

ICPSR 29282

## **Midlife in the United States (MIDUS 2): Biomarker Project, 2004-2009**

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Medical History Questionnaire

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A National Study of Health & Well-Being

## **MIDUS BIOMARKER PROJECT**

### **MEDICAL HISTORY**

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SITE ID : \_\_\_\_\_

ID: \_\_\_\_\_

INTERVIEWER NAME: \_\_\_\_\_

INTERVIEWER NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

START TIME: \_\_\_\_\_

END TIME: \_\_\_\_\_

## **INTRODUCTION**

- A. I want to thank you for participating in our MIDUS, Biomarker Project.
- B. For the first part of this questionnaire, I'll be asking you about your current health status and past medical history. There will also be questions about your current health and nutritional practices.
- C. At the end of the questionnaire I'll be asking you about losses you have experienced and other significant events, either positive or negative that have happened in your life since your previous telephone interview with the MIDUS project.
- D. Please feel free to interrupt me at any time if you have any questions.
- E. I would like to remind you that this study is entirely voluntary and you are under no obligation to answer all of the questions. If any of the questions make you feel uncomfortable, please let me know and we can move on to the next one.

### Symptoms and Conditions

You may recognize some of these questions from questionnaires you've filled out before. We're asking them again to be sure we have the most current information.

#### 1. Have you ever had any of the following conditions/illnesses?

Condition/Symptom	[B4H1A] to [B4H1Y]			[B4H1AD] to [B4H1YD] If Yes, was it diagnosed by a physician?	
	Yes	No	Unsure	Yes	No
a. Heart disease	1	2	8	1	2
b. High blood pressure	1	2	8	1	2
c. Circulation problems	1	2	8	1	2
d. Blood clots	1	2	8	1	2
e. Heart murmur	1	2	8	1	2
f. TIA or stroke	1	2	8	1	2
g. Anemia or other blood disease	1	2	8	1	2
h. Cholesterol problems	1	2	8	1	2
i. Diabetes	1	2	8	1	2
j. Asthma	1	2	8	1	2
k. Emphysema/COPD	1	2	8	1	2
l. Tuberculosis	1	2	8	1	2
m. Positive TB skin test	1	2	8	1	2
n. Thyroid disease	1	2	8	1	2
o. Peptic ulcer disease	1	2	8	1	2
p. Cancer	1	2	8	1	2
q. Colon polyp	1	2	8	1	2

(continued...)

Condition/Symptom	Yes	No	Unsure		If Yes, was it diagnosed by a physician?	
					Yes	No
r. Arthritis	1	2	8		1	2
s. Glaucoma	1	2	8		1	2
t. Cirrhosis/Liver disease	1	2	8		1	2
u. Alcoholism	1	2	8		1	2
v. Depression	1	2	8		1	2
w. Blood transfusion before 1993	1	2	8		1	2
x. Other? Please specify:	1	2	8		1	2
y. Other? Please specify:	1	2	8		1	2

### **Major Health Events**

The next set of questions are about injuries or other health events you may have experienced over the course of your life.

2. Have you ever broken a bone?      Yes                      No    **(go to 3)** [B4H2]

<b>Have you broken your...</b>	<b>How often?</b>	<b>Year (Most Recent)</b>
<b>a. Hip</b>	_[B4H2AF]__	_[B4H2AY]_
<b>b. Leg</b>	_[B4H2BF]__	_[B4H2BY]_
<b>c. Ankle</b>	_[B4H2CF]__	_[B4H2CY]_
<b>d. Foot</b>	_[B4H2DF]__	_[B4H2DY]_
<b>e. Toe</b>	_[B4H2EF]__	_[B4H2EY]_
<b>f. Collar bone</b>	_[B4H2FF]__	_[B4H2FY]_
<b>g. Arm</b>	_[B4H2GF]__	_[B4H2GY]_
<b>h. Wrist</b>	_[B4H2HF]__	_[B4H2HY]_
<b>i. Hand</b>	_[B4H2IF]__	_[B4H2IY]_
<b>j. Finger</b>	_[B4H2JF]__	_[B4H2JY]_
<b>k. Vertebra (back or neck)</b>	_[B4H2KF]__	_[B4H2KY]_
<b>l. Pelvis</b>	_[B4H2LF]__	_[B4H2LY]_
<b>m. Ribs</b>	_[B4H2MF]__	_[B4H2MY]_
<b>n. Other:</b>	_[B4H2NF]__	_[B4H2NY]_

