

**Social Determinants of Brain Health Questionnaire (SDOBH-Q), English version**  
**UCSF Memory and Aging Center**

The following questions will help us to obtain important information about your personal and family history during different periods of your life. This is a very important survey for our research, so we ask that you try to give the most accurate answers possible.

If you have a doubt or question about how to answer a question, please seek help from a family member, friend, or partner who can help you confirm the necessary information to answer these questions as accurately as possible.

**REMEMBER: If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.**

First, please enter your current age	(enter value)	None
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**We want to start by asking you some questions about your family environment and personal life to get to know you better. We will start by asking about where you were born and the places where you have lived.**

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In which country were you born?	A. United States of America B. Another country C. I do not know	<p>If <b>A</b> selected:</p> <ol style="list-style-type: none"><li>1. In which state were you born? (free text)</li><li>2. In which city or town where you born? (free text)</li></ol> <p>If <b>B</b> selected:</p> <ol style="list-style-type: none"><li>1. In which country were you born ? (free text)</li><li>2. In which city or town were you born? (free text)</li><li>3. Approximately how old were you when you moved to the United States? (free text)</li><li>4. What were the main reasons that motivated you to move to the United States? (Please select all answers that apply)<ul style="list-style-type: none"><li><input type="checkbox"/> Poverty in my country</li><li><input type="checkbox"/> Educational opportunities</li><li><input type="checkbox"/> Work opportunities</li><li><input type="checkbox"/> Violence in my country</li><li><input type="checkbox"/> Family reasons</li></ul></li></ol>
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		<input type="checkbox"/> Other reason: (free text)  5. Have you ever felt concerned or nervous about the legality of your immigration status or the immigration status of a family member? A. Yes B. No
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In the table below, please indicate the country, state, and city or town where you lived for the longest period of time during each of the life periods listed on the left side of the table. For example, if you lived in San Francisco for the longest period of time during your first 10 years of life, write “United States” under the *Country* column, “California” under the state column, and “San Francisco” under the *City* column. If the state column does not apply, you may leave that answer blank.

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	Where did you live for the majority of the time?		
Life Period	<i>Country</i>	<i>State</i>	<i>City (or town, community, etc)</i>
0 – 10 years of age	(free text)	(free text)	(free text)
11 – 24 years of age	(free text)	(free text)	(free text)
25 – 34 years of age	(free text)	(free text)	(free text)
35 – 45 years of age	(free text)	(free text)	(free text)
46 – 65 years of age	(free text)	(free text)	(free text)
66 until a year ago	(free text)	(free text)	(free text)
The most recent 12 months	(free text)	(free text)	(free text)

Now, we will ask you some questions about your education.

**REMEMBER:** If you are helping a participant complete this survey, the answers should be about the participant’s life, not your own.

Did you attend a private or public elementary school?	A. Public B. Private C. Public & private D. I did not attend school	If <b>D</b> selected, skip to next section.
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Was the school you attended for the majority of your elementary education located in a rural area or in an urban area?	A. Rural B. Urban C. Suburban (somewhat rural and somewhat urban)	None
Did you ever have to repeat a school year?	A. Yes B. No	If <b>A</b> selected:  1. What year or years of school did you repeat? (free text)  2. Why did you repeat a school year? (free text)
Enter the total number of school years you completed (do not include unfinished school years or repeated school years):	(free text)	None
Mark all of the educational certificates, diplomas, and/or degrees you have achieved:	<input type="checkbox"/> I attended school, but did not obtain any formal certificate, diploma, or degree <input type="checkbox"/> Early childhood education (daycare center, nursery, play school, etc.) <input type="checkbox"/> Primary education (elementary school) <input type="checkbox"/> Lower secondary education (secondary school, junior school, middle school, junior high school, etc.) <input type="checkbox"/> Higher secondary education (secondary school, high school, etc.) <input type="checkbox"/> Technical or vocational education (including associate degree) <input type="checkbox"/> Bachelor's degree or equivalent <input type="checkbox"/> Master's degree or equivalent <input type="checkbox"/> Doctoral degree or equivalent (MD, PhD, JD, etc.)	In general, how would you grade the overall quality of the education you received?  A. Excellent B. Good C. Average D. Poor E. Very poor

Now, we would like to ask you some questions about your occupation.

**REMEMBER:** If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.

Did you work before turning 18 years of age?	A. Yes B. No	If <b>A</b> selected:  1. What was your age when you worked for the first time? (free
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		<p>text)</p> <p>2. Why did you work during your childhood? Please select all the responses that apply:</p> <p><input type="checkbox"/> To support my own needs</p> <p><input type="checkbox"/> To support my family's needs</p> <p><input type="checkbox"/> To save money for myself</p> <p><input type="checkbox"/> To learn new skills or learn a new trade</p> <p><input type="checkbox"/> For another reason: (free text)</p>
How many jobs have you had in your life, including jobs done as a child?	(free text)	None
What is the longest held job you have had during your life, including unpaid work and work done as a homemaker? If you had two or more jobs for the same amount of time, please ONLY indicate the job that required the highest degree of skill or training.	(free text)	<p>1. For how long did you have this job? (free text)</p> <p>2. Describe in detail the main tasks or activities you did for this job: (free text)</p>
Have you ever had to work the nightshift (or "overnight" or "graveyard" shift) for more than one year?	<p>A. Yes</p> <p>B. No</p>	If <b>A</b> selected: For how many years did you work the nightshift? (free text)

**Now, we will ask some questions about the languages that have been present during your life.**

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Which languages were regularly spoken in your household during the first 10 years of your life?	<p>A. English is the only language that was spoken regularly</p> <p>B. English was the main language spoken, but another language was also spoken regularly</p> <p>C. A language other than English was the main language spoken, but English was also spoken regularly</p> <p>D. A language other than English is the only language that was regularly spoken in my home</p>	<p>If <b>B, C, or D</b> selected, ask:</p> <p>Which other languages were regularly spoken in your household during the first 10 years of your life?</p>
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**Indicate your native language(s) and any other languages you have studied or learned, the age at which you started using each language in terms of listening, speaking, reading, and writing, and the total number of years you have spent using each language.**

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Language	Listening	Speaking	Reading	Writing	Years of use*

\* For years of use, you may have learned a language, stopped using it, and then started using it again. Indicate the total cumulative number of years you have used each language.

**Now rate your current ability in terms of listening, speaking, reading, and writing in each of the languages you have studied or learned (including your native language) using the following scale: (1) very bad, (2) bad, (3) limited, (4) functional, (5) good, (6) very good, (7) like a native.**

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Language	Listening	Speaking	Reading	Writing

**Please estimate how many hours per day you spend in the following activities in each of the languages you have studied or learned (including your native language).**

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Language	Watching television	Listening to radio/podcasts	Reading for fun	Reading for school/work	Using social media and internet	Writing for school/work


*Please estimate how many hours per day you spend speaking with the following groups of people in each of the languages you have studied or learned (including your native language).*

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Language	Family Members	Friends*	Classmates	Others (coworkers**, roommates, etc.)

