

Milwaukee Survey  
**MIDUS II Project 1**  
**CAPI and ACASI**

*Legend*

Black = MIDUS II phone interview,  
 Red = MIDUS II questionnaires (1 and 2)  
 Green = MIDUS I, Questionnaire 1  
 Gray/blue = MIDUS I Phone Interview  
 Purple = Originally SAQ, now ACASI (Audio-Computer Assisted Self Interviewing).

**Milwaukee Data Collection: New CAPI**

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## &lt;SAQ MERGE&gt; MIDUS II PHONE INTERVIEW

For Longitudinal Sample (Draft 1/6/04)

&lt;Merged 8/26/04&gt;

&lt;Last Revised w/ UWSC input 11/4/04&gt;

&lt;Revised AKP 8/10/05&gt;

## SECTION 1: HEALTH

## A1. [BACA1]

The first questions are about your health. In general, would you say your PHYSICAL HEALTH is excellent, very good, good, fair, or poor?

**INTERVIEWER:** IF R SAYS "I'm not a doctor...", **PROBE:** "What do YOU think?"

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW
8. REFUSED

## A2. [BACA2]

What about your MENTAL OR EMOTIONAL HEALTH?  
(Would you say it is excellent, very good, good, fair, or poor?)

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW
8. REFUSED

## As6a. [BACAS6A]

How would you rate your energy level today compared to five years ago?  
Would you say it has improved a lot, improved a little, stayed the same, gotten a little worse, or gotten a lot worse?

**INTERVIEWER:** USE SHOWCARD 1.

1. Improved a lot
2. Improved a little
3. Stayed the same
4. Gotten a little worse
5. Gotten a lot worse

6. Don't Know
7. Refused

**As6b. [BACAS6B]**

How would you rate your physical fitness today compared to five years ago?  
(Would you say it has improved a lot, improved a little, stayed the same, gotten a little worse, or gotten a lot worse?)

**INTERVIEWER: USE SHOWCARD 1.**

1. Improved a lot
2. Improved a little
3. Stayed the same
4. Gotten a little worse
5. Gotten a lot worse
7. Don't Know
8. Refused

**As6c. [BACAS6C]**

How would you rate your physique or figure today compared to five years ago?  
(Would you say it has improved a lot, improved a little, stayed the same, gotten a little worse, or gotten a lot worse?)

**INTERVIEWER: USE SHOWCARD 1.**

1. Improved a lot
2. Improved a little
3. Stayed the same
4. Gotten a little worse
5. Gotten a lot worse
7. Don't Know
8. Refused

**As6d. [BACAS6D]**

How would you rate your weight today compared to five years ago?  
(Would you say it has improved a lot, improved a little, stayed the same, gotten a little worse, or gotten a lot worse?)

**INTERVIEWER: USE SHOWCARD 1.**

1. Improved a lot
2. Improved a little
3. Stayed the same
4. Gotten a little worse
5. Gotten a lot worse
7. Don't Know
8. Refused



**As6e. [BACAS6E]**

How would you rate your memory today compared to five years ago?  
(Would you say it has improved a lot, improved a little, stayed the same, gotten a little worse, or gotten a lot worse?)

**INTERVIEWER: USE SHOWCARD 1.**

1. Improved a lot
2. Improved a little
3. Stayed the same
4. Gotten a little worse
5. Gotten a lot worse
7. Don't Know
8. Refused

**A3. [BACAS3]**

In general, compared to most (men/women) your age, would you say your health is much better, somewhat better, about the same, somewhat worse, or much worse?

1. MUCH BETTER
2. SOMEWHAT BETTER
3. ABOUT THE SAME
4. SOMEWHAT WORSE
5. MUCH WORSE
7. DON'T KNOW
8. REFUSED

**As7b. [BACAS7B]**

Compared to other people your age, how would you rate your memory?  
Would you say it is excellent, very good, good, fair, or poor?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
7. Don't Know
8. Refused

**As7c. [BACAS7C]**

Compared to other people your age, how would you rate your overall vision?  
(Would you say it is excellent, very good, good, fair, or poor?)

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

- 7. Don't Know
- 8. Refused

**As7dA. [BACAS7D]**

Compared to other people your age, how would you rate your overall hearing?  
(Would you say it is excellent, very good, good, fair, or poor?)

- 1. Excellent
- 2. Very Good
- 3. Good
- 4. Fair
- 5. Poor
- 7. Don't Know
- 8. Refused

**As8. [BACAS8A] to [BACAS8F]**

Please indicate how much you agree or disagree with the following statements:  
Please tell me whether you: strongly agree, somewhat agree, agree a little, neither agree nor disagree, disagree a little, somewhat disagree, or strongly disagree.

- a. Keeping healthy depends on things that I can do.
- b. There are certain things I can do for myself to reduce the risk of a heart attack.
- c. There are certain things I can do for myself to reduce the risk of getting cancer.
- d. I work hard at trying to stay healthy.
- e. When I am sick, getting better is in the doctor's hands.
- f. It is difficult for me to get good medical care.

**INTERVIEWER: USE SHOWCARD 2.**

- 1. Strongly agree
- 2. Somewhat agree
- 3. Agree a little
- 4. Neither agree nor disagree
- 5. Disagree a little
- 6. Somewhat disagree
- 7. Strongly disagree
- 97. Don't Know
- 98. Refused





**As9. [BACAS9A] to [BACAS9E]**

Please indicate the degree to which each of the following statements is true of you in general. Please tell me if the statement is not at all true, a little true, moderately true, or extremely true.

- a. I am often aware of various things happening within my body.
- b. Sudden loud noises really bother me.
- c. I hate to be too hot or too cold.
- d. I am quick to sense hunger contractions in my stomach.
- e. I have a low tolerance for pain.

**INTERVIEWER: USE SHOWCARD 3.**

- 1. Not at all true
- 2. A little true
- 3. Moderately true
- 4. Extremely true
- 7. Don't Know
- 8. Refused

**A4. [BACA4]**

In the past 30 days, how many days were you COMPLETELY UNABLE to go to work or carry out your normal household work activities because of your physical health or mental health?

**INTERVIEWER:** IF NECESSARY, PROBE: "What's your best estimate?"

- 0. NONE [GO TO A5]
- NUMBER OF DAYS (1-30)
- 97. DON'T KNOW/NOT SURE [GO TO A5]
- 98. REFUSED [GO TO A5]

IF A4 = 1, GO TO A4a.

IF A4 = 2 OR MORE, GO TO A4b.

**A4a. [BACA4A]**

Was that due to your physical health, your mental health, or a combination of both?

- 1. PHYSICAL
- 2. MENTAL
- 3. COMBINATION
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

GO TO A5.

**A4b. [BACA4BA] to [BACA4BC]**

How many of those [A4] days were due only to your physical health, how many were due only to your mental health, and how many were due to a combination of both?

\_\_\_ # DAYS PHYSICAL

\_\_\_ # DAYS MENTAL

\_\_\_ # DAYS COMBINATION

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP

[IF THE RESPONSES TO A4b DO NOT SUM TO A4, THE INTERVIEWER WILL PROBE TO GET THEM TO SUM.]

IF A4 = 30, GO TO A6.

**A5. [BACA5]**

Aside from (that day/those [A4] days) when you were totally unable to go to work or carry out your normal household work activities, how many of the other [30-A4] days out of the past 30/How many of the past 30 days) did you have to CUT BACK on work, or, how much you got done, because of your physical health or mental health?

**INTERVIEWER:** MUST NOT BE MORE THAN [fill A5pre] DAYS.

0. NONE [GO TO A6]

\_\_\_ NUMBER OF DAYS (1-30)

97. DON'T KNOW/NOT SURE [GO TO A6]

98. REFUSED [GO TO A6]

99. INAPP

IF A5 = 1, GO TO A5a.

IF A5 = 2 OR MORE, GO TO A5b.

[IF THE SUM OF THE RESPONSES TO A4 AND A5 EXCEED 30 DAYS, THE INTERVIEWER WILL PROBE SO THE TOTAL DOES NOT EXCEED 30 DAYS.]

**A5a. [BACA5A]**

Was that due to your physical health, your mental health, or a combination of both?

1. PHYSICAL

2. MENTAL

3. COMBINATION

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

GO TO A6.

**A5b. [BACA5BA] to [BACA5BC]**

How many of those [A5] days were due only to your physical health, how many were due only to your mental health, and how many were due to a combination of both?

\_\_\_ # DAYS PHYSICAL

\_\_\_ # DAYS MENTAL

\_\_\_ # DAYS COMBINATION

- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

[IF THE RESPONSES TO A5b DO NOT SUM TO A5, THE INTERVIEWER WILL PROBE TO GET THEM TO SUM.]

**The next set of questions is about your physical health.**

**A6. [BACA6A] to [BACA6D]**

Do YOU have history of any of the following medical conditions:

(Do you have a personal history of ...)

- a. Stroke
- b. Serious head injury
- c. Parkinson's disease
- d. Other neurological disorder

- 1. Yes
- 2. No
- 7. Don't know/Not Sure
- 8. Refused

**A7. [BACA7]**

Have you ever had heart trouble suspected or confirmed by a doctor?

- 1. YES [GO TO A7a]
- 2. NO [GO TO A8]
- 7. DON'T KNOW [GO TO A8]

8. REFUSED [GO TO A8]

**A7a. [BACA7A]**

How old were you when a doctor first told you that you might have heart trouble?

**INTERVIEWER:** IF R SAYS THEY KNEW IT BEFORE DOCTOR DID, OR THAT DOCTOR DIDN'T TELL THEM DIRECTLY, PROBE: "How old were you when a DOCTOR first told you (or your parents) that you might have heart trouble?"

**INTERVIEWER:** IF NECESSARY, PROBE: "What's your best estimate?"

- \_\_\_\_ YEARS OLD
- 96. CONGENITAL/AT BIRTH
  - 97. DON'T KNOW/NOT SURE
  - 98. REFUSED
  - 99. INAPP

**A7b. [BACA7BA] to [BACA7BJ]**

What was the diagnosis?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY, PROBE: "Anything else?"

**INTERVIEWER:** IF R SAYS "Dr. wasn't sure but thought it might be...", ENTER VERBATIM.

**INTERVIEWER:** IF R GIVES A TREATMENT, PROBE: "What was the DIAGNOSIS?"

- 1. HEART ATTACK
- 2. ANGINA
- 3. HIGH BLOOD PRESSURE
- 4. VALVE DISEASE, MITROVALVE PROLAPSE, AORTIC INSUFFICIENCY, BICUSPID AORTIC VALVE
- 5. HOLE IN HEART, ATRIAL SEPTAL DEFECT (ASD), VENTRICULAR SEPTAL DEFECT (VSD)
- 6. BLOCKED/CLOSED ARTERY, CORONARY ARTERY DISEASE (CAD), CORONARY HEART DISEASE (CHD), ISCHEMIA
- 7. IRREGULAR/FAST HEART BEAT, ARRHYTHMIA
- 8. HEART MURMUR
- 9. HEART FAILURE, CONGESTIVE HEART FAILURE (CHF), ENLARGED HEART
- 10. OTHER \_\_\_\_\_ (SPECIFY)
- 11. NONE [GO TO A7c]
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

IF A7a = CONGENITAL/AT BIRTH, GO TO A7d.

**A7c. [BACA7C]**

Did you go to the hospital for treatment or more tests after this diagnosis was made?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A7d. [BACA7D]**

Are you still seeing a doctor, or still getting treatment, for heart trouble?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

IF A7b = HEART ATTACK, GO TO A8a.

**A8. [BACA8]**

Have you ever had a heart attack?

1. YES [GO TO 8a]
2. NO [GO TO A9]
7. DON'T KNOW [GO TO A9]
8. REFUSED [GO TO A9]
9. INAPP

**A8a. [BACA8A]**

In what year did you have your first heart attack?

- \_\_\_\_ YEAR OF HEART ATTACK
9997. DON'T KNOW/NOT SURE
  9998. REFUSED
  9999. INAPP

GO TO A10.

**A9. [BACA9]**

Do you think your risk of a heart attack is higher, lower, or about the same as other (men/women) your age?

**INTERVIEWER:** IF R SAYS DOESN'T KNOW RISKS, PROBE: "What do you think?"

1. HIGHER
2. LOWER [GO TO A9b]
3. ABOUT THE SAME [GO TO A10]

- 7. DON'T KNOW [GO TO A10]
- 8. REFUSED [GO TO A10]
- 9. INAPP [GO TO A10]

A9a. **[BACA9A]**

Would you say a lot higher, somewhat higher, or only a little higher?

- 1. A LOT
- 2. SOMEWHAT
- 3. A LITTLE
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

GO TO A10.

A9b. **[BACA9B]**

Would you say a lot lower, somewhat lower, or only a little lower?

- 1. A LOT
- 2. SOMEWHAT
- 3. A LITTLE
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A10. **[BACA10A] to [BACA10H]**

Who in your immediate biological family -- that is, your biological parents, brothers, sisters, or children -- have ever had a heart attack? Choose all that apply.

**INTERVIEWER:** ENTER ALL THAT APPLY.

**INTERVIEWER:** COUNT BLOOD RELATIVES ONLY, NOT SPOUSE OR ADOPTIVE/STEP RELATIVES.

- 1. NO ONE
- 2. M OTHER
- 3. FATHER
- 4. BROTHER
- 5. HALF BROTHER
- 6. SISTER
- 7. HALF SISTER
- 8. CHILD
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED

A11. **[BACA11]**

How much do you worry about your heart: a lot, some, a little, or not at all?

- 1. A LOT



2. SOME
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

A12. **[BACA12]**

Do you take aspirin regularly for PREVENTION of heart related conditions such as heart attack and stroke?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A13. **[BACA13]**

Have you ever had a major heart procedure, such as catheterization (KATH-it-urr-ih-ZAY-shun), bypass surgery, or angioplasty (AN-gee-oh-plass-tea)?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Angioplasty (AN-gee-oh-plass-tea) is also called PTCA."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A14. **[BACA14]**

Has anyone you know well -- such as your spouse, a family member, or a close friend -- ever had a major heart procedure?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "By a major heart procedure I mean catheterization (KATH-it-urr-ih-ZAY-shun), bypass surgery, or angioplasty (AN-gee-oh-plass-tea)."

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Angioplasty (AN-gee-oh-plass-tea) is also called PTCA."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A15. **[BACA15]**

Assume for a moment that you had a heart condition and were told by your doctor that you had two choices -- either to have coronary bypass surgery or to take medication every day for the rest of your life. Which one do you think you would choose?

1. BYPASS
2. MEDICATION
7. DON'T KNOW/NOT SURE [GO TO A17]
8. REFUSED [GO TO A17]

**A16. [BACA16]**

How sure are you that this is what you would choose: very, somewhat, or not very sure?

1. VERY
2. SOMEWHAT
3. NOT VERY SURE
7. DON'T KNOW/NOT SURE
8. REFUSED

**A17. [BACA17]**

Do you ever get chest pain or discomfort when you walk uphill or hurry?

**INTERVIEWER:** IF R SAYS CAN'T WALK/CAN'T WALK UPHILL, PROBE: "What about when you are moving in a hurry?"

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

**A18. [BACA18]**

Do you ever get chest pain or discomfort when you walk at an ordinary pace on a level surface, not uphill?

**INTERVIEWER:** IF R SAYS THEY CANNOT WALK, PROBE: "Do you mean you cannot walk because of the chest pain, or for some other reason?"

1. YES
2. NO
3. CANNOT WALK BECAUSE OF CHEST PAIN
4. CANNOT WALK FOR OTHER REASONS
7. DON'T KNOW/NOT SURE
8. REFUSED

IF A17 ≠ YES AND A18 ≠ YES AND A18 ≠ CANNOT WALK BECAUSE OF CHEST PAIN, GO TO A23.

IF A17 = YES AND A18 = CANNOT WALK FOR OTHER REASONS, GO TO A22.

IF A18 = CANNOT WALK BECAUSE OF CHEST PAIN, GO TO A22.

ALL OTHERS CONTINUE.

**A19. [BACA19]**

When you get pain or discomfort in your chest while you are walking, do you stop, slow down, or continue walking at the same pace?

(IF NECESSARY, CLARIFY: "What do you USUALLY do?")

1. STOP

2. SLOW DOWN
3. CONTINUE AT THE SAME PACE [GO TO A22]
7. DON'T KNOW/NOT SURE [GO TO A22]
8. REFUSED [GO TO A22]
9. INAPP

A20. **[BACA20]**

Does it go away when you stand still?

**INTERVIEWER:** IF R SAYS "sometimes", PROBE: "Does it USUALLY go away when you stand still?"

1. YES [GO TO A21]
2. NO [GO TO A22]
7. DON'T KNOW [GO TO A22]
8. REFUSED [GO TO A22]
9. INAPP

A21. **[BACA21]**

How soon does it go away: 10 minutes or less, or more than 10 minutes?

1. 10 MINUTES OR LESS
2. MORE THAN 10 MINUTES
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A22. **[BACA22]**

Where do you get this pain or discomfort -- in the center of your chest, in the left side of your chest ONLY, in the left side of your chest AND your left arm, or somewhere else?

**INTERVIEWER:** SELECT ONE ONLY.

1. CENTER OF CHEST
2. LEFT SIDE OF CHEST ONLY
3. LEFT SIDE OF CHEST AND LEFT ARM
4. SOMEWHERE ELSE \_\_\_\_\_(SPECIFY)
7. DON'T KNOW/NOT SURE
8. REFUSED

A23. **[BACA23]**

Have you ever had a severe pain across the front of your chest lasting half an hour or more?

1. YES [GO TO A23a]
2. NO [GO TO A24]
7. DON'T KNOW [GO TO A24]
8. REFUSED [GO TO A24]



**A23a. [BACA23A]**

How many times has this ever happened?

- NUMBER OF ATTACKS  
97. DON'T KNOW/NOT SURE  
98. REFUSED  
99. INAPP

**A23b. [BACA23B]**

Did you talk to a doctor about it?

1. YES [GO TO A23c]  
2. NO [GO TO A24]  
7. DON'T KNOW [GO TO A24]  
8. REFUSED [GO TO A24]  
9. INAPP

**A23c. [BACA23CA] to [BACA23CJ]**

What did the doctor say it was?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY, PROBE "Anything else?" IF R SAYS "Dr. wasn't sure but thought it might be...", ENTER VERBATIM.

1. HEART ATTACK  
2. ANGINA  
3. HIGH BLOOD PRESSURE  
4. VALVE DISEASE, MITROVALVE PROLAPSE, AORTIC INSUFFICIENCY, BICUSPID AORTIC VALVE  
5. HOLE IN HEART, ATRIAL SEPTAL DEFECT (ASD), VENTRICULAR SEPTAL DEFECT (VSD)  
6. BLOCKED/CLOSED ARTERY, CORONARY ARTERY DISEASE (CAD), CORONARY HEART DISEASE (CHD), ISCHEMIA  
7. IRREGULAR/FAST HEART BEAT, ARRHYTHMIA  
8. HEART MURMUR  
9. HEART FAILURE, CONGESTIVE HEART FAILURE (CHF), ENLARGED HEART  
10. OTHER \_\_\_\_\_ (SPECIFY)  
11. NONE  
97. DON'T KNOW/NOT SURE  
98. REFUSED  
99. INAPP

**A24. [BACA24]**

Has a doctor ever told you that you have or had high blood pressure?

1. YES  
2. NO [GO TO A25]  
3. SUSPECTS

- 7. DON'T KNOW/NOT SURE [GO TO A25]
- 8. REFUSED [GO TO A25]

A24a. **[BACA24A]**

How many years ago were you told you (have/had) this?

- # OF YEARS
- 97. DON'T KNOW/NOT SURE
  - 98. REFUSED
  - 99. INAPP

A24b. **[BACA24B]**

Have you ever taken medicine prescribed by a doctor for your high blood pressure?

- 1. YES
- 2. NO [GO TO A24d]
- 7. DON'T KNOW/NOT SURE [GO TO A24d]
- 8. REFUSED [GO TO A24d]
- 9. INAPP

A24c. **[BACA24C]**

Are you CURRENTLY taking any prescription medications for your high blood pressure?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A24d. **[BACA24D]**

(Not including prescription medications, are/Are) you using any other type of treatment or therapy for your high blood pressure?

- 1. YES [GO TO A24e]
- 2. NO [GO TO A25]
- 7. DON'T KNOW/NOT SURE [GO TO A25]
- 8. REFUSED [GO TO A25]
- 9. INAPP

A24e. **[BACA24EA] to [BACA24EF]**

What is that treatment or therapy?

**INTERVIEWER: ENTER ALL THAT APPLY.**

- 1. DIET
- 2. VITAMINS/MINERALS
- 3. EXERCISE

- 4. HERBAL THERAPY
- 5. MEDITATION/ RELAXATION
- 6. OTHER (SPECIFY) \_\_\_\_\_
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

**A25. [BACA25NM] [BACA25IT]**

How long has it been since your last blood pressure test?

**INTERVIEWER:** IF R SAYS LESS THAN ONE MONTH, ENTER '0 MONTHS'.

- 0. LESS THAN 1 MONTH
- \_\_\_\_. TIME (MO=MONTHS / YR=YEARS)
- 996. NEVER [GO TO A26]
- 997. DON'T KNOW
- 998. REFUSED

**A25a. [BACA25A]**

At that time, was your blood pressure low, about normal, slightly raised, or high?

- 1. LOW
- 2. ABOUT NORMAL
- 3. SLIGHTLY RAISED
- 4. HIGH
- 7. DON'T KNOW/NOT SURE [GO TO A26]
- 8. REFUSED
- 9. INAPP

**A25b. [BACA25BS] [BACA25BD]**

What was the exact reading, if you remember?

- \_\_\_\_OVER\_\_\_\_
- 997. DON'T KNOW/DON'T REMEMBER/WASN'T TOLD (DO NOT PROBE)
  - 998. REFUSED
  - 999. INAPP

**A26. [BACA26]**

Have you ever had cancer?

- 1. YES [GO TO A28]
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED

**A27. [BACA27]**

Do you think your risk of getting cancer is higher, lower, or about the same as other (men/women) your age?



1. HIGHER [GO TO A27a]
2. LOWER [GO TO A27b]
3. ABOUT THE SAME [GO TO A30]
7. DON'T KNOW/NOT SURE [GO TO A30]
8. REFUSED
9. INAPP

A27a. **[BACA27A]**

Would you say a lot higher, somewhat higher, or only a little higher?

1. A LOT
2. SOMEWHAT
3. A LITTLE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

GO TO A30.

A27b. **[BACA27B]**

Would you say a lot lower, somewhat lower, or only a little lower?

1. A LOT
2. SOMEWHAT
3. A LITTLE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

GO TO A30.

ONLY MEN WILL GET PROSTATE CANCER AS A RESPONSE OPTION.

ONLY WOMEN WILL GET CERVICAL, OVARIAN, AND UTERINE CANCER RESPONSE OPTIONS.

A28a-j. **[BACA28A] [BACA28AA] to [BACA28J] [BACA28JJ]**

What type of cancer have you had?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY, PROBE:  
"Any other?"

(IF R HAD A PARTICULAR TYPE OF CANCER, FOLLOW UP AT A28Xa-jj)

A28a-j. What type of cancer have you had?			A28aa-jj. What was your age when you were first diagnosed with...
	YES	NO	

a. BREAST CANCER	1 → GO TO aa.	2	aa. Age=
b. CERVICAL CANCER	1 → GO TO bb.	2	bb. Age=
c. COLON OR RECTAL CANCER	1 → GO TO cc.	2	cc. Age=
d. LUNG CANCER	1 → GO TO dd.	2	dd. Age=
e. LYMPHOMA OR LEUKEMIA	1 → GO TO ee.	2	ee. Age=
f. OVARIAN CANCER	1 → GO TO ff.	2	ff. Age=
g. PROSTATE CANCER	1 → GO TO gg.	2	gg. Age=
h. SKIN CANCER, MELANOMA	1 → GO TO hh.	2	hh. Age=
i. UTERINE CANCER	1 → GO TO ii.	2	ii. Age=
j. OTHER (SPECIFY)	1 → GO TO jj.	2	jj. Age=

A29. **[BACA29]**

Are you currently using any type of treatment or therapy for cancer?

1. YES [GO TO A29a]
2. NO [GO TO A30]
7. DON'T KNOW/NOT SURE [GO TO A30]
8. REFUSED [GO TO A30]
9. INAPP

A29a. **[BACA29AA] to [BACA29AI]**

What type of treatment or therapy are you currently using?

**INTERVIEWER:** DO NOT READ THE LIST. SELECT ALL THAT APPLY, PROBE:  
"Anything else?"

1. SURGERY
2. CHEMOTHERAPY
3. RADIATION THERAPY
4. DIET
5. VITAMINS/MINERALS
6. EXERCISE
7. HERBAL THERAPY
8. MEDITATION/ RELAXATION
9. OTHER (SPECIFY) \_\_\_\_\_
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

A30. **[BACA30A] to [BACA30F]**

Who in your immediate biological family -- that is, your biological parents, brothers, sisters, or children-- have ever had cancer?

**INTERVIEWER:** DO NOT READ THE LIST. SELECT ALL THAT APPLY, PROBE:  
"Any other?"

**INTERVIEWER:** COUNT BLOOD RELATIVES ONLY, NOT SPOUSE OR  
ADOPTIVE/STEP RELATIVES.

1. NO ONE [GO TO A35a]
2. MOTHER [GO TO A31]
3. FATHER [GO TO A32]
4. BROTHER [GO TO A33]
5. SISTER [GO TO A34]
6. CHILD [GO TO A35]
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A31. [BACA31A] to [BACA31J]**

What type of cancer has your mother had?

@a.	Breast Cancer
@b.	Cervical Cancer
@c.	Colon or Rectal Cancer
@d.	Lung Cancer
@e.	Lymphoma or Leukemia
@f.	Ovarian Cancer
@h.	Skin Cancer, Melanoma
@i.	Uterine Cancer
@j.	Other_____ (Specify)

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**INTERVIEWER:** FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

**INTERVIEWER:** DO NOT READ THE LIST. SELECT ALL THAT APPLY, PROBE: "Any other?"

**INTERVIEWER:** COUNT BLOOD RELATIVES ONLY, NOT SPOUSE OR ADOPTIVE/STEP RELATIVES.

**A32. [BACA32A]to [BACA32J]**

What type of cancer has your father had?

@a	Breast Cancer
@c	Colon or Rectal Cancer
@d	Lung Cancer
@e	Lymphoma or Leukemia
@g	Prostate Cancer
@h	Skin Cancer, Melanoma
@j	Other_____ (Specify)

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**INTERVIEWER:** FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

**INTERVIEWER:** DO NOT READ THE LIST. SELECT ALL THAT APPLY, PROBE: "Any other?"

**INTERVIEWER:** COUNT BLOOD RELATIVES ONLY, NOT SPOUSE OR ADOPTIVE/STEP RELATIVES.

**A33. [BACA33A] to [BACA33J]**

What type(s) of cancer has/have your brother(s) had?

@a.	Breast Cancer
@c.	Colon or Rectal Cancer
@d.	Lung Cancer
@e.	Lymphoma or Leukemia
@g.	Prostate Cancer
@h.	Skin Cancer, Melanoma
@j.	Other_____ (Specify)

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**INTERVIEWER:** FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

**INTERVIEWER:** DO NOT READ THE LIST. SELECT ALL THAT APPLY, PROBE: "Any other?"

**INTERVIEWER:** COUNT BLOOD RELATIVES ONLY, NOT SPOUSE OR ADOPTIVE/STEP RELATIVES.

**A34. [BACA34A] to [BACA34J]**

What type(s) of cancer has/have your sister(s) had?

@a.	Breast Cancer
@b.	Cervical Cancer
@c.	Colon or Rectal Cancer
@d.	Lung Cancer
@e.	Lymphoma or Leukemia
@f.	Ovarian Cancer
@h.	Skin Cancer, Melanoma
@i.	Uterine Cancer
@j.	Other_____ (Specify)

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**INTERVIEWER:** FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

**INTERVIEWER:** DO NOT READ THE LIST. SELECT ALL THAT APPLY, PROBE: "Any other?"

**INTERVIEWER:** COUNT BLOOD RELATIVES ONLY, NOT SPOUSE OR ADOPTIVE/STEP RELATIVES.

**A35. [BACA35A] to [BACA35J]**

What type(s) of cancer has/have your child(ren) had?

@a.	Breast Cancer
@b.	Cervical Cancer
@c.	Colon or Rectal Cancer
@d.	Lung Cancer
@e.	Lymphoma or Leukemia
@f.	Ovarian Cancer
@g.	Prostate Cancer
@h.	Skin Cancer, Melanoma
@i.	Uterine Cancer
@j.	Other_____ (Specify)

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A35a.**

If R's sex=1, GO TO Red As10a [following questions are only for women].

**A35b. [BACA35BX]**

Have you had a hysterectomy?

1. YES [GO TO A35c]
2. NO [GO TO A35d]
7. DON'T KNOW/NOT SURE [GO TO A35d]
8. REFUSED [GO TO A35d]
9. INAPP

**A35c\_m. [BACA35CM]**

What month and year did you have a hysterectomy?

**(MONTH)**

1. JANUARY
2. FEBRUARY
3. MARCH
4. APRIL

5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

A35c\_y. **[BACA35CY]**

What month and year did you have a hysterectomy?

**(YEAR)**

\_\_\_\_ YEAR

9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

A35d. **[BACA35DX]**

Have you had one or both of your ovaries removed?

**INTERVIEWER:** If R SAYS "yes", PROBE WAS THAT ONE OR BOTH OVARIES.

- |    |                      |               |
|----|----------------------|---------------|
| 1. | ONE OVARY REMOVED    | [GO TO A35f]  |
| 2. | BOTH OVARIES REMOVED | [GO TO A35e]  |
| 3. | NO                   | [GO TO As10a] |
| 7. | DON'T KNOW/NOT SURE  | [GO TO As10a] |
| 8. | REFUSED              | [GO TO As10a] |
| 9. | INAPP                |               |

A35e. **[BACA35EX]**

Did you have both ovaries removed at the same time?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A35f\_m. **[BACA35FM]**

What month and year did you have it/the first one/them removed?

**(MONTH)**

1. JANUARY

2. FEBRUARY
3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

A35f\_y. **[BACA35FY]**

What month and year did you have it/the first one/them removed?

**(YEAR)**

- \_\_\_\_ YEAR
9997. DON'T KNOW/NOT SURE
  9998. REFUSED
  9999. INAPP

A35g.

Skip to A310a for those that only had 1 ovary removed.

A35h\_m. **[BACA35HM]**

What month and year did you have the second ovary removed?

**(MONTH)**

1. JANUARY
2. FEBRUARY
3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP



A35h\_y. **[BACA35HY]**

What month and year did you have the second ovary removed?

**(YEAR)**

\_\_\_\_ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

**As10. [BACAS10A] to [BACA10J]**

During the past 30 days, how often have you experienced \_\_\_\_\_?

Almost every day, several times a week, once a week, several times a month, once a month, or not at all?

a. Headaches
b. Backaches
c. Sweating a lot
d. Irritability
e. Hot flushes or flashes
f. Aches or stiffness in joints
g. Trouble getting to sleep or staying asleep
h. Leaking urine
i. Pain or discomfort during intercourse
j. Pain or aches in extremities (arms/hands/legs/feet)

**INTERVIEWER: USE SHOWCARD 4.**

1. Almost every day
2. Several times a week
3. Once a week
4. Several times a month
5. Once a month
6. Not at all
7. Don't Know/Not Sure
8. Refused

**As11. [BACAS11A] to [BACAS11DD]**

In the past twelve months, have you experienced or been treated for any of the following?

a. Asthma, bronchitis, or emphysema	p. Lupus or other autoimmune disorders
b. Tuberculosis	q. Persistent trouble with your gums or mouth
c. Other lung problems	r. Persistent trouble with your teeth
d. Arthritis, rheumatism, or other bone or joint diseases	s. High blood pressure or hypertension
e. Sciatica, lumbago, or recurring backache	t. Anxiety, depression, or some other emotional disorder
f. Persistent skin trouble (e.g. eczema)	u. Alcohol or drug problems
g. Thyroid disease	v. Migraine headaches
h. Hay fever	w. Chronic sleeping problems
i. Recurring stomach trouble, indigestion, or diarrhea	x. Diabetes or high blood sugar
j. Urinary or bladder problems	y. Multiple sclerosis, epilepsy, or other neurological disorders
k. Being constipated all or most of the time	z. Stroke
l. Gall bladder trouble	aa. Ulcer
m. Persistent foot trouble (e.g. bunions, ingrown toenails)	bb. Hernia or rupture
n. Trouble with varicose veins requiring medical treatment	cc. Piles or hemorrhoids
o. AIDS or HIV infection	dd. Swallowing Problems

**As12. [BACAS12A] to [BACAS12L]**  
During the past 30 days have you taken prescription medicine for any of the following conditions?