Specify: \_\_\_\_\_

**3. Have you ever had surgery?**

[B4H3]

Yes

No (go to 4)

Describe each surgery	Where was it performed			Year
	Office Visit	Outpatient Clinic	Inpatient (Overnight)	
a.	1	2 [B4H3AL]	3	[B4H3AY]
b.	1	2 [B4H3BL]	3	[B4H3BY]
c.	1	2 [B4H3CL]	3	[B4H3CY]
d.	1	2 [B4H3DL]	3	[B4H3DY]
e.	1	2 [B4H3EL]	3	[B4H3EY]
f.	1	2 [B4H3FL]	3	[B4H3FY]
g.	1	2 [B4H3GL]	3	[B4H3GY]
h.	1	2 [B4H3HL]	3	[B4H3HY]
i.	1	2 [B4H3IL]	3	[B4H3IY]
j.	1	2 [B4H3JL]	3	[B4H3JY]



**4. Have you ever had a Head injury?** [B4H4] Yes No **(Go to 5)**

Describe each Head injury	Overnight hospital stay required?		Year
	Yes	No	
a.	1 [B4H4AH]	2	[B4H4AY]
b.	1 [B4H4BH]	2	[B4H4BY]
c.	1 [B4H4CH]	2	[B4H4CY]

**5. Have you ever had a Joint injury?** [B4H5] Yes No **(Go to 6)**

Describe Joints (knee, shoulder, etc.) and injury	Overnight hospital stay required?		Year
	Yes	No	
a.	1 [B4H5AH]	2	[B4H5AY]
b.	1 [B4H5BH]	2	[B4H5BY]
c.	1 [B4H5CH]	2	[B4H5CY]

**6. Have you ever been injured in a Motor Vehicle accident?** [B4H6] Yes No **(Go to 7)**

Describe injury	Overnight hospital stay required?		Year
	Yes	No	
a.	1 [B4H6AH]	2	[B4H6AY]
b.	1 [B4H6BH]	2	[B4H6BY]
c.	1 [B4H6CH]	2	[B4H6CY]
d.	1 [B4H6DH]	2	[B4H6DY]

**7. Have you permanently lost all or part of a limb (including tip of a finger or toe)?** [B4H7]  
 Yes No **(Go to 8)**

Describe amputation	Overnight hospital stay required?		Year
	Yes	No	
a.	1 [B4H7AH]	2	[B4H7AY]
b.	1 [B4H7BH]	2	[B4H7BY]
c.	1	2	

**8. Have you had any other major injuries, illnesses, or other health events that may or may not have required hospitalization?** [B4H8]  
 Yes No **(Go to 9)**

Other injuries/illnesses	Overnight hospital stay required?		Year
	Yes	No	
a.	1 [B4H8AH]	2	[B4H8AY]
b.	1 [B4H8BH]	2	[B4H8BY]
c.	1 [B4H8CH]	2	[B4H8CY]
d.	1 [B4H8DH]	2	[B4H8DY]

**9. Have you ever had radiation therapy to your head or neck?** (circle one) [B4H9]  
 Yes No **(Go to 10)**

a. [IF YES] Please specify:

**Immune Function: Allergies****10. Do you have any allergies, that have been diagnosed by a doctor or allergist?****(Do not include medication allergies)**

[B4H10]

Yes

No

**(Go to 11)**

Are you allergic to any...	Yes	No	Unsure	Type	Reactions
a. Foods?	1	2 [B4H10A]	8		
b. Air borne substances? (e.g. ragweed, pollen, dust, mold)	1	2 [B4H10B]	8		
c. Animal dander?	1	2 [B4H10C]	8		
d. Insect bites?	1	2 [B4H10D]	8		
e. Environmental substances? (e.g. chemicals, perfumes)	1	2 [B4H10E]	8		
f. Other?	1	2 [B4H10F]	8		