*\* include significant others in this category if you did not include them as family members (e.g., married partners)*

*\*\* Include anyone in the work environment in this category (e.g., if you are a teacher, include students as co-workers)*

**The following questions will help us understand how you perceive yourself.**

**REMEMBER:** If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.

How would you describe your race or racial group?	(free text)  A. I do not know which race or racial group I belong to B. I do not belong to any race or racial group C. I do not understand this question	None
How would you describe your ethnicity or ethnic group?	(free text)  A. I do not know which ethnicity or ethnic group I belong to B. I not have an ethnic identity C. I do not belong to any ethnic group D. I do not understand this question	None

How would you describe your cultural identity or cultural group?	(free text)  A. I do not know which culture or cultural group I belong to B. I do not have a cultural identity C. I do not belong to any cultural group D. I do not understand this question.	
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Here are some more questions that will help us understand how you perceive yourself

**REMEMBER: If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.**

With which of the following US Census racial/ethnic categories do you identify? You may select more than one category.	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic, Latino, Spanish <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian and Pacific Islander <input type="checkbox"/> I do not identify with any of these racial/ethnic categories <input type="checkbox"/> I identify with another racial/ethnic category: (free text)	None
What sex were you assigned at birth (on your birth certificate)?	A. Female B. Male C. Other:	If <b>C</b> selected: Please specify (free text)
How would you describe your sexual orientation?	A. Heterosexual (people who feel sexual attraction for people of the opposite sex) B. Asexual (people who do not feel any sexual attraction for others) C. Bisexual (people who feel sexual attraction for people of their same sex or the opposite sex) D. Gay (men who feel sexual attraction for other men) E. Lesbian (women who feel sexual attraction for other women) F. Queer (people who feel sexual attraction for people who do not identify as a woman or a man) G. I am not sure H. Another sexual orientation I. I prefer not to answer	If <b>H</b> selected:  Please tell us how you would describe your sexual orientation: (free text)
How would you describe your gender identity?	A. Man B. Woman C. Genderqueer D. Transgender Man (Female-to-Male) E. Transgender Woman (Male-to-Female)	If <b>F</b> selected:  Please tell us how you would describe your gender identity: (free text)

	F. Another gender identity G. I Prefer not to answer	
A person's appearance, style, or dress may affect the way people think of them. On average, how do you think people would describe your appearance, style, or dress?	A. Feminine B. Equally feminine and masculine C. Masculine	None
A person's mannerisms (such as the way they walk or talk) may affect the way others think of them. On average, how do you think people would describe your mannerisms?	A. Feminine B. Equally feminine and masculine C. Masculine	None

The following questions will help us understand a bit more about your family environment. These questions use the term *household*. Please think of your household as your family or social unit living in the same dwelling and sharing meals.

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How many children (including yourself) lived in your household for most of the time when you were between 0 and 10 years old?	(free text)	
Approximately how many books were there in the household where you lived in for the longest time during the first 10 years of your life? Do not count magazines, newspapers, or schoolbooks.	A. None or very few (0-10 books) B. Enough to fill one shelf (11-25 books) C. Enough to fill one bookcase (26-100 books) D. Enough to fill two bookcases (101-200 books) E. Enough to fill more than two bookcases (more than 200 books)	None
Did any of your siblings or children die before they were 18 years of age?	A. Yes, your brothers or sisters B. Yes, your sons or daughters C. No	If <b>A</b> or <b>B</b> selected:  How many of your siblings or children died before the age of 18? (free text)
Over the last 12 months, how frequently have you been in contact with loved ones, with people who are important to you, and/or people you feel close to? For example, speaking with friends over the phone or internet, visiting friends or family members,	A. Less than once per week B. 1 or 2 times per week C. 3 to 5 times per week D. More than 5 times per week	None



going to church or other meetings, having a conversation with other people in your household.		
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	0 to 10 years of age	11 to 24 years of age	25 to 34 years of age	35 to 45 years of age	46 to 65 years of age	66 until a year ago	Over the last 12 months
Including yourself, how many people did you live with for the majority of time during the following periods of your life?	(free text)	(free text)	(free text)	(free text)	(free text)	(free text)	(free text)
Who lived with you for the majority of time during the following periods of your life?	<input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Adoptive, step, or foster mother <input type="checkbox"/> Adoptive, step, or foster father <input type="checkbox"/> Biological brother(s) or sister(s) <input type="checkbox"/> Adopted step, foster, or half brother(s) or sister(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Other non-relative(s) <input type="checkbox"/> I don't know	<input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Adoptive, step, or foster mother <input type="checkbox"/> Adoptive, step, or foster father <input type="checkbox"/> Biological brother(s) or sister(s) <input type="checkbox"/> Adopted step, foster, or half brother(s) or sister(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Spouse/ Partner <input type="checkbox"/> Biological children <input type="checkbox"/> Adopted children <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Other non-relative(s) <input type="checkbox"/> I don't know	<input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Adoptive, step, or foster mother <input type="checkbox"/> Adoptive, step, or foster father <input type="checkbox"/> Biological brother(s) or sister(s) <input type="checkbox"/> Adopted step, foster, or half brother(s) or sister(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Spouse/ Partner <input type="checkbox"/> Biological children <input type="checkbox"/> Adopted children <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Other non-relative(s) <input type="checkbox"/> I don't know	<input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Adoptive, step, or foster mother <input type="checkbox"/> Adoptive, step, or foster father <input type="checkbox"/> Biological brother(s) or sister(s) <input type="checkbox"/> Adopted step, foster, or half brother(s) or sister(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Spouse/ Partner <input type="checkbox"/> Biological children <input type="checkbox"/> Adopted children <input type="checkbox"/> Grandchildren <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Other non-relative(s) <input type="checkbox"/> I don't know	<input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Adoptive, step, or foster mother <input type="checkbox"/> Adoptive, step, or foster father <input type="checkbox"/> Biological brother(s) or sister(s) <input type="checkbox"/> Adopted step, foster, or half brother(s) or sister(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Spouse/ Partner <input type="checkbox"/> Biological children <input type="checkbox"/> Adopted children <input type="checkbox"/> Grandchildren <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Other non-relative(s) <input type="checkbox"/> I don't know	<input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Adoptive, step, or foster mother <input type="checkbox"/> Adoptive, step, or foster father <input type="checkbox"/> Biological brother(s) or sister(s) <input type="checkbox"/> Adopted step, foster, or half brother(s) or sister(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Spouse/ Partner <input type="checkbox"/> Biological children <input type="checkbox"/> Adopted children <input type="checkbox"/> Grandchildren <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Other non-relative(s)	<input type="checkbox"/> Biological mother <input type="checkbox"/> Biological father <input type="checkbox"/> Adoptive, step, or foster mother <input type="checkbox"/> Adoptive, step, or foster father <input type="checkbox"/> Biological brother(s) or sister(s) <input type="checkbox"/> Adopted step, foster, or half brother(s) or sister(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Spouse/ Partner <input type="checkbox"/> Biological children <input type="checkbox"/> Adopted children <input type="checkbox"/> Grandchildren <input type="checkbox"/> Other relative(s) <input type="checkbox"/> Other non-relative(s)

				<input type="checkbox"/>	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know

For the following questions, your MOTHER and FATHER refer to your biological or adoptive parents, or any other adult that you considered as a maternal or paternal figure in your life during your childhood (before you turned 18 years of age).