	No	Yes
a. Hypertension	<input type="checkbox"/>	<input type="checkbox"/> →
b. Diabetes	<input type="checkbox"/>	<input type="checkbox"/> →
c. High cholesterol	<input type="checkbox"/>	<input type="checkbox"/> →
d. A heart condition	<input type="checkbox"/>	<input type="checkbox"/> →
e. Lung problems	<input type="checkbox"/>	<input type="checkbox"/> →
f. Ulcers	<input type="checkbox"/>	<input type="checkbox"/> →
g. Arthritis	<input type="checkbox"/>	<input type="checkbox"/> →
h. Hormone replacement, such as estrogen	<input type="checkbox"/>	<input type="checkbox"/> →
i. Birth control	<input type="checkbox"/>	<input type="checkbox"/> →
j. Headaches	<input type="checkbox"/>	<input type="checkbox"/> →
k. Nerves, anxiety, or depression	<input type="checkbox"/>	<input type="checkbox"/> →
l. Pain	<input type="checkbox"/>	<input type="checkbox"/> →

**As12aa.-ll. [BACAS12AA] to [BACAS12LL]** How often (during the past 30 days)? Daily, a few times a week, once a week, a few times a month, or once a month?

Daily	A few times a week	Once a week	A few times a month	Once this month
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

**As13. [BACAS13A] to [BACAS13D]** During the past 30 days have you used any of the following NON-prescription (over-the-counter) medicines?

	No	Yes
a. Aspirin (e.g. Anacin, Ascriptin, BC Powder, Bufferin, Ecotrin, Pain-relief Tablets, Stanbach Powder, Vanquish)	<input type="checkbox"/>	<input type="checkbox"/> →
b. Acetaminophen (e.g. Aspirin-free Excedrin, No Aspirin, Non-aspirin, Pergo-sec, Tylenol)	<input type="checkbox"/>	<input type="checkbox"/> →
c. Ibuprofen (e.g. Advil, Motrin,	<input type="checkbox"/>	<input type="checkbox"/> →

**As13ay.-dy. [BACAS13AY] to [BACAS13DY]** How often (during the past 30 days)? (Daily, a few times a week, once a week, a few times a month, or once a month?)

Daily	A few times a week	Once a week	A few times a month	Once this month
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Nuprin)								
d. Naproxen sodium (e.g. Aleve, Naprosyn, Naprelan, Anaprox)	<input type="checkbox"/>	<input type="checkbox"/>	→	1	2	3	4	5

**As14. [BACAS14A] to [BACAS14O]**

Please tell me which of the following vitamin, mineral, or herbal supplements you take regularly--that is, at least a couple of times a week.

**INTERVIEWER:** FOR As14b. TO As14o., ENTER **YES** ONLY IF THE VITAMIN OR SUPPLEMENT IS TAKEN **SEPARATELY** AND **NOT** AS AN INGREDIENT IN A MULTI-VITAMIN.

<input type="checkbox"/> a. Multi-vitamins	<input type="checkbox"/> i. Garlic
<input type="checkbox"/> b. Vitamin C	<input type="checkbox"/> j. Feverfew
<input type="checkbox"/> c. Iron	<input type="checkbox"/> k. Ephedra or Ma Huang
<input type="checkbox"/> d. Calcium	<input type="checkbox"/> l. Saw Palmetto
<input type="checkbox"/> e. St. John's Wort	<input type="checkbox"/> m. Glucosamine/Chondroitin
<input type="checkbox"/> f. Ginkgo Biloba	<input type="checkbox"/> n. Fish Oil (Omega 3 Fatty Acids)
<input type="checkbox"/> g. Echinacea	<input type="checkbox"/> o. Flaxseed
<input type="checkbox"/> h. Any others Please specify:	

**As15. [BACAS15]**

Do you have chronic pain, that is do you have pain that persists beyond the time of normal healing and has lasted anywhere from a few months to many years?

1. Yes [Go to As16]
2. No [Go to As24]
7. Don't Know/Not Sure
8. Refused

**As16. [BACAS16]**

On a scale of 0 to 10, what number below best describes how much, during the past week, your pain interfered with your general activity?

Zero means pain did not interfere with your general activity.

Ten means pain completely interfered with your general activity.

**INTERVIEWER:** USE SHOWCARD 5.

Did Not  
Interfere

Completely  
Interfered

0 1 2 3 4 5 6 7 8 9 10

**As17. [BACAS17]**

On a scale of 0 to 10, what number below best describes how much, during the past week, your pain interfered with your mood?

**INTERVIEWER:** USE SHOWCARD 5.

Did Not Interfere											Completely Interfered
	0	1	2	3	4	5	6	7	8	9	10

**As18. [BACAS18]**

On a scale of 0 to 10, what number below best describes how much, during the past week, your pain interfered with your relations with other people?

**INTERVIEWER:** USE SHOWCARD 5.

Did Not Interfere											Completely Interfered
	0	1	2	3	4	5	6	7	8	9	10

**As19. [BACAS19]**

On a scale of 0 to 10, what number below best describes how much, during the past week, your pain interfered with your sleep?

**INTERVIEWER:** USE SHOWCARD 5.

Did Not Interfere											Completely Interfered
	0	1	2	3	4	5	6	7	8	9	10

**As20. [BACAS20]**

On a scale of 0 to 10, what number below that best describes how much, during the past week, your pain interfered with your enjoyment of life?

**INTERVIEWER:** USE SHOWCARD 5.

Did Not Interfere											Completely Interfered
	0	1	2	3	4	5	6	7	8	9	10





**As21. [BACAS21A] to [BACAS21I]**

Where is your pain primarily located?

a. Head
b. Neck
c. Back
d. Arms/Hands
e. Legs/Feet
f. Hips
g. Knees
h. Shoulders
i. Other (Please specify)

1. Yes
2. No
7. Don't Know/Not Sure
8. Refused
9. INAPP

**As22. [BACAS22]**

Have you seen a physician or other health care professional about this?

1. Yes [GO TO As23]
2. No
7. Don't Know/Not Sure
8. Refused
9. INAPP

**As23. [BACAS23]**

What was the diagnosis?

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

**As24a. [BACAS24A] to [BACAS24N]**

During the past 30 days, how much of the time did you feel...? All of the time, most of the time, some of the time, a little of the time, or none of the time?

- |    |                                    |
|----|------------------------------------|
| a. | so sad nothing could cheer you up? |
| b. | nervous?                           |
| c. | restless or fidgety?               |
| d. | hopeless?                          |
| e. | that everything was an effort?     |
| f. | worthless?                         |
| g. | lonely?                            |
| h. | afraid?                            |
| i. | jittery?                           |
| j. | irritable ?                        |
| k. | ashamed?                           |
| l. | upset?                             |
| m. | angry?                             |
| n. | frustrated?                        |

**INTERVIEWER: USE SHOWCARD 6.**

1. All the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
7. Don't Know/Not Sure
8. Refused

**As25. [BACAS25]**

Overall, were the negative feelings you reported over the last 30 days more or less negative than you usually feel or about the same as usual? Would you say a lot more negative than usual, somewhat more negative than usual, a little more negative than usual, about the same as usual, a little less negative than usual, somewhat less negative than usual, or a lot less negative than usual?

(If you never have any of these feelings, indicate "ABOUT THE SAME.")

1. A lot more negative than usual
2. Somewhat more negative than usual
3. A little more negative than usual
4. About the same as usual
5. A little less negative than usual
6. Somewhat less negative than usual

- 7. A lot less negative than usual
- 97. Don't Know/Not Sure
- 98. Refused

**As26a. [BACAS26A] to [BACAS26M]**

During the past 30 days, how much of the time did you feel...? All of the time, most of the time, some of the time, a little of the time, or none of the time?

a. cheerful?
b. in good spirits?
c. extremely happy?
d. calm and peaceful?
e. satisfied?
f. full of life?
g. close to others?
h. like you belong?
i. enthusiastic?
j. attentive ?
k. proud ?
l. active?
m. confident?

**INTERVIEWER: USE SHOWCARD 6.**

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't Know/Not Sure
7. Refused

**As27. [BACAS27]**

Overall, were the positive feelings you reported over the last 30 days more or less positive than you usually feel, or about the same as usual? Would you say a lot more positive than usual, somewhat more positive than usual, a little more positive than usual, about the same as usual, a little less positive than usual, somewhat less positive than usual, or a lot less positive than usual?

(If they have never had any of these feelings say “ABOUT THE SAME”.)

1. A lot more positive than usual
2. Somewhat more positive than usual
3. A little more positive than usual
4. About the same as usual
5. A little less positive than usual
6. Somewhat less positive than usual
7. A lot less positive than usual
97. Don't Know/Not Sure
98. Refused

**As28. [BACAS28A] to [BACAS28J]**

How much does your health limit you in doing each of the following...  
Would you say a lot, some, a little or not at all?

a. Lifting or carrying groceries
b. Bathing or dressing yourself
c. Climbing several flights of stairs
d. Climbing one flight of stairs
e. Bending, kneeling, or stooping
f. Walking more than a mile
g. Walking several blocks
h. Walking one block
i. Vigorous activity (e.g., running, lifting heavy objects)
j. Moderate activity (e.g., bowling, vacuuming)

**INTERVIEWER: USE SHOWCARD 7.**

1. A lot
2. Some
3. A little
4. Not at all
7. Don't Know/Not Sure
8. Refused



**As29. [BACAS29A] to [BACAS29D]**

Do you get short of breath in the following situations?

- a. When hurrying on ground level or walking up a slight hill.
- b. When walking with other people your age on level ground.
- c. When walking at your own pace on level ground.
- d. When washing or dressing.

- 1. Yes
- 2. No
- 7. Don't Know/Not Sure
- 8. Refused

**As33. [BACAS33A] to [BACAS33F]**

How often do you...?

- a. read books, magazines, or newspapers?
- b. do word games such as crossword puzzles or Scrabble?
- c. play cards or other games such as Bridge or Chess?
- d. attend educational lectures or courses?
- e. do writing (such as letters, stories, or journal entries)?
- f. use a computer (such as to send e-mail or search the internet)?

**INTERVIEWER: USE SHOWCARD 8.**

- 1. Daily
- 2. Several times a week
- 3. Once a week
- 4. Several times a month
- 5. Once a month
- 6. Never
- 7. Don't Know/Not Sure
- 8. Refused

**As34. [BACAS34A] to [BACAS34I]**

Please indicate how strongly you agree or disagree with each of the following statements.

- a. If I forgot my friend's zip code, I'd be able to learn it again.
- b. It's inevitable that my intellectual functioning will decline as I get older.
- c. I would have to ask a sales person to figure out how much I'd save with a 20% discount.
- d. The older I get, the harder it is to think clearly.
- e. As long as I exercise my mind, I will always be on top of things.
- f. My mental acuity (sharpness) is bound to decline.
- g. I can understand instructions only after someone explains them to me.
- h. I don't remember things as well as I used to.
- i. There's not much I can do to keep my memory from going down hill.

**INTERVIEWER: USE SHOWCARD 2.**

- 1. Strongly Agree
- 2. Somewhat Agree
- 3. Agree a little
- 4. Neither agree or disagree
- 5. Disagree a little
- 6. Somewhat disagree
- 7. Strongly disagree
- 97. Don't Know/Not Sure
- 98. Refused

*The next questions are about body measurements. We have brought a tape measure to help you. It is yours to keep. The information will be more accurate if you follow these suggestions:*

- ◆ *Make measurements while standing*
- ◆ *Avoid measuring over clothing (even thin clothing can add a 1/4 inch)*
- ◆ *Try to record answers to the nearest quarter (1/4) inch*

**As35. [BACAS35]**

What is your waist size-that is, how many inches around is your waist?  
Please measure at the level of your navel.

\_\_\_\_\_ # Inches (1/4 INCH = 0.25, 1/2 INCH = 0.50, 3/4 INCH = 0.75)

**As36. [BACAS36]**

What is your hip size-that is, how many inches do your hips measure at the widest point?  
Measure at the widest point between your waist and your thighs.

\_\_\_\_\_ # Inches (1/4 INCH = 0.25, 1/2 INCH = 0.50, 3/4 INCH = 0.75)



**As37. [BACAS37A] [BACAS37B]**

How tall are you?

\_\_\_\_\_ # Feet \_\_\_\_\_ # Inches

**As38. [BACAS38]**

Which of the following do you consider yourself?

1. Very overweight
2. Somewhat overweight
3. About the right weight
4. Somewhat underweight
5. Very underweight
7. Don't Know/Not Sure
8. Refused

**As39. [BACAS39]**

How much do you currently weigh?

\_\_\_\_\_ # Pounds

**As40. [BACAS40]**

How much did you weigh one year ago? (Your best estimate is fine.)

\_\_\_\_\_ # Pounds

**As41. [BACAS41]**

How much did you weigh ten years ago? (Your best estimate is fine.)

\_\_\_\_\_ # Pounds

**As42. [BACAS42]**

Over the past ten years, how many times have you lost 10 pounds or more (excluding women after childbirth)?

0. NONE [GO TO As44]

\_\_\_ # Times

**As43. [BACAS43A] to [BACAS43C]**

**During the past 12 months**, did you lose 10 pounds or more for any of the following reasons:

(During the past 12 months) Did you lose 10 pounds or more...
a. because of illness or health problems?
b. by diet, exercise or change of lifestyle?
c. for other reasons? If YES (Please specify: _____)

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

**As44. [BACAS44]**

Have you ever in your life had an operation or major procedure that required any type of anesthesia (including local anesthesia, general anesthesia, dental anesthesia, etc.)?

- |                        |              |
|------------------------|--------------|
| 1. Yes                 | [Go to As45] |
| 2. No                  | [Go to As46] |
| 7. Don't Know/Not Sure | [Go to As46] |
| 8. Refused             | [Go to As46] |

**As45. [BACAS45]**

In what year did this happen (most recently)?

\_\_\_\_\_ Year

**As46. [BACAS46]**

How many separate times in the past 12 months have you been hospitalized overnight?

\_\_\_\_\_ # Times

*If R answered one or more times in As46 ask As47, otherwise GO TO As48.*

**As47. [BACAS47]**

How many nights did you stay in a hospital altogether in the past 12 months?

\_\_\_\_\_ # Nights

**As48. [BACAS48A] to [BACAS48H]**

Where do you **USUALLY** go if you are sick or need advice about your health?

a. Private clinic or doctor's office (not an HMO)
b. HMO clinic
c. Public health clinic or community health center
d. Hospital outpatient department
e. Hospital emergency room
f. Urgent care center
g. Some other kind of place

h. No usual place
-------------------

- 1. Yes
- 2. No
- 7. Don't Know/Not Sure
- 8. Refused

**As49. [BACAS49]**

Of those you selected above, which place do you go most often?

1. Private clinic or doctor's office (not an HMO)
2. HMO clinic
3. Public health clinic or community health center
4. Hospital outpatient department
5. Hospital emergency room
6. Urgent care center
7. Some other kind of place
8. No usual place
97. Don't Know/Not Sure
98. Refused

**As50. [BACAS50A] to [BACAS50H]**

Who do you see for health care?

a.	Family Doctor/ Generalist
b.	Obstetrician/Gynecologist <b>INTERVIEWER: IF R IS PUZZLED, MENTION THAT SOME MEN GO TO SPOUSE OR PARTNER'S OB/GYN FOR PRIMARY CARE (OUT OF CONVENIENCE).</b>
c.	Internist
d.	Chiropractor
e.	Physicians Assistant/ Nurse Practitioner
f.	Other Healthcare Professional. Please specify:_____
g.	Homeopathic, Alternative, Complementary or other nontraditional health practitioner. Please specify:_____
h.	No one in particular

1. Yes
2. No
7. Don't Know/Not Sure
8. Refused

**As51. [BACAS51]**

Of those you selected above, which one do you see most often?

1. Family Doctor/ Generalist
2. Obstetrician/Gynecologist
3. Internist
4. Chiropractor
5. Physicians Assistant/ Nurse Practitioner
6. Other Healthcare Professional. Please specify:\_\_\_\_\_
7. Homeopathic, Alternative, Complementary or other nontraditional health practitioner. Please specify:\_\_\_\_\_

- 8. No one in particular
- 97. Don't Know/Not Sure
- 98. Refused

**As52. [BACAS52]**

Was there a time in the past 12 months when you needed medical care but couldn't get it?

- 1. Yes
- 2. No
- 7. Don't Know/Not Sure
- 8. Refused

**As53. [BACAS53A] to [BACAS53E]**

Please indicate how many times you saw each of the following doctors in the past 12 months about your physical health. Include only visits regarding your own physical health, not visits when you took someone else to be examined.

(If none, please say "0".)

	# Times
a. A doctor, hospital or clinic for a routine physical check-up or (gynecological exam).	
b. A dentist for a routine check-up or exam.	
c. An optician for a routine check-up or exam.	
d. A doctor, emergency room, or clinic for urgent care treatment (for example, because of new symptoms, an accident, or something else unexpected).	
e. A doctor, hospital, clinic, dentist or ophthalmologist for scheduled treatment or surgery.	

**<START OF ACASI>****As54. [BACAS54A] to [BACAS54D]**

*How many times did you see each of the following professionals in the past 12 months about a problem with your emotional or mental health or about personal problems, such as problems with marriage, alcohol or drugs, or job stress?*

*How many times did you see...*

*(Include both individual visits and group sessions regarding your own problems, but not visits when you took some one else regarding their problems.)*

*# Times  
(If none enter "0")*

- a. A psychiatrist.

*b. A general practitioner or other medical doctor.*

*c. A psychologist, professional counselor, marriage therapist, or social worker.*

*d. A minister, priest, rabbi or other spiritual advisor.*

**[BACAS55A] [BACASA55AY] [BACASA55AZ] to [BACAS55K] [BACASA55KY] [BACASA55KZ]**

*Self-help groups are groups organized and run by people who get together on the basis of a common experience or goal to mutually help or support one another.*

*Have you ever attended one of the meetings of...*

***Ever  
Attended?***

No Yes

*As55ay.-As55ky.  
What was your  
age when you first  
attended this type  
of meeting?*

*As55az-  
As55kz.  
How many  
times have  
you attended  
this type of  
meeting in the  
past 12  
months?*

a. Groups for people with substance problems (such as Alcoholics Anonymous or Rational Recovery)

☐ ☐→

b. Groups for people with emotional problems (such as GROW, the Manic Depressive and Depressive Association, or Emotions Anonymous)

☐ ☐→

c. Groups for people with eating problems

☐ ☐→

d. Groups for dealing with the death of a loved one (such as the Compassionate Friends or Widow to Widow)

☐ ☐→

e. Groups for people making other life transitions (such as Parents without Partners or the Empty Nesters)

☐ ☐→

f. Groups for survivors (such as Adult Children of Alcoholics or Survivors of Childhood Sexual Abuse)

☐ ☐→

g. Groups for people with physical disabilities or illnesses (such as Living With Cancer or Living With AIDS)

☐ ☐→

h. Parent support groups (such as Toughlove or Parents Anonymous)

☐ ☐→

i. Groups for the families of people with a physical illness (such as the Candlelighters or Families of Children with Cancer)

☐ ☐→

j. Groups for the families of people with emotional or substance problems (such as the National Alliance for the Mentally Ill or Al Anon)

☐ ☐→

k. Any other self-help group, mutual help group, or support group

☐ ☐→

Please enter the name(s) of the group(s):

---

**As56. [BACAS56A] to [BACAS56S]**

*For the next few questions, please think about therapies you have used in the past 12 months.*

*How often did you use “ \_\_\_\_\_ ” in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness.*

*Would you say that you used “ \_\_\_\_\_ ” a lot, often, some, a little or never in the past 12 months?*

- |   |
|---|
| a. Acupuncture  |
| b. Biofeedback  |
| c. Chiropractic   |
| d. Energy healing   |
| e. Physical or occupational therapy   |
| f. Exercise or movement therapy (such as yoga, pilates, tai chi, feldenkrais, etc.) |
| g. Herbal therapy   |
| h. High dose mega-vitamins  |
| i. Homeopathy   |
| j. Hypnosis   |
| k. Imagery techniques   |
| l. Massage therapy  |
| m. Prayer or other spiritual practices  |
| n. Relaxation or meditation techniques  |
| o. Physician prescribed diet (such as low salt, diabetes, etc.)                     |
| p. Weight Control Diet (such as Atkins, Weight Watchers, Pritkin, Zone, etc.)       |
| q. Special diet such as Vegetarian, Macrobiotic, Ayurvedic, etc.                    |
| r. Spiritual healing by others  |
| s. Any other non-traditional remedy or therapy<br>Please specify:<br>_____          |

**INTERVIEWER: USE SHOWCARD 9.**

1. *A lot*
2. *Often*
3. *Some*
4. *A little*
5. *Never*
7. *Don't Know/Not Sure*



8. *Refused*

As57. [BACAS57A] [BACAS57B]

*how much sleep do you usually get at night (or in your main sleep period) on **weekdays** or **workdays**?*

\_\_\_\_\_Hours\_\_\_\_\_Minutes

As58. [BACAS58A] [BACAS58B]

*How much sleep do you get at night (or in your main sleep period) on **weekends** or your **non-workdays**?*

\_\_\_\_\_Hours\_\_\_\_\_Minutes

As59. [BACAS59A] [BACAS59B]

*How long does it usually take you to fall asleep at bedtime?*

\_\_\_\_\_Hours\_\_\_\_\_Minutes

As60. [BACAS60]

*During a usual week, how many times do you nap for 5 minutes or more?  
Enter the number of times. If none enter "0".*

\_\_\_\_\_ # Times

As61a. [BACAS61A]

*How often you have trouble falling asleep?  
Would you say never, rarely, sometimes, often, or almost always?*

**INTERVIEWER: USE SHOWCARD 10.**

1. *Never (0 Times)*
2. *Rarely (Once a month or less)*
3. *Sometimes (2-4 times/month)*
4. *Often (2-3 times/week)*
5. *Almost always (4 or more times per week)*
7. *Don't Know/Not Sure*
8. *Refused*

As61b. [BACAS61B]

*How often you wake up during the night and have difficulty going back to sleep?  
(Would you say never, rarely, sometimes, often, or almost always?)*

**INTERVIEWER: USE SHOWCARD 10.**

1. *Never (0 Times)*
2. *Rarely (Once a month or less)*

3. *Sometimes (2-4 times/month)*
4. *Often (2-3 times/week)*
5. *Almost always (4 or more times per week)*
7. *Don't Know/Not Sure*
8. *Refused*

**As61c. [BACAS61C]**

*How often you wake up too early in the morning and are unable to get back to sleep?  
(Would you say never, rarely, sometimes, often, or almost always?)*

**INTERVIEWER: USE SHOWCARD 10.**

1. *Never (0 Times)*
2. *Rarely (Once a month or less)*
3. *Sometimes (2-4 times/month)*
4. *Often (2-3 times/week)*
5. *Almost always (4 or more times per week)*
7. *Don't Know/Not Sure*
8. *Refused*

**As61d. [BACAS61D]**

*How often you feel unrested during the day, no matter how many hours of sleep you had?  
(Would you say never, rarely, sometimes, often, or almost always?)*

**INTERVIEWER: USE SHOWCARD 10.**

1. *Never (0 Times)*
2. *Rarely (Once a month or less)*
3. *Sometimes (2-4 times/month)*
4. *Often (2-3 times/week)*
5. *Almost always (4 or more times per week)*
7. *Don't Know/Not Sure*
8. *Refused*

**A36. [BACA36]**

The next questions are about smoking cigarettes. At what age did you have your very first cigarette?

**INTERVIEWER: IF R SAYS "I don't smoke", PROBE: "At what age did you have your very FIRST cigarette, if EVER?"**

- \_\_\_\_ YEARS OLD
96. NEVER HAD A CIGARETTE [GO TO A44]
  97. DON'T KNOW/NOT SURE
  98. REFUSED

**A37. [BACA37]**

Have you ever smoked cigarettes regularly -- that is, at least a few cigarettes every day?

1. YES
2. NO [GO TO A44]
7. DON'T KNOW/NOT SURE [GO TO A44]
8. REFUSED [GO TO A44]
9. INAPP

**A38. [BACA38]**

At what age did you begin to smoke REGULARLY?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "By regularly I mean at least a few cigarettes every day."

**INTERVIEWER:** R SAID S/HE STARTED SMOKING AT AGE [fill A36].

- \_\_\_\_ YEARS OLD
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

[INTERVIEWER will check to be sure A38 (smoked regularly) is before A36 (first cigarette)].

**A39. [BACA39]**

Do you smoke cigarettes regularly NOW?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "By regularly I mean at least a few cigarettes every day."

1. YES
2. NO [GO TO A42]
7. DON'T KNOW/NOT SURE [GO TO A42]
8. REFUSED [GO TO A42]
9. INAPP

**A40. [BACA40]**

On average, about how many cigarettes did you smoke per day during the one year in your life when you smoked most heavily?

**INTERVIEWER:** IF R SAYS NUMBER OF CIGARETTES VARIED, REREAD STRESSING 'ON AVERAGE'.

**INTERVIEWER:** IF NECESSARY, CLARIFY: "1 PACK = 20 CIGARETTES".

- 0.5 - 10
- 1 - 20
- 1.5 - 30
- 2 - 40
- 2.5 - 50
- 3 - 60
- 3.5 - 70
- 4 - 80
- 4.5 - 90
- 5+ - 99

- \_\_\_\_ # OF CIGARETTES PER DAY
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP



**A41. [BACA41]**

Have you ever tried to quit smoking?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 8. REFUSED
- 9. INAPP

GO TO A44.

**A42. [BACA42]**

How old were you the last time you smoked regularly?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "By regularly I mean at least a few cigarettes every day."

- \_\_\_\_ YEARS OLD
- 97. DON'T KNOW
- 98. REFUSED
- 99. INAPP

**A43. [BACA43]**

On average, about how many cigarettes did you smoke **per day** during the one year in your life when you smoked most heavily?

**INTERVIEWER:** IF R SAYS NUMBER OF CIGARETTES VARIED, REREAD STRESSING 'ON AVERAGE'.

**INTERVIEWER:** IF NECESSARY, CLARIFY: "1 PACK = 20 CIGARETTES".

- 0.5 - 10
- 1 - 20
- 1.5 - 30
- 2 - 40
- 2.5 - 50
- 3 - 60
- 3.5 - 70
- 4 - 80
- 4.5 - 90
- 5+ - 99

- \_\_\_\_ # OF CIGARETTES PER DAY
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

**A44. [BACA44]**

Have you ever smoked a pipe or cigars, or used snuff or chewing tobacco regularly during you life?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A45. **[BACA45A] [BACA45B] [BACA4 5C]**

When you were growing up, that is during your first 16 years, did you live with anyone in your household who smoked (other than yourself)?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY, "Anyone else?"

**INTERVIEWER:** IF R ANSWERS YES, PROBE: AND WHO WAS THAT?

1. FATHER
2. MOTHER
3. OTHER
4. NO ONE
7. DON'T KNOW/NOT SURE
8. REFUSED

A46. **[BACA46]**

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

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A47. **[BACA47]**

While at your job **in the past**, did anyone regularly smoke cigarettes or other tobacco products in your immediate work area (other than yourself)?

**INTERVIEWER:** IF THEY QUESTION IF WE MEAN THE JOB THEY HAVE NOW OR A PREVIOUS JOB "in the past at either your current or previous jobs".

1. YES
2. NO
3. NEVER HAD A JOB [GO TO A49]
7. DON'T KNOW/NOT SURE
8. REFUSED

A48. **[BACA48]**

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

1. YES

2. NO
3. DON'T CURRENTLY HAVE A JOB
7. DON'T KNOW/NOT SURE
8. REFUSED



**A49. [BACA49]**

The next questions are about alcoholic beverages. How old were you when you had your first drink, not counting a sip of someone else's drink?

**INTERVIEWER:** IF R SAYS "I don't drink", PROBE: "How old were you when you had your FIRST drink, **if EVER**, not counting a sip of someone else's drink?"

- \_\_\_\_ YEARS OLD
96. NEVER HAD A DRINK [GO TO A58]  
97. DON'T KNOW/NOT SURE  
98. REFUSED

**A50. [BACA50]**

During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

1. YES  
2. NO [GO TO A54]  
7. DON'T KNOW/NOT SURE [GO TO A54]  
8. REFUSED [GO TO A54]  
9. INAPP

**A51. [BACA51]**

During the past month, how often did you drink any alcoholic beverages, on the average? Would you say every day, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, or less often than 1 day a week?

1. EVERY DAY [GO TO A52]  
2. 5 OR 6 DAYS A WEEK [GO TO A52]  
3. 3 OR 4 DAYS A WEEK [GO TO A52]  
4. 1 OR 2 DAYS A WEEK [GO TO A52]  
5. LESS THAN ONE DAY A WEEK [GO TO A51a]  
6. NEVER DRINK (VOLUNTEERED) (DO NOT READ) [GO TO A54]  
7. DON'T KNOW/NOT SURE [GO TO A54]  
8. REFUSED [GO TO A54]  
9. INAPP

**A51a. [BACA51A]**

Would that be three or four days a month, one or two days a month, or less often than that?

1. 3 OR 4 DAYS A MONTH  
2. 1 OR 2 DAYS A MONTH  
3. LESS OFTEN THAN ONE DAY A MONTH  
4. NEVER DRINK (VOLUNTEERED) [GO TO A54]  
7. DON'T KNOW/NOT SURE [GO TO A54]  
8. REFUSED [GO TO A54]  
9. INAPP



## A52. [BACA52]

**INTERVIEWER:** PLEASE READ THIS INTRODUCTION SLOWLY.

By one 'drink', we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.

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

\_\_\_\_ # OF DRINKS

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP

## A53. [BACA53]

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

**INTERVIEWER:** OCCASION MEANS: DRINKS IN A ROW, OR IN A SHORT PERIOD OF TIME

\_\_\_\_ NUMBER OF TIMES

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP

## A54. [BACA54]

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? Would you say every day, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, or less often than 1 day a week?

**INTERVIEWER:** IF NECESSARY, By one 'drink', we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.

- |    |   |              |
|----|---|--------------|
| 1. | EVERY DAY                               | [GO TO A55]  |
| 2. | 5 OR 6 DAYS A WEEK                      | [GO TO A55]  |
| 3. | 3 OR 4 DAYS A WEEK                      | [GO TO A55]  |
| 4. | 1 OR 2 DAYS A WEEK                      | [GO TO A55]  |
| 5. | LESS THAN ONE DAY A WEEK                | [GO TO A54a] |
| 6. | NEVER DRINK (VOLUNTEERED) (DO NOT READ) | [GO TO A58]  |
| 7. | DON'T KNOW                              | [GO TO A58]  |
| 8. | REFUSED                                 | [GO TO A58]  |
| 9. | INAPP                                   |              |

## A54a. [BACA54A]

Would that be three or four days a month, one or two days a month, or less often than that?

1. 3 OR 4 DAYS A MONTH
2. 1 OR 2 DAYS A MONTH
3. LESS OFTEN THAN ONE DAY A MONTH
4. NEVER DRINK (VOLUNTEERED) [GO TO A58]
7. DON'T KNOW/NOT SURE [GO TO A57]
8. REFUSED
9. INAPP

## A55. [BACA55]

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

**INTERVIEWER:** IF NECESSARY, By one 'drink', we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.

**INTERVIEWER:** IF R SAYS IT VARIED, PROBE: "On AVERAGE, on the days you would drink, about how many drinks did you usually have?"

**INTERVIEWER:** ENTER WHOLE DRINKS TO THE LEFT OF THE DECIMAL POINT AND ENTER PARTIAL DRINKS TO THE RIGHT OF THE DECIMAL POINT: IF R SAYS "Less than one drink" OR "Half a drink" ENTER "00.5"

- \_\_\_ # DRINKS
97. DON'T KNOW/NOT SURE
  98. REFUSED
  99. INAPP

## A56. [BACA56]

] How old were you when you started to drink that much?

- \_\_\_ AGE IN YEARS
97. DON'T KNOW/NOT SURE
  98. REFUSED
  99. INAPP

## A57. [BACA57]

For how many years did you drink that much?