**Immune Function: Immunizations****11. The next questions are about typical illnesses and immunizations that you may have received.**

Have your ever had.....				If NO, have you ever been Immunized?			If yes, how old were you?
Type	Yes	No	Unsure	Yes	No	Unsure	
a. German Measles? (Rubella)	1	2 [B4H11A]	8	1	2 [B4H11AI]	8	[B4H11AA]
b. Measles? (Hard Measles, Rubeola)	1	2 [B4H11B]	8	1	2 [B4H11BI]	8	[B4H11BA]
c. Mumps?	1	2 [B4H11C]	8	1	2 [B4H11CI]	8	[B4H11CA]
d. Chicken Pox? (Varicella)	1	2 [B4H11D]	8	1	2 [B4H11DI]	8	[B4H11DA]
e. Shingles?	1	2 [B4H11E]	8				

**12. Now we have some questions about immunizations you may have received as an adult.**

Have you ever been immunized for...				Date last immunized (month/year)
Type	Yes	No	Unsure	
a. Hepatitis B	1	2 [B4H12A]	8	[B4H12AM] [B4H12AY]
b. Tetanus & Diphtheria	1	2 [B4H12B]	8	[B4H12BM] [B4H12BY]
c. Pneumonia vaccine	1	2 [B4H12C]	8	[B4H12CM] [B4H12CY]

**13. How often do you get an influenza vaccination (flu shot)?** [B4H13]

- Every year.....1
- Almost every year.....2
- Every couple of years.....3
- Rarely.....4
- Only once (had reaction, possibly allergic).....5
- Never (allergic).....6
- Never.....7
- Other .....(go to 13a).....8

**a. Specify:**

## Family Medical History

Now I have some questions about the medical history for your natural (or biological) family.

14. Are you adopted?

[B4H14]

Yes..... (go to 14a).....1

No.....(go to 15).....2

Don't know.....(go to 15).....7

14a. [IF YES] Do you know the medical history of your natural (or biological) mother, father, sisters, or brothers? [B4H14A]

Yes..... (go to 15).....1

No.....(go to 16).....2

Don't know.....(go to 15).....7

15. Has anyone in your immediate family  
(blood relatives only) had ....

(See SVN's at the bottom of next page)

*Which family member(s)? (circle all that apply)*

				Immediate Family			Maternal		Paternal	
	Yes	No	Unsure	Mother	Father	Sibling	Grand Parents	Aunt/ Uncle	Grand Parents	Aunt/ Uncle
a.Heart disease	1	2	8	1	2	3	4	5	6	7
b.High blood pressure	1	2	8	1	2	3	4	5	6	7
c. Cholesterol problems	1	2	8	1	2	3	4	5	6	7
d. Circulation problems	1	2	8	1	2	3	4	5	6	7
e. Stroke	1	2	8	1	2	3	4	5	6	7
f. Diabetes	1	2	8	1	2	3	4	5	6	7
g. Alcoholism	1	2	8	1	2	3	4	5	6	7

(cont.....)				Immediate Family			Maternal		Paternal	
	Yes	No	Unsure	Mother	Father	Sibling	Grand Parents	Aunt/ Uncle	Grand Parents	Aunt/ Uncle
h. Depression	1	2	8	1	2	3	4	5	6	7
i. Suicide	1	2	8	1	2	3	4	5	6	7
j. Other psychiatric illness	1	2	8	1	2	3	4	5	6	7
k. Colon cancer	1	2	8	1	2	3	4	5	6	7
l. Breast cancer	1	2	8	1	2	3	4	5	6	7
m. Prostate cancer	1	2	8	1	2	3	4	5	6	7
n. Ovarian/ uterine cancer	1	2	8	1	2	3	4	5	6	7
o. Melanoma	1	2	8	1	2	3	4	5	6	7
p. Osteoporosis	1	2	8	1	2	3	4	5	6	7
q. Tuberculosis	1	2	8	1	2	3	4	5	6	7
r. Other? Specify:	1	2	8	1	2	3	4	5	6	7
s. Other? Specify:	1	2	8	1	2	3	4	5	6	7