REMEMBER: If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.

Enter the total number of school years completed by your MOTHER (do not include unfinished school years or repeated school years):	(free text)  A. I grew up without a maternal figure B. I do not know	If <b>A</b> selected, skip to question # below
Mark all of the educational certificates, diplomas, and/or degrees achieved by your MOTHER:	<input type="checkbox"/> She attended school, but did not obtain any formal certificate, diploma, or degree <input type="checkbox"/> Early childhood education (daycare center, nursery, play school, etc.) <input type="checkbox"/> Primary education (elementary school) <input type="checkbox"/> Lower secondary education (secondary school, junior school, middle school, junior high school, etc.) <input type="checkbox"/> Higher secondary education (secondary school, high school, etc.) <input type="checkbox"/> Technical or vocational education <input type="checkbox"/> Bachelor's degree or equivalent (associate degree) <input type="checkbox"/> Master's degree or equivalent <input type="checkbox"/> Doctoral degree or equivalent (MD, PhD, JD, etc.)	None

<p>What is your MOTHER'S longest held job, including unpaid work and/or work as a homemaker? If she had two or more jobs for the same amount of time, please ONLY indicate the job that required the highest degree of skill or training.</p>	<p>(free text)</p>	<p>Describe in detail the main tasks or activities your MOTHER did for this job: (free text)</p>
<p>On average, how many hours per week did your mother work outside the home?</p>	<p>A. No outside work (i.e. was exclusively a homemaker)  B. &lt;10 hours weekly  C. 10 to 20 hours weekly  D. 21 to 30 hours weekly  E. 31 to 40 hours weekly  F. More than 40 hours weekly  G. I do not know</p>	
<p># Enter the total number of school years completed by your FATHER (do not include unfinished school years or repeated school years):</p>	<p>(free text)</p> <p>A. I grew up without a paternal figure  B. I do not know</p>	<p>If <b>A</b> selected, skip to question ## below</p>
<p>Mark all of the educational certificates, diplomas, and/or degrees achieved by your FATHER:</p>	<p><input type="checkbox"/> He attended school, but did not obtain any formal certificate, diploma, or degree  <input type="checkbox"/> Early childhood education (daycare center, nursery, play school, etc.)  <input type="checkbox"/> Primary education (elementary school)  <input type="checkbox"/> Lower secondary education (secondary school, junior school, middle school, junior high school, etc.)  <input type="checkbox"/> Higher secondary education (secondary school, high school, etc.)  <input type="checkbox"/> Technical or vocational education  <input type="checkbox"/> Bachelor's degree or equivalent (associate degree)  <input type="checkbox"/> Master's degree or equivalent  <input type="checkbox"/> Doctoral degree or equivalent (MD, PhD, JD, etc.)</p>	<p>None</p>

What is your FATHER'S longest held job, including unpaid work and/or work as a homemaker? If he had two or more jobs for the same amount of time, please ONLY indicate the job that required the highest degree of skill or training.	(free text)	Describe in detail the main tasks or activities your FATHER did for this job: (free text)
On average, how many hours per week did your FATHER work outside the home?	A. No outside work (i.e. was exclusively a homemaker) B. <10 hours weekly C. 10 to 20 hours weekly D. 21 to 30 hours weekly E. 31 to 40 hours weekly F. More than 40 hours weekly G. I do not know	
## For the majority of time during the first 10 years of your life, who was the primary economic provider in your household?	A. Father B. Mother C. Father and Mother provided equally D. Other: E. I do not know	If <b>D</b> selected:  Who was the primary economic provider during the first 10 years of your life? (free text)
During the first 10 years of your life, did you or one of your brothers or sisters have to stop attending school in order to work and support the economic needs of your household?	A. Yes B. No C. I do not know	None

Now, please think about the homes you have lived in during different periods of your life. On the left side of the table below you will find a list of amenities that your different homes may or may not have had. Along the top of the table, we list the different life periods. For each life period, tell us if your home had the listed amenities (yes / no).

(NOTE: items marked with an asterisk require that the respondent indicate the quantity of each item present in their home during each life period.)

**REMEMBER:** If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.

[illegible]

through your cell phone)							
Sound System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smartphone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Bedrooms (rooms that were primarily used for sleeping)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Now, we would like to ask you questions about how well you have been able to meet your basic needs such as food, clothing, and medical care, during different periods of your life.

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Question	Initial Response Options	Branching
In your life has it ever been difficult for your family to meet the expenses of your basic needs such as food, clothing and housing?	A. Yes B. No	<p><b>If A</b></p> <p>In these stages of your life, how difficult has it been for your family to meet the expenses of your basic needs such as food, clothing and housing?</p> <p><b>0 to 10 years of age:</b></p> <p>A. Not difficult at all B. Somewhat difficult C. Very difficult</p> <p><b>11 to 24 years of age:</b></p> <p>A. Not difficult at all B. Somewhat difficult C. Very difficult</p> <p><b>25 to 34 years of age:</b></p> <p>A. Not difficult at all B. Somewhat difficult C. Very difficult</p> <p><b>35 to 45 years of age:</b></p> <p>A. Not difficult at all B. Somewhat difficult</p>

		<p>C. Very difficult</p> <p><b>46 to 65 years of age:</b></p> <p>A. Not difficult at all B. Somewhat difficult C. Very difficult</p> <p><b>66 until a year ago:</b></p> <p>A. Not difficult at all B. Somewhat difficult C. Very difficult</p> <p><b>Over the last 12 months:</b></p> <p>A. Not difficult at all B. Somewhat difficult C. Very difficult</p>
<p>On average across your whole life, how did your family's finances usually work out by the end of each month?</p>	<p>A. Money left over to save B. Just about enough to make ends meet C. Not enough to make ends meet</p>	<p><b>If A, B or C,</b> In these stages of your life, how have your family's finances usually worked out by the end of each month?</p> <p><b>0 to 10 years of age:</b></p> <p>A. Money left over to save B. Just about enough to make ends meet C. Not enough to make ends meet</p> <p><b>11 to 24 years of age:</b></p> <p>A. Money left over to save B. Just about enough to make ends meet C. Not enough to make ends meet</p> <p><b>25 to 34 years of age:</b></p> <p>A. Money left over to save B. Just about enough to make ends meet C. Not enough to make ends meet</p>

