



First Year Questionnaire

--	--	--	--	--	--	--	--

--	--

ID NUMBER:

CONTACT YEAR:

--	--	--	--	--	--	--	--	--	--

--	--

LAST NAME:

INITIALS:

FORM CODE: AF1
VERSION B 7-28-2004

INSTRUCTIONS: This form should be completed during the first year annual follow-up call. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"Now I'm going to read a list of events. After each one, please tell me if it has happened to you in the last 12 months."

Yes No Don't Know Refused

1. First, have you had a serious illness or injury that started or got worse in the last year? Y N K R

2. Have you been the victim of a serious physical attack, mugging, sexual assault or other assault? Y N K R

3. Have you been robbed or was your home burglarized? Y N K R

4. Have you lost a loved one due to violence? Y N K R

5. Has your house been shot at, or has there been gunfire in your neighborhood? Y N K R

6. Has anyone close to you died? Y N K R

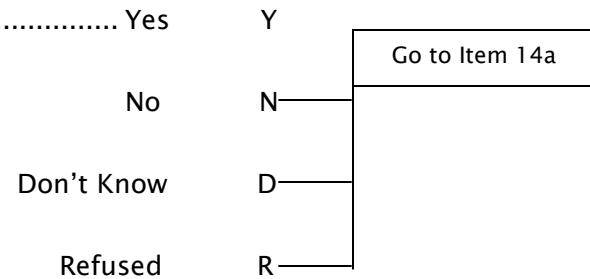
7. Has a family member or close friend had a major illness or injury? Y N K R

In the last 12 months . . .

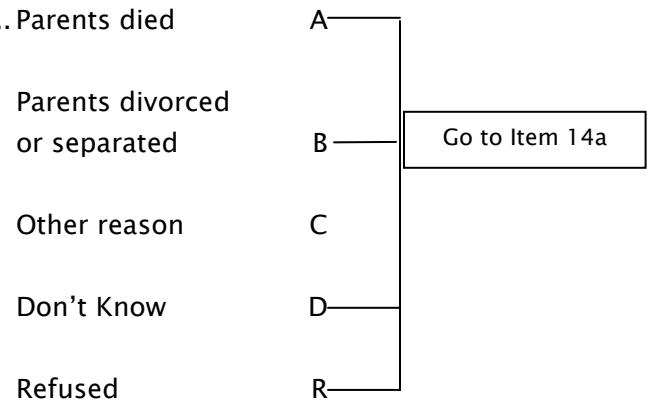
		<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
8.	Have you moved to a worse residence or neighborhood?	Y	N	K	R
9.	Have you or anyone in your household lost a job?	Y	N	K	R
10.	Have you retired from a job when you did not want to?	Y	N	K	R
11.	Have you had a divorce or separation from your (husband/wife)?	Y	N	K	R

[FOR JHS/ARIC ONLY, SAY:] "Now I have a series of questions that are similar to ones you have just answered about your childhood experiences. Those earlier questions were for your ARIC annual follow up, while these are for JHS. Where questions are nearly identical, I will do my best to first make sure your earlier response applies without asking you the full question. Thank you for your patience."

12. Were you raised up to age 16 by anyone other than
your natural parents? Yes _____



- 13a. Was that because one of your parents died,
because they divorced or separated, or from
some other reason? Parents died



13b. Specify:

[IF YES TO ITEM 12 SAY:] "The following questions refer to the persons whom you consider to be the most important in raising you up to age 16." [THIS CAN BE PARENTS OR ANY OTHER 2 PERSONS/CARETAKERS WHOM RESPONDENT THINKS WERE MOST IMPORTANT]

14a. Did your father (or other important male caretaker) ever work for pay while you were growing up? Yes

..Yes Y

No

N

Go to Item 15a

There was no father/
male caretaker
in household

T

Go to Item 16a

Does not know

D

Go to Item 15a

Refused

R

14b. When you were growing up, what was your father's (or other important male caretaker's) main job (the most important one)? [PROBE FOR WHAT FATHER DID, NOT WHERE HE WORKED].

14c. What were his most important activities or duties?
For example selling cars, hearing legal cases, keeping books or office work, teaching school, etc.

14d. What kind of business or industry was that?
[IF UNSURE, ASK:] "What did they make or do where
he worked?" [PROBE FOR NAME OF BUSINESS OR INDUSTRY].

15a. What is the highest degree or years of school your father (or important male caretaker) completed, including trade or vocational school or college?

[RECORD NUMBER OF YEARS FOR GRADES 1-12:]

Some vocational or trade school, but no certificates	14
Vocational or trade certificate	15
Some college, but no degree	16
Associate degree, (junior college) (AA or AS)	17
Bachelor's degree (BA, BS, AB)	18
Graduate or professional schools (MA, MS, Master's, Doctorate, MD, JD, DDS, DVM, etc.)	19
Don't Know	D
Refused	R

15b. [IF LESS THAN 12, ASK:] Did he complete a GED? Yes Y
..... No N
..... Don't know D
..... Refused R

16a. Did your mother (or other important female caretaker) ever work for pay while you were growing up? Yes Y

No N ————— Go to Item 17a

There was no mother/
female caretaker
in household

Does not know D — Go to Item 17a

Refused R Go to Item 17a

16b. What was her main occupation or job while you were growing up? [PROBE FOR WHAT MOTHER DID, NOT WHERE SHE WORKED].

16c. What were her most important activities or duties?

For example selling cars, hearing legal cases, keeping books or office work, teaching school, etc.

16d. What kind of business or industry was that? [IF UNSURE, ASK:] "What did they make or do where she worked?" [PROBE FOR NAME OF BUSINESS OR INDUSTRY].

17a. What is the highest degree or years of school your mother (or important female caretaker) completed, including trade or vocational school or college?

[RECORD NUMBER OF YEARS FOR GRADES 1-12:]

Some vocational or trade school, but no certificates	14
Vocational or trade certificate	15
Some college, but no degree	16
Associate degree, (junior college) (AA or AS)	17
Bachelor's degree (BA, BS, AB)	18
Graduate or professional schools (MA, MS, Master's, Doctorate, MD, JD, DDS, DVM, etc.)	19
Don't Know	D
Refused	R

17b. [IF LESS THAN 12, ASK:] Did she complete a GED? Yes Y

No N

Don't Know D

Refused R

18. When you were growing up, did your parents (persons who raised you) own or were buying their home, pay rent, or had some other living arrangement, such as living with relatives, etc.?..... Own or buying B

Pay rent R

Some other living
Arrangement O

Unsure U

Refused R

19. Thinking about the place you lived until you were age 10, did it:

<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
------------	-----------	-------------------	----------------

a. have indoor plumbing? Y N K R

b. have electricity? Y N K R

c. and how many rooms did it have?

20. When you were growing up, that is up until you were 10 years old or so, did your family own or have:

<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Refused</u>
------------	-----------	-------------------	----------------

a. a refrigerator?..... Y N K R

b. a car? Y N K R

c. a telephone? Y N K R

d. a television?..... Y N K R

e. air conditioning?..... Y N K R

21. That is all the questions I have. Do you have any other comments or questions?

<input type="text"/>															
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>															
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

ADMINISTRATIVE INFORMATION

22. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

23. Method of data collection: Computer C
Paper form P

24. Code number of person completing this form:

--	--	--