[B4H15A] [B4H15A1] to [B4H15A7] .....[B4H15S] [B4H15S1] to [B4H15S7]

## **Current Health Practices: Diet and Exercise**

**16. Do you follow a special diet?** [B4H16]

Yes.....(go to specify).....1

No.....(go to 17).....2

a. [IF YES] please specify:

**17. Please estimate your daily calcium intake.**

a. Milk \_\_\_\_\_ # of servings (8 oz. = 1 serving) [B4H17AF] [B4H17AT]

b. Yogurt \_\_\_\_\_ # of servings (8 oz. = 1 serving) [B4H17BF] [B4H17BT]

c. Cheese \_\_\_\_\_ # of servings (1 oz. = 1 serving) [B4H17CF] [B4H17CT]

**18. On an average DAY, how many 8 ounce cups or glasses do you drink of...**

a. Coffee with caffeine? \_\_\_\_\_ # of servings (8 oz. = 1 serving) [B4H18AF] [B4H18AT]

b. Tea with caffeine? \_\_\_\_\_ # of servings (8 oz. = 1 serving) [B4H18BF] [B4H18BT]

c. Other beverages with caffeine (e.g. Coke) \_\_\_\_\_ # of servings (8 oz. = 1 serving)  
[B4H18CF] [B4H18CT]

**19. On an average DAY, how many glasses of water do you drink (1 glass= 8 oz)?**

[B4H19]

None.....1

1-3 glasses/day.....2

4-7 glasses/day.....3

8 or more glasses/day.....4

**20. On an average DAY, how many sugared beverages do you drink (e.g. soda, sports drinks, bottled drinks, fruit drinks)?**

[B4H20]

- None.....1
- 1-3 glasses/day.....2
- 4-6 glasses/day.....3
- 7 or more glasses/day.....4

**21. On an average DAY how many servings of fruit and vegetables do you eat (include 100% juice)?**

[B4H21]

- None.....1
- 1-2 servings/day.....2
- 3-4 servings/day.....3
- 5 or more servings/day.....4

**22. On an average DAY how many servings of whole grain do you eat (e.g. oatmeal, wholegrain bread or bagels, whole wheat cereal, brown rice, whole wheat pasta)?**

[B4H22]

- None.....1
- 1-2 servings/day.....2
- 3-4 servings/day.....3
- 5 or more servings/day.....4

**23. In an average WEEK, how often do you eat ..... [B4H23A] to [B4H23D]**

	Never	Less than 1x /week	1-2 x per week	3-4 x per week	5 or more x per week
a. Ocean (oily) fish? (tuna, salmon, mackerel)	1	2	3	4	5
b. Beef or high fat meat (e.g. fried chicken, ribs, sausage)	1	2	3	4	5
c. Lean Meat (white meat chicken or poultry, lean beef or pork)	1	2	3	4	5
d. Non-Meat protein foods (e.g. eggs, tofu, seitan, soy or other bean/legumes, nuts, or nut butters)	1	2	3	4	5



**24. In an average WEEK, how often do you eat at a fast food restaurant or order food for takeout or delivery? [B4H24]**

- Never.....1
- Less than 1/week.....2
- 1-2/week.....3
- 4-6/week.....4
- 7 or more.....5

**25. We define 3 general types of regular exercise or activity. It can be:**

**VIGOROUS-** Which causes your heart to beat so rapidly you can feel it in your chest and you perform it long enough to work up a good sweat and breathe heavily (e.g., competitive sports, running, vigorous swimming, high intensity aerobics, digging in the garden, or lifting heavy objects).

**MODERATE-** Which causes your heart rate to increase slightly and you typically work up a sweat (e.g., leisurely sports like light tennis, slow or light swimming, low intensity aerobics or golfing without a power cart, brisk walking, mowing the lawn with a walking lawnmower).

