's income) for the past year?

- | | |
|--|---|
| <input type="radio"/> no personal income | <input type="radio"/> \$75,000-\$99,999 |
| <input type="radio"/> \$1-\$24,999 | <input type="radio"/> \$100,000-\$149,999 |
| <input type="radio"/> \$25,000-\$49,999 | <input type="radio"/> \$150,000 or above |
| <input type="radio"/> \$50,000-\$74,999 | |

Q23.13. Which of the following comes closest to your total HOUSEHOLD income for the past year?

- | | |
|--|---|
| <input type="radio"/> no personal income | <input type="radio"/> \$75,000-\$99,999 |
| <input type="radio"/> \$1-\$24,999 | <input type="radio"/> \$100,000-\$149,999 |
| <input type="radio"/> \$25,000-\$49,999 | <input type="radio"/> \$150,000 or above |
| <input type="radio"/> \$50,000-\$74,999 | |

Distribute Survey

Q24.1. Please help us to generate a large and diverse sample.

Do you have a married sibling who might participate in HARP?

- ☐ No
- ☐ Yes (If Yes, please provide their first name and e-mail address or phone number):

Q24.2. Do you have a married friend who might participate in HARP?

- ☐ No
- ☐ Yes (If Yes, please provide their first name and e-mail address or phone number):

Q24.3. If there are other siblings, friends, or family members you would like to refer to the survey, you may enter their first name and email address (or phone number) below. You may also direct them to the following link: www.HARPSurvey.com.

Ending Prompt

Q25.1. Please let us know if there is anything else that you feel is important in terms of understanding relationships, stress, and health. (You may leave this blank if you have nothing to add).

A large, empty rectangular text box with a thin black border. On the right side, there is a vertical scrollbar with a light gray track and a darker gray handle.

Q25.2. Please let us know if you have suggestions for improving certain questions or sections of this questionnaire. We value your input. (You may leave this blank if you have nothing to add).

A smaller, empty rectangular text box with a thin black border. On the right side, there is a vertical scrollbar with a light gray track and a darker gray handle.

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