		<p><b>35 to 45 years of age:</b></p> <ul style="list-style-type: none"> <li>A. Money left over to save</li> <li>B. Just about enough to make ends meet</li> <li>C. Not enough to make ends meet</li> </ul> <p><b>46 to 65 years of age:</b></p> <ul style="list-style-type: none"> <li>A. Money left over to save</li> <li>B. Just about enough to make ends meet</li> <li>C. Not enough to make ends meet</li> </ul> <p><b>66 until a year ago:</b></p> <ul style="list-style-type: none"> <li>A. Money left over to save</li> <li>B. Just about enough to make ends meet</li> <li>C. Not enough to make ends meet</li> </ul> <p><b>Over the last 12 months:</b></p> <ul style="list-style-type: none"> <li>A. Money left over to save</li> <li>B. Just about enough to make ends meet</li> <li>C. Not enough to make ends meet</li> </ul>
In your life, has it ever been difficult for your family to pay for health care?	<p>A. Yes</p> <p>B. No</p>	<p>If <b>A</b>,</p> <p>In these stages of your life, how difficult has it been for your family to pay for health care?</p> <p><b>0 to 10 years of age:</b></p> <ul style="list-style-type: none"> <li>A. Not difficult at all</li> <li>B. Somewhat difficult</li> <li>C. Very difficult</li> </ul> <p><b>11 to 24 years of age:</b></p> <ul style="list-style-type: none"> <li>A. Not difficult at all</li> </ul>



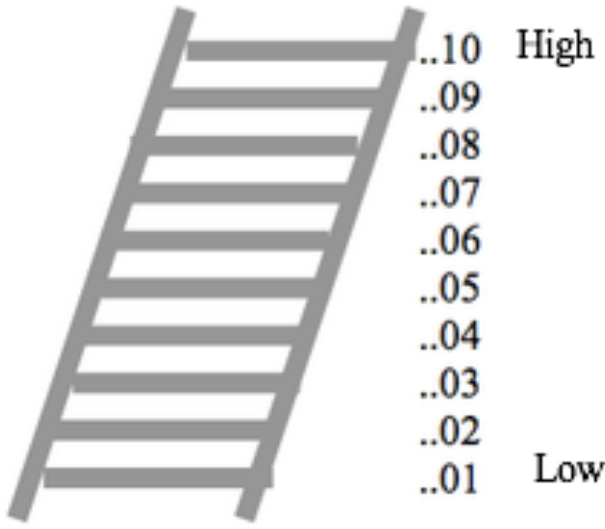
		<p>B. Somewhat difficult C. Very difficult</p> <p><b>25 to 34 years of age:</b></p> <p>A. Not difficult at all B. Somewhat difficult C. Very difficult</p> <p><b>35 to 45 years of age:</b></p> <p>A. Not difficult at all B. Somewhat difficult C. Very difficult</p> <p><b>46 to 65 years of age:</b></p> <p>A. Not difficult at all B. Somewhat difficult C. Very difficult</p> <p><b>66 until a year ago:</b></p> <p>A. Not difficult at all B. Somewhat difficult C. Very difficult</p> <p><b>Over the last 12 months:</b></p> <p>A. Not difficult at all B. Somewhat difficult C. Very difficult</p>
Throughout your life, did you ever eat less than you thought you should because you or your family did not have enough money for food?	<p>A. Yes B. No</p>	<p>If <b>A</b> selected: Did this happen during any of these stages of your life?</p> <p><b>0 to 10 years of age:</b></p> <p>A. Yes B. No</p> <p><b>11 to 24 years of age:</b></p> <p>A. Yes B. No</p> <p><b>25 to 34 years of age:</b></p> <p>A. Yes B. No</p> <p><b>35 to 45 years of age:</b></p> <p>A. Yes B. No</p> <p><b>46 to 65 years of age:</b></p>

		A. Yes B. No <b>66 until a year ago:</b> A. Yes B. No <b>Over the last 12 months:</b> A. Yes B. No
Throughout your life, have you ever not been able to eat a balanced or healthy meal due to lack of money or other resources?	A. Yes B. No	If <b>A</b> selected: Did this happen during any of these stages of your life?  <b>0 to 10 years of age:</b> A. Yes B. No <b>11 to 24 years of age:</b> A. Yes B. No <b>25 to 34 years of age:</b> A. Yes B. No <b>35 to 45 years of age:</b> A. Yes B. No <b>46 to 65 years of age:</b> A. Yes B. No <b>66 until a year ago:</b> A. Yes B. No <b>Over the last 12 months:</b> A. Yes B. No

Now please refer to the ladder shown below. Think of this ladder as representing where people stand in your community. At the top of the ladder are the people who are better off, those with more money, more education, and more respected jobs. These questions use the term *household*. Please think of your household as your family or social unit living in the same dwelling and sharing meals.

If you consider your household's position on this ladder throughout your life compared to other households in the towns or cities where you have lived, where would you place your household during each period of your life? Next to each life period indicated, mark your household's position in your community during that life period.

**REMEMBER:** If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.

	0 to 10 years of age: *Options from 01 to 10
	11 to 24 years of age: *Options from 01 to 10
	25 to 34 years of age: *Options from 01 to 10
	35 to 45 years of age: *Options from 01 to 10
	46 to 65 years of age: *Options from 01 to 10
	66 until a year ago: *Options from 01 to 10
	Over the last 12 months: *Options from 01 to 10

Now, we would like to ask you some questions about your current employment situation and the state of your finances today. These questions use the term *household*. Please think of your household as your family or social unit living in the same dwelling and sharing meals.

**REMEMBER:** If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.

Question	Initial Response Options	Branching
Are you currently working? Please consider paid and/or unpaid work.	A. Yes, I do paid work B. Yes, I do unpaid work C. Yes, I do paid and unpaid work D. I am not currently working because I am retired E. I am not currently working for another reason	If <b>A, B o C</b> selected:  What type of work do you? Please describe your work briefly: (free text)
What are your current sources of income?	<input type="checkbox"/> Salary from my current job/employment	If <b>"Other"</b> selected: Please enter your source(s) of income: (free text)

<p>Please select all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Income received from an inheritance</li> <li><input type="checkbox"/> Income from bank investments</li> <li><input type="checkbox"/> Income from a pension or retirement fund</li> <li><input type="checkbox"/> Savings</li> <li><input type="checkbox"/> Property rentals</li> <li><input type="checkbox"/> Disability benefits</li> <li><input type="checkbox"/> Unemployment benefits</li> <li><input type="checkbox"/> Social security or other government social programs</li> <li><input type="checkbox"/> Family support (spouse, kids, etc)</li> <li><input type="checkbox"/> Money received from a friend or family member in another country</li> <li><input type="checkbox"/> Other: _____</li> </ul>	
<p>Counting the income of all the members of your household, was your household income before taxes for the previous year less than \$30,000 or \$30,000 or more? This includes all money received from all sources.</p>	<p>A. Less than \$30,000 B. \$30,000 or more</p>	<p>If <b>A</b> selected: Which of the following brackets includes your total household income?</p> <p style="padding-left: 40px;">A. Less than \$10,000 B. \$10,001 - \$15,000 C. \$15,001 - \$20,000 D. \$20,001 - \$25,000 E. \$25,001 - \$30,000</p> <p>If <b>B</b> selected: Which of the following brackets includes your total household income?</p> <p style="padding-left: 40px;">A. \$30,001 - \$40,000 B. \$40,001 - \$50,000 C. \$50,001 - \$75,000 D. \$75,001 - \$100,000 E. More than \$100,000</p>
<p>What is the total family debt within your household from such things as credit card charges, medical or legal bills, and loans from banks or relatives? Do not include mortgage or car loans.</p>	<p>A. No household/family debt B. Less than \$500 C. \$500 to \$4,900 D. \$5,000 to \$9,999 E. \$10,00 to \$19,999 F. \$20,000 to \$49,999 G. \$50,000 to \$99,000 H. \$100,000 or greater</p>	<p>None</p>
<p>Approximately what proportion of your household income is spent on rent/mortgage?</p>	<p>A. More than two-thirds B. Between half and two-thirds C. About half D. Between half and one-third E. Less than one-third F. None</p>	<p>None</p>
<p>If you lost all your current sources of household income</p>	<p>A. Less than 1 month B. 1 to 2 months</p>	<p>None</p>