**LIGHT -** Which requires little physical effort (e.g., light housekeeping like dusting or laundry, bowling, archery, easy walking, golfing with a power cart or fishing)

**Keeping these definitions in mind, do you engage in regular exercise, or activity, of any type for 20 minutes or more at least 3 times/week? [B4H25]**

- Yes.....(go to 25a).....1
- No.....(go to 26).....2

What type of exercise/activity?	# of times per week	Average # of minutes/session	Intensity?		
			Vigorous	Moderate	Light
a. [B4H25AS]	[B4H25AFD] [B4H25AFW]	[B4H25AM]	1	2 [B4H25AI]	3
b. [B4H25BS]	[B4H25BFD] [B4H25BFW]	[B4H25BM]	1	2 [B4H25BI]	3
c. [B4H25CS]	[B4H25CFD] [B4H25CFW]	[B4H25CM]	1	2 [B4H25CI]	3

\* Up to 7 exercise/activities (a to g) were recorded in the data file. The variable names for record d-j follow the same convention as shown here for record a-c.

**26. The next questions are about smoking cigarettes. Have you ever smoked cigarettes regularly -- that is, at least a few cigarettes every day?**

[B4H26]

Yes.....1

No.....(go to 29).....2

**26a. Do you currently smoke cigarettes regularly?**

[B4H26A]

Yes.....1

No.....(go to 28).....2

**27. Since we last interviewed you in ( ) have you tried to quit smoking?**

[B4H27]

Yes.....(go to 29).....1

No.....(go to 29).....2

**28. How old were you the last time you smoked regularly (at least a few cigarettes every day)?**

[B4H28]

AGE IN YEARS \_\_\_\_\_

**29. Do you currently smoke a pipe or cigars, or use snuff or chewing tobacco regularly?**

[B4H29]

Yes.....1

No.....2

**30. At the current time, does anyone (other than yourself) regularly smoke cigarettes or other tobacco products INSIDE your home?**

[B4H30]

Yes.....1

No.....2

**31. At your current job, does anyone (other than yourself) regularly smoke cigarettes or other tobacco products in your immediate work area?**

[B4H31]

Yes.....1

No.....2

Don't Currently have a job.....3

**32. In the past, at your current job or in a previous job, did anyone (other than yourself) regularly smoke cigarettes or other tobacco products in your immediate work area?**

[B4H32]

Yes.....1  
No.....2  
Never had a job.....3

**33. The next questions are about alcoholic beverages. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?**

[B4H33]

Yes.....1  
No.....(go to 38).....2

**34. During the past month, how often did you drink any alcoholic beverages, on the average?**

[B4H34]

Everyday.....(go to 36).....1  
5 or 6 days/week.....(go to 36).....2  
3 or 4 days/week.....(go to 36).....3  
1 or 2 days/week.....(go to 36).....4  
Or less than one day a week?.....(go to 35).....5  
Never Drink (VOLUNTEERED)....(go to 38).....6

**35. [IF LESS THAN 1 DAY/WEEK] Would that be three or four days a month, one or two days a month, or less often than that?**

[B4H35]

3 or 4 a month.....1  
1 or 3 days a month.....2  
Less often than one day a month.....3  
Never Drink (VOLUNTEERED).....(go to 38).....4

**36. We define one 'drink', as either a 12 ounce can or bottle of beer, a wine cooler, a 5 ounce glass of wine, a 1.5 ounce shot of liquor, or a mixed drink made with 1.5 ounces of hard liquor.**

**With this definition in mind, on the days when you drank, about how many drinks did you drink on average?**

# OF DRINKS \_\_\_\_\_ [B4H36]

**37. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on the same occasion?**

NUMBER OF TIMES \_\_\_\_\_ [B4H37]

**38. Think about the period in your life, NOW OR IN THE PAST, when you drank most. During that time, how often did you TYPICALLY have at least one drink...**

[B4H38]

Everyday.....(go to 40).....1  
5 or 6 days/week.....(go to 40).....2  
3 or 4 days/week.....(go to 40).....3  
1 or 2 days/week.....(go to 40).....4  
Or less than one day a week ..... (go to 39).....5  
Never Drink (VOLUNTEERED)....(go to 43a).....6

**39. [IF LESS THAN 1 DAY/WEEK] Would that be three or four days a month, one or two days a month, or less often than that?**

[B4H39]

3 or 4 a month.....1  
1 or 3 days a month.....2  
Less often than one day a month.....3  
Never Drink (VOLUNTEERED).....(go to 43a).....4  
Don't know.....(go to 43a).....5