- \_\_\_ NUMBER OF YEARS
97. DON'T KNOW/NOT SURE
  98. REFUSED
  99. INAPP

**A58. [BACA58]**

When you were growing up, that is during your first 16 years, did you live with anyone who was a problem drinker or alcoholic?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

**A59. [BACA59]**

Have you ever been married to, or lived with a partner who was a problem drinker or alcoholic?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

**As62. [BACAS62A] to [BACAS62J]**

*The next questions are about the use of drugs or medications on your own. By "on your own", we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use any of the following substances on your own during the past 12 months?*

*Did you ever use... on your own during the past 12 months?*

- a. Sedatives, including either barbiturates or sleeping pills on your own (such as Seconal, Halcion, Methaqualone).  
**INTERVIEWER: THIS INCLUDES OVER-THE-COUNTER SLEEPING AIDS OR PILLS.**
- b. Tranquilizers or "nerve pills" such as Librium, Valium, Ativan, Xanax
- c. Amphetamines or other stimulants, such as. Methamphetamine, Preludin, Dexedrine, Ritalin, or "Speed"
- d. Analgesics or other prescription painkillers (This does not include normal use of aspirin, Tylenol without codeine, etc., but does include use of Tylenol with codeine and other prescribed painkillers like Demerol, Darvon, and Percodan)
- e. Prozac or other similar prescription medications to treat depression
- f. Inhalants that you sniff or breathe to get high or to feel good such as Amylnitrate, Freon, Nitrous Oxide ("Whippets"), Gasoline, Spray paint)
- g. Marijuana or hashish
- h. Cocaine, crack or free base
- i. LSD or other hallucinogens, such as PCP, angel dust, peyote, ecstasy (MDMA), mescaline
- j. Heroin

*1. Yes*

2. *No*
7. *Don't Know/Not Sure*
8. *Refused*

*If "Yes" to any of the above substances, answer As63 – As65. If "No" to all of them, go to As66.*

**As63. [BACAS63]**

*During the past 12 months, how many times did you use much larger amounts of any of these substances than you intended to when you began, or used them for a longer period of time than you intended to?*

1. *Never*
2. *Once or twice*
3. *3 to 5 times*
4. *6 to 10 times*
5. *11 to 20 times*
6. *More than 20 times*
7. *Don't Know/Not Sure*
8. *Refused*

**As64. [BACAS64]**

*In the past 12 months, how many times have you been under the effects of any of these substances or suffering their after effects while at work or school, or while taking care of children? Would you say never, once or twice, 3 to 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times?*

1. *Never*
2. *Once or twice*
3. *3 to 5 times*
4. *6 to 10 times*
5. *11 to 20 times*
6. *More than 20 times*
7. *Don't Know/Not Sure*
8. *Refused*

**As65. [BACAS65A] to [BACAS65E]**

*When answering these questions, please keep in mind this list of substances you used in the last 12 months: [INTERVIEWER will read list of positive responses to As62a-j]*

- a. Were you under the effects of any of these substances or feeling their after-effects in a situation which increased your chances of getting hurt, like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming?
- b. Did you have any emotional or psychological problems from using any of these substances, such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?
- c. Did you have such a strong desire or urge to use any of these substances that you could not resist it or could not think of anything else?
- d. Did you have a period of a month or more when you spent a great deal of time using any of these substances or getting over any of their effects?
- e. Did you find that you had to use more of any of these substances than usual to get the same effect or that the same amount had less effect on you than before?

- 1. *Yes*
- 2. *No*
- 7. *Don't Know/Not Sure*
- 8. *Refused*

**As66. [BACAS66A] to [BACAS66E]**

*During the past 12 months, did you have any of the following problems while drinking or because of drinking alcohol?*

- a. Were you under the effects of alcohol or feeling its after-effects in a situation which increased your chances of getting hurt, like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming?
- b. Did you have any emotional or psychological problems from using alcohol, such as feeling depressed, being suspicious of people, or having strange ideas?
- c. Did you have such a strong desire or urge to use alcohol that you could not resist it or could not think of anything else?
- d. Did you have a period of a month or more when you spent a great deal of time using alcohol or getting over its effects?
- e. Did you find that you had to use more alcohol than usual to get the same effect or that the same amount had less effect on you than before?

- 1. *Yes*
- 2. *No*
- 7. *Don't Know/Not Sure*
- 8. *Refused*

**As67. [BACAS67]**

*During the past 12 months, how many times did you use alcohol in much larger amounts than you intended to when you began, or used it for a longer period of time than you intended to? Would you say never, once or twice, 3 to 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times?*

1. *Never*
2. *Once or twice*
3. *3 to 5 times*
4. *6 to 10 times*
5. *11 to 20 times*
6. *More than 20 times*
7. *Don't Know/Not Sure*
8. *Refused*

**As68. [BACAS68]**

*In the past 12 months, how many times have you been under the effects of alcohol or suffering its after effects while at work or school, or while taking care of children?*

*Would you say never, once or twice, 3 to 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times?*

1. *Never*
2. *Once or twice*
3. *3 to 5 times*
4. *6 to 10 times*
5. *11 to 20 times*
6. *More than 20 times*
7. *Don't Know/Not Sure*
8. *Refused*

<END ACASI>

**A60. [BACA60]**

The next questions are about your mood.

DURING THE PAST 12 MONTHS, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

1. YES
2. NO [GO TO A72]
6. I DID NOT FEEL DEPRESSED BECAUSE I WAS ON ANTI-DEPRESSANT MEDICATION [GO TO A72]
7. DON'T KNOW/NOT SURE [GO TO A72]
8. REFUSED [GO TO A72]



**A61. [BACA61]**

Please think of THE TWO-WEEK PERIOD during the past 12 months when these feelings were worst. During that time, did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

1. ALL DAY LONG
2. MOST OF THE DAY
3. ABOUT HALF THE DAY [GO TO A72]
4. LESS THAN HALF THE DAY [GO TO A72]
7. DON'T KNOW/NOT SURE [GO TO A72]
8. REFUSED [GO TO A72]
9. INAPP

**A62. [BACA62]**

During the two weeks when these feelings were worst, how often did you feel this way, every day, almost every day, or less often than that?

1. EVERY DAY
2. ALMOST EVERY DAY
3. LESS OFTEN THAN THAT [GO TO A72]
7. DON'T KNOW/NOT SURE [GO TO A72]
8. REFUSED [GO TO A72]
9. INAPP

**A63. [BACA63]**

During those two weeks, did you lose interest in most things?

**INTERVIEWER:** IF R SAYS "I'm usually not interested in things", REREAD QUESTION ADDING "...MORE than is usual for you?"

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A64. [BACA64]**

Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A65. [BACA65]**

During those same two weeks, did you lose your appetite?

1. YES [GO TO A66]
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A65a. [BACA65A]**

Did your appetite INCREASE during those same two weeks?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A66. [BACA66]**

Did you have more trouble falling asleep than you usually do during those two weeks?

1. YES
2. NO [GO TO A67]
7. DON'T KNOW/NOT SURE [GO TO A67]
8. REFUSED [GO TO A67]
9. INAPP

**A66a. [BACA66A]**

Did that happen EVERY NIGHT, NEARLY EVERY NIGHT, or LESS OFTEN during those two weeks?

1. EVERY NIGHT
2. NEARLY EVERY NIGHT
3. LESS OFTEN THAN THAT
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A67. [BACA67]**

During that same two week period, did you have a lot more trouble concentrating than usual?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A68. [BACA68]**

People sometimes feel down on themselves, no good, or worthless. During that two-week period, did you feel this way?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A69. [BACA69]**

Did you think a lot about death -- either your own, someone else's, or death in general -- during those two weeks?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**[INTERVIEWER: IF ONE OR MORE "YES" RESPONSES IN (A63, A64, A65, A65a, A67, A68, A69), OR A66a = NEARLY EVERY NIGHT OR EVERY NIGHT, CONTINUE, OTHERWISE GO TO A83.]**

**A70. [BACA70]**

To review, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other feelings or problems like you (READ UP TO THE FIRST 3 'YES' RESPONSES TO A63 -A69). About how many weeks altogether did you feel this way during the PAST 12 MONTHS?

**INTERVIEWER: IF R JUST SAYS A NUMBER, ASSUME WEEKS.**

- \_\_\_\_ NUMBER OF WEEKS
52. THE ENTIRE YEAR [GO TO A83]
  97. DON'T KNOW/NOT SURE
  98. REFUSED
  99. INAPP

**A71MO. [BACA71MO]**

Think about the MOST RECENT time when you had two weeks in a row when you felt this way. In what month was this?

**INTERVIEWER:** IF R SAYS IT HAPPENED OVER TWO OR MORE MONTHS, ENTER THE MOST RECENT MONTH

**INTERVIEWER:** IF NECESSARY, CLARIFY: "During the past 12 months."

**(MONTH)**

1. JANUARY
2. FEBRUARY
3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
96. CURRENTLY FEEL THIS WAY/HASN'T ENDED
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

**INTERVIEWER:** IF THE MONTH THEY FELT THIS WAY IS THE SAME AS THE CURRENT MONTH, WE NEED TO ASK YEAR TO CLARIFY IF THEY MEAN THIS MONTH OR THIS MONTH A YEAR AGO.

**A71YR. [BACA71YR]**

(Think about the MOST RECENT time when you had two weeks in a row when you felt this way.)

(In what YEAR was this?)

- \_\_\_\_ YEAR
9997. DON'T KNOW/NOT SURE
  9998. REFUSED
  9999. INAPP

GO TO A83.

**A72. [BACA72]**

DURING THE PAST 12 MONTHS, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

1. YES
2. NO [GO TO A83]
6. I DID NOT FEEL LOSS OF INTEREST BECAUSE I WAS ON ANTI-DEPRESSANT MEDICATION [GO TO A83]
7. DON'T KNOW/NOT SURE [GO TO A83]
8. REFUSED [GO TO A83]
9. INAPP

**A73. [BACA73]**

Please think of THE TWO-WEEK PERIOD during the past 12 months when you had the MOST COMPLETE loss of interest in things. During that time, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

1. ALL DAY LONG
2. MOST OF THE DAY
3. ABOUT HALF THE DAY [GO TO A83]
4. LESS THAN HALF THE DAY [GO TO A83]
7. DON'T KNOW/NOT SURE [GO TO A83]
8. REFUSED [GO TO A83]
9. INAPP

**A74. [BACA74]**

During the two weeks when these feelings were worst, how often did you feel this way: every day, almost every day, or less often than that?

1. EVERY DAY
2. ALMOST EVERY DAY
3. LESS OFTEN THAN THAT [GO TO A83]
7. DON'T KNOW/NOT SURE [GO TO A83]
8. REFUSED [GO TO A83]
9. INAPP

**A75. [BACA75]**

Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A76. [BACA76]**

During those same two weeks, did you lose your appetite?

1. YES [GO TO A77]
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A76a. [BACA76A]**

Did your appetite INCREASE during those same two weeks?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A77. [BACA77]**

Did you have more trouble falling asleep than you usually do during those two weeks?

1. YES
2. NO [GO TO A78]
7. DON'T KNOW/NOT SURE [GO TO A78]
8. REFUSED [GO TO A78]
9. INAPP

**A77a. [BACA77A]**

Did that happen EVERY NIGHT, NEARLY EVERY NIGHT, or LESS OFTEN during those two weeks?

1. EVERY NIGHT
2. NEARLY EVERY NIGHT
3. LESS OFTEN THAN THAT
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A78. [BACA78]**

During that same two-week period, did you have a lot more trouble concentrating than usual?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A79. [BACA79]**

People sometimes feel down on themselves, no good, or worthless. During that two-week period, did you feel this way?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A80. [BACA80]**

Did you think a lot about death -- either your own, someone else's, or death in general -- during those two weeks?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

IF ONE OR MORE "YES" RESPONSES IN (A75, A76, A76a, A78, A79, A80), OR A77a = NEARLY EVERY NIGHT OR EVERY NIGHT, CONTINUE, OTHERWISE GO TO A83.

**A81. [BACA81]**

To review, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other feelings or problems such as you (READ UP TO THE FIRST 3 'YES' RESPONSES TO A75 –A80). About how many weeks altogether did you feel this way during the past 12 months?

**INTERVIEWER:** IF R JUST SAYS A NUMBER, ASSUME WEEKS.

- NUMBER OF WEEKS
52. THE ENTIRE YEAR [GO TO A83]
  97. DON'T KNOW/NOT SURE
  98. REFUSED
  99. INAPP

**A82MO. [BACAMO]**

Think about the MOST RECENT time when you had two weeks in a row when you felt this way. In what month was this?

**INTERVIEWER:** IF R SAYS IT HAPPENED OVER TWO OR MORE MONTHS, ENTER THE MOST RECENT MONTH.

**INTERVIEWER:** IF NECESSARY, CLARIFY: "During the past 12 months."

**(MONTH)**

1. JANUARY
2. FEBRUARY
3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
96. CURRENTLY FEEL THIS WAY/HASN'T ENDED
97. DON'T KNOW
98. REFUSED
99. INAPP

**INTERVIEWER:** IF THE MONTH THEY FELT THIS WAY IS THE SAME AS THE CURRENT MONTH, WE NEED TO ASK YEAR TO CLARIFY IF THEY MEAN THIS MONTH OR THIS MONTH A YEAR AGO.

**A82YR. [BACA82YR]**

(Think about the MOST RECENT time when you had two weeks in a row when you felt this way.) (In what YEAR was this?)

\_\_\_\_\_ YEAR

**A83. [BACA83]**

People differ a lot in how much they worry. Considering how things have been going in your life over the PAST 12 MONTHS, do you worry MORE than most people in the same situation, LESS than most people, or ABOUT THE SAME as most people in the same situation?

**INTERVIEWER:** IF R SAYS "I don't know anybody in the SAME situation", PROBE: "Try to imagine how much most people would worry if they were in your situation."

1. MORE
2. LESS [GO TO A84]
3. ABOUT THE SAME [GO TO A84]
4. I DON'T WORRY AT ALL (VOLUNTEERED) [GO TO A90]



- |    |            |             |
|----|------------|-------------|
| 7. | DON'T KNOW | [GO TO A84] |
| 8. | REFUSED    | [GO TO A84] |

**A83a. [BACA83A]**

Would you say A LOT MORE than most people, SOMEWHAT, or only A LITTLE?

1. A LOT MORE
2. SOMEWHAT
3. A LITTLE
7. DON'T KNOW
8. REFUSED
9. INAPP

**A84. [BACA84]**

Thinking about the PAST 12 MONTHS, did you worry: every day, just about every day, most days, about half the days, or less than half the days?

**INTERVIEWER:** IF R SAYS IT VARIES, PROBE: "On AVERAGE over the PAST 12 MONTHS, did you worry..." AND READ LIST

1. EVERY DAY
2. JUST ABOUT EVERY DAY
3. MOST DAYS
4. ABOUT HALF THE DAYS
5. LESS THAN HALF THE DAYS [GO TO A90]
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A84a. [BACA84A]**

On days you worry, does the worry usually last all day long, most of the day, about half the day, or less than half the day?

**INTERVIEWER:** IF R SAYS IT VARIES, PROBE: "On AVERAGE on the days you worry, does the worry usually last..." AND READ LIST.

1. ALL DAY LONG
2. MOST OF THE DAY
3. ABOUT HALF
4. LESS THAN HALF THE DAY
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A85. [BACA85]**

Do you usually worry about ONE particular thing or MORE THAN ONE thing?

**INTERVIEWER:** IF R SAYS "What kind of things?", CLARIFY: "We mean one particular thing, such as your job security, your parents' health, or your child's problems at school."

1. ONE THING
2. MORE THAN ONE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A85a. [BACA85A]**

Do you ever have different worries on your mind AT THE SAME TIME?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

IF A85 ≠ MORE THAN ONE THING AND A85a ≠ YES, GO TO A90.

**A86. [BACA86]**

Do you worry about things that are not likely to happen?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A86a. [BACA86A]**

Do you worry about things that are not really serious?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A87. [BACA87]**

How often is your worry so strong that you can't put it out of your mind no matter how hard you try: often, sometimes, rarely, or never?

**INTERVIEWER:** USE SHOWCARD 11.

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A87a. [BACA87A]**

How often do you find it difficult to CONTROL your worry: (often, sometimes, rarely, or never)?

**INTERVIEWER:** USE SHOWCARD 11.

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**INTRO.A88**

Some people have physical reactions because of their worry. Thinking about the PAST 12 MONTHS, how often did you have each of the following reactions because of your worry? Include ONLY physical reactions that might have been caused by your worry, not those that were caused by something else.

**A88(a-j). [BACA88A] to [BACA88J]**

(First, how/How) often (**over the PAST 12 MONTHS**)... Would you say most days, about half the days, less than half the days or never?

**INTERVIEWER:** IF R VOLUNTEERS SYMPTOM IS DUE TO ILLNESS, INJURY, MEDICATION, OR ANYTHING EXCEPT WORRY, ENTER '4'.

**INTERVIEWER:** IF R SAYS "I've always felt/been that way", ENTER '4'.

a. "were you restless because of your worry?"
b. "were you keyed up, on edge, or had a lot of nervous energy?"
c. "were you irritable because of your worry?"
d. "did you have trouble falling asleep?"
e. "did you have trouble staying asleep because of your worry?"
f. "did you have trouble keeping your mind on what you were doing?"
g. "did you have trouble remembering things because of your worry?"
h. "were you low on energy?"

- |  |
|--|
| i. "did you tire easily because of your worry?"              |
| j. "did you have sore or aching muscles because of tension?" |

**INTERVIEWER:** USE SHOWCARD 12.

1. MOST DAYS
2. ABOUT HALF THE DAYS
3. LESS THAN HALF THE DAYS
4. NEVER
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A89. **[BACA89]**

How much does the worry interfere with your life or activities: a lot, some, a little, or not at all?

1. A LOT
2. SOME
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A90. **[BACA90]**

**During the past 12 months**, did you ever have a spell or an attack when **all of a sudden** you felt frightened, anxious, or very uneasy, in a situation when most people would not be afraid or anxious?

**INTERVIEWER:** IF R IS NOT SURE WHETHER A SITUATION COUNTS, PROBE:  
"In your opinion, was this a situation where most people would NOT be afraid or anxious?" AND REREAD QUESTION IF NECESSARY

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Please DO NOT include a situation that was due to any PHYSICAL CAUSE, like a heart problem."

1. YES [GO TO A91]
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A90a. **[BACA90A]**

**During the past 12 months**, did you ever have a spell or attack when for no reason your heart suddenly began to race, you felt faint, or you couldn't catch your breath? When we say, 'for no reason,' we mean that it was NOT due to any physical cause, like a heart problem.

1. YES
2. NO [GO TO B1]
7. DON'T KNOW/NOT SURE [GO TO B1]
8. REFUSED [GO TO B1]
9. INAPP

A91. **[BACA91]**

About how many attacks did you have in the past 12 months?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Please DO NOT include a situation that was due to any PHYSICAL CAUSE, like a heart problem."

- \_\_\_ # OF ATTACKS IN THE PAST 12 MONTHS
997. DON'T KNOW/NOT SURE
  998. REFUSED
  999. INAPP

A92. **[BACA92]**

Did (this attack happen in a situation/ALL of these attacks happen in situations) when you were in danger or were the center of attention?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Please DO NOT include a situation that was due to any PHYSICAL CAUSE, like a heart problem."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92a. **[BACA92A]**

When you have attacks, does your heart pound?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92b. **[BACA92B]**

(When you have attacks,) do you have tightness, pain, or discomfort in your chest or stomach?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A92c. [BACA92C]**

(When you have attacks,) do you sweat?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A92d. [BACA92D]**

(When you have attacks,) do you tremble or shake?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A92e. [BACA92E]**

(When you have attacks,) do you have hot flashes or chills?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**A92f. [BACA92F]**

(When you have attacks,) do you, or things around you, seem unreal?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**SECTION 2: EDUCATION, OCCUPATION, AND MARITAL STATUS**

The next questions are for classification purposes.

**B1. [BACB1]**

What is the highest grade of school or year of college you completed?

**INTERVIEWER:** DO NOT READ LIST. IF R ANSWERS "(JR) HIGH SCHOOL",

**PROBE:** "Did you receive a degree?"

1. NO SCHOOL/SOME GRADE SCHOOL (1-6)
2. EIGHTH GRADE/JUNIOR HIGH SCHOOL (7-8)
3. SOME HIGH SCHOOL (9-12 NO DIPLOMA/NO GED)
4. GED
5. GRADUATED FROM HIGH SCHOOL
6. 1 TO 2 YEARS OF COLLEGE, NO DEGREE YET
7. 3 OR MORE YEARS OF COLLEGE, NO DEGREE YET
8. GRADUATED FROM A TWO-YEAR COLLEGE OR VOCATIONAL SCHOOL, OR ASSOCIATE'S DEGREE
9. GRADUATED FROM A FOUR- OR FIVE-YEAR COLLEGE, OR BACHELOR'S DEGREE
10. SOME GRADUATE SCHOOL
11. MASTER'S DEGREE
12. PH.D., ED.D., MD, DDS, LLB, LLD, JD, OR OTHER PROFESSIONAL DEGREE
97. DON'T KNOW/NOT SURE
98. REFUSED

**B2. [BACB2]**

How old were you when you first worked for pay for six months or more, whether part-time or full-time?

**INTERVIEWER:** IF NECESSARY, CLARIFY "I mean work for pay only, volunteer work is not included."

**INTERVIEWER:** IF NECESSARY, CLARIFY "work for pay includes self-employment."

- \_\_\_\_ YEARS OLD
96. NEVER HAD PAID JOB [GO TO B19]
  97. DON'T KNOW/NOT SURE
  98. REFUSED

**Fs1. [BACFS1]**

Please think of the work situation you are in now, whether part-time or full-time, paid or unpaid, at home or at a job. Using a scale from 0 to 10 where 0 means "the worst possible work situation" and 10 means "the best possible work situation," how would you rate your work situation **these days**?

**INTERVIEWER: USE SHOWCARD 5.**

Worst											Best
	0	1	2	3	4	5	6	7	8	9	10

**Fs2. [BACFS2]**

Looking back **ten years ago**, how would you rate your work situation at that time using the same 0 to 10 scale?

If you did not work ten years ago, answer: "**Does not apply**".

**INTERVIEWER: USE SHOWCARD 5.**

Worst											Best
	0	1	2	3	4	5	6	7	8	9	10

**Fs3. [BACFS3]**

Looking ahead ten years into the future, what do you expect your work situation will be like at that time?

**INTERVIEWER: USE SHOWCARD 5.**

Worst											Best
	0	1	2	3	4	5	6	7	8	9	10

**Fs4. [BACFS4]**

Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your work situation these days?

**INTERVIEWER: USE SHOWCARD 5.**

None											Very Much
	0	1	2	3	4	5	6	7	8	9	10

**Fs5. [BACFS5]**

Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your work situation these days?

**INTERVIEWER: USE SHOWCARD 5.**

None											Very Much
	0	1	2	3	4	5	6	7	8	9	10



**B3. [BACB3A] to [BACB3K]**

What about your current employment situation -- are you **working now for pay, self-employed, looking for work, temporarily laid off, retired, a homemaker, a full-time or part-time student, or something else?**

**INTERVIEWER:** SELECT ALL THAT APPLY-DO NOT PROBE FOR OTHERS.  
SELECT 9, 10 or 11 ONLY IF VOLUNTEERED.

1. WORKING NOW [GO TO B7]
2. SELF-EMPLOYED [GO TO B7]
3. LOOKING FOR WORK; UNEMPLOYED
4. TEMPORARILY LAID OFF
5. RETIRED
6. HOMEMAKER
7. FULL-TIME STUDENT
8. PART-TIME STUDENT
9. MATERNITY OR SICK LEAVE (VOLUNTEERED)
10. PERMANENTLY DISABLED (VOLUNTEERED)
11. OTHER\_\_\_\_\_(SPECIFY)
97. DON'T KNOW/NOT SURE
98. REFUSED

**B4. [BACB4N] [BACB4M]**

How long (have you been [laid off/on leave/retired/unemployed]/has it been since the last time you had a paid job)?

- \_\_\_\_\_ DAYS/WEEKS/MONTHS/YEARS
996. NEVER WORKED [GO TO B19]
  997. DON'T KNOW/NOT SURE
  998. REFUSED
  999. INAPP

IF B3 = TEMPORARILY LAID OFF ONLY, GO TO B7.

IF B3 = MATERNITY OR SICK LEAVE ONLY, GO TO B7.

**B5. [BACB5]**

What happened -- were you fired or laid off, did the company close down, did you quit, choose to retire or did something else happen?

**INTERVIEWER:** DO NOT READ LIST: IF R LISTS MORE THAN- 1 RESPONSE, ENTER MAIN RESPONSE BELOW.

1. FIRED
2. LAID OFF
3. PLANT/COMPANY CLOSED
4. QUIT
5. RETIRED
6. WORK FORCE REDUCTION (VOLUNTEERED)
7. OTHER\_\_\_\_\_ (SPECIFY)
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

**B6. [BACB6]**

Are you doing ANY work for pay at the present time?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Work for pay includes self-employment."

1. YES
2. NO [GO TO B14]
7. DON'T KNOW/NOT SURE [GO TO B14]
8. REFUSED [GO TO B14]
9. INAPP

**B7. [BACB7]**

Think about your main job (from which you are currently [on leave/laid off]). Do you supervise anyone on this job?

**INTERVIEWER:** IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

1. YES
2. NO [GO TO B8]
7. DON'T KNOW/NOT SURE [GO TO B8]
8. REFUSED [GO TO B8]
9. INAPP

**B7a. [BACB7A]**

How many people do you supervise?

**INTERVIEWER:** THIS IS NOT LIMITED TO DIRECT SUPERVISION, ACCEPT ANY NUMBER R GIVES.

- \_\_\_\_ # OF PEOPLE  
996. 996 OR MORE PEOPLE  
997. DON'T KNOW/NOT SURE  
998. REFUSED  
999. INAPP

IF B3 = SELF EMPLOYED, GO TO B9.

**B8. [BACB8]**

Do you have an employer on this job, or are you self-employed?

**INTERVIEWER:** IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

1. HAS EMPLOYER  
2. SELF-EMPLOYED  
7. DON'T KNOW/NOT SURE  
8. REFUSED  
9. INAPP

**B9q.**

What kind of business or company is this?

**INTERVIEWER:** USE PROBES AS NECESSARY, TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

@a. (What do they make or do where you work? (SPECIFIC PRODUCT/ACTIVITY))

@b. (Is this government/public or private? Wholesale or retail?)

@c. (Is this a company that only does\_\_\_\_, or do they make/sell/do other things as well?)

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.

**INTERVIEWER:** IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

**B10.**

What is your job title?

**INTERVIEWER:** DO NOT PROBE FOR OTHERS, IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY. IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

SPECIFY JOB TITLE \_\_\_\_\_

B11q.

What are YOUR most important activities or duties?

**INTERVIEWER:** USE PROBES AS NECESSARY, TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

@a. (Could you tell me more?)

@b. (What do you make/do/teach/sell? -- (SPECIFIC PRODUCT/ MACHINE))

@c. (Exactly) (What kind of work do you do at this job?)

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.

**INTERVIEWER:** IF R OFFERS A TYPE OF BUSINESS OR INDUSTRY, PROBE: "What EXACTLY do you do, for example, TEACH HIGH SCHOOL MATH, OPERATE A TEXTILE WEAVING MACHINE, or SELL BOOKS AT A RETAIL STORE?"

**INTERVIEWER:** IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

B12. [BACB12]

(When you are working, about/About) how many hours do you work for pay in an **average week** on your **main job**?

**INTERVIEWER:** PROBE "Your **best** estimate is fine."

IF NECESSARY, CLARIFY: "Work for pay includes self-employment."

IF R SAYS "Less than one hour a week", ENTER "0".

IF NECESSARY: "Please tell me how many hours you **work** if it is different from how many hours you are paid for."

\_\_\_ # HOURS PER AVERAGE WEEK

997. DON'T KNOW

998. REFUSED

999. INAPP

B12a. [BACB12A]

(When you are working, in/In) an average week, how many hours do you work for pay at ANY OTHER JOBS?

**INTERVIEWER:** PROBE "Your **best** estimate is fine."

IF NECESSARY, CLARIFY: "Work for pay includes self-employment."

IF R SAYS "Less than one hour a week", ENTER "0".

IF R SAYS "I have only one job", ENTER "0".

IF NECESSARY: "Please tell me how many hours you **work** if it is different from how many hours you are paid for."

\_\_\_ # HOURS PER AVERAGE WEEK

997. DON'T KNOW/NOT SURE

- 998. REFUSED
- 999. INAPP

**B13. [BACB13]**

About how many nights in the past 12 months did your work require you to be away from home overnight? Count any nights when you were away from home overnight because of your work, whether you were travelling or working a normal night shift.

**INTERVIEWER: IF R WORKS NIGHT SHIFTS ENTER # OF NIGHTS THEY WORKED IN THE PAST YEAR**

- \_\_\_ # NIGHTS
- 997. DON'T KNOW/NOT SURE
- 998. REFUSED
- 999. INAPP

*For the next set of questions, unless it is otherwise specified, consider all of the work that you do for pay.*

**In an average week, how often do you work during the day, in the evening, at night (including being away overnight for work-related travel), or on the weekend? Answer these questions even if you are temporarily on leave or laid off from your main job and think about that job when answering the questions.**

**Fs14a. [BACFS14A]**

*(Consider all of the work that you do for pay.)*

*In an average week, how often do you work days, any time between 7:00 am and 5:00pm? Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?*

- 1. 4 or more times/week
- 2. 2 to 3 times/week
- 3. Once a week
- 4. 1 to 3 times/week
- 5. Less than once a month or never
- 7. Don't Know/Not Sure
- 8. Refused

**Fs14b. [BACFS14B]**

*(Consider all of the work that you do for pay.)*

*In an average week, how often do you work evenings, any time between 7:30 pm and 9:30 pm? (Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?)*

- 1. 4 or more times/week
- 2. 2 to 3 times/week
- 3. Once a week
- 4. 1 to 3 times/week

- 5. Less than once a month or never
- 7. Don't Know/Not Sure
- 8. Refused

**Fs14c. [BACFS14C]**

(Consider all of the work that you do for pay.)

In an average week, how often do you work nights, any time between 9:30 pm and 4:30 am, or overnight? (Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?)

1. 4 or more times/week
2. 2 to 3 times/week
3. Once a week
4. 1 to 3 times/week
5. Less than once a month or never
7. Don't Know/Not Sure
8. Refused

**Fs14d. [BACFS14D]**

(Consider all of the work that you do for pay.)

In an average week, how often do you work weekends, any time Saturday or Sunday? (working both days counts as twice a week). (Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?)

1. 4 or more times/week
2. 2 to 3 times/week
3. Once a week
4. 1 to 3 times/week
5. Less than once a month or never
7. Don't Know/Not Sure
8. Refused

**Fs15. [BACFS15A] to [BACFS15C]**

At what time of day do you usually begin work at your main job? Answer the question even if you are temporarily on leave or laid off from your main job.

\_\_\_\_\_ 1=A.M. / 2=P.M. / 3=Midnight/4=Noon

**Fs16. [BACFS16A] to [BACFS16C]**

At what time do you usually end work at your main job? (Answer the question even if you are temporarily on leave or laid off from your main job.)

\_\_\_\_\_ 1=A.M. / 2=P.M. / 3=Midnight/4=Noon

**Fs17. [BACFS17A] [BACFS17B]**

How long does it usually take you, round-trip, to get to and from work? (Enter "0" for both items if R works at home.)

\_\_\_\_\_ # Hours      \_\_\_\_\_ # Minutes



**Fs18. [BACFS18]**

In the past 12 months, did you have any serious ongoing problems getting along with someone at work?

1. Yes
2. No
7. Don't Know/Not Sure
8. Refused

**Fs19. [BACFS19]**

Have you had any other serious ongoing stress at work? Include things like consistently extreme work demands, major changes, or uncertainties that most people would consider highly stressful?

1. Yes
2. No
7. Don't Know/Not Sure
8. Refused

**Fs20. [BACFS20]**

If you wanted to stay in your present job, what are the chances that you could keep it for the next two years?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW/NOT SURE
8. REFUSED

**Fs21. [BACFS21]**

Overall, what kind of effect does your job have on your physical health? If you have more than one job, please give your best judgment of the combined effect of your jobs. Would you say it's very positive, somewhat positive, neither positive nor negative/it balances out, somewhat negative or very negative?

1. VERY POSITIVE
2. SOMEWHAT POSITIVE
3. NEITHER POSITIVE NOR NEGATIVE/BALANCES OUT
4. SOMEWHAT NEGATIVE
5. VERY NEGATIVE
7. DON'T KNOW/NOT SURE
8. REFUSED

**Fs22. [BACFS22]**

Overall, what kind of effect does your job have on your emotional or mental health? Again, if you have more than one job, please give your best judgment of the combined effect of your jobs. (Would you say it's very positive, somewhat positive, neither positive nor negative/it balances out, somewhat negative or very negative?)