(paycheck, public assistance, or other forms of income), how long could you continue to live at your current address and standard of living?	C. 3 to 6 months D. 7 to 12 months E. More than 1 year	
Which of the following describes your current living situation?	A. Homeowner, no mortgage payments B. Homeowner, mortgage payments C. Home renter (house, apartment, flat) D. Room renter (rents room within home) E. Homed, but does not pay rent F. Homeless ( <i>being homeless includes living with friends or extended family members, or living in temporary living accommodations such as transitional housing, shelters, single room occupancy facilities, cars/vans, etc.</i> )	If <b>F</b> selected:  How long have you been homeless? (free text)
In the past 12 months, have you had concerns about the conditions or quality of your home? For example, water leaks, electrical problems, problems with a water heater, etc.	A. Yes B. No	If <b>A</b> selected, ask: Can you please tell us what types of concerns you have had about the conditions or quality of your home? Select all that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> Pest problems (rodents, etc.)</li> <li><input type="checkbox"/> Mold problems</li> <li><input type="checkbox"/> Lack of/malfunctioning house heater</li> <li><input type="checkbox"/> Lack of/malfunctioning water heater</li> <li><input type="checkbox"/> Lack of/malfunctioning oven/stove</li> <li><input type="checkbox"/> Lack of/malfunctioning refrigerator</li> <li><input type="checkbox"/> Lack of/malfunctioning toilet</li> <li><input type="checkbox"/> Lack of/malfunctioning shower/tub</li> <li><input type="checkbox"/> Water leaks</li> <li><input type="checkbox"/> Other: (free text)</li> </ul>
In the past 12 months, have you been evicted or forcibly removed from your home for any reason?	A. Yes B. No	None

The following questions ask about your current health insurance status and your recent access to health care services.

**REMEMBER:** If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.

<p>What kinds of health insurance or health care coverage do you have?</p>	<p><input type="checkbox"/> Private health insurance</p> <p><input type="checkbox"/> Public/Government Health Insurance (Medicare, Medigap, Medicaid, Medical, etc.)</p> <p><input type="checkbox"/> I do not have medical insurance</p> <p><input type="checkbox"/> I do not know</p>	<p>If <b>“Public Health Insurance”</b> selected: Which of the following types of medical insurance do you have? Select all that apply:</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> Medigap</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Military related health care (TRICARE/CHAMPUS, VA Health Care, CHAMP-VA)</p> <p><input type="checkbox"/> Indian Health Service</p> <p><input type="checkbox"/> Other state-sponsored health care</p> <p><input type="checkbox"/> Other government medical insurance</p>
<p>In the past 12 months, how often have you had a problem understanding what is being told to you about your health by medical professionals in a clinic or hospital?</p>	<p>A. Almost always</p> <p>B. Sometimes</p> <p>C. Never</p>	<p>None</p>
<p>In the past 12 months, have you needed to see a doctor, but weren't able to for any reason?</p>	<p>A. Yes</p> <p>B. No</p>	<p>If <b>A</b> selected: Why couldn't you see a doctor when you needed to? You may select more than one option:</p> <p><input type="checkbox"/> Financial reasons (transportation costs, cost of the visit, etc.)</p> <p><input type="checkbox"/> There were no medical appointments available</p> <p><input type="checkbox"/> Difficulty with transportation</p> <p><input type="checkbox"/> Distance</p> <p><input type="checkbox"/> I didn't have anyone to accompany me to the visit</p> <p><input type="checkbox"/> For reasons related to the COVID-19 pandemic</p> <p><input type="checkbox"/> For reasons related to a sociopolitical event</p> <p><input type="checkbox"/> Other: (free text)</p>

The following questions pertain to how you were treated by your parents or other adults during your childhood until before your 18th birthday. Please reflect on your childhood and family life as you answer these questions.

**REMEMBER:** If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.

	Never	Sometimes	Often
How often did your parent, or another adult in your household, make you feel loved, supported, and cared for?			
How often did your parent, or another adult in your household, express physical affection toward you, such as hugs or other physical gestures of warmth and affection?			
How often would you say there were fights, arguments, or yelling between your parents?			
How often would you say there were fights, arguments, or yelling between one of your parents and you?			
How often would you say there were fights, arguments, or yelling between one of your parents and one of your siblings?			
How often would you say there were fights, arguments, or yelling between your siblings and you?			
Would you say that the home you grew up in was well organized and managed?			
As a child, did you live with someone who was a problem drinker or alcoholic, or used illegal drugs?			
Would you say that you were neglected during your childhood, that you were left alone to fend for yourself?			

Now, we would like to ask you some questions about difficult or traumatic experiences that you may have had during your life, including your childhood.

*For the following questions, if a given age range does not apply for you, leave those questions blank. For example, if you are 50 years old, you can skip the questions that ask about your experience from 66 years old to one year ago.*

*If you are 65 or younger, please consider the last 12 months of your life separately from the other periods. For example, if you are 50 years old, the period for age 46 to 65 covers only the time from when you were 46 until one year ago.*