**40. During the period you drank most, about how many drinks would you usually have on the days that you drank?**

# DRINKS \_\_\_\_\_ [B4H40]

**41. How old were you when you started to drink that much?**

AGE IN YEARS \_\_\_\_\_ [B4H41]

**42. For how many years did you drink that much?**

NUMBER OF YEARS \_\_\_\_\_ [B4H42]

**Current Health Practices: Health Care, Screening & Prevention**

**43a. How often do you receive dental care?**

[B4H43A]

- Never.....(go to 44).....1
- Every 6 months.....2
- Once a year.....3
- Other.....(go to 43b).....4

b. Specify \_\_\_\_\_

**b. When was your last dental exam? Date \_\_\_\_\_ (Month/Year) [B4H43BM] [B4H43BY]**

**44a. How often do you get eye exams?**

[B4H44A]

- Never.....(go to 44d).....1
- Every 6 months.....2
- Once a year.....3
- Other.....(go to 44b).....4

b. Specify \_\_\_\_\_

**c. When was your last eye exam? Date \_\_\_\_\_ (Month/Year) [B4H44CM] [B4H44CY]**

**d. Have you been diagnosed with an eye disease or disorder?**

[B4H44D]

- Yes.....(go to 44e).....1
- No.....2

**e. If yes, please specify: \_\_\_\_\_**

**45. Now, I want to ask you about other screening procedures you may have had. For each procedure that you've had, please tell me when it was performed and the results.**

Have you ever.....	Yes	No	When was that (month/yr)? What was the result?
a. had your cholesterol level checked?	1 [B4H45A]	2 [B4H45A]	[B4H45AM] [B4H45AY]
b. been asked to complete a stool card to test for blood in your stool?	1 [B4H45B]	2 [B4H45B]	[B4H45BM] [B4H45BY] [B4H45BRC]
c. had a flexible sigmoidoscopy*?	1 [B4H45C]	2 [B4H45C]	[B4H45CM] [B4H45CY] [B4H45CRC]
d. Have you ever had a colonoscopy**?	1 [B4H45D]	2 [B4H45D]	[B4H45DM] [B4H45DY] [B4H45DRC]

The following questions are for WOMEN  
(if subject is male circle NA and skip to h)

	Yes	No	When was that (month/yr)? What was the result?
e. Do you do a monthly breast self-exam?	1 [B4H45E]	2 [B4H45E]	N/A
f. Have you ever had a mammogram?	1 [B4H45F]	2 [B4H45F]	N/A
g. Have you ever had a Pap test and pelvic exam?	1 [B4H45G]	2 [B4H45G]	N/A

The following question is for MEN  
(if subject is female circle NA and skip to 46):

	Yes	No	When was that (month/yr)? What was the result?
h. Have you ever had a prostate/rectal exam?	1 [B4H45H]	2 [B4H45H]	N/A

\*Sigmoidoscopy – an examination of the lower 1/3 of colon typically done at the doctor's office without anesthesia.

\*\*Colonoscopy - an examination of the entire colon typically done as an outpatient procedure under anesthesia.

**46. Are you exposed to excessive noise on a regular basis?**

[B4H46]

Yes.....1

No.....(go to 47).....2

**a. What type of noise are you typically exposed to?**

**b. Where are you exposed to this noise?**

**c. How often are you exposed to this noise?**

[B4H46C]

Daily.....1

Weekly .....2

Monthly.....3

**d. How long are you typically exposed to this noise?**

[B4H46D]

# of Hours\_\_\_\_\_

**47. Do you typically use a seat belt?**

[B4H47]

Yes.....1

No.....2

**48. Do you ever ride a bicycle or motorcycle?**

[B4H48]

Yes.....1

No.....(go to 49).....2

**a. [IF YES] Do you typically use a bike/motorcycle helmet when riding?**

[B4H48A]

Yes.....1

No.....2

**49. Have you ever had excessive sun exposure (e.g., a really bad sunburn or chronic exposure in the summer because you worked outside)?**

[B4H49]

Yes.....1

No.....2

**50. Do you regularly use sunscreen?**

[B4H50]