1. VERY POSITIVE
2. SOMEWHAT POSITIVE
3. NEITHER POSITIVE NOR NEGATIVE/BALANCES OUT
4. SOMEWHAT NEGATIVE
5. VERY NEGATIVE
7. DON'T KNOW/NOT SURE
8. REFUSED

If B3 = (self employed) or (working now) or (temporarily laid off) or (maternity or sick leave)  
GO TO Fs7.

If B6 = Yes GO TO Fs7.

**B14. [BACB14]**

Thinking about the last job you had (from which you retired). Did you supervise anyone?

**INTERVIEWER:** IF R SAYS 'I worked at more than one job', PROBE: "Tell me about your main job."

1. YES
2. NO [GO TO B15]
7. DON'T KNOW/NOT SURE [GO TO B15]
8. REFUSED [GO TO B15]
9. INAPP

**B14a. [BACB14A]**

How many people did you supervise?

**INTERVIEWER:** THIS IS NOT LIMITED TO DIRECT SUPERVISION, ACCEPT ANY NUMBER R GIVES

- \_\_\_ # of people
997. DON'T KNOW/NOT SURE
  998. REFUSED
  999. INAPP

**B15. [BACB15]**

Did you have an employer on that job or were you self-employed?

**INTERVIEWER:** IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

1. HAD EMPLOYER
2. SELF-EMPLOYED

7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

B16q.

What kind of business or company was this?

**INTERVIEWER:** USE PROBES AS NECESSARY, TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE

@a. (What did they make or do where you worked? (SPECIFIC PRODUCT/ACTIVITY))

@b. (Was this government/public or private? Wholesale or retail?)

@c. (Was this a company that only did \_\_\_\_, or did they make/sell/do other things as well?)

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.

**INTERVIEWER:** IF R SAYS 'I worked at more than one job', PROBE: "Tell me about your main job."

B17.

What was your job title?

**DO NOT PROBE FOR OTHERS**

**INTERVIEWER:** IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

**INTERVIEWER:** IF R SAYS 'I worked at more than one job', PROBE: "Tell me about your main job."

SPECIFY: \_\_\_\_\_

B18q.

What were YOUR most important activities or duties?

**INTERVIEWER:** USE PROBES AS NECESSARY, TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE

@a. (Could you tell me more?)

@b. (What did you make/do/teach/sell? -- (SPECIFIC PRODUCT/ MACHINE))

@c. (Exactly) (What kind of work did you do at this job?)

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.

**INTERVIEWER:** IF R OFFERS A TYPE OF BUSINESS OR INDUSTRY, PROBE: "What EXACTLY did you do, for example, TAUGHT HIGH SCHOOL MATH,

OPERATED A TEXTILE WEAVING MACHINE, or SOLD BOOKS AT A RETAIL STORE?"

**INTERVIEWER:** IF R SAYS 'I worked at more than one job', PROBE: "Tell me about your main job."

*The next questions are about your work history.*

**Fs7. [BACFS7]**

Starting from the year you first worked for six months or more, and continuing up to the present, how many years were you employed at least six months out of the year? Count all years when you worked part-time or full-time at least half the year.

(Your best estimate is fine.)

\_\_\_\_\_ # Years

**Fs8. [BACFS8]**

Of those years when you were employed for at least half the year, how many years was your employment full-time (that is, 35 hours or more per week) for six months or more? (Your best estimate is fine.)

\_\_\_\_\_ # Years

**Fs9. [BACFS9A] [BACFS9B]**

From the year you first worked at least six months, counting up to the present time, what was the single longest period of time you were not working for pay at all, excluding any time you were retired? (If none, enter "0").

0. NONE [GO TO Fs11]  
\_\_\_\_\_ # Weeks/Months/Years

**Fs10. [BACFS10]**

What was the main reason you were not working during that longest period?  
Was it that you wanted to work but could not find a job, physical injury or illness kept you from working, mental or emotional problems kept you from working, alcohol or substance abuse problems kept you from working, did not work because of family responsibilities; such as caring for children, spouse, or parents, attended school part-time/full-time, or chose not to work to pursue personal interests?

1. WANTED TO WORK BUT COULD NOT FIND A JOB
2. PHYSICAL INJURY OR ILLNESS KEPT YOU FROM WORKING
3. MENTAL OR EMOTIONAL PROBLEMS KEPT YOU FROM WORKING
4. ALCOHOL OR SUBSTANCE ABUSE PROBLEMS KEPT YOU FROM WORKING
5. DID NOT WORK BECAUSE OF FAMILY RESPONSIBILITIES CARING FOR CHILDREN, SPOUSE, OR PARENTS
6. ATTENDED SCHOOL PART-TIME/FULL-TIME
7. CHOSE NOT TO WORK TO PURSUE PERSONAL INTERESTS

- 8. **IF VOLUNTEERED: OTHER [specify]**
- 97. **DON'T KNOW/NOT SURE**
- 98. **REFUSED**

**Fs11. [BACFS11A] to [BACFS11J]**

Which of these situations **best** describes your employment status from January to December of each year? Did you work full-time(35 or more hours per week for 6 or more months), work part-time(less than 35 hours per week for 6 or more months), not work or worked less than 6 months, or were you a full-time student? If you were working while you were a full-time student, feel free to indicate more than one response.

a. 2004
a. 2003
b. 2002
c. 2001
d. 2000
f. 1999
g. 1998
h. 1997
i. 1996
j. 1995

1. WORKED FULL-TIME (35+ HRS/WK FOR 6+ MONTHS)
2. WORKED PART-TIME (LESS THAN 35+ HRS/WK FOR 6+ MONTHS)
3. NO WORK OR WORKED LESS THAN 6 MONTHS
4. FULL-TIME STUDENT **ONLY**
5. FULL-TIME STUDENT **AND** WORKED FULL TIME
6. FULL-TIME STUDENT **AND** WORKED PART TIME
7. DON'T KNOW/NOT SURE
8. REFUSED

*Please think about your work experience over the past 12 months. How many weeks did you spend in the following work situations? The total should add up to 52 weeks.*

**Fs12. [BACFS12A] to [BACFS12D]**

In the past 12 months, how many weeks...

	# Weeks
a. did you work at a paid job, whether part-time or full-time, including time spent on paid vacation, paid sick time, or other paid leave?	
b. were you unemployed, that is, weeks that you were not working at all, but were looking for a job?	
c. were you not working because you were on unpaid leave, such as unpaid sick leave, disability leave, maternity leave, or something else?	
d. were you not working at a paid job and not actively looking for work (for example, you were retired, at home caring for children, or a student)?	
<b>INTERVIEWER: THIS INCLUDES PERMANENT DISABILITY.</b>	

**B19. [BACB19]**

Are you married, separated, divorced, widowed, or never married?

1. MARRIED
2. SEPARATED
3. DIVORCED
4. WIDOWED
5. NEVER MARRIED [GO TO B30]
7. DON'T KNOW/NOT SURE [GO TO B30]
8. REFUSED [GO TO B30]
9. INAPP

**Psex. [PSEX]**

Many of the following questions throughout the interview will refer to your spouse or partner. So that I may phrase these questions properly, could you please tell me if your spouse or partner was/is male or female?

1. MALE
2. FEMALE
7. DON'T KNOW
8. REFUSED

**B20. [BACB20]**

How many times have you been married altogether?

- \_\_ # TIMES MARRIED
97. DON'T KNOW/NOT SURE
  98. REFUSED
  99. INAPP

**B21MO. [BACB21M]**

In what month and year were you married (for the first time)?

**(MONTH)**

1. JANUARY
2. FEBRUARY
3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER

- 11. NOVEMBER
- 12. DECEMBER
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP



**B21YR. [BACB21Y]**

(In what month and year were you married (for the first time)?) (In what YEAR was this?)

**(YEAR)**

_____	YEAR
9997.	DON'T KNOW/NOT SURE
9998.	REFUSED
9999.	INAPP

IF B20 = 1 AND B19 = MARRIED (1), GO TO B32.

IF B20 = 1 AND B19 = SEPARATED (2) OR DIVORCED (3), GO TO B27MO.

IF B20 = 1 AND B19 = WIDOWED (4), GO TO B29MO.

**B22. [BACB22]**

Did your first marriage end in widowhood or divorce?

- |    |                     |               |
|----|---------------------|---------------|
| 1. | WIDOWHOOD           |               |
| 2. | DIVORCE             | [GO TO B24MO] |
| 7. | DON'T KNOW/NOT SURE | [GO TO B24MO] |
| 8. | REFUSED             | [GO TO B24MO] |
| 9. | INAPP               |               |

**B23MO. [BACB23M]**

In what month and year did your first (husband/wife) die?

**(MONTH)**

- |     |                     |
|-----|---------------------|
| 1.  | JANUARY             |
| 2.  | FEBRUARY            |
| 3.  | MARCH               |
| 4.  | APRIL               |
| 5.  | MAY                 |
| 6.  | JUNE                |
| 7.  | JULY                |
| 8.  | AUGUST              |
| 9.  | SEPTEMBER           |
| 10. | OCTOBER             |
| 11. | NOVEMBER            |
| 12. | DECEMBER            |
| 97. | DON'T KNOW/NOT SURE |
| 98. | REFUSED             |
| 99. | INAPP               |

**B23YR. [BACB23Y]**

(In what month and year did your first (husband/wife) die?) (In what YEAR was that?)

**(YEAR)**

\_\_\_\_\_ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

GO TO B26MO.

**B24MO. [BACB24M]**

In what month and year did you last live with your first (husband/wife)?

**(MONTH)**

1. JANUARY

2. FEBRUARY

3. MARCH

4. APRIL

5. MAY

6. JUNE

7. JULY

8. AUGUST

9. SEPTEMBER

10. OCTOBER

11. NOVEMBER

12. DECEMBER

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP

**B24YR. [BACB24Y]**

(In what month and year did you last live with your first (husband/wife)?) (In what YEAR was that?)

**(YEAR)**

\_\_\_\_\_ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

**B25MO. [BACB25M]**

In what month and year was your divorce final?

**(MONTH)**

1. JANUARY
2. FEBRUARY
3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

**B25YR. [BACB25Y]**

(And in what month and year was your divorce final?) (In what YEAR was that?)

**(YEAR)**

- \_\_\_\_ YEAR
9997. DON'T KNOW/NOT SURE
  9998. REFUSED
  9999. INAPP

**B26MO. [BACB26M]**

And in what month and year did your most recent marriage begin?

**(MONTH)**

1. JANUARY
2. FEBRUARY
3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
97. DON'T KNOW/NOT SURE

- 98. REFUSED
- 99. INAPP

**B26YR. [BACB26Y]**

(And in what month and year did your most recent marriage begin?) (In what YEAR was that?)

**(YEAR)**

- \_\_\_\_ YEAR
- 9997. DON'T KNOW/NOT SURE
  - 9998. REFUSED
  - 9999. INAPP

IF B19 = MARRIED (1), GO TO B32.

IF B19 = SEPARATED (2) OR DIVORCED (3), GO TO B27MO.

IF B19 = WIDOWED (4), GO TO B29MO.

**B27MO. [BACB27M]**

In what month and year did you actually stop living with your (most recent) (husband/wife) for the last time?

**(MONTH)**

- 1. JANUARY
- 2. FEBRUARY
- 3. MARCH
- 4. APRIL
- 5. MAY
- 6. JUNE
- 7. JULY
- 8. AUGUST
- 9. SEPTEMBER
- 10. OCTOBER
- 11. NOVEMBER
- 12. DECEMBER
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

**B27YR. [BACB27Y]**

(In what month and year did you actually stop living with your (most recent)(husband/wife) for the last time?) (In what YEAR was this?)

**(YEAR)**

- \_\_\_\_ YEAR
- 9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

IF B19=Separated (2), GO TO B30.

**B28MO. [BACB28M]**

In what month and year was your most recent divorce final?

**(MONTH)**

1. JANUARY
2. FEBRUARY
3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
97. DON'T KNOW
98. REFUSED
99. INAPP

**B28YR. [BACB28Y]**

(And in what month and year was your recent divorce final?) (In what YEAR was that?)

**(YEAR)**

- \_\_\_\_\_ YEAR
9997. DON'T KNOW
9998. REFUSED
9999. INAPP

GO TO B30.

**B29MO. [BACB29M]**

In what month and year did your (most recent) (husband/wife) die?

**(MONTH)**

1. JANUARY
2. FEBRUARY
3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY

- 8. AUGUST
- 9. SEPTEMBER
- 10. OCTOBER
- 11. NOVEMBER
- 12. DECEMBER
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

**B29YR. [BACB29Y]**

(In what month and year did your (most recent) (husband/wife) die?)  
(In what YEAR was this?)

**(YEAR)**

- \_\_\_\_ YEAR
- 9997. DON'T KNOW/NOT SURE
  - 9998. REFUSED
  - 9999. INAPP

**B30. [BACB30]**

Are you currently living with someone in a steady, marriage-like relationship?

- 1. YES
- 2. NO [GO TO Cs1]
- 7. DON'T KNOW/NOT SURE [GO TO Cs1]
- 8. REFUSED [GO TO Cs1]

**B31. [BACB31N] [BACB31M]**

How long have you been living together?

- \_\_\_\_ # OF DAYS/WEEKS/MONTHS/YEARS
- 996. NEVER LIVED TOGETHER
  - 997. DON'T KNOW/NOT SURE
  - 998. REFUSED
  - 999. INAPP

**B32. [BACB32Y]**

In what year was your (spouse/partner) born?

- \_\_\_\_ YEAR
- 9997. DON'T KNOW/NOT SURE
  - 9998. REFUSED
  - 9999. INAPP

[IF YEAR MARRIED TO SPOUSE ([fill B26@y]) IS BEFORE SPOUSE WAS 12 YEARS OLD ([fill B32d@y]), INTERVIEWER WILL PROBE AND CORRECT THE DISCREPANCY.]



**B33. [BACB33]**

What is the highest grade of school or year of college your (spouse/partner) completed?

**INTERVIEWER:** IF NECESSARY, PROBE: "What is your best estimate?" IF R SAYS 2, 3, 4, OR 5 YEARS OF COLLEGE PROBE: "Did (he/she) receive a degree?"

1. NO SCHOOL/SOME GRADE SCHOOL (1-6)
2. EIGHTH GRADE/JUNIOR HIGH SCHOOL (7-8)
3. SOME HIGH SCHOOL (9-12 NO DIPLOMA/NO GED)
4. GED
5. GRADUATED FROM HIGH SCHOOL
6. 1 TO 2 YEARS OF COLLEGE, NO DEGREE YET
7. 3 OR MORE YEARS OF COLLEGE, NO DEGREE YET
8. GRADUATED FROM A TWO-YEAR COLLEGE OR VOCATIONAL SCHOOL, OR ASSOCIATE'S DEGREE
9. GRADUATED FROM A FOUR- OR FIVE-YEAR COLLEGE, OR BACHELOR'S DEGREE
10. SOME GRADUATE SCHOOL
11. MASTER'S DEGREE
12. PH.D., ED.D., MD, DDS, LLB, LLD, JD, OR OTHER PROFESSIONAL DEGREE
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

**B34. [BACB34A] to [BACB34K]**

What is your (spouse/partner)'s current employment status? Is (he/she) working now for pay, self-employed, looking for work, temporarily laid off, retired, a homemaker, a full-time or part-time student, or something else?

**INTERVIEWER:** DO NOT READ LIST - SELECT ALL THAT APPLY. DO NOT PROBE FOR OTHERS.

1. WORKING NOW
2. SELF-EMPLOYED
3. LOOKING FOR WORK; UNEMPLOYED
4. TEMPORARILY LAID OFF
5. RETIRED
6. HOMEMAKER
7. FULL-TIME STUDENT
8. PART-TIME STUDENT
9. MATERNITY OR SICK LEAVE (VOLUNTEERED)
10. PERMANENTLY DISABLED (VOLUNTEERED)
11. OTHER \_\_\_\_\_ (SPECIFY)
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP



**IF B34 = WORKING NOW OR SELF-EMPLOYED, GO TO Ls21**

**[if B34work eq <1> or B34work eq <2> GO TO B38]**

**[if B34work gt <96> GO TO B37]**

**B35. [BACB35N] [BACB35M]**

How long has it been since (he/she) (was laid off/went leave/retired/last had a job)?

\_\_\_\_\_ # OF DAYS/WEEKS/MONTHS/YEARS

996. NEVER WORKED

997. DON'T KNOW/NOT SURE

998. REFUSED

999. INAPP

IF B35 = NEVER WORKED, GO TO Cs1.

IF B34 = TEMPORARILY LAID OFF ONLY, GO TO Ls21.

IF B34 = MATERNITY OR SICK LEAVE ONLY, GO TO Ls21.

**B36. [BACB36]**

What happened -- was (he/she) fired or laid off, did the company close down, did (he/she) quit, choose to retire or did something else happen?

**INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY, PROBE FOR OTHERS.**

1. FIRED
2. LAID OFF
3. PLANT/COMPANY CLOSED
4. QUIT
5. RETIRED
6. WORK FORCE REDUCTION (VOLUNTEERED)
7. OTHER\_\_\_\_\_(SPECIFY)
97. DON'T KNOW
98. REFUSED
99. INAPP

**B37. [BACB37]**

Is (he/she) doing ANY work for pay at the present time?

**INTERVIEWER: IF NECESSARY, CLARIFY: "Work for pay includes self-employment."**

1. YES
2. NO [GO TO Cs1]
7. DON'T KNOW/NOT SURE [GO TO Cs1]
8. REFUSED [GO TO Cs1]
9. INAPP

**Ls21. [BACLS21]**

About how many hours does your spouse or partner work for pay in an average week on his or her main job?

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

**Ls22. [BACLS22]**

In an average week, about how many hours does your spouse or partner work for pay at any other jobs?

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

**Ls23a. [BACLS23A]**

In an average week, how often does your spouse or partner work days, any time between 7:00 am and 5:00pm?

1. 4 or more times/week
2. 2 to 3 times/week
3. Once a week
4. 1 to 3 times/week
5. Less than once a month or never
7. Don't Know/Not Sure
8. Refused

**Ls23b. [BACLS23B]**

In an average week, how often does your spouse or partner work evenings, any time between 7:30 pm and 9:30 pm?

1. 4 or more times/week
2. 2 to 3 times/week
3. Once a week
4. 1 to 3 times/week
5. Less than once a month or never
7. Don't Know/Not Sure
8. Refused

**Ls23c. [BACLS23C]**

In an average week, how often does your spouse or partner work nights, any time between 9:30 pm and 4:30 am, or overnight?

1. 4 or more times/week
2. 2 to 3 times/week
3. Once a week
4. 1 to 3 times/week
5. Less than once a month or never
7. Don't Know/Not Sure
8. Refused

**Ls23d. [BACLS23D]**

In an average week, how often does your spouse or partner work weekends, any time Saturday or Sunday? (working both days counts as twice a week)

1. 4 or more times/week
2. 2 to 3 times/week
3. Once a week
4. 1 to 3 times/week
5. Less than once a month or never
7. Don't Know/Not Sure
8. Refused

**Ls24. [BACLS24A] to [BACLS24C]**

At what time of day does he or she usually begin work at his or her main job?

\_\_\_\_\_ A.M.=1 / P.M.=2 / Midnight=3/ Noon=4  
(time)

**Ls25. [BACLS25A] to [BACLS25C]**

At what time does he or she usually end work at his or her main job?

\_\_\_\_\_ A.M.=1 / P.M.=2 / Midnight=3/Noon=4  
(time)

**Ls26. [BACLS26A] [BACLS26B]**

How long does it usually take your spouse or partner, round-trip, to get to and from work?  
(If he or she works at home, enter "0".)

\_\_\_\_\_ # Hours \_\_\_\_\_ # Minutes

**Ls27. [BACLS27]**

If your spouse or partner wanted to stay in his or her present job, what do you think the chances are that he or she could keep it for the next two years?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. Don't Know/Not Sure
8. Refused

**B38. [BACB38]**

Please think about the main job your (spouse/partner) (has AT THE PRESENT time/had most recently.) (Does/Did) (he/she) supervise anyone on this job?

**INTERVIEWER:** IF R SAYS '(he/she) (works/worked) at more than one job', PROBE:  
"Tell me about (his/her) main job."

1. YES
2. NO

7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

IF B34 = SELF-EMPLOYED, GO TO B40.

**B39. [BACB39]**

(Does/Did) (he/she) have an employer on this job, or (is/was) (he/she) self-employed?

**INTERVIEWER:** IF R SAYS '(he/she) (works/worked) at more than one job',

**PROBE:** "Tell me about (his/her) main job."

1. HAS/HAD EMPLOYER
2. SELF-EMPLOYED
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**B40.**

What kind of business or company (is/was) this?

**INTERVIEWER:** USE PROBES AS NECESSARY, TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

@a. (What (do/did) they make or do where (he/she) (works/worked)? (PROBE FOR SPECIFIC PRODUCT/ACTIVITY.))

@b. ((Is/Was) this government/public or private? Wholesale or retail?)

@c. ((Is/Was) this a company that only (does/did) \_\_\_\_, or (do/did) they make/sell/do other things as well?)

@d. Other probe. **INTERVIEWER:** SPECIFY PROBE USED IN PARENTHESES.)

**INTERVIEWER:** IF R WORKS ON A FARM, PROBE IF FARM IS INCORPORATED OR NOT.

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.

**INTERVIEWER:** IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

**INTERVIEWER:** IF R SAYS '(he/she) (works/worked) at more than one job', **PROBE:** "Tell me about (his/her) main job."

@e. SPECIFY RESPONSE FROM RESPONDENT: \_\_\_\_\_

**B41.**

What (is/was) (his/her) job title?

**INTERVIEWER:** DO NOT PROBE FOR OTHERS.

**INTERVIEWER:** IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

**INTERVIEWER:** IF R SAYS '(he/she) (works/worked) at more than one job', **PROBE:** "Tell me about (his/her) main job."

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

B42.

What (are/were) (HIS/HER) most important activities or duties?

**INTERVIEWER:** USE PROBES AS NECESSARY, TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE, FOR ALL OTHER PROBES YOU USE: SPECIFY.

@a. (Could you tell me more?)

@b. (What (does/did) (he/she) make/do/teach/sell?-- (SPECIFIC PRODUCT/MACHINE))

@c. (Exactly what kind of work (does/did)(he/she) do at this job?)

@d. Other probe. **INTERVIEWER:** SPECIFY.

**INTERVIEWER:** IF R WORKS ON A FARM, PROBE IF FARM IS INCORPORATED OR NOT.

**INTERVIEWER:** IF R OFFERS A TYPE OF BUSINESS OR INDUSTRY, PROBE: "What EXACTLY (does/did) (he/she) do, for example, TEACH HIGH SCHOOL MATH, OPERATE A TEXTILE WEAVING MACHINE, or SELL BOOKS AT A RETAIL STORE?"

**INTERVIEWER:** IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

**INTERVIEWER:** IF R SAYS '(he/she) (works/worked) at more than one job', PROBE: "Tell me about (his/her) main job."

@e. SPECIFY: \_\_\_\_\_

**SECTION 3: HEALTH INSURANCE****Cs1. [BACCS1]**

Are you currently covered by any healthcare insurance?

- |    |                     |              |
|----|---------------------|--------------|
| 1. | Yes                 | [GO TO Cs3a] |
| 2. | No                  | [GO TO Cs2]  |
| 7. | Don't Know/Not Sure | [GO TO Cs3a] |
| 8. | Refused             | [GO TO Cs3a] |

**Cs2. [BACCS2]**

What is/are the main reason(s) you are without healthcare coverage?

- |     |  |
|-----|--|
| 1.  | Can't afford to pay the premiums.                        |
| 2.  | Lost your job.   |
| 3.  | Spouse or parent lost their job or changed employers.    |
| 4.  | Became divorced or separated.                            |
| 5.  | Spouse or parent died.                                   |
| 6.  | Became ineligible because of age or because left school. |
| 7.  | Employer doesn't offer or stopped offering coverage.     |
| 8.  | Cut back to part-time or became a temporary employee.    |
| 9.  | Benefits from employer or former employer ran out.       |
| 10. | Insurance company refused coverage.                      |
| 11. | Lost Medicaid or Medical Assistance eligibility.         |
| 12. | Other. Please Specify: _____                             |
| 97. | Don't Know/Not sure.                                     |
| 98. | Refused  |



**Cs3. [BACCS3A] to [BACCS3H]**

Are you currently covered by any of the following health insurance plans? Do not include accident (e.g., car insurance) or disability insurance. (If you have no current spouse, partner, or union, say "No".)

**Private health insurance such as:  
(Are you currently covered by...)**

- a. Private insurance directly from the insurer?
- b. Private insurance through your own current/former employer?  
(If you have no current or former employer, say "NO".)
- c. Private insurance through your spouse or partner's current/former employer?  
(If you have no spouse or partner, say "NO".)
- d. Private insurance through your own current or former union?  
(If you have no union, say "NO".)
- e. Private insurance through your spouse or partner's current/former union?  
(If you have no spouse or partner, say "NO".)

**Government health insurance such as:  
(Are you currently covered by...)**

- f. Medicare
- g. Medicaid, or other government health insurance based on financial need
- h. CHAMPUS, CHAMPVA, or other government health insurance for military personnel or veterans

- 1. Yes
- 2. No
- 7. Don't Know/Not Sure
- 8. Refused

**Cs4. [BACCS4]**

Do you have insurance for dental health care?

- 1. Yes
- 2. No
- 7. Don't know/Not Sure
- 8. Refused

**Cs5. [BACCS5]**

Do you have health insurance that covers the cost of any prescription drugs?

- 1. Yes

- 2. No
- 7. Don't know/Not Sure
- 8. Refused

**Cs6. [BACCS6]**

Do you have health insurance that covers the cost of any mental health visits, that is, that would help to pay for visits such as psychological or emotional counseling, or alcohol or drug abuse treatment programs?

- 1. Yes
- 2. No
- 7. Don't know/Not Sure
- 8. Refused

**Cs7. [BACCS7A] to [BACCS7D]**

We are also interested in what sources of private health insurance are available to you, whether or not you are currently covered through them. Do not consider whether you could afford the insurance, only whether insurance would be available to you. Could you apply for health insurance from any of the following sources?

(Could you apply for insurance...)

- |   |
|---|
| a. Through your own current or former employer?                 |
| b. Through your spouse or partner's current or former employer? |
| c. Through your own current or former union?                    |
| d. Through your spouse or partner's current or former union?    |

- 1. Yes
- 2. No
- 7. Don't know/Not Sure
- 8. Refused

**Cs8. [BACCS8A] to [BACCS8C]**

Would you be eligible for any of the following government health insurance plans--that is, could you get this kind of insurance if you applied?

(Would you be eligible for...)

- |  |
|--|
| a. Medicare  |
| b. Medicaid, or other government health insurance based on financial need                    |
| c. CHAMPUS, CHAMPVA, or other government health insurance for military personnel or veterans |

- 1. Eligible

- 2. Not eligible
- 7. Don't know/Not Sure
- 8. Refused

**If B19 = 1 (married) or 2 (separated), or B30 = 1 (in a serious relationship) then [GO TO Cs9]. Others [GO TO Gs1].**

**Cs9. [BACCS9A] to [BACCS9H]**

Is your spouse or partner currently covered by any of the following health insurance plans? Again, do not include those which pay only for accidents (such as through your car insurance) or disability (such as disability insurance).

**Private health insurance such as:**

**(Is your spouse or partner currently covered by...)**

- a. Private insurance directly from the insurer?
- b. Private insurance through your own current/former employer?
- c. Private insurance through your spouse or partner's current/former employer?
- d. Private insurance through your own current or former union?  
(If you have no union, say "NO".)
- e. Private insurance through your spouse or partner's current/former union?

**(Is your spouse or partner currently covered by government health insurance such as...)**

- f. Medicare
- g. Medicaid, or other government health insurance based on financial need
- h. CHAMPUS, CHAMPVA, or other government health insurance for military personnel or veterans

- 1. Yes
- 2. No
- 7. Don't Know/Not Sure
- 8. Refused

**Cs10. [BACCS10]**

Does your spouse or partner have insurance for dental health care?

- 1. Yes
- 2. No
- 7. Don't Know/Not Sure
- 8. Refused

**Cs11. [BACCS11]**

Does your spouse or partner have health insurance that covers the cost of any prescription drugs?

- 1. Yes
- 2. No
- 7. Don't Know/Not Sure
- 8. Refused

**Cs12. [BACCS12]**

Does your spouse or partner have health insurance that covers the cost of any mental health visits, that is, that would help to pay for visits for him or her such as psychological or emotional counseling, or alcohol or drug abuse treatment programs?

1. Yes
2. No
7. Don't Know/Not Sure
8. Refused

## SECTION 4: FINANCES

### Gs1. [BACGS1]

Using a scale from 0 to 10 where 0 means "the worst possible financial situation" and 10 means "the best possible financial situation," how would you rate your financial situation **these days**?

**INTERVIEWER: USE SHOWCARD 5.**

Worst											Best
	0	1	2	3	4	5	6	7	8	9	10

### Gs2. [BACGS2]

Looking back **ten years ago**, how would you rate your financial situation at that time using the same 0 to 10 scale?

**INTERVIEWER: USE SHOWCARD 5.**

Worst											Best
	0	1	2	3	4	5	6	7	8	9	10

### Gs3. [BACGS3]

Looking ahead **ten years into the future**, what do you expect your financial situation will be like at that time?

**INTERVIEWER: USE SHOWCARD 5.**

Worst											Best
	0	1	2	3	4	5	6	7	8	9	10

### Gs4. [BACGS4]

Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your financial situation these days?

**INTERVIEWER: USE SHOWCARD 5.**

None											Very Much
	0	1	2	3	4	5	6	7	8	9	10

### Gs5. [BACGS5]

Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your financial situation these days?

**INTERVIEWER: USE SHOWCARD 5.**

None											Very Much
	0	1	2	3	4	5	6	7	8	9	10

**Gs6. [BACGS6]**

In general, would you say you (and your family living with you) have more money than you need, just enough for your needs, or not enough to meet your needs?

1. More money than you need
2. Just enough money
3. Not enough money
7. Don't Know/Not Sure
8. Refused

**Gs7. [BACGS7]**

How difficult is it for you (and your family) to pay your monthly bills?

1. Very difficult
2. Somewhat difficult
3. Not very difficult
4. Not at all difficult
7. Don't Know/Not Sure
8. Refused

*The next several questions ask about the different sources of income you, your spouse and other family members in your household may have had over the last calendar year. You may need to consult your records to answer some of these questions.*

I will ask you about earned income such as wages and stipends, any pension and social security income and government assistance payments that you, your spouse and other household members received in 2004.

Please take some time to gather your records if necessary.

**INTERVIEWER: PREPARE SHOWCARD 13.**

**CONTINUE WHEN R HAS NECESSARY PAPERS & SHOWCARD IN HAND.**

Refer to the table provided and tell me the letter that represents the correct range of income for each question I will ask you.

**Gs8. [BACGS8A] to [BACGS8C]**

Please indicate the letter representing the amount of pre-tax income you earned in the last calendar year for each item listed below. If you have not earned any income in the following items, say the letter "B".

**INTERVIEWER: BE SURE TO USE CAPITAL LETTERS FOR THE NEXT ITEMS!!**

How much did YOU earn in...
a. <b>Personal Earnings Income</b> (Count only wages and other stipends from your own employment; Not pensions, investments, or any other financial assistance or income.)