**REMEMBER:** If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.

<p>Has someone (including family members or friends) ever hit, pushed, or pulled your hair?</p>	<p>A. Yes B. No C. I do not know</p>	<p>If <b>A</b> selected: In what period or periods of your life did this occur? Mark all periods that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 to 10 years of age</li> <li><input type="checkbox"/> 11 to 24 years of age</li> <li><input type="checkbox"/> 25 to 34 years of age</li> <li><input type="checkbox"/> 35 to 45 years of age</li> <li><input type="checkbox"/> 46 to 65 years of age</li> <li><input type="checkbox"/> 66 until a year ago</li> <li><input type="checkbox"/> Within the last 12 months</li> </ul>	<p>What relationship did you have with the person or persons who treated you this way? Mark all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mother, stepmother, or legal guardian</li> <li><input type="checkbox"/> Father, stepfather, or legal guardian</li> <li><input type="checkbox"/> Son or Daughter</li> <li><input type="checkbox"/> Other family member</li> <li><input type="checkbox"/> Friend</li> <li><input type="checkbox"/> Caregiver</li> <li><input type="checkbox"/> A stranger</li> <li><input type="checkbox"/> Other: (free text)</li> </ul>
<p>Has anyone (including family members or friends) ever attacked you using a gun, knife, or other weapon?</p>	<p>A. Yes B. No C. I do not know</p>	<p>If <b>A</b> selected: In what period or periods of your life did this occur? Mark all periods that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 to 10 years of age</li> <li><input type="checkbox"/> 11 to 24 years of age</li> <li><input type="checkbox"/> 25 to 34 years of age</li> <li><input type="checkbox"/> 35 to 45 years of age</li> <li><input type="checkbox"/> 46 to 65 years of age</li> <li><input type="checkbox"/> 66 until a year ago</li> <li><input type="checkbox"/> Within the last 12 months</li> </ul>	<p>What relationship did you have with the person or persons who treated you this way? Mark all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mother, stepmother, or legal guardian</li> <li><input type="checkbox"/> Father, stepfather, or legal guardian</li> <li><input type="checkbox"/> Son or Daughter</li> <li><input type="checkbox"/> Other family member</li> <li><input type="checkbox"/> Friend</li> <li><input type="checkbox"/> Caregiver</li> <li><input type="checkbox"/> A stranger</li> <li><input type="checkbox"/> Other: (free text)</li> </ul>
<p>Has someone (including family members or friends) ever humiliated or made fun of you?</p>	<p>A. Yes B. No C. I do not know</p>	<p>If <b>A</b> selected: In what period or periods of your life did this occur? Mark all periods that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 to 10 years of age</li> <li><input type="checkbox"/> 11 to 24 years of age</li> <li><input type="checkbox"/> 25 to 34 years of age</li> </ul>	<p>What relationship did you have with the person or persons who treated you this way? Mark all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mother, stepmother, or legal guardian</li> <li><input type="checkbox"/> Father, stepfather, or legal guardian</li> </ul>



		<input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Other family member <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> A stranger <input type="checkbox"/> Other: (free text)
Has someone (including family members or friends) ever forbid you from leaving your home or having visitors?	A. Yes B. No C. I do not know	If <b>A</b> selected: In what period or periods of your life did this occur? Mark all periods that apply:  <input type="checkbox"/> 0 to 10 years of age <input type="checkbox"/> 11 to 24 years of age <input type="checkbox"/> 25 to 34 years of age <input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months	What relationship did you have with the person or persons who treated you this way? Mark all that apply:  <input type="checkbox"/> Mother, stepmother, or legal guardian <input type="checkbox"/> Father, stepfather, or legal guardian <input type="checkbox"/> Son or Daughter <input type="checkbox"/> Other family member <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> A stranger <input type="checkbox"/> Other: (free text)
Has someone (including family members or friends) ever stopped providing you with basic needs such as clothing, shoes, or medications that you need despite having the money to supply you with these needs?	A. Yes B. No C. I do not know	If <b>A</b> selected: In what period or periods of your life did this occur? Mark all periods that apply:  <input type="checkbox"/> 0 to 10 years of age <input type="checkbox"/> 11 to 24 years of age <input type="checkbox"/> 25 to 34 years of age <input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months	What relationship did you have with the person or persons who treated you this way? Mark all that apply:  <input type="checkbox"/> Mother, stepmother, or legal guardian <input type="checkbox"/> Father, stepfather, or legal guardian <input type="checkbox"/> Son or Daughter <input type="checkbox"/> Other family member <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> A stranger <input type="checkbox"/> Other: (free text)
Has anyone (including family members or friends) ever handled your money without your consent?	A. Yes B. No C. I do not know	If <b>A</b> selected: In what period or periods of your life did this occur? Mark all periods that apply:  <input type="checkbox"/> 0 to 10 years of age <input type="checkbox"/> 11 to 24 years of age <input type="checkbox"/> 25 to 34 years of age <input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months	What relationship did you have with the person or persons who treated you this way? Mark all that apply:  <input type="checkbox"/> Mother, stepmother, or legal guardian <input type="checkbox"/> Father, stepfather, or legal guardian <input type="checkbox"/> Son or Daughter <input type="checkbox"/> Other family member <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> A stranger <input type="checkbox"/> Other: (free text)

Has anyone (including family members or friends) ever pressured you to stop owning your home or other property?	A. Yes B. No C. I do not know	<p>If <b>A</b> selected: In what period or periods of your life did this occur? Mark all periods that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 to 10 years of age</li> <li><input type="checkbox"/> 11 to 24 years of age</li> <li><input type="checkbox"/> 25 to 34 years of age</li> <li><input type="checkbox"/> 35 to 45 years of age</li> <li><input type="checkbox"/> 46 to 65 years of age</li> <li><input type="checkbox"/> 66 until a year ago</li> <li><input type="checkbox"/> Within the last 12 months</li> </ul>	<p>What relationship did you have with the person or persons who treated you this way? Mark all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mother, stepmother, or legal guardian</li> <li><input type="checkbox"/> Father, stepfather, or legal guardian</li> <li><input type="checkbox"/> Son or Daughter</li> <li><input type="checkbox"/> Other family member</li> <li><input type="checkbox"/> Friend</li> <li><input type="checkbox"/> Caregiver</li> <li><input type="checkbox"/> A stranger</li> <li><input type="checkbox"/> Other: (free text)</li> </ul>
Has someone (including family members or friends) ever demanded sex, even if you didn't want to?	A. Yes B. No C. I do not know	<p>If <b>A</b> selected: In what period or periods of your life did this occur? Mark all periods that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 to 10 years of age</li> <li><input type="checkbox"/> 11 to 24 years of age</li> <li><input type="checkbox"/> 25 to 34 years of age</li> <li><input type="checkbox"/> 35 to 45 years of age</li> <li><input type="checkbox"/> 46 to 65 years of age</li> <li><input type="checkbox"/> 66 until a year ago</li> <li><input type="checkbox"/> Within the last 12 months</li> </ul>	<p>What relationship did you have with the person or persons who treated you this way? Mark all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mother, stepmother, or legal guardian</li> <li><input type="checkbox"/> Father, stepfather, or legal guardian</li> <li><input type="checkbox"/> Son or Daughter</li> <li><input type="checkbox"/> Other family member</li> <li><input type="checkbox"/> Friend</li> <li><input type="checkbox"/> Caregiver</li> <li><input type="checkbox"/> A stranger</li> <li><input type="checkbox"/> Other: (free text)</li> </ul>

***For the following questions, if a given age range does not apply for you, leave those questions blank. For example, if you are 50 years old, you can skip the questions that ask about your experience from 66 years old to one year ago.***

***If you are 65 or younger, please consider the last 12 months of your life separately from the other periods. For example, if you are 50 years old, the period for age 46 to 65 covers only the time from when you were 46 until one year ago.***

**REMEMBER: If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.**

Question	Initial Response Options	Branching
Have you suffered an act of political violence or repression?	A. Yes B. No C. I do not know	<p>If <b>A</b> selected: When did this happen to you? Select all the periods when this occurred:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 0 to 10 years of age</li> <li><input type="checkbox"/> 11 to 24 years of age</li> <li><input type="checkbox"/> 25 to 34 years of age</li> <li><input type="checkbox"/> 35 to 45 years of age</li> <li><input type="checkbox"/> 46 to 65 years of age</li> </ul>