Yes.....1

No.....2



## **Intervening Events**

**INTERVIEWER: THE FOLLOWING INFORMATION SHOULD BE PRE-LOADED.**

**51a. WHAT IS THE DATE OF THE PROJECT 1 PHONE INTERVIEW?** \_\_\_\_/\_\_\_\_/\_\_\_\_

**51b. IS MARITAL STATUS DATA AVAILABLE FROM PROJECT 1?**

**YES** .....(go to 52) .....1

**NO** ..... (go to 53) ..... 2

**51c. AT PROJECT 1 PHONE INTERVIEW R WAS ..... (SEE COVER SHEET)**

**MARRIED** .....1

**SEPARATED** .....2

**DIVORCED** .....3

**WIDOWED**.....4

**NEVER MARRIED**.....5

**LIVING WITH SOMEONE IN A STEADY, MARRIAGE-LIKE RELATIONSHIP**.....6

**52. [IF MARITAL STATUS KNOWN] Now I'd like to ask about experiences you've had since you completed the MIDUS phone interview in (\_\_\_\_\_).**

**At that time, you indicated that you were (STATUS at 51c). Is this still the case?**

**Yes** .....(go to 56) ..... 1

**No** .....(go to 54)..... 2

**53. [IF MARITAL STATUS UNKNOWN] Now I'd like to ask about experiences you've had since you completed the MIDUS phone interview in (\_\_\_\_\_).**

**Since that time, have you gotten married, separated, divorced, become widowed, or begun living with someone in a steady, marriage-like relationship?**

**Yes** .....(go to 54) ..... 1

**No** .....(go to 55)..... 2

**54. When did your marital status change?**

[B4H54C] [B4H54M] [B4H54Y]

(DATE) \_\_\_\_/\_\_\_\_/\_\_\_\_

**55. What is your current marital status?**

[B4H55]

- Married ..... 1
- Separated ..... 2
- Divorced ..... 3
- Widowed ..... 4
- Never Married ..... 5
- Living with someone in a steady, marriage-like relationship ..... 6

**56. Now, I'd like to ask about (other/any) losses you may have experienced. Has anyone (else) close to you, a close friend or relative, passed away since we last interviewed you in ([B4H56DA])?**

[B4H56]

- Yes ..... (go to 56a) ..... 2
- No ..... (go to 57) ..... 1

Who? (include relationship to R)	Gender	Date of Death	
		Month	Year
a.	M      F [B4H56AG]	[B4H56AM]	[B4H56AY]
b.	M      F [B4H56BG]	[B4H56BM]	[B4H56BY]
c.	M      F [B4H56CG]	[B4H56CM]	[B4H56CY]
d.	M      F [B4H56DG]	[B4H56DM]	[B4H56DY]
e.	M      F [B4H56EG]	[B4H56EM]	[B4H56EY]

**57. Are there any other things, either positive or negative, that have happened to you or your family or close friends since you completed the MIDUS Phone Interview in ( ) that stand out in your memory?**

[B4H57]

YES ..... 1

NO.....(Complete Medical History) ..... 2

**57a. What has happened and when?**

**[CHECK THAT EVENT OCCURRED SINCE PROJECT 1 PHONE INTERVIEW]**

**[IF MORE THAN 5 RECORD THE MOST SIGNIFICANT EVENTS]**

**[IF OTHERS ARE INVOLVED SPECIFY NAME, GENDER & RELATIONSHIP TO RESPONDENT AS APPROPRIATE].**

(1) WHAT: ..... (MONTH) [B4H57A1M]

..... (YEAR) [B4H57A1Y]

WHO: .....

(2) WHAT: ..... (MONTH) [B4H57A2M]

..... (YEAR) [B4H57A2Y]

WHO: .....

(3) WHAT: ..... (MONTH) [B4H57A3M]

..... (YEAR) [B4H57A3Y]

WHO: .....

(4) WHAT: ..... (MONTH) [B4H57A4M]

..... (YEAR) [B4H57A4Y]

WHO: .....

(5) WHAT: ..... (MONTH) [B4H57A5M]

..... (YEAR) [B4H57A5Y]

WHO: .....

**INTERVIEWER COMMENTS:**