**b. Pension Income****c. Social Security Income****INTERVIEWER: USE SHOWCARD 13.**

A. Less than \$0 (Loss)	R. \$30,000 - \$32,499	HH. \$90,000 - \$94,999
B. \$0 (None)	S. \$32,500 - \$34,999	II. \$95,000 - \$99,999
C. \$1 - \$1,999	T. \$35,000 - \$37,499	JJ. \$100,000 - \$109,999
D. \$2,000 - \$3,999	U. \$37,500 - \$39,999	KK. \$110,000 - \$119,999
E. \$4,000 - \$5,999	V. \$40,000 - \$42,499	LL. \$120,000 - \$129,999
F. \$6,000 - \$7,999	W. \$42,500 - \$44,999	MM. \$130,000 - \$139,999
G. \$8,000 - \$9,999	X. \$45,000 - \$47,499	NN. \$140,000 - \$149,999
H. \$10,000 - \$11,999	Y. \$47,500 - \$49,999	PP. \$150,000 - \$174,999
I. \$12,000 - \$13,999	Z. \$50,000 - \$54,999	QQ. \$175,000 - \$199,999
J. \$14,000 - \$15,999	AA. \$55,000 - \$59,999	RR. \$200,000 - \$249,999
K. \$16,000 - \$17,999	BB. \$60,000 - \$64,999	SS. \$250,000 - \$299,999
L. \$18,000 - \$19,999	CC. \$65,000 - \$69,999	TT. \$300,000 - \$399,999
M. \$20,000 - \$22,499	DD. \$70,000 - \$74,999	UU. \$400,000 - \$499,999
N. \$22,500 - \$24,999	EE. \$75,000 - \$79,999	VV. \$500,000 - \$999,999
P. \$25,000 - \$27,499	FF. \$80,000 - \$84,999	WW. \$1,000,000 or more
Q. \$27,500 - \$29,999	GG. \$85,000 - \$89,999	

**Gs9. [BACGS9A] to [BACGS9C]**

How much did your SPOUSE or PARTNER earn in...

a. **Personal Earnings Income** (Count only wages and other stipends from your spouse's employment; Not pensions, investments, or any other financial assistance or income.)

b. **Pension Income**

c. **Social Security Income**

**INTERVIEWER: USE SHOWCARD 13.****Gs10. [BACGS10A] to [BACGS10C]**

Please tell me the letter representing the amount of income other family members in your house hold earned in the last calendar year for each item listed below. If other family members have not earned any income in the following items, or if you do not have other family members living with you, say the letter "B".

How much did OTHER FAMILY MEMBERS IN YOUR HOUSEHOLD earn in...

a. **Personal Earnings Income** (Count only wages and other stipends from their employment; Not pensions, investments, or any other financial assistance or



income.)

**b. Pension Income****c. Social Security Income****INTERVIEWER: USE SHOWCARD 13.****Gs11. [BACGS11A] to [BACGS11J]**

Please tell me which of the following public/government assistance programs you have received income from over the last calendar year.

(Have you received income over the last calendar year from...)

a. Supplemental Security Income (SSI)?
b. Social Security Disability Insurance (SSDI)?
c. General Assistance?
d. Food Stamps?
e. Temporary Assistance for Needy Families (TANF)?
f. Other state welfare program(s)?
g. Unemployment benefits?
h. Other disability benefits?
i. Veteran's benefits?
j. Any other sources of government or public assistance programs (not including those already mentioned)?

1. **DID RECEIVE MONEY**
2. **NO, RECEIVED NO MONEY** [GO TO Gs13]
3. **DON'T KNOW/NOT SURE**
4. **REFUSED**

**Gs12. [BACGS12]**

What was your combined family household income from government assistance programs? Include income from all the government and public assistance programs items you just mentioned. Do not include social security income. (If none, say **NONE**.)

\$\_\_\_\_\_.00 Household Government Assistance Income

**Gs13. [BACGS13]**

Next are some questions about pension and retirement plans. First, are you currently included in a pension plan or retirement plan offered by your current or former employer or union?

1. **Yes**
2. **No** [GO TO Gs14]
7. **Don't know/Not Sure** [GO TO Gs14]
8. **Refused** [GO TO Gs14]

**Gs13a. [BACGS13A]**

What is the estimated current worth of your pension and retirement savings?

\$\_\_\_\_\_.00

**Gs14. [BACGS14]**

Aside from any employer plan, do you have your own traditional, Keogh, or Roth IRA Account?

1. Yes
2. No [GO TO Gs15]
7. Don't know/Not Sure [GO TO Gs15]
8. Refused [GO TO Gs15]

**Gs14a. [BACGS14A]**

What is the estimated current worth of your traditional, Keogh, or Roth IRA Account?

\$\_\_\_\_\_.00

**Gs15. [BACGS15]**

Do you have any other pension or retirement plans you have not previously mentioned? (Do not include any your spouse or partner may have.)

1. Yes
2. No [Go to Gs16]
7. Don't know/Not Sure [Go to Gs16]
8. Refused [Go to Gs16]

**Gs15a. [BACGS15A]**

What is the estimated worth of these other pension or retirement plans?

\$\_\_\_\_\_.00

**Gs16. [BACGS16]**

Does your spouse or partner have a pension or retirement plan from his or her current or former employer or union? (IF R does not have a spouse or partner, or if the spouse/partner has never had a paid job, answer "**Does not apply**".)

1. Yes
2. No [GO TO Gs17]
3. Does not apply [GO TO Gs17]
7. Don't know/Not Sure [GO TO Gs17]
8. Refused [GO TO Gs17]

**Gs16a. [BACGS16A]**

What is the estimated worth of your spouse's pension or retirement plan?

\$\_\_\_\_\_.00

**Gs17. [BACGS17]**

Do you own your own home, or are you renting?

1. Own my own home

2. Renting [GO TO Gs18]
7. Don't Know/Not Sure [GO TO Gs18]
8. Refused [GO TO Gs18]

**Gs17a. [BACGS17A]**

How much do you think your home would sell for?

\$\_\_\_\_\_.00

**Gs17b. [BACGS17B]**

Is this a mobile home?

1. Yes
2. No
7. Don't Know/Not Sure
8. Refused

**Gs18. [BACGS18]**

Do you own a business or farm?

1. Yes
2. No [GO TO Gs19]
7. Don't Know/Not Sure [GO TO Gs19]
8. Refused [GO TO Gs19]

**Gs18a. [BACGS18A]**

How much do you think this business or farm would sell for?

\$\_\_\_\_\_.00

**Gs18b. [BACGS18B]**

How much, if anything, do you owe on your business or farm?

\$\_\_\_\_\_.00

**Gs19. [BACGS19]**

Do you have any money in stocks, bonds, CDs, or mutual funds?

1. Yes
2. No [GO TO Gs20]
7. Don't Know/Not Sure [GO TO Gs20]
8. Refused [GO TO Gs20]

**Gs19a. [BACGS19A]**

If you sold or cashed in all of your stocks, bonds, CDs, and/or mutual funds, how much would you have?

\$\_\_\_\_\_.00

**Gs20. [BACGS20]**

Do you have any income from rental property?

1. Yes
2. No [GO TO Gs21]
7. Don't Know/Not Sure [GO TO Gs21]
8. Refused [GO TO Gs21]

**Gs20a. [BACGS20A]**

What was the income in the last calendar year?

\$\_\_\_\_\_.00

**Gs21. [BACGS21]**

Has anyone ever left you or your spouse anything (inheritance, trust fund, insurance settlement) worth \$1,000 or more when they died?

1. Yes
2. No [GO TO Gs22]
7. Don't Know/Not Sure [GO TO Gs22]
8. Refused [GO TO Gs22]

**Gs21a. [BACGS21A]**

In what year did you receive the largest payment of that sort?

\_\_\_\_\_ year

**Gs21b. [BACGS21B]**

About how much did you (or your spouse) receive?

\$\_\_\_\_\_.00

**Gs22. [BACGS22]**

Do you have any life insurance, including individual or group policies?

1. Yes
2. No [GO TO Gs23]
7. Don't Know/Not Sure [GO TO Gs23]
8. Refused [GO TO Gs23]

**Gs22a. [BACGS22A]**

How much money would your beneficiaries receive from this/these policies if you were to die?

\$\_\_\_\_\_.00

**Gs23. [BACGS23]**

Suppose you (and your spouse or partner) cashed in all of your checking and savings accounts, stocks and bonds, real estate, and sold your home, your vehicles, and all of your valuable possessions. Then suppose you put that money toward paying off your mortgage and all of your other loans, debts, and credit cards. Would you have any money left over after paying your debts or would you still owe money?

1. Would have money left over
2. Would still owe money
3. Debts would just about equal assets [GO TO Gs25]
7. Don't Know/Not Sure [GO TO Gs25]
8. Refused [GO TO Gs25]

**Gs24. [BACGS24]**

How much would that be (that you had left over, or would owe)? (Your best estimate is fine).

\$\_\_\_\_\_.00 Money left over/Money Owed

**Gs25. [BACGS25A] to [BACGS25I]**

Please tell me the amount you currently owe for any of the following items.  
(If none say "NONE".)

(Please tell me the amount you currently owe for...)

- |   |
|---|
| a. Home Mortgage  |
| b. Home Improvement, Home Equity Loans or Lines of Credit                                 |
| c. Other Real Estate Loans  |
| d. Business or Farm Loans   |
| e. Vehicle Loans (for example: cars, trucks, campers, boats, other recreational vehicles) |
| f. Credit Cards or Charge Accounts  |
| g. Installment Loans for major purchases (for example: furniture or appliances)           |
| h. Educational Loans  |
| i. Other Personal Loans   |

**SECTION 5: CHILDHOOD FAMILY BACKGROUND**

Ea1. What is the month, day, and year of your birth? (When were you born?)

Ea1@m **MONTH:** [BACEA1M]

1. JANUARY
2. FEBRUARY
3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
97. DON'T KNOW
98. REFUSED
99. INAPP

Ea1@d**DATE:** [BACEA1D]

\_\_\_\_\_

Ea1@y**YEAR:** [BACEA1Y]

- \_\_\_\_\_
9997. DON'T KNOW/NOT SURE
  9998. REFUSED

Ea2. [BACEA2]

Were you born in the United States?

1. Yes
2. No
7. Don't Know/Not Sure
8. Refused

Ea3. [BACEA3]

Was your mother born in the United States?

1. Yes
2. No
7. Don't know/Not Sure
8. Refused





**Ea4. [BACEA4]**

Was your father born in the United States?

1. Yes
2. No
7. Don't know/Not Sure
8. Refused

**Ea5. [BACEA5]**

Which of the following best describes the language(s) spoken in your household when you were growing up? Count only the language(s) used on a regular basis: (one) English was the only language spoken regularly, (two) English was the main language spoken, but a second language was also spoken regularly, (three) a language other than English was the main language spoken, but English was also spoken regularly, or (four) a language other than English was the only language spoken regularly?

1. ENGLISH WAS THE ONLY LANGUAGE SPOKEN REGULARLY
2. ENGLISH WAS MAIN LANGUAGE, BUT SECOND LANGUAGE ALSO SPOKEN
3. NON-ENGLISH WAS MAIN LANGUAGE, BUT ENGLISH SPOKEN REGULARLY
4. LANGUAGE OTHER THAN ENGLISH WAS ONLY LANGUAGE SPOKEN REGULARLY
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ea6. [BACEA6]**

How important was religion in your home when you were growing up?

Would you say it was very important, somewhat important, not very important or not at all important?

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important
7. Don't Know/Not Sure
8. Refused

**Ea7. [BACEA7]**

Which of the following best describes the area where you were raised during most of your childhood? Was it rural, a small town, a medium-sized town, the suburbs, a city or did you move around?

**INTERVIEWER:** If R asks for a definition of childhood, explain that it is "roughly infancy through teenage years." If R wants further clarification, add "Whatever it means to you."

1. Rural
2. Small town
3. Medium-sized town
4. Suburbs
5. City
6. Moved around
7. Don't Know/Not Sure
8. Refused

**Ea8. [BACEA8]**

How many times during your childhood did you move to a totally new neighborhood or town? (If none, enter "0".)

**INTERVIEWER:** If R asks for a definition of childhood, explain that it is "roughly infancy through teenage years." If R wants further clarification, add "Whatever it means to you."

\_\_\_\_\_ # TIMES

**Ea9. [BACEA9]**

When you were growing up, was your family better off or worse off financially than the average family was at that time? (If your parents lived separately and had different financial situations, answer for the family you lived with for the longest time.) Would you say your family was a lot better off, somewhat better off, a little better off, same as the average family, a little worse off, somewhat worse off or a lot worse off?

1. A lot better off
2. Somewhat better off
3. A little better off
4. Same as average family
5. A little worse off
6. Somewhat worse off
7. A lot worse off
97. Don't Know/Not Sure
98. Refused

**Ea10. [BACEA10]**

When your parents were the age you are now, were they better off or worse off financially than you are now? Would you say a lot better off than you, somewhat better off than you, a little better off than you, same as you, a little worse off than you, somewhat worse off than you, or a lot worse off than you?

1. A lot better off than you
2. Somewhat better off than you
3. A little better off than you
4. Same as you
5. A little worse off than you
6. Somewhat worse off than you
7. A lot worse off than you
97. Don't know/Not Sure
98. Refused

**Ea11. [BACEA11]**

How many regular chores did you have during the time when you growing up? Would you say a lot, some, a little, or none?

1. A lot
2. Some
3. A little
4. None
7. Don't Know/Not Sure
8. Refused

**Ea12. [BACEA12]**

How many rules did you have about how to spend your time? Would you say a lot, some, a little, or none?

1. A lot
2. Some
3. A little
4. None
7. Don't Know/Not Sure
8. Refused

**CaA. [BACCAA]**

The next set of questions is about your childhood background. First, did you live with **BOTH** of your biological parents up until you were 16?

**INTERVIEWER:** If R asks for a definition of childhood, explain that it is "roughly infancy through teenage years." If R wants further clarification, add "Whatever it means to you."

1. YES [GO TO Ca2]
2. NO

7. Don't know/Not Sure [GO TO Ca1]
8. Refused

**CaB. [BACCAB1] to [BACCAB7]**

Why didn't you live with your biological parents?

Did your mother or father die, did your parents separate or divorce, did your parents never live together, did you never know your biological parents, were you adopted at birth or later, or was there some other reason?

**INTERVIEWER:** SELECT ALL THAT APPLY. DO NOT PROBE FOR OTHERS.

**INTERVIEWER:** IF R SAYS WHO THEY LIVED WITH, **PROBE:** "DID YOUR BIOLOGICAL MOTHER OR FATHER DIE, WERE YOUR PARENTS SEPARATED OR DIVORCED OR WAS THEIR SOME OTHER REASON?"

@1. MOTHER DIED
@2. FATHER DIED
@3. PARENTS SEPARATED/DIVORCED
@4. PARENTS NEVER LIVED TOGETHER, NEVER KNEW BIO MOTHER/FATHER
@5. ADOPTED AT BIRTH
@6. ADOPTED NOT AT BIRTH
@7. OTHER (SPECIFY REASON)

1. YES
2. NO
7. Don't know/Not Sure
8. Refused

ASK CaB.(1-5) ONLY FOR RESPONSES SELECTED IN CaB.

**CaB.(1-5) [BACCAB1X] to [BACCAB5X]**

How old were you when...

1. your mother died?
2. your father died?
3. your parents separated or divorced?
4. you were adopted?
5. this other event happened?

**Ca1. [BACCA1]**

Who was the male head of your household for most of your childhood?

**INTERVIEWER:** IF R SAYS "Father", **PROBE:** "Was that your biological father, adoptive father, step-father, or someone else?"

**INTERVIEWER:** IF R SAYS IT CHANGED, **PROBE:** "Who raised you for MOST of the time before you turned 17?"

1. BIOLOGICAL FATHER
2. ADOPTIVE FATHER

3. STEP FATHER (SPOUSE/PARTNER OF MOTHER)
4. OTHER MALE\_\_\_\_\_ (SPECIFY RELATIONSHIP)
5. NO MALE IN HOUSEHOLD [GO TO Ca7]
7. Don't know/Not Sure [GO TO Ca7]
8. Refused [GO TO Ca7]

Ca2. **[BACCA2]**

What was the highest grade of school or year of college (your father/he) completed?

**INTERVIEWER:** IF NECESSARY, PROBE: "What is your best estimate?"

**INTERVIEWER:** IF R SAYS 2, 3, 4, OR 5 YEARS OF COLLEGE PROBE: "Did he receive a degree?"

1. NO SCHOOL/SOME GRADE SCHOOL (1-6)
2. EIGHTH GRADE/JUNIOR HIGH SCHOOL (7-8)
3. SOME HIGH SCHOOL (9-12 NO DIPLOMA/NO GED)
4. GED
5. GRADUATED FROM HIGH SCHOOL
6. 1 TO 2 YEARS OF COLLEGE, NO DEGREE YET
7. 3 OR MORE YEARS OF COLLEGE, NO DEGREE YET
8. GRADUATED FROM A TWO-YEAR COLLEGE OR VOCATIONAL SCHOOL, OR ASSOCIATE'S DEGREE
9. GRADUATED FROM A FOUR- OR FIVE-YEAR COLLEGE, OR BACHELOR'S DEGREE
10. SOME GRADUATE SCHOOL
11. MASTER'S DEGREE
12. PH.D., ED.D., MD, DDS, LLB, LLD, JD, OR OTHER PROFESSIONAL DEGREE
97. DON'T KNOW/NOT SURE
98. REFUSED

Ca2a. **[BACCA2A]**

Now we'd like to ask you about his work. Did you know what kind of work he did?

1. YES
2. NO [GO TO Ca5]
7. DON'T KNOW/NOT SURE [GO TO Ca5]
8. REFUSED [GO TO Ca5]

**Ca3. [BACCA3]**

How much of your childhood did (your father/[Ca1]) either work FOR PAY or work in a family business...

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Work for pay includes self-employment."

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Farming counts as working in a family business."

Would you say all of the time, most of the time, some of the time, a little of the time, or not at all?

1. ALL [GO TO Ca5\_2]
2. MOST [GO TO Ca5\_2]
3. SOME [GO TO Ca5\_2]
4. A LITTLE
5. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ca3a. [BACCA3A]**

What was the main reason he was not working for pay during most of your childhood years?

**INTERVIEWER:** DO NOT READ LIST, SELECT ALL THAT APPLY, DO NOT PROBE FOR OTHERS, DO NOT PROBE FOR MAIN REASON.

**INTERVIEWER:** IF R SAYS HE WAS SELF-EMPLOYED OR A FARMER, CLARIFY: "WORK FOR PAY INCLUDES FARMING AND SELF-EMPLOYMENT." PRESS **F9** AND REREAD PREVIOUS QUESTION.

1. A PHYSICAL DISABILITY OR INJURY
2. ALCOHOL OR DRUG ABUSE
3. A MENTAL OR EMOTIONAL DISABILITY
4. TO STAY AT HOME TO RAISE CHILDREN
5. OTHER \_\_\_\_\_(SPECIFY)
7. DON'T KNOW/NOT SURE
8. REFUSED

GO TO Ca7.

**Ca5\_2. [BACCA5\_2]**

Thinking of the main job he had for pay during those years, did he supervise anyone on that job?

**INTERVIEWER:** IF R SAYS FATHER CHANGED JOBS, PROBE: "TELL ME ABOUT THE JOB HE HAD FOR THE LONGEST TIME DURING YOUR ADOLESCENCE -- WHEN YOU WERE 12-18 YEARS OLD."

**INTERVIEWER:** IF R SAYS 'HE WORKED AT MORE THAN ONE JOB', PROBE: "TELL ME ABOUT HIS MAIN JOB."

**INTERVIEWER:** IF NECESSARY, CLARIFY: "SUPERVISE DOES NOT INCLUDE STUDENTS OR TRAINEES"

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ca6\_2.**

What kind of business or company was this?

@a. What did they make or do where he worked? (SPECIFIC PRODUCT/ACTIVITY.)

@b. Was this government/public or private? Wholesale or retail?

@c. Was this a company that only did \_\_\_\_, or did they make/sell/do other things as well?

@d. Other probe. **INTERVIEWER:** SPECIFY PROBE USED IN PARENTHESES.

**INTERVIEWER:** IF R WORKS ON A FARM, PROBE IF FARM IS INCORPORATED OR NOT.

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.

IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

IF R SAYS 'He was at many jobs', ASK: "Tell me about his main job."

IF R SAYS FATHER CHANGED JOBS, PROBE: "What kind of business or company did he work in for the longest time when you were 12-18 years old."

@e. SPECIFY BUSINESS FROM RESPONDENT \_\_\_\_\_.

**Ca6\_1.**

What was his job title?

**INTERVIEWER:** DO NOT PROBE FOR OTHERS.

**INTERVIEWER:** IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT R SAYS.



**INTERVIEWER:** IF R SAYS FATHER CHANGED JOBS, PROBE: "What was his job title for the longest time during your adolescence -- when you were twelve to eighteen years old?"

**INTERVIEWER:** IF R SAYS 'He worked at more than one job', PROBE: "Tell me about his main job."

1. SPECIFY TITLE \_\_\_\_\_
7. DON'T KNOW/NOT SURE
8. REFUSED

Ca5.

What were HIS most important activities or duties?

**INTERVIEWER:** GET OCCUPATION DETAIL.

**INTERVIEWER:** USE PROBES AS NECESSARY, TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE, FOR ALL OTHER PROBES YOU USE: SPECIFY.

@a. Could you tell me more?

@b. What did he make/do/teach/sell? -- (SPECIFIC PRODUCT/MACHINE)

@c. Exactly what kind of work did he do at this job?

@d. Other probe. **INTERVIEWER:** SPECIFY PROBE USED IN PARENTHESES.)

@e. SPECIFY OCCUPATION DETAIL.

IF HE WORKS ON A FARM, PROBE IF FARM IS INCORPORATED OR NOT.

**INTERVIEWER:** IF R OFFERS A TYPE OF BUSINESS OR INDUSTRY, PROBE: "What EXACTLY did he do, for example, TEACH HIGH SCHOOL MATH, OPERATE A TEXTILE WEAVING MACHINE, or SELL BOOKS AT A RETAIL STORE?"

IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

IF R SAYS HE CHANGED JOBS, PROBE: "What kind of work did he do for the longest time when you were 12-18 years old?"

IF R SAYS 'He had many jobs', PROBE: "Tell me about his main job."

Ca7. **[BACCA7]**

Who was the female head of your household for most of your childhood?

**INTERVIEWER:** IF R SAYS "MOTHER", PROBE: "WAS THAT YOUR BIOLOGICAL MOTHER, ADOPTIVE MOTHER, STEP-MOTHER, OR SOMEONE ELSE?"

**INTERVIEWER:** IF R SAYS IT CHANGED, PROBE: "WHO RAISED YOU FOR **MOST** of the time before you turned 17?"

1. BIOLOGICAL MOTHER
2. ADOPTIVE MOTHER

- 3. STEP MOTHER (SPOUSE/PARTNER OF FATHER)
- 4. OTHER FEMALE\_\_\_\_\_ (SPECIFY RELATIONSHIP)
- 5. NO FEMALE IN HOUSEHOLD [GO TO Ca14]
- 7. DON'T KNOW/NOT SURE [GO TO Ca14]
- 8. REFUSED

**Ca8. [BACCA8]**

What was the highest grade of school or year of college (your mother/she) completed?

**INTERVIEWER:** IF NECESSARY, PROBE: "What is your best estimate?"

**INTERVIEWER:** IF R SAYS 2, 3, 4, OR 5 YEARS OF COLLEGE PROBE: "DID SHE RECEIVE A DEGREE?"

1. NO SCHOOL/SOME GRADE SCHOOL (1-6)
2. EIGHTH GRADE/JUNIOR HIGH SCHOOL (7-8)
3. SOME HIGH SCHOOL (9-12 NO DIPLOMA/NO GED)
4. GED
5. GRADUATED FROM HIGH SCHOOL
6. 1 TO 2 YEARS OF COLLEGE, NO DEGREE YET
7. 3 OR MORE YEARS OF COLLEGE, NO DEGREE YET
8. GRADUATED FROM A TWO-YEAR COLLEGE OR VOCATIONAL SCHOOL, OR ASSOCIATE'S DEGREE
9. GRADUATED FROM A FOUR- OR FIVE-YEAR COLLEGE, OR BACHELOR'S DEGREE
10. SOME GRADUATE SCHOOL
11. MASTER'S DEGREE
12. PH.D., ED.D., MD, DDS, LLB, LLD, JD, OR OTHER PROFESSIONAL DEGREE
97. DON'T KNOW/NOT SURE
98. REFUSED

**Ca8a. [BACCA8A]**

Now we'd like to ask you about her work. Did you know what kind of work she did?

1. YES
2. NO [GO TO Ca11]
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ca9. [BACCA9]**

How much of your childhood did [fill Ca7a] either work FOR PAY or work in a family business?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "WORK FOR PAY INCLUDES SELF-EMPLOYMENT."

**INTERVIEWER:** IF NECESSARY, CLARIFY: "FARMING COUNTS AS WORKING IN A FAMILY BUSINESS."

Would you say all of the time, most of the time, some of the time, a little of the time, or not at all?

1. ALL [GO TO Ca11\_2]
2. MOST [GO TO Ca11\_2]
3. SOME [GO TO Ca11\_2]
4. A LITTLE
5. NOT AT ALL

7. DON'T KNOW
8. REFUSED

Ca9a. **[BACCA9A]**

What was the main reason she was not working for pay during most of your childhood years?

**INTERVIEWER:** DO NOT READ LIST, SELECT ALL THAT APPLY, DO NOT PROBE FOR OTHERS, DO NOT PROBE FOR MAIN REASON.

**INTERVIEWER:** IF R SAYS SHE WAS SELF-EMPLOYED OR A FARMER, CLARIFY: "Work for pay includes farming and self-employment." PRESS **F9** AND REREAD PREVIOUS QUESTION.

1. A PHYSICAL DISABILITY OR INJURY
2. ALCOHOL OR DRUG ABUSE
3. A MENTAL OR EMOTIONAL DISABILITY
4. TO STAY AT HOME TO RAISE CHILDREN
5. OTHER \_\_\_\_\_(SPECIFY)
7. DON'T KNOW/NOT SURE
8. REFUSED

GO TO Ca14.

Ca11\_2. **[BACCA112]**

Thinking of the main job she had for pay during those years, did she supervise anyone on that job?

**INTERVIEWER:** IF R SAYS MOTHER CHANGED JOBS, PROBE: "Tell me about the job she had for the longest time during your adolescence -- when you were 12-18 years old."

**INTERVIEWER:** IF R SAYS 'She worked at more than one job', PROBE: "Tell me about her main job."

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Supervise does not include students or trainees"

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ca13\_2. [BACCA132]**

Did she have an employer on that job, or was she self-employed?

**INTERVIEWER:** IF R SAYS MOTHER CHANGED JOBS, PROBE: "Tell me about the job she had for the longest time during your adolescence – when you were 12-18 years old."

**INTERVIEWER:** IF R SAYS 'She worked at more than one job', PROBE: "Tell me about her main job."

1. HAD EMPLOYER
2. SELF-EMPLOYED
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ca13.**

What kind of business or company was this?

**INTERVIEWER:** GET INDUSTRY DETAIL - USE PROBES AS NECESSARY, TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE

@a. What did they make or do where she worked? (SPECIFIC PRODUCT/ACTIVITY)

@b. Was this government/public or private? Wholesale or retail?

@c. Was this a company that only did \_\_\_\_, or did they make/sell/do other things as well?

@d. Other probe. **INTERVIEWER:** SPECIFY PROBE USED IN PARENTHESES.

**INTERVIEWER:** IF R WORKS ON A FARM, PROBE IF FARM IS INCORPORATED OR NOT.

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.

IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

IF R SAYS 'She was at many jobs', ASK: "Tell me about her main job."

IF R SAYS MOTHER CHANGED JOBS, PROBE: "What kind of business or company did she work in for the longest time when you were 12-18 years old."

@e. SPECIFY BUSINESS FROM RESPONDENT.

Ca13\_1.

What was her job title?

**INTERVIEWER:** DO NOT PROBE FOR OTHERS.

**INTERVIEWER:** IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

**INTERVIEWER:** IF R SAYS MOTHER CHANGED JOBS, PROBE: "What was her job title for the longest time during your adolescence -- when you were twelve to eighteen years old?"

**INTERVIEWER:** IF R SAYS 'She worked at more than one job', PROBE: "Tell me about her main job."

SPECIFY TITLE \_\_\_\_\_.

Ca11.

What were HER most important activities or duties?

**INTERVIEWER:** GET OCCUPATION DETAIL.

**INTERVIEWER:** USE PROBES AS NECESSARY, TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE, FOR ALL OTHER PROBES YOU USE: SPECIFY.

@a. Could you tell me more?

@b. What did she make/do/teach/sell? -- (SPECIFIC PRODUCT/ MACHINE)

@c. Exactly what kind of work did she do at this job?

@d. Other probe. **INTERVIEWER:** SPECIFY PROBE USED IN PARENTHESES.)

@e. SPECIFY OCCUPATION DETAIL.

IF SHE WORKS ON A FARM, PROBE IF FARM IS INCORPORATED OR NOT.

**INTERVIEWER:** IF R OFFERS A TYPE OF BUSINESS OR INDUSTRY, PROBE: "What EXACTLY did she do, for example, TEACH HIGH SCHOOL MATH, OPERATE A TEXTILE WEAVING MACHINE, or SELL BOOKS AT A RETAIL STORE?"

IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

IF R SAYS SHE CHANGED JOBS, PROBE: "What kind of work did she do for the longest time when you were 12-18 years old?"

IF R SAYS 'She had many jobs', PROBE: "Tell me about her main job."

**Ca14. [BACCA14]**

During your childhood and adolescence, was there ever a period of six months or more when your family was on welfare or ADC?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "ADC is Aid to Dependent Children."

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Welfare includes General Assistance and other programs for financial aid to poor, physically disabled, or mentally ill persons, but does not include government health insurance or any unemployment programs or benefits."

1. YES
2. NO [GO TO Ea13]
7. DON'T KNOW/NOT SURE [GO TO Ea13]
8. REFUSED [GO TO Ea13]

**Ca15. [BACCA15]**

Was that during all, most, some, or only a little of your childhood and adolescence?

1. ALL
2. MOST
3. SOME
4. A LITTLE
7. DON'T KNOW/NOT SURE
8. REFUSED

**If you were raised in a home with a male caregiver, but without a female caregiver, please go to Question Ea15. If you were raised without caregivers -- for example, in an institutional setting -- please go to Question Ea18. The next few questions are about your mother/adoptive mother/step mother/the woman who raised you.**

**Ea13. [BACEA13]**

How would you rate your relationship with your mother/adoptive mother/step mother/the woman who raised you during the years you were growing up?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. Don't know/Not Sure
8. Refused

**Ea14. [BACEA14A] to [BACEA14M]**

Please rate the following characteristics of your mother/adoptive mother/step mother/the woman who raised you (or the woman who raised you) during the years you were growing up.

How much... Would you say a lot, some, a little, or not at all?

a.	How much did she understand your problems and worries?
b.	How much could you confide in her about things that were bothering you?
c.	How much love and affection did she give you?
d.	How much time and attention did she give you when you needed it?
e.	How much effort did she put into watching over you and making sure you had a good upbringing?
f.	How strict was she with her rules for you?
g.	How consistent was she about the rules?
h.	How harsh was she when she punished you?
i.	How much did she stop you from doing things that other kids your age were allowed to do?
j.	How much did she expect you to do your best in everything you did?
k.	How much did she teach you about life?
l.	How generous and helpful was she to people outside the family?
m.	How sociable and friendly was she to people outside the family?

**INTERVIEWER: USE SHOWCARD 7.**

1. A lot
2. Some
3. A little
4. Not at all
7. Don't Know/Not Sure
8. Refused

**If you were raised in a home without a male caregiver, please go to Question Ea18. The next few questions are about your father/adoptive father/step father/the man who raised you.**

**Ea15. [BACEA15]**

How would you rate your relationship with your father/adoptive father/step father/the man who raised you during the years you were growing up?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. Don't know/Not Sure



8. Refused

**Ea16. [BACEA16A] to [BACEA16M]**

Please rate the following characteristics of your father/adoptive father/step father/the man who raised you during the years you were growing up.

How much... Would you say a lot, some, a little, or not at all?

a.	How much did he understand your problems and worries?
b.	How much could you confide in him about things that were bothering you?
c.	How much love and affection did he give you?
d.	How much time and attention did he give you when you needed it?
e.	How much effort did he put into watching over you and making sure you had a good upbringing?
f.	How strict was he with his rules for you?
g.	How consistent was he about the rules?
h.	How harsh was he when she punished you?
i.	How much did he stop you from doing things that other kids your age were allowed to do?
j.	How much did he expect you to do your best in everything you did?
k.	How much did he teach you about life?
l.	How generous and helpful was he to people outside the family?
m.	How sociable and friendly was he to people outside the family?

**INTERVIEWER: USE SHOWCARD 7.**

1. A lot
2. Some
3. A little
4. Not at all
7. Don't Know/Not Sure
8. Refused

**Ea18a. [BACEA18]**

How many brothers did you have while you were growing up, including both natural and step- or half-brothers?

0. NO BROTHERS
1. 1 BROTHER [GO TO Ea18c]
- \_\_\_ 2 TO 19 BROTHERS [GO TO Ea18b]
97. DON'T KNOW/NOT SURE [GO TO Ea19a]
98. REFUSED [GO TO Ea19a]

**Ea18b@o. [BACEA18O]**

How many of your [fill Ea18a] brothers were older than you...