		<input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months
Has anyone ever assaulted you to steal or try to steal your personal belongings?	A. Yes B. No C. I do not know	If <b>A</b> selected: When did this happen to you? Select all the periods when this occurred:  <input type="checkbox"/> 0 to 10 years of age <input type="checkbox"/> 11 to 24 years of age <input type="checkbox"/> 25 to 34 years of age <input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months
Has anyone ever tried or managed to break into your home to steal from you?	A. Yes B. No C. I do not know	If <b>A</b> selected: When did this happen to you? Select all the periods when this occurred:  <input type="checkbox"/> 0 to 10 years of age <input type="checkbox"/> 11 to 24 years of age <input type="checkbox"/> 25 to 34 years of age <input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months
Have you ever experienced a “man-made” disaster such as a train crash, building collapse, bank robbery, fire, etc., where you felt you or your loved ones were in danger of death or injury?	A. Yes B. No C. I do not know	If <b>A</b> selected: When did this happen to you? Select all the periods when this occurred:  <input type="checkbox"/> 0 to 10 years of age <input type="checkbox"/> 11 to 24 years of age <input type="checkbox"/> 25 to 34 years of age <input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months
Have you ever been in any other situation in which you felt you might be killed or be seriously injured?	A. Yes B. No C. I do not know	If <b>A</b> selected: When did this happen to you? Select all the periods when this occurred:  <input type="checkbox"/> 0 to 10 years of age <input type="checkbox"/> 11 to 24 years of age <input type="checkbox"/> 25 to 34 years of age <input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months
Outside of work or professional situations, have you ever seen	A. Yes B. No C. I do not know	If <b>A</b> selected: When did this happen to you? Select all the periods when this occurred:  <input type="checkbox"/> 0 to 10 years of age

someone seriously injured or killed?		<input type="checkbox"/> 11 to 24 years of age <input type="checkbox"/> 25 to 34 years of age <input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months
Outside of work or professional situations, have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason?	A. Yes B. No C. Unsure	If <b>A</b> selected: When did this happen to you? Select all the periods when this occurred:  <input type="checkbox"/> 0 to 10 years of age <input type="checkbox"/> 11 to 24 years of age <input type="checkbox"/> 25 to 34 years of age <input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months

Now, we would like to ask you some questions about experiences of discrimination that you may or may not have encountered throughout your life. Discrimination is the mistreatment experienced by a person or group of persons based on racial, cultural, religious, sexual, or other characteristics that identify a person or group of people.

*For the following questions, if a given age range does not apply for you, leave those questions blank. For example, if you are 50 years old, you can skip the questions that ask about your experience from 66 years old to one year ago.*

*If you are 65 or younger, please consider the last 12 months of your life separately from the other periods. For example, if you are 50 years old, the period for age 46 to 65 covers only the time from when you were 46 until one year ago.*

**REMEMBER:** If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.

Question	Initial Response Options	Branching
Have there been times in your daily life when you were treated with <i>less</i> courtesy or respect than other people?	A. Yes B. No C. I do not know	If <b>A</b> selected: When did this happen to you? Please select all the periods during which this occurred:  <input type="checkbox"/> 0 to 10 years of age <input type="checkbox"/> 11 to 24 years of age <input type="checkbox"/> 25 to 34 years of age <input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months

		<p>If <b>B or C</b> selected: Have there been times in your daily life when you were treated with <i>more</i> courtesy or respect than other people?</p> <p>A. Yes B. No C. I do not know</p> <p>If <b>A</b> selected: When did this happen to you? Please select all the periods during which this occurred:</p> <p><input type="checkbox"/> 0 to 10 years of age  <input type="checkbox"/> 11 to 24 years of age  <input type="checkbox"/> 25 to 34 years of age  <input type="checkbox"/> 35 to 45 years of age  <input type="checkbox"/> 46 to 65 years of age  <input type="checkbox"/> 66 until a year ago  <input type="checkbox"/> Within the last 12 months</p> <p><u>For each period marked:</u> How frequently were you treated this way?</p> <p>A. Almost every day B. At least once a week C. A few times a month D. A few times a year E. Less than once a year</p> <p><u>For each period marked:</u> What do you think is the main reason for these experiences?</p> <p>A. Ancestry, nationality, place of origin B. Manner of speaking C. Sex or sexual orientation D. Age E. Religion, other beliefs F. Political ideology G. Physical appearance (height, weight, color of your skin, or other aspect of your physical appearance) H. Physical or mental disability I. Socioeconomic status, level of education J. Occupation K. Other: (free text)</p>
<p>Have there been times in your daily life when you received <i>worse</i> service than other people in restaurants, markets,</p>	<p>A. Yes B. No C. I do not know</p>	<p>If <b>A</b> selected: When did this happen to you? Please select all the periods during which this occurred:</p> <p><input type="checkbox"/> 0 to 10 years of age</p>

<p>stores, or other similar establishments?</p>		<div data-bbox="938 100 1321 331"> <input type="checkbox"/> 11 to 24 years of age  <input type="checkbox"/> 25 to 34 years of age  <input type="checkbox"/> 35 to 45 years of age  <input type="checkbox"/> 46 to 65 years of age  <input type="checkbox"/> 66 until a year ago  <input type="checkbox"/> Within the last 12 months </div> <div data-bbox="894 367 1503 514"> <p>If <b>B or C</b> selected: Have there been times in your daily life when you received <i>better</i> service than other people in restaurants, markets, stores, or other similar establishments?</p> </div> <div data-bbox="938 550 1167 655"> <p>C. Yes  D. No  E. I do not know</p> </div> <div data-bbox="1013 690 1503 787"> <p>If <b>A</b> selected: When did this happen to you? Please select all the periods during which this occurred:</p> </div> <div data-bbox="1105 825 1487 1098"> <input type="checkbox"/> 0 to 10 years of age  <input type="checkbox"/> 11 to 24 years of age  <input type="checkbox"/> 25 to 34 years of age  <input type="checkbox"/> 35 to 45 years of age  <input type="checkbox"/> 46 to 65 years of age  <input type="checkbox"/> 66 until a year ago  <input type="checkbox"/> Within the last 12 months </div> <div data-bbox="894 1134 1481 1203"> <p><u>For each period marked:</u> How often were you treated this way?</p> </div> <div data-bbox="938 1239 1282 1423"> <p>A. Almost every day  B. At least once a week  C. A few times a month  D. A few times a year  E. Less than once a year</p> </div> <div data-bbox="894 1459 1487 1528"> <p><u>For each period marked:</u> What do you think is the main reason for these experiences?</p> </div> <div data-bbox="938 1564 1471 1992"> <p>A. Ancestry, nationality, place of origin  B. Manner of speaking  C. Sex or sexual orientation  D. Age  E. Religion, other beliefs  F. Political ideology  G. Physical appearance (height, weight, color of your skin, or other aspect of your physical appearance)  H. Physical or mental disability  I. Socioeconomic status, level of education  J. Occupation</p> </div>
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		K. Other: (free text)
Have there been times in your everyday life when other people have acted as if they think you are <i>less</i> intelligent than other people?	A. Yes B. No C. I do not know	<p>If <b>A</b> selected: When did this happen to you? Please select all the periods during which this occurred:</p> <p> <input type="checkbox"/> 0 to 10 years of age  <input type="checkbox"/> 11 to 24 years of age  <input type="checkbox"/> 25 to 34 years of age  <input type="checkbox"/> 35 to 45 years of age  <input type="checkbox"/> 46 to 65 years of age  <input type="checkbox"/> 66 until a year ago  <input type="checkbox"/> Within the last 12 months </p> <p>If <b>B or C</b> selected: Have there been times in your daily life when other people have acted as if they think you are <i>more</i> intelligent than other people?</p> <p> A. Yes  B. No  C. I don't know </p> <p>If <b>A</b> selected: When did this happen to you? Please select all the periods during which this occurred:</p> <p> <input type="checkbox"/> 0 to 10 years of age  <input type="checkbox"/> 11 to 24 years of age  <input type="checkbox"/> 25 to 34 years of age  <input type="checkbox"/> 35 to 45 years of age  <input type="checkbox"/> 46 to 65 years of age  <input type="checkbox"/> 66 until a year ago  <input type="checkbox"/> Within the last 12 months </p> <p><u>For each period marked:</u> How often were you treated this way?</p> <p> A. Almost every day  B. At least once a week  C. A few times a month  D. A few times a year  E. Less than once a year </p> <p><u>For each period marked:</u> What do you think is the main reason for these experiences?</p> <p> A. Ancestry, nationality, place of origin  B. Manner of speaking  C. Sex or sexual orientation  D. Age  E. Religion, other beliefs </p>

