

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Psychosocial Stressors - Ver. 1.1**Section Title: Work Stress****Instructions:****Physical Work Stress**

Date:

Are you currently employed?

☐ Yes ☐ No Click to deselect entry

1. How often does your job involve physical effort?

- ☐ a. All of the time
☐ b. Most of the time
☐ c. Sometimes
☐ d. Rarely
☐ e. Never

2. How often are you walking at your job?

- ☐ a. All of the time
☐ b. Most of the time
☐ c. Sometimes
☐ d. Rarely
☐ e. Never

3. How often do you sit for a long time at your job?

- ☐ a. All of the time
- ☐ b. Most of the time
- ☐ c. Sometimes
- ☐ d. Rarely
- ☐ e. Never

4. How often do you use your fingers to grasp/handle things at your job (excluding typing)?

- ☐ a. All of the time
- ☐ b. Most of the time
- ☐ c. Sometimes
- ☐ d. Rarely
- ☐ e. Never

Answer the following questions with your longest maintained job in mind:

1. How often did your job involve physical effort?

- ☐ a. All of the time
- ☐ b. Most of the time
- ☐ c. Sometimes
- ☐ d. Rarely
- ☐ e. Never

2. How often were you walking at your job?

- ☐ a. All of the time
- ☐ b. Most of the time
- ☐ c. Sometimes
- ☐ d. Rarely
- ☐ e. Never

3. How often did you sit for a long time at your job?

- ☐ a. All of the time
- ☐ b. Most of the time
- ☐ c. Sometimes
- ☐ d. Rarely
- ☐ e. Never

4. How often did you use your fingers to grasp/handle things at your job (excluding typing)?

- ☐ a. All of the time
- ☐ b. Most of the time
- ☐ c. Sometimes
- ☐ d. Rarely
- ☐ e. Never

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Section Title: Discrimination

5. How many times in your life have you been discriminated against in each of the following ways because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?

5a. Were you discouraged by a teacher or advisor from seeking higher education?

☐ 0 times ☐ 1 - 5 times ☐ 6 - 10 times ☐ 11 - 20 times ☐ >20 times [Click to deselect entry](#)

5b. You were not hired for a job?

☐ 0 times ☐ 1 - 5 times ☐ 6 - 10 times ☐ 11 - 20 times ☐ >20 times [Click to deselect entry](#)

5c. You were not given a promotion?

☐ 0 times ☐ 1 - 5 times ☐ 6 - 10 times ☐ 11 - 20 times ☐ >20 times [Click to deselect entry](#)

5d. You were fired?

☐ 0 times ☐ 1 - 5 times ☐ 6 - 10 times ☐ 11 - 20 times ☐ >20 times [Click to deselect entry](#)

5e. You were prevented from renting or buying a home in the neighborhood you wanted?

☐ 0 times ☐ 1 - 5 times ☐ 6 - 10 times ☐ 11 - 20 times ☐ >20 times [Click to deselect entry](#)

5f. You were hassled by the police?

☐ 0 times ☐ 1 - 5 times ☐ 6 - 10 times ☐ 11 - 20 times ☐ >20 times [Click to deselect entry](#)

5g. You were denied a bank loan?

☐ 0 times ☐ 1 - 5 times ☐ 6 - 10 times ☐ 11 - 20 times ☐ >20 times [Click to deselect entry](#)

5h. You were denied or provided inferior medical care?

☐ 0 times ☐ 1 - 5 times ☐ 6 - 10 times ☐ 11 - 20 times ☐ >20 times [Click to deselect entry](#)

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Section Title: Recent Events**Instructions:**