**Ea18b@y. [BACEA18Y]**

How many of your brothers were younger than you...

**Ea18b@s. [BACEA18S]**

...and how many of your brothers were the same age (twins, triplets, etc.) as you?

(If none, enter "0".)

**Ea18c. [BACEA18C]**

Was this brother older, younger or the same age as you?

1. OLDER
2. YOUNGER
3. SAME AGE OR TWIN
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ea19a. [BACEA19A]**

How many sisters did you have while you were growing up, including both natural and step- or half-sisters?

0. NO SISTERS
1. 1 SISTER [GO TO Ea19c]
- . 2 TO 19 SISTERS [GO TO Ea19b]
97. DON'T KNOW/NOT SURE [GO TO Js1]
98. REFUSED [GO TO Js1]

**Ea19b@o. [BACEA19O]**

How many of your [fill Ea19a] sisters were older than you...

**Ea19b@y. [BACEA19Y]**

...how many of your sisters were younger than you... .

**Ea19b@s. [BACEA19S]**

...and how many of your sisters were the same age (twins, triplets, etc.) as you?

(If none, enter "0".)

**Ea19c. [BACEA19C]**

Was this sister older, younger or the same age as you?

1. OLDER
2. YOUNGER
3. SAME AGE OR TWIN
7. DON'T KNOW/NOT SURE
8. REFUSED

**SECTION 6: SOCIAL NETWORKS****<START OF ACASI>****Js1. . [BACJS1]**

*How often are you in contact with any members of your family, that is, any of your brothers, sisters, parents, or children who do not live with you, including visits, phone calls, letters, or electronic mail messages? Would you say several times a day, about once a day, several times a week, about once a week, 2 or 3 times a month, about once a month, less than once a month, never or hardly ever?*

1. SEVERAL TIMES A DAY
2. ABOUT ONCE A DAY
3. SEVERAL TIMES A WEEK
4. ABOUT ONCE A WEEK
5. 2 OR 3 TIMES A MONTH
6. ABOUT ONCE A MONTH
7. LESS THAN ONCE A MONTH
8. NEVER OR HARDLY EVER
97. DON'T KNOW/NOT SURE
98. REFUSED

**Js2. . [BACJS2A] to [BACJS2J]**

*The next several questions are about your family. Please select the appropriate response for each item.*

*How much... (Would you say a lot, some, a little, or not at all?)*

<i>a. Not including your spouse or partner, how much do members of your family really care about you?</i>
<i>b. How much do they understand the way you feel about things?</i>
<i>c. How much can you rely on them for help if you have a serious problem?</i>
<i>d. How much can you open up to them if you need to talk about your worries?</i>
<i>e. How much do you really care about the members of your family, not including your partner or spouse?</i>
<i>f. How much do you understand the way they feel about things?</i>

**INTERVIEWER: USE SHOWCARD 7.**

1. *A lot*
2. *Some*
3. *A little*
4. *Not at all*
7. *Don't Know/Not Sure*
8. *Refused*

*How often... Would you say often, sometimes, rarely or never?*

<i>g. Not including your spouse or partner, how often do members of your family make too many demands on you?</i>
<i>h. How often do they criticize you?</i>
<i>i. How often do they let you down when you are counting on them?</i>
<i>j. How often do they get on your nerves?</i>

**INTERVIEWER: USE SHOWCARD 11.**

1. *Often*
2. *Sometimes*
3. *Rarely*
4. *Never*
7. *Don't Know/Not Sure*
8. *Refused*

**Js3. [BACJS3]**

*How often are you in contact with any of your friends, including visits, phone calls, letters, or electronic mail messages? Would you say several times a day, about once a day, several times a week, about once a week, 2 or 3 times a month, about once a month, less than once a month, never or hardly ever?*

1. SEVERAL TIMES A DAY
2. ABOUT ONCE A DAY
3. SEVERAL TIMES A WEEK
4. ABOUT ONCE A WEEK
5. 2 OR 3 TIMES A MONTH
6. ABOUT ONCE A MONTH
7. LESS THAN ONCE A MONTH
8. NEVER OR HARDLY EVER
97. DON'T KNOW/NOT SURE
98. REFUSED

**Js4. [BACJS4A] to [BACJS4H]**

*The next several questions are about your friends.*

*How much... (Would you say a lot, some, a little, or not at all?)*

<i>a. How much do your friends really care about you?</i>
<i>b. How much do they understand the way you feel about things?</i>
<i>c. How much can you rely on them for help if you have a serious problem?</i>
<i>d. How much can you open up to them if you need to talk about your worries?</i>

**INTERVIEWER: USE SHOWCARD 7.**

1. A lot
2. Some
3. A little
4. Not at all
7. Don't Know/Not Sure
8. Refused

*How often... Would you say often, sometimes, rarely or never?*

<i>e. How often do your friends make too many demands on you?</i>
<i>f. How often do they criticize you?</i>
<i>g. How often do they let you down when you are counting on them?</i>
<i>h. How often do they get on your nerves?</i>

**INTERVIEWER: USE SHOWCARD 11.**

1. Often
2. Sometimes
3. Rarely
4. Never
7. Don't Know/Not Sure

8. *Refused*

**Js5. [BACJS5]**

*How often do any friends, relatives, or coworkers turn to you for advice or help with a personal or practical problem they have? Would you say never, less than once a month, once or twice a month, three or four times a month, a couple of times a week or more often than a couple of times a week?*

1. NEVER
2. LESS THAN ONCE A MONTH
3. ONCE OR TWICE A MONTH
4. THREE OR FOUR TIMES A MONTH
5. A COUPLE OF TIMES A WEEK
6. MORE OFTEN THAN A COUPLE OF TIMES A WEEK
7. DON'T KNOW/NOT SURE
8. REFUSED

**Js6. [BACJS6]**

*How often do you turn to a friend, relative, or coworker for advice or help with a personal or practical problem you have?*

*(Would you say never, less than once a month, once or twice a month, three or four times a month, a couple of times a week or more often than a couple of times a week?)*

1. NEVER
2. LESS THAN ONCE A MONTH
3. ONCE OR TWICE A MONTH
4. THREE OR FOUR TIMES A MONTH
5. A COUPLE OF TIMES A WEEK
6. MORE OFTEN THAN A COUPLE OF TIMES A WEEK
7. DON'T KNOW/NOT SURE
8. REFUSED

**Js7. [BACJS7SA] to [BACJS7SJ]**

*Please indicate whether the following problems have happened to anyone close to you (e.g., spouse/partner, parents, children) in the past 12 months. (If a question does not apply because you have no spouse or partner, or no children, or your parents are deceased, select "Does not apply" ).*

*The next set of questions asks about problems that may have happened to anyone close to you, such as a spouse or partner, parents, or children, in the past 12 months.*

*If you have no spouse or partner, the next few questions will not apply to you.*

*In the past 12 months, did your SPOUSE or PARTNER have...*

- |  |
|--|
| sa. Chronic disease or disability?   |
| sb. Frequent minor illnesses?  |
| sc. Emotional problems (such as sadness, anxiety)                                      |
| sd. Alcohol or substance problems?   |
| se. Financial problems (such as low income or heavy debts)                             |
| sf. Problems at school or at work (such as failing grades, poor job performance)       |
| sg. Difficulty finding or keeping a job?   |
| sh. Marital or partner relationship problems?  |
| si. Legal problems (such as involved in law suits, police charges, traffic violations) |
| sj. Difficulty getting along with people?  |

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. DOES NOT APPLY - NOT MARRIED/NOT LIVING WITH PARTNER  
[GO TO Js7pa]



**[BACJS7PA] to [BACJS7PJ]**

*The next set of questions asks about problems that may have happened to [intro provided for those skipped from above] anyone close to you, such as a spouse or partner, parents, or children, in the past 12 months. If your parents are deceased, the next few questions will not apply to you.*

*In the past 12 months, did your **PARENT(S)** have...*

- pa. Chronic disease or disability?
- pb. Frequent minor illnesses?
- pc. Emotional problems (such as sadness, anxiety)
- pd. Alcohol or substance problems?
- pe. Financial problems such as low income or heavy debts?
- pf. Problems at school or at work (such as failing grades, poor job performance)
- pg. Difficulty finding or keeping a job?
- ph. Marital or partner relationship problems?
- pi. Legal problems (such as involved in law suits, police charges, traffic violations)
- pj. Difficulty getting along with people?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. DOES NOT APPLY – NOT PARENTS DECEASED [GO TO Js7ca]

**[BACJS7CA] to [BACJS7CJ]**

*If you have no children, the next few questions will not apply to you.*

*In the past 12 months, did your **CHILDREN** have...*

- ca. Chronic disease or disability?
- cb. Frequent minor illnesses?
- cc. Emotional problems (such as sadness, anxiety)
- cd. Alcohol or substance problems?
- ce. Financial problems (such as low income or heavy debts)
- cf. Problems at school or at work (such as failing grades, poor job performance)
- cg. Difficulty finding or keeping a job?
- ch. Marital or partner relationship problems?
- ci. Legal problems (such as involved in law suits, police charges, traffic violations)
- cj. Difficulty getting along with people?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE

8. REFUSED
9. DOES NOT APPLY - NO CHILDREN

*If B19 = Married or B30 = Yes continue with this section. Others GO TO Es11.*

**Ls1. [BACLS1]**

*Using a scale from 0 to 10 where 0 means "the worst possible marriage or close relationship" and 10 means "the best possible marriage or close relationship," how would you rate your marriage or close relationship **these days**?*

**INTERVIEWER: USE SHOWCARD 5.**

<i>Worst</i>											<i>Best</i>
	0	1	2	3	4	5	6	7	8	9	10

**Ls2. [BACLS2]**

*Looking back **ten years ago**, how would you rate your marital or close relationship situation at that time using the same 0 to 10 scale?*

**INTERVIEWER: USE SHOWCARD 5.**

<i>Worst</i>											<i>Best</i>
	0	1	2	3	4	5	6	7	8	9	10

**Ls3. [BACLS3]**

*Looking ahead **ten years into the future**, what do you expect your marriage or close relationship will be like at that time?*

**INTERVIEWER: USE SHOWCARD 5.**

<i>Worst</i>											<i>Best</i>
	0	1	2	3	4	5	6	7	8	9	10

**Ls4. [BACLS4]**

*Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your marriage or close relationship **these days**?*

**INTERVIEWER: USE SHOWCARD 5.**

<i>Worst</i>											<i>Best</i>
	0	1	2	3	4	5	6	7	8	9	10

**Ls5. [BACLS5]**

*Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your marriage or close relationship **these days**?*

**INTERVIEWER: USE SHOWCARD 5.**

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**Ls6. [BACLS6]**

*Would you describe your relationship as excellent, very good, good, fair or poor?*

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ls7. [BACLS7]**

*During the past year, how often have you thought your relationship might be in trouble?*

*Would you say never, once, a few times, most of the time or all of the time?*

1. NEVER
2. ONCE
3. A FEW TIMES
4. MOST OF THE TIME
5. ALL OF THE TIME
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ls8. [BACLS8]**

*It is always difficult to predict what will happen in a relationship, but realistically, what do you think the chances are that you and your partner will eventually separate?*

*Would you say very likely, somewhat likely, not very likely or not likely at all?*

1. VERY LIKELY
2. SOMEWHAT LIKELY
3. NOT VERY LIKELY
4. NOT LIKELY AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ls9. [BACLS9A] to [BACLS9C]**

*Couples often disagree about a lot of issues in life. How much do you and your spouse or partner DISAGREE on the following issues?*

*How much do you and your spouse or partner DISAGREE on...*

*Would you say you disagree a lot, some, a little or not at all?*

a. Money matters, such as how much to spend, save or invest.
--

b. Household tasks, such as what needs doing and who does it.
---

c. Leisure time activities, such as what to do and with whom.
---

**INTERVIEWER: USE SHOWCARD 7.**

1. A lot
2. Some
3. A little
4. Not at all

7. *Don't know/Not sure*
8. *Refused*

**Ls10. [BACLS10]**

*How often do you and your spouse or partner have a really good talk about something important to you? Would you say at least once a day, a few times a week, once a week, a few times a month, or less often than that?*

1. *At least once a day*
2. *A few times a week*
3. *Once a week*
4. *A few times a month*
5. *Less often than that*
7. *Don't know/Not Sure*
8. *Refused*

**Ls11. [BACLS11A] to [BACLS11L]**

*The next several questions are about your spouse or partner.*

*How much... Would you say a lot, some, a little or not at all?*

<i>a. How much does your spouse or partner really care about you?</i>
<i>b. How much does he/she understand the way you feel about things?</i>
<i>c. How much does he/she appreciate you?</i>
<i>d. How much can you rely on him/her for help if you have a serious problem?</i>
<i>e. How much can you open up to him/her if you need to talk about your worries?</i>
<i>f. How much can you relax and be yourself around him/her?</i>

**INTERVIEWER: USE SHOWCARD 7.**

1. *A LOT*
2. *SOME*
3. *A LITTLE*
4. *NOT AT ALL*
7. *DON'T KNOW/NOT SURE*
8. *REFUSED*

*How often... Would you say often, sometimes, rarely or never?*

<i>g. How often does your spouse or partner make too many demands on you?</i>
<i>h. How often does he/she make you feel tense?</i>
<i>i. How often does he/she argue with you?</i>
<i>j. How often does he/she criticize you?</i>
<i>k. How often does he/she let you down when you are counting on him/her?</i>
<i>l. How often does he/she get on your nerves?</i>

**INTERVIEWER: USE SHOWCARD 11.**

1. *Often*

2. *Sometimes*
3. *Rarely*
4. *Never*
7. *Don't know/Not sure*
8. *Refused*

*Running a household involves a lot of chores (like cooking, shopping, laundry, cleaning, yardwork, repairs, and paying bills), and couples vary in who does these things. Please think about whether you do more of such chores, whether your spouse or partner does more of them, or whether you split them equally. If you have children, do not count childrearing tasks such as bathing them, taking them places, or helping them with their homework, but do include chores like doing their laundry, washing their dishes, or cooking for them.*

**Ls12. [BACLS12]**

*Would you say you do a lot more household chores than your spouse, you do somewhat more than your spouse or partner, you do a little more than your spouse, chores are split equally, your spouse does a little more than you, your spouse does somewhat more than you, or your spouse does a lot more than you?*

1. *YOU DO A LOT MORE THAN YOUR SPOUSE*
2. *YOU DO A SOMEWHAT MORE THAN YOUR SPOUSE*
3. *YOU DO A LITTLE MORE THAN YOUR SPOUSE*
4. *CHORES ARE SPLIT EQUALLY*
5. *YOUR SPOUSE DOES A LITTLE MORE THAN YOU*
6. *YOUR SPOUSE DOES SOMEWHAT MORE THAN YOU*
7. *YOUR SPOUSE DOES A LOT MORE THAN YOU*
97. *DON'T KNOW/NOT SURE*
98. *REFUSED*

**Ls13. [BACLS13]**

*In a typical week, about how many hours do you generally spend doing household chores? Enter the number of hours per week. If none, enter "0." If more than 95 hours, enter "96."*

\_\_\_\_\_ # Hours per week

**Ls14. [BACLS14]**

*In a typical week, about how many hours does your spouse or partner spend doing household chores? Enter the number of hours per week. If none, enter "0." If more than 95 hours, enter "96"*

\_\_\_\_\_ # Hours per week

**Ls15. [BACLS15]**

*How fair do you think this arrangement of household chores is to you? Would you say very fair, somewhat fair, somewhat unfair, or very unfair?*

1. *VERY FAIR*

2. SOMEWHAT FAIR
3. SOMEWHAT UNFAIR
4. VERY UNFAIR
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ls16. [BACLS16]**

*How fair do you think this arrangement of household chores is to your spouse or partner? (Would you say very fair, somewhat fair, somewhat unfair, or very unfair?)*

1. VERY FAIR
2. SOMEWHAT FAIR
3. SOMEWHAT UNFAIR
4. VERY UNFAIR
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ls17. [BACLS17A] to [BACLS17D]**

*How much do you agree or disagree with the following statements?  
Would you say you strongly agree, somewhat agree, agree a little, neither agree nor disagree, disagree a little, somewhat disagree or strongly disagree?*

<i>a. My partner and I are a team when it comes to making decisions.</i>
<i>b. Things turn out better when I talk things over with my partner.</i>
<i>c. I don't make plans for the future without talking it over with my partner.</i>
<i>d. When I have to make decisions about medical, financial, or family issues, I ask my partner for advice.</i>

**INTERVIEWER: USE SHOWCARD 2.**

1. STRONGLY AGREE
2. SOMEWHAT AGREE
3. AGREE A LITTLE
4. NEITHER AGREE NOR DISAGREE
5. DISAGREE A LITTLE
6. SOMEWHAT DISAGREE
7. STRONGLY DISAGREE
97. DON'T KNOW/NOT SURE
98. REFUSED

**Ls18. [BACLS18]**

*How would you describe your spouse's or partner's overall physical health at the present time? (Would you say excellent, very good, good, fair or poor?)*

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW/NOT SURE
8. REFUSED



**Ls19. [BACLS19]**

*How would you describe your spouse's or partner's overall mental or emotional health at the present time? (Would you say excellent, very good, good, fair or poor?)*

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11. The following questions are about experiences you may have had as a CHILD or TEENAGER.*

**NOTE: REMEMBER TO PUT HIGHLIGHTED TEXT IN CODEBOOK!!!**

**INTERVIEWER: THESE EXPERIENCES MAY HAVE HAPPENED AT A PARTICULAR AGE, OR FOR YEARS IN A ROW. FOR EXAMPLE, IF THE QUESTION IS ABOUT WHAT AGE OR AGES R CHANGED SCHOOLS, AND R CHANGED SCHOOLS ONLY ONCE, AT SAY, AGE 13, THEN YOU ONLY NEED TO ENTER "13" IN THE FIRST BOX.**

**IF R CHANGED SCHOOLS MORE THAN ONCE, THEN ENTER EACH AGE THAT IT HAPPENED IN A SEPARATE BOX.**

**IF R CHANGED SCHOOLS EVERY YEAR FOR THREE YEARS IN A ROW, THEN ENTER "95" TO BRING UP A SPECIAL WINDOW WHERE YOU ENTER THE AGE RANGE, FOR EXAMPLE "13 - 16". WHEN YOU ARE FINISHED IN THE SPECIAL BOX, TYPE TWO FORWARD SLASHES (//) AND PRESS ENTER TO EXIT.**

**WHEN YOU ARE FINISHED ENTERING YOUR AGE OR AGES, ENTER "X" IN THE NEXT BOX TO MOVE ON TO THE NEXT QUESTION.**

*(The following questions are about experiences you may have had as a CHILD or TEENAGER.)*

*For each event, please answer whether this has happened to you.*

**Es11a@a. [BACES11A]**

*You repeated a year of school.*

- |    |                     |                |
|----|---------------------|----------------|
| 1. | YES                 | [GO TO Es11a1] |
| 2. | NO                  | [GO TO Es11b]  |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11b]  |
| 8. | REFUSED             |                |

**a1. [BACES11A11] to [BACES11A16]**

*At what age or ages did this happen?*

—. AGE(S)

**a2@s. [BACES11A2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**a3@s. [BACES11A3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**Es11b@b. [BACES11B]**

*(For each event, please answer whether this has happened to you.)*

*You were sent away from home because you did something wrong.*

- |    |     |                |
|----|-----|----------------|
| 1. | YES | [GO TO Es11b1] |
| 2. | NO  | [GO TO Es11c]  |

7. *DON'T KNOW/NOT SURE* [GO TO Es11c]
8. *REFUSED*

*b1.* **[BACES11B11] to [BACES11B16]**  
*At what age or ages did this happen?*

—. *AGE(S)*

*b2@s.* **[BACES11B2S]**  
*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. *VERY NEGATIVELY*
2. *SOMEWHAT NEGATIVELY*
3. *NOT AT ALL*
4. *SOMEWHAT POSITIVELY*
5. *VERY POSITIVELY*
7. *DON'T KNOW/NOT SURE*
8. *REFUSED*

*b3@s.* **[BACES11B3S]**  
*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. *VERY NEGATIVELY*
2. *SOMEWHAT NEGATIVELY*
3. *NOT AT ALL*
4. *SOMEWHAT POSITIVELY*
5. *VERY POSITIVELY*
7. *DON'T KNOW/NOT SURE*
8. *REFUSED*

*Es11c@c.* **[BACES11C]**  
*Your father or mother did not have a job when they wanted to be working.*

1. *YES* [GO TO Es11c1]
2. *NO* [GO TO Es11d]
7. *DON'T KNOW/NOT SURE* [GO TO Es11d]
8. *REFUSED*

*c1.* **[BACES11C11] to [BACES11C16]**  
*At what age or ages did this happen?*

\_\_\_ *AGE(S)*

*c2@s.* **[BACES11C2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*c3@s.* **[BACES11C3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11d@d.* **[BACES11D]**

*(For each event, please answer whether this has happened to you.)*

*One or both of your parents drank so often it caused problems.*

1. YES [GO TO Es11d1]
2. NO [GO TO Es11e]
7. DON'T KNOW/NOT SURE [GO TO Es11e]
8. REFUSED

*d1.* **[BACES11D11] to [BACES11D16]**

*At what age or ages did this happen?*

—. AGE(S)

**d2@s. [BACES11D2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**d3@s. [BACES11D3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**Es11e@e. [BACES11E]**

*(For each event, please answer whether this has happened to you.)*

*One or both of your parents used drugs so often it regularly caused problems.*

1. YES [GO TO Es11e1]
2. NO [GO TO Es11f]
7. DON'T KNOW/NOT SURE [GO TO Es11f]
8. REFUSED

**e1. [BACES11E11] to [BACES11E16]**

*At what age or ages did this happen?*

\_\_ AGE(S)

*e2@s.* **[BACES11E2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*e3@s.* **[BACES11E3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11f@f.* **[BACES11F]**

*(For each event, please answer whether this has happened to you.)*

*You dropped out of school.*

- |    |                     |                |
|----|---------------------|----------------|
| 1. | YES                 | [GO TO Es11f1] |
| 2. | NO                  | [GO TO Es11g]  |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11g]  |
| 8. | REFUSED             |                |

*f1.* **[BACES11F11] to [BACES11F16]**

*At what age or ages did this happen?*

\_\_\_ AGE(S)

*f2@s.* **[BACES11F2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*f3@s.* **[BACES11F3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11g@g.* **[BACES11G]**

*(For each event, please answer whether this has happened to you.)*

*You were expelled or suspended from school.*

1. YES [GO TO Es11g1]
2. NO [GO TO Es11h]
7. DON'T KNOW/NOT SURE [GO TO Es11h]
8. REFUSED

*g1.* **[BACES11G11] to [BACES11G16]**

*At what age or ages did this happen?*

\_\_\_ AGE(S)



*g2@s.* **[BACES11G2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*g3@s.* **[BACES11G3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*The following questions are about experiences you may have had at ANYTIME.*

*For each event, please answer whether this has happened to you.*

*Es11h@h.* **[BACES11H]**

*(For each event, please answer whether this has happened to you.)*

*You flunked out of school.*

1. YES [GO TO Es11h1]
2. NO [GO TO Es11i]
7. DON'T KNOW/NOT SURE [GO TO Es11i]
8. REFUSED

*h1.* **[BACES11H11] to [BACES11H16]**

*At what age or ages did this happen?*

\_\_\_ AGE(S)

**h2@s. [BACES11H2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**h3@s. [BACES11H3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**Es11i@i. [BACES11I]**

*(For each event, please answer whether this has happened to you.)*

*You were fired from a job.*

- |    |                     |                |
|----|---------------------|----------------|
| 1. | YES                 | [GO TO Es11i1] |
| 2. | NO                  | [GO TO Es11j]  |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11j]  |
| 8. | REFUSED             |                |

**i1. [BACES11I11] to [BACES11I16]**

*At what age or ages did this happen?*

\_\_ AGE(S)

*i2@s.* **[BACES11I2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*i3@s.* **[BACES11I3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11j@j.* **[BACES11J]**

*(For each event, please answer whether this has happened to you.)*

*You did not have a job for a long time when you wanted to be working.*

1. YES [GO TO Es11j1]
2. NO [GO TO Es11k]
7. DON'T KNOW/NOT SURE [GO TO Es11k]
8. REFUSED

*j1.* **[BACES11J11] to [BACES11J16]**

*At what age or ages did this happen?*

—. AGE(S)

*j2@s.* **[BACES11J2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*j3@s.* **[BACES11J3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11k@k.* **[BACES11K]**

*(For each event, please answer whether this has happened to you.)*

*A parent died.*

1. YES [GO TO Es11k1]
2. NO [GO TO Es11l]
7. DON'T KNOW/NOT SURE [GO TO Es11l]
8. REFUSED

*k1.* **[BACES11K11] to [BACES11K16]**

*At what age or ages did this happen?*

\_\_ AGE(S)

*k2@s.* **[BACES11K2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*k3@s.* **[BACES11K3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11l@l.* **[BACES11L]**

*(For each event, please answer whether this has happened to you.)*

*Your parents divorced.*

- |                        |                |
|------------------------|----------------|
| 1. YES                 | [GO TO Es11l1] |
| 2. NO                  | [GO TO Es11m]  |
| 7. DON'T KNOW/NOT SURE | [GO TO Es11m]  |
| 8. REFUSED             |                |

*11.* **[BACES11L11] to [BACES11L16]**

*At what age or ages did this happen?*

\_\_ AGE(S)

**l2@s. [BACES11L2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**l3@s. [BACES11L3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**Es11m@m. [BACES11M]**

*(For each event, please answer whether this has happened to you.)*

*Your spouse or partner engaged in (marital) infidelity.*

1. YES [GO TO Es11m1]
2. NO [GO TO Es11n]
7. DON'T KNOW/NOT SURE [GO TO Es11n]
8. REFUSED

**m1. [BACES11M11] to [BACES11M16]**

*At what age or ages did this happen?*

—. AGE(S)

**m2@s. [BACES11M2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**m3@s. [BACES11M3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**Es11n@n. [BACES11N]**

*(For each event, please answer whether this has happened to you.)*

*Significant difficulties with in-laws.*

- |    |                     |                |
|----|---------------------|----------------|
| 1. | YES                 | [GO TO Es11n1] |
| 2. | NO                  | [GO TO Es11o]  |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11o]  |
| 8. | REFUSED             |                |

**n1. [BACES11N11] to [BACES11N16]**

*At what age or ages did this happen?*

\_\_ AGE(S)

*n2@s.* **[BACES11N2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*n3@s.* **[BACES11N3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11o@o.* **[BACES11O]**

*(For each event, please answer whether this has happened to you.)*

*Your brother or sister died.*

- |    |                     |                |
|----|---------------------|----------------|
| 1. | YES                 | [GO TO Es11o1] |
| 2. | NO                  | [GO TO Es11p]  |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11p]  |
| 8. | REFUSED             |                |

*o1.* **[BACES11O11] to [BACES11O16]**

*At what age or ages did this happen?*

—. AGE(S)



**o2@s. [BACES11O2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**o3@s. [BACES11O3]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**Es11p@p. [BACES11P]**

*(For each event, please answer whether this has happened to you.)*

*Your child died.*

- |    |                     |                |
|----|---------------------|----------------|
| 1. | YES                 | [GO TO Es11p1] |
| 2. | NO                  | [GO TO Es11q]  |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11q]  |
| 8. | REFUSED             |                |

**p1. [BACES11P11] to [BACES11P16]**

*At what age or ages did this happen?*

—. AGE(S)

*p2@s.* **[BACES11P2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*p3@s.* **[BACES11P3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11q@q.* **[BACES11Q]**

*(For each event, please answer whether this has happened to you.)*

*Your child experienced a life threatening accident or injury.*

1. YES [GO TO Es11q1]
2. NO [GO TO Es11r]
7. DON'T KNOW/NOT SURE [GO TO Es11r]
8. REFUSED

*q1.* **[BACES11Q11] to [BACES11Q16]**

*At what age or ages did this happen?*

—. AGE(S)

**q2@s. [BACES11Q2S]***How did this affect you initially?**Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**q3@s. [BACES11Q3S]***How did this affect you in the long run?**(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**Es11r@r. [BACES11R]***(For each event, please answer whether this has happened to you.)**You lost your home to fire, flood, natural disaster, etc.*

1. YES [GO TO Es11r1]
2. NO [GO TO Es11s]
7. DON'T KNOW/NOT SURE [GO TO Es11s]
8. REFUSED

**r1. [BACES11R11] to [BACES11R16]***At what age or ages did this happen?**\_\_\_ AGE(S)*

*r2@s.* **[BACES11R2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*r3@s.* **[BACES11R3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11s@s.* **[BACES11S]**

*(For each event, please answer whether this has happened to you.)*

*You were physically assaulted or attacked.*

1. YES [GO TO Es11s1]
2. NO [GO TO Es11t]
7. DON'T KNOW/NOT SURE [GO TO Es11t]
8. REFUSED

*s1.* **[BACES11S11] to [BACES11S16]**

*At what age or ages did this happen?*

—. AGE(S)

*s2@s.* **[BACES11S2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*s3@s.* **[BACES11S3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11t@t.* **[BACES11T]**

*(For each event, please answer whether this has happened to you.)*

*You were sexually assaulted. For example: forced sexual intercourse or other unwanted sexual contact.*

1. YES [GO TO Es11t1]
2. NO [GO TO Es11u]
7. DON'T KNOW/NOT SURE [GO TO Es11u]
8. REFUSED

*t1.* **[BACES11T11] to [BACES11T16]**

*At what age or ages did this happen?*

\_\_\_ AGE(S)

*t2@s.* **[BACES11T2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*t3@s.* **[BACES11T3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

*Es11u@u.* **[BACES11U]**

*(For each event, please answer whether this has happened to you.)*

*You had serious legal difficulties or prison.*

1. YES [GO TO Es11u1]
2. NO [GO TO Es11v]
7. DON'T KNOW/NOT SURE [GO TO Es11v]
8. REFUSED

*u1.* **[BACES11U11] to [BACES11U16]**

*At what age or ages did this happen?*

\_\_ AGE(S)

**u2@s. [BACES11U2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**u3@s. [BACES11U3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**Es11v@v. [BACES11V]**

*You had detention in jail or comparable institution.*

- |                        |                |
|------------------------|----------------|
| 1. YES                 | [GO TO Es11v1] |
| 2. NO                  | [GO TO Es11w]  |
| 7. DON'T KNOW/NOT SURE | [GO TO Es11w]  |
| 8. REFUSED             |                |

**v1. [BACES11V11] to [BACES11V16]**

*At what age or ages did this happen?*

—. AGE(S)

**v2@s. [BACES11V2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**v3@s. [BACES11V3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**Es11w@w. [BACES11W]**

*(For each event, please answer whether this has happened to you.)*

*You declared bankruptcy.*

- |    |                     |                |
|----|---------------------|----------------|
| 1. | YES                 | [GO TO Es11w1] |
| 2. | NO                  | [GO TO Es11x]  |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11x]  |
| 8. | REFUSED             |                |

**w1. [BACES11W11] to [BACES11W16]**

*At what age or ages did this happen?*

—. AGE(S)



w2@s. **[BACES11W2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

w3@s. **[BACES11W3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

Es11x@x. **[BACES11X]**

*(For each event, please answer whether this has happened to you.)*

*You suffered a financial or property loss unrelated to work.*

1. YES [GO TO Es11x1]
2. NO [GO TO Es11y]
7. DON'T KNOW/NOT SURE [GO TO Es11y]
8. REFUSED

x1. **[BACES11X11] to [BACES11X16]**

*At what age or ages did this happen?*

—. AGE(S)

*x2@s.*      **[BACES11X2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1.      *VERY NEGATIVELY*
2.      *SOMEWHAT NEGATIVELY*
3.      *NOT AT ALL*
4.      *SOMEWHAT POSITIVELY*
5.      *VERY POSITIVELY*
7.      *DON'T KNOW/NOT SURE*
8.      *REFUSED*

*x3@s.*      **[BACES11X3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1.      *VERY NEGATIVELY*
2.      *SOMEWHAT NEGATIVELY*
3.      *NOT AT ALL*
4.      *SOMEWHAT POSITIVELY*
5.      *VERY POSITIVELY*
7.      *DON'T KNOW/NOT SURE*
8.      *REFUSED*

*Es11y@y.*      **[BACES11Y]**

*(For each event, please answer whether this has happened to you.)*

*You went on welfare.*

- |    |                            |                       |
|----|----------------------------|-----------------------|
| 1. | <i>YES</i>                 | <i>[GO TO Es11y1]</i> |
| 2. | <i>NO</i>                  | <i>[GO TO Es11z]</i>  |
| 7. | <i>DON'T KNOW/NOT SURE</i> | <i>[GO TO Es11z]</i>  |
| 8. | <i>REFUSED</i>             |                       |

*y1.*      **[BACES11Y11] to [BACES11Y16]**

*At what age or ages did this happen?*

\_\_      *AGE(S)*

y2@s. **[BACES11Y2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

y3@s. **[BACES11Y3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

Es11z@z. **[BACES11Z]**

*(For each event, please answer whether this has happened to you.)*

*You entered the armed forces.*

1. YES [GO TO Es11z1]
2. NO [GO TO Es11aa]
7. DON'T KNOW/NOT SURE [GO TO Es11aa]
8. REFUSED

z1. **[BACES11Z11] to [BACES11Z16]**

*At what age or ages did this happen?*

\_\_\_ AGE(S)

z2@s. **[BACES11Z2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

z3@s. **[BACES11Z3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW/NOT SURE
8. REFUSED

Es11aa. **[BACES11AA]**

*(For each event, please answer whether this has happened to you.)*

*You experienced combat.*

1. YES [GO TO Es11aa1]
2. NO [GO TO Ds1]
7. DON'T KNOW/NOT SURE [GO TO Ds1]
8. REFUSED

aa1. **[BACES11AA11] to [BACES11AA16]**

*At what age or ages did this happen?*

\_\_\_ AGE(S)

*aa2@s.*      **[BACES11AA2S]**

*How did this affect you initially?*

*Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?*

1.      *VERY NEGATIVELY*
2.      *SOMEWHAT NEGATIVELY*
3.      *NOT AT ALL*
4.      *SOMEWHAT POSITIVELY*
5.      *VERY POSITIVELY*
7.      *DON'T KNOW/NOT SURE*
8.      *REFUSED*

*aa3@s.*      **[BACES11AA3S]**

*How did this affect you in the long run?*

*(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)*

1.      *VERY NEGATIVELY*
2.      *SOMEWHAT NEGATIVELY*
3.      *NOT AT ALL*
4.      *SOMEWHAT POSITIVELY*
5.      *VERY POSITIVELY*
7.      *DON'T KNOW/NOT SURE*
8.      *REFUSED*

**<END ACASI>**

**SECTION 7: PARENTS' HEALTH**

*This section is about your biological parents' health. If you were raised by someone else, such as step-parents or adoptive parents, please answer these questions about your biological parents as best you can.*

If CaA = No and CaB = Mother died, GO TO Ds1c.