		F. Political ideology G. Physical appearance (height, weight, color of your skin, or other aspect of your physical appearance) H. Physical or mental disability I. Socioeconomic status, level of education J. Occupation K. Other: (free text)
Have there been times in your daily life when other people acted as if they were afraid of you?	A. Yes B. No C. I do not know	<p>If <b>A</b> selected: When did this happen to you? Please select all the periods during which this occurred:</p> <p> <input type="checkbox"/> 0 to 10 years of age  <input type="checkbox"/> 11 to 24 years of age  <input type="checkbox"/> 25 to 34 years of age  <input type="checkbox"/> 35 to 45 years of age  <input type="checkbox"/> 46 to 65 years of age  <input type="checkbox"/> 66 until a year ago  <input type="checkbox"/> Within the last 12 months         </p> <p><u>For each period marked:</u> How often were you treated this way?</p> <p>         A. Almost every day          B. At least once a week          C. A few times a month          D. A few times a year          E. Less than once a year         </p> <p><u>For each period marked:</u> What do you think is the main reason for these experiences?</p> <p>         A. Ancestry, nationality, place of origin          B. Manner of speaking          C. Sex or sexual orientation          D. Age          E. Religion, other beliefs          F. Political ideology          G. Physical appearance (height, weight, color of your skin, or other aspect of your physical appearance)          H. Physical or mental disability          I. Socioeconomic status, level of education          J. Occupation          K. Other: (free text)         </p>
Have there been times in your daily life when you have felt threatened or harassed by other people?	A. Yes B. No C. I do not know	<p>If <b>A</b> selected: When did this happen to you? Please select all the periods during which this occurred:</p> <p> <input type="checkbox"/> 0 to 10 years of age         </p>



		<input type="checkbox"/> 11 to 24 years of age <input type="checkbox"/> 25 to 34 years of age <input type="checkbox"/> 35 to 45 years of age <input type="checkbox"/> 46 to 65 years of age <input type="checkbox"/> 66 until a year ago <input type="checkbox"/> Within the last 12 months  <p><u>For each period marked:</u> How often were you treated this way?</p> <p>A. Almost every day  B. At least once a week  C. A few times a month  D. A few times a year  E. Less than once a year</p> <p><u>For each period marked:</u> What do you think is the main reason for these experiences?</p> <p>A. Ancestry, nationality, place of origin  B. Manner of speaking  C. Sex or sexual orientation  D. Age  E. Religion, other beliefs  F. Political ideology  G. Physical appearance (height, weight, color of your skin, or other aspect of your physical appearance)  H. Physical or mental disability  I. Socioeconomic status, level of education  J. Occupation  K. Other: (free text)</p>
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Now we would like to ask you about the experience of stress. Stress refers to a situation where a person feels tense, restless, nervous, or anxious during the day, or has trouble sleeping at night because their mind is disturbed with worries.

**REMEMBER:** If you are helping a participant complete this survey, the answers should be about the participant's life, not your own.

Question	Initial Response Options	Branching
Have you felt this kind of stress lately?	A. I'm not stressed B. I'm mildly stressed C. I'm moderately stressed D. I'm highly stressed E. I do not know	None

<p>Have you felt this type of stress for several days, weeks, or months during other periods of your life?</p>	<p>A. Yes B. No</p>	<p>If <b>A</b> selected, ask: For each life period, please let us know approximately what your levels of stress were:</p> <p><b>0 to 10 years of age:</b></p> <p>A. Mildly stressed B. Moderately stressed C. Highly stressed D. I do not know</p> <p><b>11 to 24 years of age:</b></p> <p>A. Mildly stressed B. Moderately stressed C. Highly stressed D. I do not know</p> <p><b>25 to 34 years of age:</b></p> <p>A. Mildly stressed B. Moderately stressed C. Highly stressed D. I do not know</p> <p><b>35 to 45 years of age:</b></p> <p>A. Mildly stressed B. Moderately stressed C. Highly stressed D. I do not know</p> <p><b>46 to 65 years of age:</b></p> <p>A. Mildly stressed B. Moderately stressed C. Highly stressed D. I do not know</p> <p><b>66 until a year ago:</b></p> <p>A. Mildly stressed B. Moderately stressed C. Highly stressed D. I do not know</p>
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**Now we would like to ask you a few questions about the process of completing this survey.**

<p>Who contributed to answering these questions?</p>	<p>A. I (The participant) alone B. I (The participant) and study partner together C. The study partner alone</p>	<p><b>If B,</b> How much did you (the participant) contribute to completing this survey?</p>
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		<p>A. I (the participant) answered all of the questions with no input from others</p> <p>B. I (the participant) answered most of the questions with no input from others</p> <p>C. I (the participant) answered about half of the questions</p> <p>D. I (the participant) answered less than half of the questions</p> <p>The following question is for the study partner. On average, how confident are you that your answers to the questions in this survey accurately reflect the participant's experience?</p> <p>A. Not at all (not confident in any of the answers)</p> <p>B. Not very (confident in less than half of the answers)</p> <p>C. Moderately (confident in about half of the answers)</p> <p>D. Confident (confident in most of the answers)</p> <p>E. Very confident (confident in all of the answers)</p> <p>If <b>C</b>,</p> <p>The following question is for the study partner. On average, how confident are you that your answers to the questions in this survey accurately reflect the participant's experience?</p> <p>A. Not at all (not confident in any of the answers)</p> <p>B. Not very (confident in less than half of the answers)</p> <p>C. Moderately (confident in about half of the answers)</p> <p>D. Confident (confident in most of the answers)</p> <p>E. Very confident (confident in all of the answers)</p>
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