Recent Life Events

6. In the past year have you experienced a chronic disease or disability?

☐ Yes ☐ No Click to deselect entry

7. In the past year have you experienced frequent minor illnesses?

☐ Yes ☐ No Click to deselect entry

8. In the past year have you experienced emotional problems?

☐ Yes ☐ No Click to deselect entry

9. In the past year have you experienced alcohol/substance problems?

☐ Yes ☐ No Click to deselect entry

10. In the past year have you experienced financial problems?

☐ Yes ☐ No Click to deselect entry

11. In the past year have you experienced school/work problems?

☐ Yes ☐ No Click to deselect entry

12. In the past year have you experienced difficulty finding/keeping a job?

☐ Yes ☐ No Click to deselect entry

13. In the past year have you experienced marital/relationship problems?

☐ Yes ☐ No Click to deselect entry

14. In the past year have you experienced legal problems?

☐ Yes ☐ No [Click to deselect entry](#)

15. In the past year have you experienced difficulty getting along with others?

☐ Yes ☐ No [Click to deselect entry](#)

16. In the past year have you experienced difficulty not yet asked?

☐ Yes ☐ No [Click to deselect entry](#)

If Yes, please explain

Significant Other - Recent Life Events

6a. Do you have a significant other?

☐ Yes ☐ No [Click to deselect entry](#)

6ai. Has your significant other experienced a chronic disease or disability in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

7a. Has your significant other experienced frequent minor illnesses in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

8a. Has your significant other experienced emotional problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

9a. Has your significant other experienced alcohol/substance problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

10a. Has your significant other experienced financial problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

11a. Has your significant other experienced school/work problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

12a. Has your significant other experienced difficulty finding/keeping a job in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

13a. Has your significant other experienced marital/relationship problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

14a. Has your significant other experienced legal problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

15a. Has your significant other experienced difficulty getting along with others in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

16a. Has your significant other experienced difficulty not yet asked in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

If Yes, please explain

Child/Children - Recent Life Events

6b. Do you have a child/children?

☐ Yes ☐ No [Click to deselect entry](#)

6bi. Has your child experienced a chronic disease or disability in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

7b. Has your child experienced minor illnesses in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

8b. Has your child experienced emotional problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

9b. Has your child experienced alcohol/substance problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

10b. Has your child experienced financial problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

11b. Has your child experienced school/work problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

12b. Has your child experienced difficulty finding/keeping a job in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

13b. Has your child experienced marital/relationship problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

14b. Has your child experienced legal problems in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

15b. Has your child experienced difficulty getting along with others in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

16b. Has your child experienced difficulty not yet asked in the past year?

☐ Yes ☐ No [Click to deselect entry](#)

If Yes, please explain

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Section Title: Childhood SES**Instructions:****Childhood SES**

17. Were you raised in a single or dual parent/guardian household?

☐ Single ☐ Dual [Click to deselect entry](#)

17a. What is the gender of your parent/guardian?

☐ 1. Woman ☐ 2. Man ☐ 3. Other

17b. What are the gender combinations of your parents/guardians?

☐ 1. Woman and Man ☐ 2. Woman and Woman ☐ 3. Man and Man ☐ 4. Other

18. What is the highest level of education your Mother/Stepmother/Female guardian completed?

☐ a. College or Higher ☐ b. Some College ☐ c. High School/GED ☐ d. Less than High School ☐ e. Unknown

19. What is the highest level of education your Father/Stepfather/Male guardian completed?

☐ a. College or Higher ☐ b. Some College ☐ c. High School/GED ☐ d. Less than High School ☐ e. Unknown

20. What is the highest level of education your parent/guardian completed?

☐ a. College or Higher ☐ b. Some College ☐ c. High School/GED ☐ d. Less than High School ☐ e. Unknown

21. What is the highest level of education your parent 1/guardian 1 completed?

☐ a. College or Higher ☐ b. Some College ☐ c. High School/GED ☐ d. Less than High School ☐ e. Unknown

22. What is the highest level of education your parent 2/guardian 2 completed?

☐ a. College or Higher ☐ b. Some College ☐ c. High School/GED ☐ d. Less than High School ☐ e. Unknown

23. As a child, did your family ever receive government subsidies?

☐ Yes ☐ No [Click to deselect entry](#)

24. As a child, how was your family's financial situation compared to other families?

☐ Better off ☐ About the same as ☐ Worse off