**Ds1. [BACDS1]**

Is your biological mother still alive?

- |    |                     |              |
|----|---------------------|--------------|
| 1. | Yes                 | [GO TO Ds1a] |
| 2. | No                  | [GO TO Ds1c] |
| 7. | Don't Know/Not Sure | [GO TO Ds2]  |
| 8. | Refused             | [GO TO Ds2]  |

[Interviewer will verify if response to Ds1 conflicts with prior response (variable = momdead).]

**Ds1a. [BACDS1A]**

How old is she? (Your best estimate is fine.)

\_\_\_\_\_ # Years old

**Ds1b. [BACDS1B]**

How would you rate your biological mother's current physical health?

- |    |                     |
|----|---------------------|
| 1. | Excellent           |
| 2. | Very good           |
| 3. | Good                |
| 4. | Fair                |
| 5. | Poor                |
| 7. | Don't know/Not sure |
| 8. | Refused             |

GO TO Ds2.

If CaA = No and CaB = Mother died – Use Intro: “You mentioned earlier that your mother died when you were young...”

**Ds1c. [BACDS1C]**

In what year did she die? (Your best estimate is fine.)

\_\_\_\_\_ Year

**Ds1d. [BACDS1D]**

How old was she when she died? (Your best estimate is fine.)

\_\_\_\_\_ # Years old

GO TO Ds2.

If CaA = No and CaB = Father died, GO TO Ds2c.

**Ds2. [BACDS2]**

Is your biological father still alive?

- |    |                     |              |
|----|---------------------|--------------|
| 1. | Yes                 | [GO TO Ds2a] |
| 2. | No                  | [GO TO Ds2c] |
| 7. | Don't Know/Not Sure | [GO TO C1]   |
| 8. | Refused             |              |

**Ds2a. [BACDS2A]**

How old is he? (Your best estimate is fine.)

\_\_\_\_\_ # Years old

**Ds2b. [BACDS2B]**

How would you rate your biological father's current physical health?

- |    |                     |
|----|---------------------|
| 1. | Excellent           |
| 2. | Very good           |
| 3. | Good                |
| 4. | Fair                |
| 5. | Poor                |
| 7. | Don't know/Not sure |
| 8. | Refused             |

GO TO C1.

If CaA = No and CaB = Father died – use Intro “You mentioned earlier that your father died when you were young.”

**Ds2c. [BACDS2C]**

In what year did he die? (Your best estimate is fine.)

\_\_\_\_\_ Year

**Ds2d. [BACDS2D]**

How old was he when he died? (Your best estimate is fine.)

\_\_\_\_\_ # Years old

GO TO C1.





**SECTION 8: HOUSEHOLD ROSTER & CHILDREN**

**Now we'd like to ask you some questions about children and members of your household.**

**\*\*\* Question C110 only asked of women under 60 with at least 1 ovary. \*\*\***

**C110. [BACC110]**

Are you currently pregnant?

1. YES
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

**CHILDREN. [BACCHLD]**

How many children do you have? Include biological, adopted, step and foster children living with you or elsewhere. Also include all living children you have (given birth to/fathered). (Please include only living children.)

0. NONE
- . ONE TO NINETEEN

**DEADKID. [BACDEKID]**

Do you have any children we have not talked about who are no longer living?

1. YES
2. NO
7. DON'T KNOW
8. REFUSED

**HHMEMBER. [BACHHMBR]**

Besides (your child/any of your children) who might be living with you, How/how many other people live in your household not including yourself? Include your spouse if (she/he) lives with you. Include everyone who stays here half the time or more. Also include members of this household who are temporarily in a hospital or other institution.

0. NONE
- . ONE TO NINETEEN

***ROSTER QUESTIONS BEGIN HERE***

**\*\*\* Question KHNAME is repeated as necessary to accommodate the number of children reported in question CHILDREN, then it is repeated for the number of additional household members reported in question HHMEMBER \*\*\***

**KHNAME.** Please tell me the (first) name of your (last/next/oldest) child.  
**ROSTER** Not including yourself (or your child/children), (Please/please) tell me the first name of the (member/last/next) member of your household.

IF B19=1 (MARRIED), "Please start with your spouse."

IF R IS MARRIED AND REPORTS "0" HH MEMBERS, **INTERVIEWER:**  
PROBE TO CONFIRM THAT SPOUSE IS A MEMBER OF R'S HOUSEHOLD.  
**INTERVIEWER:** IF R SAYS THEIR CHILD, SPOUSE OR HOUSEHOLD  
MEMBER IS DEAD, SAY: "I'M SORRY. PLEASE TELL ME THE NAME OF  
YOUR NEXT **LIVING** CHILD OR HOUSEHOLD MEMBER."

\_\_\_\_\_ (CHILD/HOUSEHOLD MEMBER)'S NAME

**Now I would like to ask you some more details about each of the people you just mentioned.**

**\*\*\* Items KHSEX through NONNORM asked of every child/household member (if appropriate) \*\*\***

**KHSEX.** Is (NAME) a male or female?

**ROSTER**

1. MALE
2. FEMALE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

RELATION. How is [child's/household member's (NAME)] related to you?

**ROSTER**

**INTERVIEWER:** IF RESPONDENT ANSWERS 3, 4, 5, 6, OR 7 PLEASE ASK FOR CHILD'S DOB, if 6 or 7, ask IN YOUR CARE FOR AT LEAST 5 YEARS? Y/N.

1. HUSBAND OR WIFE
2. LOVER/PARTNER
3. BIOLOGICAL CHILD
4. ADOPTED CHILD
5. STEP-CHILD
6. FOSTER CHILD
7. CHILD OF LOVER/PARTNER
8. OTHER CHILD (SPECIFY)
9. SON/DAUGHTER/CHILD-IN-LAW
10. FATHER/MOTHER/PARENT
11. STEP- FATHER/MOTHER/PARENT
12. FATHER/MOTHER/PARENT -IN-LAW OR PARTNER'S FATHER/MOTHER/PARENT
13. GRAND FATHER/MOTHER/PARENT
14. BROTHER/SISTER/SIBLING
15. STEP- BROTHER/SISTER/SIBLING
16. HALF- BROTHER/SISTER/SIBLING
17. BROTHER/SISTER/SIBLING -IN-LAW
18. GRAND SON/DAUGHTER/CHILD
19. OTHER RELATIVE
20. ROOMMATE
21. FRIEND
22. OTHER NON-RELATIVE
23. SAME-SEX LOVER/PARTNER
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

**\*\*\* NOTE: Question KIDRELAT is used in place of question RELATION when we have already determined that we are asking about a child \*\*\***

**KIDRELAT.** Is [child's name] your biological, adopted, step or foster  
**ROSTER** [son/daughter/child], or does [he/she] have some other  
relationship to you?

**INTERVIEWER:** CLARIFY: APPLICABLE FOSTER OR OTHER  
CHILDREN MUST BE IN THEIR CARE FOR AT LEAST 5 YEARS.

**INTERVIEWER:** INCLUDE ONLY LIVING CHILDREN.

3. BIOLOGICAL
4. ADOPTED
5. STEP
6. FOSTER
7. (IF VOLUNTEERED) CHILD OF LOVER/PARTNER
8. OTHER CHILD (SPECIFY RELATIONSHIP)
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

**\*\*\* Question AGENEW only to be asked of those answering RELATION as "Biological Child", "Adopted Child", "Step-Child", "Foster Child", "Child of Lover/Partner," or "Other Child." \*\*\***

**AGENEW\_m.** In what month and year (did you adopt (Child's name)/was (Child's  
**ROSTER** name) born)?

**(MONTH)**

1. JANUARY
2. FEBRUARY
3. MARCH
4. APRIL
5. MAY
6. JUNE
7. JULY
8. AUGUST
9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
97. DON'T KNOW
98. REFUSED
99. INAPP

AGENEW\_y. In what month and year (did you adopt (Child's name)/was (Child's  
**ROSTER** name) born)?

**(YEAR)**

\_\_\_\_ YEAR  
9997. DON'T KNOW  
9998. REFUSED  
9999. INAPP

**\*\*\* Question AGEOLD only asked for adopted children\*\*\***

AGEOLD. How old was (name) [when you adopted him/her]/(on his/her last birthday)]?  
**ROSTER**

**INTERVIEWER: ENTER ZERO "0" FOR CHILD UNDER 1 YEAR OLD.**

\_\_\_\_. 0 TO 95 YEARS OLD  
97. DON'T KNOW  
98. REFUSED  
99. INAPP

**\*\*\* Question CARE5YR only to be asked of foster or partner's children who are 5 years old or older. \*\*\***

CARE5YR. Has (Child's name) been in your care for at least 5 years?  
**ROSTER**

1. YES  
2. NO  
7. DON'T KNOW  
8. REFUSED  
9. INAPP

Ask next question only of children.

**KIDINHH.** Does (child's name) currently live in your household? (Answer "NO" if (child's name is away attending college, in the armed forces, or temporarily home on vacation.)

**ROSTER**

**INTERVIEWER:** IF R SAYS THAT THEY HAVE CHILDREN THAT DON'T LIVE IN THE HOUSEHOLD ALL THE TIME, (FOR INSTANCE IF THEY ARE A NON-CUSTODIAL PARENT), AND WANT TO KNOW IF THEY SHOULD SAY "YES" OR "NO" TO THIS QUESTION, TELL THE R "**IT IS UP TO YOU TO DECIDE; IF YOU FEEL THE CHILD LIVES IN YOUR HOUSEHOLD, YOU SHOULD SAY YES.**"

1. YES
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

**\*\*\* Question NONNORM only asked for biological, step or adopted children. \*\*\***

**NONNORM.** [Only ask the first paragraph for the first nonnorm child.]

**ROSTER** Parents face many challenges today raising their children. One goal of the study is to learn about the unique challenges faced by parents who have a son or a daughter with a long-term physical or mental health problem, or developmental disability.

Does (child's name) have a developmental disability, such as autism, cerebral palsy, epilepsy or mental retardation, or has (child's name) ever had a LONG TERM SERIOUS mental health problem?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**\*\*\* If there are any other children or household members identified in questions CHILDREN or HHMEMBER, return to question KHSEX and begin asking about the next person. Otherwise, continue to item OTHRINHH. \*\*\***

**OTHRINHH.** In the last 12 months, has anyone you haven't already mentioned lived in your household?  
**ROSTER**

1. YES – SPECIFY. PROBE FOR NUMBER OF PEOPLE, RELATION, DURATION, % TIME
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

**\*\*\* RESPONDENTS WHO REPORTED HAVING A BIOLOGICAL, ADOPTED, OR STEP CHILD WITH A DISABILITY OR CONDITION IN NONNORM, CONTINUE WITH THE 400 SERIES. ALL OTHERS SKIPPED TO SECTION D.\*\*\***

**Earlier you told me that (child's name) has/had a developmental disability or LONG TERM SERIOUS mental health problem.**

**C415.** What type of developmental disability or serious mental health problem does (child's name) have?  
**ROSTER**

**INTERVIEWER:** LIST EACH DISABILITY OR CONDITION SEPARATELY.

[#UWSC: need ability to input more than one (4) condition, but would like to enter them as separate responses, rather than all as open text.]

[#UWSC: If respondent says depression, prompted to next question - EVEN if other conditions are also listed under the other conditions category.]

**DISABILITY/HEALTH PROBLEM**

**NO CONDITIONS / QUIT LIST IMMEDIATELY [GOTO D1]**

**RESPONDENT REFUSES TO DISCUSS CHILD [GOTO D1]**

**C420.** What was the specific condition requiring group home/special education/etc...?  
**ROSTER**

**INTERVIEWER:** ENTER CONDITION CODE BELOW.

644. AGORAPHOBIA
645. ALCOHOLISM
646. ALZHEIMER'S
647. ANOREXIA or ANOREXIA NERVOSA
650. ANXIETY or ANXIETY DISORDER
101. ASPERGER'S SYNDROME
222. ATTENTION DEFICIT DISORDER (ADD)
223. ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)
102. AUTISM
764. BREAKDOWN
762. BIOCHEMICAL PROBLEM
538. BIPOLAR DISORDER (MANIC DEPRESSIVE DISORDER)

- 651. BORDERLINE PERSONALITY DISORDER
- 433. BRAIN DAMAGE
- 763. BRAIN DISORDER
- 434. BRAIN INJURY/ BRAIN INJURED
- 648. BULIMIA
- 103. CEREBRAL PALSY (CP)
- 765. CHEMICAL IMBALANCE
- 586. CLINICAL DEPRESSION
- 435. CLOSED HEAD INJURY
- 104. COGNITIVE DISABILITY
- 539. CYCLOTHYMIA
- 540. DELUSIONAL DISORDER
- 652. DEMENTIA
- 875. DEPRESSION
- 662. DEPRESSION (**IF VOLUNTEERED THAT THIS IS MILD DEPRESSION**)
- 105. DEVELOPMENTAL DISABILITY (DD)
- 106. DOWN SYNDROME
- 653. DRUG ABUSE
- 663. DYSTHYMIA
- 649. EATING DISORDER
- 766. EMOTIONAL PROBLEM / DISORDER
- 331. EPILEPSY
- 107. FETAL ALCOHOL SYNDROME
- 108. FRAGILE X SYNDROME
- 654. GAMBLING PROBLEM or PATHOLOGICAL GAMBLING
- 224. HANDICAPPED
- 436. HEAD INJURY
- 109. HYDROCEPHALUS
- 225. HYPERACTIVITY
- 110. INTELLECTUAL DISABILITY
- 111. INTELLECTUAL IMPAIRMENT
- 226. LEARNING DISABILITY/PROBLEMS (LD)
- 587. MAJOR DEPRESSION
- 767. MANIC
- 538. MANIC DEPRESSIVE DISORDER (BIPOLAR DISORDER)
- 768. MENTAL BREAKDOWN
- 114. MENTAL DISABILITY
- 112. MENTAL HANDICAP
- 771. MENTAL HEALTH PROBLEMS
- 115. MENTAL IMPAIRMENT
- 227. MENTAL PROBLEMS
- 113. MENTAL RETARDATION (MR)
- 770. MENTALLY ILL
- 116. MICROCEPHALY
- 769. MOOD PROBLEM/DISORDER
- 117. MUSCULAR DYSTROPHY
- 772. NERVES/NERVOUS CONDITION



- 655. OBSESSIVE COMPULSIVE DISORDER (OCD)
- 656. PANIC ATTACKS/ DISORDER
- 773. PARANOID/PARANOIA
- 657. PERSONALITY DISORDER
- 118. PERVASIVE DEVELOPMENTAL DISORDER (PDD-NOS)
- 658. PHOBIA
- 659. POSTTRAUMATIC STRESS DISORDERS (PTSD)
- 119. PRADER-WILLI SYNDROME
- 774. PSYCHOLOGICAL PROBLEMS
- 543. PSYCHOTIC DISORDER/PSYCHOSIS
- 120. RETARDATION
- 178. RETTS DISORDER
- 542. SCHIZOPHRENIA/SCHIZOAFFECTIVE/SCHIZOPHRENIFORM DISORDER
- 332. SEIZURE DISORDER
- 588. SEVERE DEPRESSION
- 660. SLEEP DISORDER (INSOMNIA)
- 228. SLOW IN SCHOOL/SLOW LEARNER/SLOW
- 661. SOMATIZATION
- 229. SPECIAL EDUCATION/SPECIAL ED
- 230. SPEECH PROBLEMS
- 121. SPINA BIFIDA
- 779. SUICIDAL/SUICIDE ATTEMPT
- 437. TRAUMATIC BRAIN INJURY/BRAIN INJURY
- 976. OTHER UNFAMILIAR CONDITION (SPECIFY)
- 977. OTHER FAMILIAR CONDITION (SPECIFY)(PHYSICALLY DISABLED, DIABETES, OBESITY, HEART DISEASE, ULCERS)
- 997. DON'T KNOW [GOTO C445]
- 998. REFUSED [GOTO D1]
- 999. INAPP

\*\*\* IF CONDITION CODE IS NOT WITHIN 800-899 GO TO QUESTION C445 \*\*\*

C440. Was this a long-term problem or a single episode of depression?

**ROSTER**

- 1. SINGLE EPISODE
- 2. LONG-TERM PROBLEM
- 7. DON'T KNOW
- 8. REFUSED [GO TO C475]
- 9. INAPP

C445. How old was (child's name) when this condition began?

**ROSTER**

- \_\_\_ YEARS OLD
- 97. DON'T KNOW
- 98. REFUSED/NOT SURE
- 99. INAPP

**\*\*\* IF CONDITION CODE IS NOT EQUAL TO 227 OR NOT WITHIN 500-799 GO TO QUESTION C475 \*\*\***

**[# changed to exclude 500 series from above skip - C465 and C470 must be modified to "optional" for cleaning]**

C465. Has a professional ever diagnosed (child's name) as having a  
**ROSTER** major depression, schizophrenia, or bipolar disorder, which is  
also known as manic depression?

**[if C420 lt <500> or C420 eq <587> or C420 gt <599>]**

**IF CONDITION CODE = 227,587, OR 589; INTERVIEWER:** MAJOR DEPRESSION (ALSO CALLED "SEVERE" OR "CLINICAL" DEPRESSION) IS A DISABLING ILLNESS THAT INTERFERES WITH ONE'S ABILITY TO FUNCTION NORMALLY - IT IS NOT THE SAME AS FEELING "BLUE" OR "DOWN".

- |    |                     |              |
|----|---------------------|--------------|
| 1. | YES                 |              |
| 2. | NO                  | [GO TO C475] |
| 7. | DON'T KNOW/NOT SURE | [GO TO C475] |
| 8. | REFUSED             | [GO TO C475] |
| 9. | INAPP               |              |

**\*\*\* IF CONDITION CODE IS WITHIN 500-599 GO TO QUESTION C475 \*\*\***

C470. Was (child's name) diagnosed with major depression, schizophrenia  
**ROSTER** or bipolar disorder?

**INTERVIEWER:** MAJOR DEPRESSION (ALSO CALLED "SEVERE" OR "CLINICAL" DEPRESSION) IS A DISABLING ILLNESS THAT INTERFERES WITH ONE'S ABILITY TO FUNCTION NORMALLY - IT IS NOT THE SAME AS FEELING "BLUE" OR "DOWN".

- |    |                                     |
|----|-------------------------------------|
| 1. | MAJOR DEPRESSION                    |
| 2. | SCHIZOPHRENIA                       |
| 3. | BIPOLAR DISORDER (MANIC DEPRESSION) |
| 4. | OTHER (SPECIFY)                     |
| 7. | DON'T KNOW                          |
| 8. | REFUSED                             |
| 9. | INAPP                               |

C475. Does (child's name) have any other developmental disabilities or  
**ROSTER** serious long term mental health conditions?

- |    |                      |
|----|----------------------|
| 1. | YES, ENTER CONDITION |
| 2. | NO                   |
| 7. | DON'T KNOW/NOT SURE  |
| 8. | REFUSED              |
| 9. | INAPP                |



***If R does not have children, or if his/her children are deceased [GO TO Section L]***  
***This section asks about your relationship with your children, whether they are biological, step, or adopted.***

**Ks1. [BACKS1]**

Using a scale from 0 to 10 where 0 means "the worst possible relationship" and 10 means "the best possible relationship," how would you rate your overall relationship with your children these days?

**INTERVIEWER: USE SHOWCARD 5.**

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	

**Ks2. [BACKS2]**

Looking back ten years ago, how would you rate your overall relationship with your children at that time using the same 0 to 10 scale? (If you had no children ten years ago, check "Does not apply".)

**INTERVIEWER: USE SHOWCARD 5.**

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	

**Ks3. [BACKS3]**

Looking ahead ten years into the future, what do you expect your overall relationship with your children will be like at that time?

**INTERVIEWER: USE SHOWCARD 5.**

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	

**Ks4. [BACKS4]**

Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your overall relationship with your children these days?

**INTERVIEWER: USE SHOWCARD 5.**

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	

**Ks5. [BACKS5]**

Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your overall relationship with your children these days?

**INTERVIEWER: USE SHOWCARD 5.**

None Very Much

0      1      2      3      4      5      6      7      8      9      10

**Ks6. [BACKS6A] to [BACKS6F]**

**Please indicate the degree to which each of the following statements is true of you in general.** (Would you say this statement is not at all true, a little bit true, moderately true or extremely true?)

a. I feel good about the opportunities I have been able to provide for my children.
b. It seems to me that family life with my children has been more negative than most people's.
c. Problems with my children have caused me shame and embarrassment at times.
d. As a family, we have not had the resources to do many fun things together with the children.
e. I believe I have been able to do as much for my children as most other people.
f. I feel a lot of pride about what I have been able to do for my children.

**INTERVIEWER: USE SHOWCARD 3.**

1. Not at all true
2. A little bit true
3. Moderately true
4. Extremely true
7. Don't know/Not sure
8. Refused

**Ks7. [BACKS7A1] to [BACKS7D2]**

Next, we are interested in how having children may have changed your work situation. Which of the following changes did you and/or your spouse or partner make because you were living with children? (If respondent does not have a spouse or partner at any time during the years they raised (have been raising) children, indicate "does not apply".)

@a1. You stopped working at a job stay home and care for the children?
@a2. Your spouse (or partner) stopped working at a job to stay home and care for the children?
@b1. You cut back on the number of hours worked at a job to care for the children?
@b2. Your spouse (or partner) cut back on the number of hours worked at a job to care for the children?
@c1. You worked longer hours to meet the added expenses of having children?
@c2. Your spouse (or partner) worked longer hours to meet the added expenses of having children?
@d1. You switched to a different job that was less demanding or more flexible to be more available to the children?
@d2. Your spouse (or partner) switched to a different job that was less demanding or more flexible to be more available to the children?

1. Yes
2. No
3. INAPP (does not apply – not married/no partner)
7. Don't know/Not sure
8. Refused

*If the respondent has children 13 years old or younger living in their household, continue with Question Ks8. If "no" GO TO D1.*

**Ks8. [BACKS8]**

In the past three months, how many days did you change or drop your normal schedule to stay home or to make different arrangements for childcare when a child was ill, or the usual caregiver was not available, or a day care center or school was closed? (Your best estimate is fine. If this did not happen in the past three months, enter "0".)

\_\_\_\_\_ # Days in the past three months

0. NONE
91. EVERY DAY
97. DON'T KNOW/NOT SURE
98. REFUSED

**Ks9. [BACKS9]**

In the past three months, how many days did your spouse or partner change or drop his/her normal schedule for the same reason? (If none, or if you have no spouse or partner, enter "0".)

\_\_\_\_\_ # Days in the past three months

0. NONE
91. EVERY DAY
97. DON'T KNOW/NOT SURE
98. REFUSED

**Ks10. [BACKS10]**

To what extent has providing child care coverage been a serious or stressful problem for you during this current (or most recent) school year? Would you say very serious or stressful, somewhat serious or stressful, a little serious or stressful or not at all serious or stressful?

1. VERY SERIOUS/STRESSFUL
2. SOMEWHAT SERIOUS/STRESSFUL
3. A LITTLE SERIOUS/STRESSFUL
4. NOT AT ALL SERIOUS/STRESSFUL
7. DON'T KNOW/NOT SURE
8. REFUSED

**Ks11. [BACKS11]**

What about during last summer—to what extent was providing child care coverage a serious or stressful problem for you when your children were not in school? Would you

say very serious or stressful, somewhat serious or stressful, a little serious or stressful or not at all serious or stressful?

1. VERY SERIOUS/STRESSFUL
2. SOMEWHAT SERIOUS/STRESSFUL
3. A LITTLE SERIOUS/STRESSFUL
4. NOT AT ALL SERIOUS/STRESSFUL
7. DON'T KNOW/NOT SURE
8. REFUSED

**SECTION 9: CAREGIVING**

Sometimes because of a physical or mental condition, illness, or disability, people have trouble taking care of themselves and require the assistance of friends or relatives.

**D1. [BACD1]**

During the last 12 months have you, yourself, GIVEN personal care for a period of ONE MONTH OR MORE to a family member or friend because of a PHYSICAL OR MENTAL condition, illness, or disability?

1. YES [GO TO D2]
2. NO [GO TO D17]
7. DON'T KNOW/NOT SURE [GO TO D17]
8. REFUSED [GO TO D17]
9. INAPP

**D2. [BACD2]**

To whom did you GIVE the MOST personal care?

1. HUSBAND/WIFE [GO TO D4]
2. WIFE [GO TO D4]
3. SON [GO TO D4]
4. DAUGHTER [GO TO D4]
5. FATHER [GO TO D4]
6. MOTHER [GO TO D4]
7. BROTHER [GO TO D4]
8. SISTER [GO TO D4]
9. GRANDFATHER [GO TO D3]
10. GRANDMOTHER [GO TO D3]
11. FATHER-IN-LAW [GO TO D4]
12. MOTHER-IN-LAW [GO TO D4]
13. OTHER; [specify] [GO TO D3]
97. DON'T KNOW [GO TO D4]
98. REFUSED [GO TO D4]
99. INAPP

**D3. [BACD3]**

Is this a male or a female?

1. MALE
2. FEMALE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**D4. [BACD4]**

What condition, illness, or disability caused (him/her) to need personal care?

1. CONDITION(S) GIVEN; (SPECIFY)
2. NO SPECIFIC CONDITION
7. DON'T KNOW/NOT SURE



- 8. REFUSED
- 9. INAPP

**D5. [BACD5M]**

When did you start helping (him/her)?

**(MONTH)**

- |             |           |              |
|-------------|-----------|--------------|
| 1. JANUARY  | 5. MAY    | 9. SEPTEMBER |
| 2. FEBRUARY | 6. JUNE   | 10. OCTOBER  |
| 3. MARCH    | 7. JULY   | 11. NOVEMBER |
| 4. APRIL    | 8. AUGUST | 12. DECEMBER |

- 97. DON'T KNOW MONTH
- 98. REFUSED [GO TO D7]
- 99. INAPP

**D6. [BACD5Y]**

When did you start helping (him/her)

**(YEAR)**

- \_\_\_\_ YEAR
- 9997. DON'T KNOW
  - 9998. REFUSED
  - 9999. INAPP

**D7. [BACD7]**

Are you still helping (him/her)?

- |               |            |
|---------------|------------|
| 1. YES        | [GO TO D9] |
| 2. NO         |            |
| 7. DON'T KNOW | [GO TO D9] |
| 8. REFUSED    | [GO TO D9] |
| 9. INAPP      |            |

**D8. [BACD8A] [BACD8B]**

Why are you no longer helping? Is it because (he/she) no longer needs care, someone else is helping (him/her), (he/she) is deceased, or for some other reason?

**INTERVIEWER:** allow 2.

- 1. HE/SHE NO LONGER NEEDS CARE
- 2. SOMEONE ELSE IS HELPING
- 3. THIS PERSON IS DECEASED
- 4. SOME OTHER REASON; [specify]
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP



**D9. [BACD9]**

Does/did (he/she) live with you in your household during this period of giving care?

1. YES
2. NO
3. SOME OF THE TIME
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**D10. [BACD10]**

Because of (his/her) limitations do/did you provide (him/her) personal help with:

Bathing, dressing, eating or going to the bathroom?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**D11. [BACD11]**

(REPEAT STEM, IF NEEDED:)

(Because of (his/her) limitations do/did you provide (him/her) personal help with:)

Getting around inside the house or going outside?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**D12. [BACD12]**

(REPEAT STEM, IF NEEDED:)

(Because of (his/her) limitations do/did you provide (him/her) personal help with:

Shopping, cooking, housework or laundry?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**D13. [BACD13]**

(REPEAT STEM, IF NEEDED:)

(Because of (his/her) limitations do/did you provide (him/her) personal help with:)

Managing money, making phone calls, or taking medications?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**D14. [BACD14]**

In how many different weeks during the past 12 months did you give personal care to (him/her)?

**INTERVIEWER:** IF THEY SAY LESS THAN ONE WEEK, ENTER 0.

- \_\_\_. NUMBER OF WEEKS
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

**D15. [BACD15]**

During those weeks, about how many hours per week, on the average, did you help (him/her)?

- \_\_\_. HOURS PER WEEKS
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

**D16. [BACD16]**

Before beginning the period of providing personal care you have just described, had you EVER GIVEN personal care for a period of ONE MONTH OR MORE to a family member or friend who, because of a long-term, physical or mental condition, illness or disability was not able to take care of him- or herself?

1. YES
2. NO [GO TO D19]
7. DON'T KNOW/NOT SURE [GO TO D18]
8. REFUSED [GO TO D18]
9. INAPP

GO TO D18.

**D17. [BACD17]**

Have you EVER GIVEN personal care for a period of ONE MONTH OR MORE to a family member or friend who, because of a long-term, physical or mental condition, illness or disability was not able to take care of him- or herself?

1. YES
2. NO [GO TO D20]
7. DON'T KNOW/NOT SURE [GO TO D20]
8. REFUSED [GO TO D20]
9. INAPP [GO TO D20]

**D18. [BACD18]**

How many different times during your life has this type of personal caregiving for one month or more occurred?

- \_\_\_\_\_ NUMBER OF TIMES
997. DON'T KNOW/NOT SURE
  998. REFUSED
  999. INAPP

**D19. [BACD19N] [BACD19M]**

About how many months or years altogether during your life have you provided personal care for one month or more to a family member or friend because of a long-term physical or mental condition, illness, or disability?

- \_\_\_\_\_ years \_\_\_\_\_ months
97. DON'T KNOW/NOT SURE
  98. REFUSED
  99. INAPP

**D20. [BACD20]**

Are you a grandparent? That is, do any of your children have a biological, adopted, step, or foster child?

0. YES
1. NO [GO TO E1]
7. DON'T KNOW/NOT SURE [GO TO E1]
8. REFUSED [GO TO E1]
9. INAPP

**D21. [BACD21]**

For various reasons, grandparents sometimes take on a major responsibility for raising a grandchild. Have you ever had major responsibility for (your grandchild/any of your grandchildren) for six months or more?

1. YES
2. NO [GO TO E1]
7. DON'T KNOW/NOT SURE [GO TO E1]

8. REFUSED
9. INAPP

[GO TO E1]

**D22. [BACD22]**

About how many years altogether have you had major responsibility for (your grandchild/any of your grandchildren)?

- \_\_\_\_ NUMBER OF YEARS  
97. DON'T KNOW/NOT SURE  
98. REFUSED  
99. INAPP

**SECTION 10: LIVING ARRANGEMENTS****E1. [BACE1]**

The next questions are about your living arrangements since 1995. Was there ever a time since 1995 when you lived in an institutional setting such as a boarding school or college dormitory, a prison, a hospital or nursing home, an armed forces barracks, or a rooming house?

1. YES
2. NO [GO TO E2]
7. DON'T KNOW [GO TO E2]
8. REFUSED [GO TO E2]

**E1loc. [BACE1LOCA] to [BACE1LOG]**

Which of these institutional settings have you lived in: a boarding school, college dormitory, prison, hospital or nursing home, armed forces barracks, or rooming house?

**1=YES, 2=NO, 7=DON'T KNOW, 8=REFUSED**

- @a BOARDING SCHOOL
- @b COLLEGE DORMITORY
- @c PRISON
- @d HOSPITAL OR NURSING HOME
- @e ARMED FORCES BARRACKS
- @f ROOMING HOUSE
- @g OTHER (SPECIFY INSTITUTIONAL SETTING)

[IF E1 = 1 AND E1loc.a-g. ≠ 1, INTERVIEWER WILL PROBE.]

**E1time. [BACE1TIMEN] [BACE1TIMEM]**

Altogether, how much time did you live in any of these institutional settings since 1995?

**INTERVIEWER:** IF R SAYS THEY WERE IN INSTITUTIONS OFF AND ON SINCE THAT TIME, PROBE: About how much time **ALTOGETHER** did you live in any of these institutional settings?

(IF NECESSARY: What's your best estimate?)

- \_\_\_\_. DAYS/WEEKS/MONTHS/YEARS
- 997. DON'T KNOW/ NOT SURE
- 998. REFUSED
- 999. INAPP



**E2. [BACE2]**

[Not counting this time in institutional settings, was/Was] there ever a time when you were homeless? By 'homeless' we mean not having a regular residence. Do not include any time you temporarily MOVED IN with friends or relatives.

1. YES
2. NO [GO TO E3]
7. DON'T KNOW [GO TO E3]
8. REFUSED [GO TO E3]
9. INAPP

**E2time. [BACE2TIMEN] [BACE2TIMEM]**

How much time were you homeless since 1995?

**INTERVIEWER:** IF R SAYS THEY WERE HOMELESS OFF AND ON OVER PAST 10 YEARS, PROBE: About how much time ALTOGETHER were you homeless?

(IF NECESSARY: What's your best estimate?)

- \_\_\_\_ DAYS/WEEKS/MONTHS/YEARS
997. DON'T KNOW/NOT SURE
  998. REFUSED
  999. INAPP

**E3. [BACE3]**

(Not counting the time you were [homeless/living in an institutional setting/homeless or living in an institutional setting], was/Was) there ever a time since when you did not have a telephone in your home or apartment?

1. YES
2. NO [GO TO F1]
7. DON'T KNOW/NOT SURE [GO TO F1]
8. REFUSED [GO TO F1]
9. INAPP

**E3time. [BACE3TIMEN] [BACE3TIMEM]**

How much time were you without a phone in your home or apartment since 1995?

**INTERVIEWER:** IF R SAYS HAD PHONE OFF AND ON SINCE WE LAST INTERVIEWED THEM AT THAT TIME, PROBE: About how much time ALTOGETHER were you without a phone?

(IF NECESSARY, PROBE: "What's your best estimate?")

- \_\_\_\_ DAYS/WEEKS/MONTHS/YEARS
997. DON'T KNOW
  998. REFUSED
  999. INAPP

## SECTION 11: COMMUNITY INVOLVEMENT AND NEIGHBORHOOD

### Hs1. [BACHS1]

Using a scale from 0 to 10 where 0 means “the worst possible contribution to the welfare and well-being of other people” and 10 means “the best possible contribution to the welfare and well-being of other people,” how would you rate your contribution to the welfare and well-being of other people **these days**? Take into account all that you do, in terms of time, money, or concern, on your job, and for your family, friends, and the community.

**INTERVIEWER:** USE SHOWCARD 5.

Worst											Best	
	0	1	2	3	4	5	6	7	8	9	10	

### Hs2. [BACHS2]

Looking back **ten years ago**, how would you rate your contribution to the welfare and well-being of other people at that time using the same 0 to 10 scale?

**INTERVIEWER:** USE SHOWCARD 5.

Worst											Best	
	0	1	2	3	4	5	6	7	8	9	10	

### Hs3. [BACHS3]

Looking **ahead ten years into the future**, what do you expect your contribution to the welfare and well-being of other people will be like at that time?

**INTERVIEWER:** USE SHOWCARD 5.

Worst											Best	
	0	1	2	3	4	5	6	7	8	9	10	

### Hs4. [BACHS4]

Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your contribution to the welfare and well-being of other people these days?

**INTERVIEWER:** USE SHOWCARD 5.

Worst											Best	
	0	1	2	3	4	5	6	7	8	9	10	

### Hs5. [BACHS5]

Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your contribution to the welfare and well-being of other people these days?

**INTERVIEWER:** USE SHOWCARD 5.

**Worst**                      **Best**  
0      1      2      3      4      5      6      7      8      9      10

**Hs6. [BACHS6A] to [BACHS6F]**

**To what extent do each of the following statements describe you?**

Would you say a lot, some, a little or not at all?

a. Others would say that you have made unique contributions to society.
b. You have important skills you can pass along to others.
c. Many people come to you for advice.
d. You feel that other people need you.
e. You have had a good influence on the lives of many people.
f. You like to teach things to people.

**INTERVIEWER: USE SHOWCARD 7.**

1. A lot
2. Some
3. A little
4. Not at all
7. Don't Know/Not Sure
8. Refused

**Hs7. [BACHS7A] to [BACHS7D]**

On average, about how many hours per month do you spend doing formal volunteer work of any of the following types? (If none, enter "0".)

a. Hospital, nursing home, or other health-care-oriented volunteer work.
b. School or other youth-related volunteer work.
c. Volunteer work for political organizations or causes.
d. Volunteer work for any other organization, cause or charity.

**Hs8. [BACHS8A] to [BACHS8C]**

In a typical month, about how many times do you attend the following?  
(If none, enter "0".)

a. Meetings of unions or other professional groups.
b. Meetings of sports or social groups.
c. Meetings of any other groups (not including any required by your job).

**Hs9. [BACHS9A] to [BACHS9F]**

On average, about how many hours per month do you spend giving informal emotional support (such as comforting, listening to problems, or giving advice) to each of the following people? (If none, or if the question does not apply because, for example, you have no spouse or partner, enter "0".)

- |  |
|--|
| a. To your spouse or partner.                              |
| b. To your parents or the people who raised you.           |
| c. To your in-laws.  |
| d. To your children or grandchildren.                      |
| e. To any other family members or close friends.           |
| f. To anyone else (such as neighbors or people at church). |

**Hs10. [BACHS10A] to [BACHS10F]**

On average, about how many hours per month do you RECEIVE informal emotional support (such as getting comfort, having someone listen to you, or getting advice) from each of the following people? (If none, enter "0".)

- |  |
|--|
| a. From your spouse or partner.                              |
| b. From your parents or the people who raised you.           |
| c. From your in-laws.  |
| d. From your children or grandchildren.                      |
| e. From any other family members or close friends.           |
| f. From anyone else (such as neighbors or people at church). |

**Hs11. [BACHS11A] to [BACHS11E]**

On average, about how many hours per month do you spend providing unpaid assistance (such as help around the house, transportation, or childcare) to each of the following people? (If none, enter "0".)

- |  |
|--|
| a. To your parents or the people who raised you.           |
| b. To your in-laws.  |
| c. To your grandchildren or grown children.                |
| d. To any other family members or close friends.           |
| e. To anyone else (such as neighbors or people at church). |

**Hs12. [BACHS12A] to [BACHS12H]**

On average, about how many hours per month do you or any family member living with you RECEIVE any unpaid assistance (such as help around the house, transportation, or childcare) from each of the following sources? (If none, enter "0".)

- |   |
|---|
| a. From your parents or the people who raised you.                  |
| b. From your in-laws.   |
| c. From your grandchildren or grown children.                       |
| d. From any other family members or close friends.                  |
| e. From community volunteers (such as scout leaders).               |
| f. From religious groups.   |
| g. From any other non-governmental organization, cause, or charity. |
| h. From any government group or agency (Federal, state, or local).  |

**Hs13\_1. [BACHS131]**

In a typical month, do you give financial support, including food, clothing, and other goods, to people in your family or to close friends?

1. YES
2. NO [GO TO Hs13\_2]
7. DON'T KNOW
8. REFUSED

**Hs13. [BACHS13A] to [BACHS13E]**

On average, about how many dollars per month do you or your family living with you contribute to each of the following people or organizations? If you contribute food, clothing, or other goods, include their dollar value. (If none, enter "0".)

- |  |
|--|
| a. To your parents or the people who raised you.   |
| b. To your in-laws.  |
| c. To your grandchildren or grown children.  |
| d. To any other family members or close friends.   |
| e. To any other individuals (not organized groups), including people on the street asking for money.               |
| f. To religious groups.  |
| g. To political organizations or causes.   |
| h. To any other organizations, causes, or charities (including donations made through monthly payroll deductions). |

**Hs14\_1. [BACHS141]**

In a typical month, do you or family members living with you receive money, food, clothing, or other goods from people in your family or close friends?

1. YES
2. NO [GO TO Hs14\_2]
7. DON'T KNOW/NOT SURE
8. REFUSED

**Hs14. [BACHS14A] to [BACHS14G]**

On average, about how many dollars per month do you or your family members living with you RECEIVE from each of the following sources? If you receive food, clothing or other goods, include their dollar value. (If none, enter "0".)

- |   |
|---|
| a. From your parents or the people who raised you.                  |
| b. From your in-laws.   |
| c. From your grandchildren or grown children.                       |
| d. From any other family members or close friends.                  |
| e. From religious groups.   |
| f. From any other non-governmental organization, cause, or charity. |
| g. From any government group or agency (Federal, state, or local).  |

**Hs15. [BACHS15A] to [BACHS15D]**

During the past 12 months, have you had any of the following people live with you? By "live with you" we mean living in your home as their place of residence. Visiting overnight does not count as living with you. (If a question does not apply, check "**Does not apply**".)

- |  |
|--|
| a. One or more of your aging parents.                    |
| b. One or more of your adult children (age 18 or older). |
| c. One or more of your grandchildren.                    |
| d. Any other friend or family member.                    |

1. YES
2. NO
3. DOES NOT APPLY
7. DON'T KNOW/NOT SURE
8. REFUSED

**Is1. [BACIS1]**

How often do you have any contact, even something as simple as saying "hello", with any of your neighbors? Would you say almost every day, several times a week, about once a week, 1-3 times a month, less than once a month, or never or hardly ever?

1. ALMOST EVERY DAY
2. SEVERAL TIMES A WEEK
3. ABOUT ONCE A WEEK
4. 1-3 TIMES A MONTH
5. LESS THAN ONCE A MONTH
6. NEVER OR HARDLY EVER
7. DON'T KNOW/NOT SURE
8. REFUSED

**Is2. [BACIS2]**

How often do you have a real conversation or get together socially with any of your neighbors?

(Would you say almost every day, several times a week, about once a week, 1-3 times a month, less than once a month, or never or hardly ever?)

1. ALMOST EVERY DAY
2. SEVERAL TIMES A WEEK
3. ABOUT ONCE A WEEK
4. 1-3 TIMES A MONTH
5. LESS THAN ONCE A MONTH
6. NEVER OR HARDLY EVER
7. DON'T KNOW/NOT SURE
8. REFUSED

**Is3. [BACIS3]**

How many years have you lived in your current neighborhood, or if you live in a rural area, in your current township? (If less than one year, enter "0".)

\_\_\_\_\_ # Years

0. LESS THAN 1 YEAR
97. DON'T KNOW/NOT SURE
98. REFUSED

**Is4. [BACIS4]**

How long have you lived in this state? (If less than one year, enter "0".)

\_\_\_\_\_ # Years

0. LESS THAN 1 YEAR
97. DON'T KNOW/NOT SURE
98. REFUSED



**Is5. [BACIS5]**

Do you own your home outright, are you paying on a mortgage, or do you rent? (If you have more than one home, answer for your primary residence.)

1. Own home outright
2. Paying on a mortgage
3. Rent
7. Don't know/Not sure
8. Refused

**Is6. [BACIS6A] to [BACIS6L]**

**The next few questions are about your home and the neighborhood you live in. Please indicate how much each of the following statements describes your situation.**

Would you say a lot, some, a little or not at all?

a. I feel safe being out alone in my neighborhood during the daytime.
b. I feel safe being out alone in my neighborhood at night.
c. I live in as nice a home as most people
d. I'm proud of my home
e. I could call on a neighbor for help if I needed it.
f. Most people live in a better neighborhood than I do.
g. People in my neighborhood trust each other.
h. I don't like to invite people to my home because I do not live in a very nice place.
i. Buildings and streets in my neighborhood are kept in very good repair.
j. I feel very good about my home and neighborhood.
k. My neighborhood is kept clean
l. It feels hopeless to try to improve my home and neighborhood situation.

**INTERVIEWER: USE SHOWCARD 7.**

1. A lot
2. Some
3. A little
4. Not at all
7. Don't Know/Not Sure
8. Refused

**Is7. [BACIS7]**

Thinking back over all the places you've lived during your lifetime, including where you live now, which state would you most like to live in for the next 10 years if you could easily move there now?

- |                   |                   |                   |                    |
|-------------------|-------------------|-------------------|--------------------|
| 1. ALABAMA        | 19. IOWA          | 34. NEW JERSEY    | 50. VERMONT        |
| 2. ALASKA         | 20. KANSAS        | 35. NEW MEXICO    | 51. VIRGINIA       |
| 4. ARIZONA        | 21. KENTUCKY      | 36. NEW YORK      | 53. WASHINGTON     |
| 5. ARKANSAS       | 22. LOUISIANA     | 37. NORTH CAROLNA | 54. WEST VIRGINIA  |
| 6. CALIFORNIA     | 23. MAINE         | 38. NORTH DAKOTA  | 55. WISCONSIN      |
| 8. COLORADO       | 24. MARYLAND      | 39. OHIO          | 56. WYOMING        |
| 9. CONNECTICUT    | 25. MASSACHUSETTS | 40. OKLAHOMA      | 0. FOREIGN COUNTRY |
| 10. DELAWARE      | 26. MICHIGAN      | 41. OREGON        | OR OTHER AREA      |
| 11. DIST. COLMBIA | 27. MINNESOTA     | 42. PENNSYLVANIA  | (SPECIFY)          |
| 12. FLORIDA       | 28. MISSISSIPPI   | 44. RHODE ISLAND  |                    |
| 13. GEORGIA       | 29. MISSOURI      | 45. SOUTH CAROLNA |                    |
| 15. HAWAII        | 30. MONTANA       | 46. SOUTH DAKOTA  |                    |
| 16. IDAHO         | 31. NEBRASKA      | 47. TENNESSEE     |                    |
| 17. ILLINOIS      | 32. NEVADA        | 48. TEXAS         |                    |
| 18. INDIANA       | 33. NEW HAMPSHIRE | 49. UTAH          |                    |

## SECTION 12: RACE AND ETHNICITY

The next questions are about your ethnic background or origins. Most people in the United States have ancestors that come from other parts of the world.

### F1. [BACF1]

Are you of Spanish, or Hispanic or Latino descent, that is, Mexican, Mexican American, Chicano, Puerto Rican, Cuban or some other Spanish origin?

1. NOT SPANISH/HISPANIC
2. MEXICAN
3. MEXICAN AMERICAN
4. CHICANO
5. PUERTO RICAN
6. CUBAN
7. OTHER SPANISH (Please specify:\_\_\_\_\_)
97. DON'T KNOW/NOT SURE
98. REFUSED

### F2. [BACF2A] [BACF2B] [BACF2C]

(In addition to being American) What is your main ethnic background or origin?

**INTERVIEWER: YOU MAY ENTER UP TO 3 GROUPS.**

- |                |               |               |                |                 |
|----------------|---------------|---------------|----------------|-----------------|
| 66. Africa     | 6. DomRep     | 69. Iraq      | 14. Panama     | 56. Taiwan      |
| 1. AmInd/NA    | 47. E.Europe  | 36. Ireland   | 26. Peru       | 57. Thailand    |
| 20. Argentina  | 25. Ecuador   | 70. Israel    | 54. Philippine | 45. Netherland  |
| 58. Asia       | 60. Egypt     | 37. Italy     | 39. Poland     | 17. Trinidad    |
| 2. Bahamas     | 7. ElSalvador | 11. Jamaica   | 40. Portugal   | 41. USSR/Russia |
| 21. Bolivia    | 31. England   | 52. Japan     | 15. PuertoRico | 27. Venezuela   |
| 22. Brazil     | 32. France    | 61. Kenya     | 41. RussiaUSSR | 48. W.Europe    |
| 3. Canada      | 33. Germany   | 53. Korea     | 73. S.Arabia   | 46. Yugoslav    |
| 18. C.Am/Carib | 34. Greece    | 71. Lebanon   | 42. Scotland   | 64. Zaire       |
| 23. Chile      | 8. Guatemala  | 12. Mexico    | 55. Singapore  | 65. Zimbabwe    |
| 50. China      | 9. Haiti      | 74. MidEast   | 63. S.Africa   | 96. OTHER:      |
| 24. Colombia   | 10. Honduras  | 13. Nicaragua | 28. S.America  | Specify         |
| 4. CostaRica   | 35. Hungary   | 62. Nigeria   | 43. Spain      |                 |
| 5. Cuba        | 51. India     | 38. Norway    | 16. St.Vincent |                 |
| 30. Czech      | 68. Iran      | 72. Pakistan  | 44.Sweden      |                 |
| 97.            | DON'T KNOW    | [GO TO F4]    |                |                 |
| 98.            | REFUSED       | [GO TO F4]    |                |                 |
| 99.            | INAPP         |               |                |                 |

**F3. [BACF3]**

(IF MULTIPLE MENTIONS) Which group best describes your background or origins?

- |                |               |               |                |                 |
|----------------|---------------|---------------|----------------|-----------------|
| 66. Africa     | 6. DomRep     | 69. Iraq      | 14. Panama     | 56. Taiwan      |
| 1. AmInd/NA    | 47. E.Europe  | 36. Ireland   | 26. Peru       | 57. Thailand    |
| 20. Argentina  | 25. Ecuador   | 70. Israel    | 54. Philippine | 45. Netherland  |
| 58. Asia       | 60. Egypt     | 37. Italy     | 39. Poland     | 17. Trinidad    |
| 2. Bahamas     | 7. ElSalvador | 11. Jamaica   | 40. Portugal   | 41. USSR/Russia |
| 21. Bolivia    | 31. England   | 52. Japan     | 15. PuertoRico | 27. Venezuela   |
| 22. Brazil     | 32. France    | 61. Kenya     | 41. RussiaUSSR | 48. W.Europe    |
| 3. Canada      | 33. Germany   | 53. Korea     | 73. S.Arabia   | 46. Yugoslav    |
| 18. C.Am/Carib | 34. Greece    | 71. Lebanon   | 42. Scotland   | 64. Zaire       |
| 23. Chile      | 8. Guatemala  | 12. Mexico    | 55. Singapore  | 65. Zimbabwe    |
| 50. China      | 9. Haiti      | 74. MidEast   | 63. S.Africa   | 96. OTHER:      |
| 24. Colombia   | 10. Honduras  | 13. Nicaragua | 28. S.America  | Specify         |
| 4. CostaRica   | 35. Hungary   | 62. Nigeria   | 43. Spain      |                 |
| 5. Cuba        | 51. India     | 38. Norway    | 16. St.Vincent |                 |
| 30. Czech      | 68. Iran      | 72. Pakistan  | 44.Sweden      |                 |

97. DON'T KNOW [GO TO F4]

98. REFUSED [GO TO F4]

99. INAPP

**F4. [BACF4]**

How closely do you identify with other people who are of the same ethnic descent as yourself? Would you say very closely, somewhat closely, not very closely, or not at all closely?

1. VERY CLOSELY
2. SOMEWHAT CLOSELY
3. NOT VERY CLOSELY
4. NOT AT ALL CLOSELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**F5. [BACF5]**

How much do you prefer to be with other people who are of this same ethnic group? Would you say a lot, some, a little, or not at all?

**INTERVIEWER: USE SHOWCARD 7.**

1. A LOT
2. SOME
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

**F6. [BACF6]**

How important do you think it is for people who are from this ethnic group to marry other people who are also from this ethnic group? Would you say very important, somewhat important, not very important, or not at all important?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NOT AT ALL IMPORTANT
7. DON'T KNOW/NOT SURE
8. REFUSED

**F7. [BACF7A] to [BAC7F]**

What are your main racial origins -- that is, what race or races are your parents, grandparents, and other ancestors?

**INTERVIEWER:** ENTER ALL THAT APPLY.

1. WHITE
2. BLACK AND/OR AFRICAN AMERICAN
3. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
4. ASIAN
5. NATIVE HAWAIIAN OR PACIFIC ISLANDER
6. OTHER (PLEASE SPECIFY:\_\_\_\_\_)
7. DON'T KNOW/NOT SURE
8. REFUSED

**F8. [BACF8A] to [BACF8F]**

Which do you feel best describes your racial background? White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Pacific Islander? **INTERVIEWER:** ENTER ALL THAT APPLY.

1. WHITE
2. BLACK AND/OR AFRICAN AMERICAN
3. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
4. ASIAN
5. NATIVE HAWAIIAN OR PACIFIC ISLANDER
6. OTHER (PLEASE SPECIFY:\_\_\_\_\_)
7. DON'T KNOW/NOT SURE
8. REFUSED

**F8a. [BACF8AX]**

(IF MULTIPLE MENTIONS) Which best describes your race?

1. WHITE
2. BLACK AND/OR AFRICAN AMERICAN
3. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
4. ASIAN
5. NATIVE HAWAIIAN OR PACIFIC ISLANDER
6. OTHER (PLEASE SPECIFY:\_\_\_\_\_)
7. DON'T KNOW/NOT SURE
8. REFUSED

**F9. [BACF9]**

How closely do you identify with being a member of this racial group? (Would you say very closely, somewhat closely, not very closely, or not at all closely?)

1. VERY CLOSELY
2. SOMEWHAT CLOSELY
3. NOT VERY CLOSELY
4. NOT AT ALL CLOSELY
7. DON'T KNOW/NOT SURE
8. REFUSED

**F10. [BACF10]**

How much do you prefer to be with other people who are the same race as yourself? (Would you say a lot, some, a little, or not at all?)

**INTERVIEWER: USE SHOWCARD 7.**

1. A LOT
2. SOME
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

**F11. [BACF11]**

How important do you think it is for people who are in your racial group to marry other people who are the same race? (Would you say very important, somewhat important, not very important, or not at all important?)

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NOT AT ALL IMPORTANT
7. DON'T KNOW/NOT SURE
8. REFUSED



**F12. [BACF12]**

Are you a citizen of the United States?

- 1. YES
- 2. NO [GO TO F12b]
- 7. DON'T KNOW/NOT SURE [GO TO F12b]
- 8. REFUSED [GO TO F12b]

**F12a. [BACF12A]**

How closely do you identify with being an American, in the sense of being a U.S. citizen? (Would you say very closely, somewhat closely, not very closely, or not at all closely?)

- 1. VERY CLOSELY
- 2. SOMEWHAT CLOSELY
- 3. NOT VERY CLOSELY
- 4. NOT AT ALL CLOSELY
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

**F12b. [BACF12B]**

In what country do you have citizenship?

- \_\_\_\_ Country
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP



<START ACASI>

THIS IS THE BEGINNING OF THE THIRD PART OF THE AUDIO SELF INTERVIEW

[reverse]PLEASE STOP HERE[n]

[red][bold]PRESS THE [reverse]PAD LOCK (Fn-F9)[n][red][bold] KEYS[n]  
SO THAT THE LOCK LIGHT IS ON / PAD LOCK IS ON

HELP THE RESPONDENT GET SET UP AT THE LAPTOP AND USE THE HEADPHONES

- ADJUST VOLUME
- PLUG IN THE KEYPAD
- PRESS **ALT-ENTER** TO MAKE SCREEN WINDOWED, **NOT** FULL SCREEN

IF THERE IS A REASON WHY THE AUDIO PORTION CAN NOT BE ADMINISTERED  
(I.E., PHONE INTERVIEW, CONDITIONS WILL NOT ALLOW, ETC), ENTER 'x'  
AND SPECIFY THE REASON.

<1> PROCEED TO AUDIO SECTION AFTER RESPONDENT IS SEATED AND  
READY TO CONTINUE

<x> SKIP AUDIO SECTION [specify] [GO TO AC3END]  
(SPECIFY REASON FOR SKIP FOLLOWED BY //) @

PLEASE SIT COMFORTABLY AND ADJUST YOUR HEADPHONES

THIS SECTION CONTAINS ABOUT 20 QUESTIONS

PRESS ENTER TO CONTINUE

### SECTION 13: DISCRIMINATION

*Ps1. Now you are going to be asked about some experiences you may have had in your life. In answering these questions you should consider if you have been **discriminated** against because of race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics, and if so, how many times. (If the experience happened to you, but for some reason other than discrimination, enter "0".)*

<i>Due to discrimination, have you ever...</i> <b>[BACDISC1] to [BACDIS11]</b>	<i>How many times in your life, due to discrimination, were you..</i> <b>[BACPS1A] to [BACPS1K]</b>
<i>sc1. been discouraged by a teacher or advisor from seeking higher education.</i>	<i>ps1a.</i>
<i>sc2. been denied a scholarship.</i>	<i>ps1b.</i>
<i>sc3. NOT been hired for a job.</i>	<i>ps1c.</i>
<i>sc4. NOT been given a job promotion.</i>	<i>ps1d.</i>
<i>sc5. been fired.</i>	<i>ps1e.</i>
<i>sc6. been prevented from renting or buying a home in the neighborhood you wanted.</i>	<i>ps1f.</i>
<i>sc7. prevented from remaining in a neighborhood because neighbors made life so uncomfortable.</i>	<i>ps1g.</i>
<i>sc8. hassled by the police.</i>	<i>ps1h.</i>
<i>sc9. denied a bank loan.</i>	<i>ps1i.</i>
<i>sc10.denied or provided inferior medical care.</i>	<i>ps1j.</i>
<i>sc11.denied or provided inferior service by a plumber, car mechanic, or other service provider.</i>	<i>ps1k.</i>

*Ps2. For this next set of questions, please think about your experiences on a day-to-day basis.*

*disc12-disc20. On a day-to-day basis, due to discrimination:*

**[BACDISC12] to [BACDISC20]**

*ps2a-i. How often...?*

*Would you say often, sometimes, rarely, or never?*

**[BACPS2A] to [BACPS2I]**

	Often	Sometimes	Rarely	Never
Are you treated with less courtesy than other people?	1	2	3	4
Are you treated with less respect than other people?	1	2	3	4
Do you receive poorer service than other people at restaurants or stores?	1	2	3	4
Do people act as if they think you are not smart?	1	2	3	4
Do people act as if they are afraid of you?	1	2	3	4
Do people act as if they think you are dishonest?	1	2	3	4
Do people act as if they think you are not as good as they are?	1	2	3	4
Are you are called names or insulted?	1	2	3	4
Are you are threatened or harassed?	1	2	3	4

*If R did not indicate any of the discriminatory experiences described in the previous questions, [GO TO G1], otherwise, continue with Question Ps3.*

**Ps3. [BACPS3A] to [BACPS3J]**

What was the main reason for the discrimination you experienced? Was it your age, your gender, your race, your ethnicity or nationality, your religion, your height or weight, some other aspect of your appearance, a physical disability, your sexual orientation or some other reason. If it was for more than one main reason, enter **YES** for all that apply.

@a.	<i>Your age</i>
@b.	<i>Your gender</i>
@c.	<i>Your race</i>
@d.	<i>Your ethnicity or nationality</i>
@e.	<i>Your religion</i>
@f.	<i>Your height or weight</i>
@g.	<i>Some other aspect of your appearance</i>
@h.	<i>A physical disability</i>
@i.	<i>Your sexual orientation</i>
@j.	<i>Some other reason for discrimination (Please specify:)</i>

1. *Yes*
2. *No*

7. *Don't know/Not sure*
8. *Refused*

**Ps4. [BACPS4]**

*Overall, how much has discrimination interfered with you having a full and productive life? Would you say a lot, somewhat, a little or not at all?*

1. *A lot*
2. *Some*
3. *A little*
4. *Not at all*
7. *Don't know/Not sure*
8. *Refused*

**Ps5. [BACPS5]**

*Overall, how much harder has your life been because of discrimination?*

1. *A lot*
2. *Some*
3. *A little*
4. *Not at all*
7. *Don't know/Not sure*
8. *Refused*

**<END ACASI>**

**SECTION 15: LIFE SATISFACTION**

And now a few questions about you.

**G1. [BACG1]**

At present, how satisfied are you with your LIFE?

Would you say: a lot, somewhat, a little, or not at all?

**INTERVIEWER: USE SHOWCARD 7.**

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL/NONE AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

**G2. [BACG2]**

At present, how much control do you have over your LIFE IN GENERAL?

(Would you say: a lot, somewhat, a little, or not at all?)

**INTERVIEWER: USE SHOWCARD 7.**

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL/NONE AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

**G3. [BACG3]**

Overall, how satisfied are you with your SELF?

(Would you say: a lot, somewhat, a little, or not at all?)

**INTERVIEWER: USE SHOWCARD 7.**

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL/NONE AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

**G4. [BACG4]**

When you think about your life as a whole up to the present, how would you rate your contribution to the welfare and well-being of other people? Would you say it is excellent, very good, good, fair, or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW/NOT SURE
8. REFUSED

**G5. [BACG5]**

And would you AGREE or DISAGREE with the following statement: "In many ways, I feel disappointed about my achievements in life"?

1. YES/AGREE
2. NO/DISAGREE
7. DON'T KNOW/NOT SURE [GO TO G6]
8. REFUSED [GO TO G6]

**G5a. [BACG5A]**

Do you (DIS)AGREE strongly, somewhat, or only a little?

1. STRONGLY
2. SOMEWHAT
3. ONLY A LITTLE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**INTRO G6**

For the next set of questions, please tell me how much each of the following words describes you.

(The first word is:)

G6. **[BACG6]**  
Outgoing?

(By OUTGOING we mean sociable and interested in meeting people.)

Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?

**INTERVIEWER:** USE SHOWCARD 7.

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

(The next word is:)

G7. **[BACG7]**  
worrying?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

**INTERVIEWER:** USE SHOWCARD 7.

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

(The next word is:)

G8. **[BACG8]**  
curious?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

**INTERVIEWER:** USE SHOWCARD 7.

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL

7. DON'T KNOW/NOT SURE
8. REFUSED

(The next word is:)

G9. [BACG9]  
optimistic?

(By OPTIMISTIC we mean hopeful about how things will turn out.)

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

**INTERVIEWER:** USE SHOWCARD 7.

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

Es14. [BACES14]

Many people feel older or younger than they actually are. What age do you feel most of the time?

\_\_\_\_\_ Years old

Es15. [BACES15]

Now imagine you could be any age. What age would you like to be?

\_\_\_\_\_ Years old

Es16. [BACES16]

In your opinion, at what age do most men enter middle age?

\_\_\_\_\_ Years old

Es17. [BACES17]

And at what age are most men no longer middle aged?

\_\_\_\_\_ Years old

Es18. [BACES18]

In your opinion, at what age do most women enter middle age?

\_\_\_\_\_ Years old

Es19. [BACES19]

And at what age are most women no longer middle aged?



\_\_\_\_\_ Years old

**SECTION 16: RESPONDENT RECONTACT INFORMATION**

*This information will not be connected to your survey answers in any way, and is used only by Professor Ryff and her staff as part of their respondent recontact file.*

- Rs1. In case we have difficulty locating you, we would greatly appreciate you giving us the names, addresses, and telephone numbers of two close friends or relatives who do not live with you and who will know how to get in touch with you if you move.

**Name:** \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

- Rs2. In case we are unable to reach these friends or relatives, we will still be able to recontact you in most cases if we have your Social Security number. This number can be linked to public files such as motor vehicle registration records to obtain your most recent mailing address so we can send you study reports. As always, we will keep this information confidential and will not release it to anyone else.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. SOCIAL SECURITY NUMBER GIVEN
7. DON'T KNOW/NOT SURE
8. REFUSED

