

MIDUS 3 Project 7

Retention Early Warning

CAPI Instrument

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SECTION 1: RECESSION EXPERIENCE

AA1.

[C7CAA1] Think back to 2008 when the recession first began. Was there a specific event that made **you** aware that the recession of 2008 had begun?

1. YES
 2. NO
 7. DON'T KNOW/NOT SURE
 8. REFUSED
- If yes:** What was it? (Open-ended response)

AA2.

[C7CAA2] The first questions are about your experience with the Recession. For each of the following, please tell me whether or not it is something that has happened to you since the recession began in 2008.

Since the recession began in 2008 have you...

- a. Lost a job? (1=YES, 2=NO, 7=DK, 8=REFUSED, 9=INAPP)
- c. Started a new job you liked?
- d. Taken a job below your education or experience level?
- e. Taken on an additional job?

(Since the recession began in 2008,) have you...

- h. Bought a home?

(Since the recession began in 2008,) have you...

- n. Moved to a different house or apartment?
- o. Had family or friends move in with you to save money?

(Since the recession began in 2008,) have you...

- q. Borrowed money against your house or from a bank?
- r. Missed a credit card payment?
- t. Increased credit card debt?
- u. Reduced credit card debt?
- v. Paid off all credit card debt?
- w. Paid off all other debt?

(Since the recession began in 2008,) have you...

- x. Sold some of your possessions to make ends meet?
- y. Cut back on your spending?

SECTION 2: HEALTH

A1.

[C7CA1]

Now I would like to ask you 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.

[C7CA2]

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

As6e.

[C7CAS6E]

We are going to use these cards a few times during the interview; they can be helpful when answering questions. I'll let you know when and how to use them.

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?

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

INTERVIEWER: USE SHOWCARD 1.

As8.

[C7CAS8A] 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 to get for me to get good medical care.

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

INTERVIEWER: USE SHOWCARD 2.

A4.

[C7CA4] 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] |
| ___ | 1 TO 30 DAYS | |
| 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 A4a.]

A4a.

[C7CA4A] 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.]

[IF A4 = 30, GO TO A6.]

A5.

[C7CA5] 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] |
| — | 1 TO 30 DAYS | |
| 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 A5a.]

[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.

[C7CA5A] 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.]

A6.

[C7CA6A] The next set of questions is about your physical health.

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, such as MS or epilepsy INTERVIEWER: MS is MULTIPLE SCLEROSIS

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

A7.

[C7CA7] 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.

[C7CA7A] 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?"

- ___ 1 TO 99 YEARS OLD
96. CONGENITAL/AT BIRTH
 97. DON'T KNOW/NOT SURE
 98. REFUSED
 99. INAPP

A7b.

[C7CA7BA]What was the diagnosis?

INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY,;
"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 DIAGNOSIS)
11. NONE [GO TO A7c]
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

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

A7c.

[C7CA7C] 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.

[C7CA7D] 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.

[C7CA8] Have you ever had a heart attack?

- | | |
|---------------|-------------|
| 1. YES | [GO TO 8a] |
| 2. NO | [GO TO A10] |
| 7. DON'T KNOW | [GO TO A10] |
| 8. REFUSED | [GO TO A10] |
| 9. INAPP | |

A8a.

[C7CA8A] In what year did you have your first heart attack?

- _____ YEAR OF HEART ATTACK (1919 – 2019)
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

[GO TO A10.]

A10.

[C7CA10A] Who in your immediate biological family -- that is, your biological parents, brothers, sisters, or children -- have ever had a heart attack?

INTERVIEWER: ENTER ALL THAT APPLY.

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

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

A11.

[C7CA11] 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.

[C7CA12] 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.

[C7CA13] 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

A17.

[C7CA17] 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.

[C7CA18] 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.]

A22.

[C7CA22] 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 LOCATION)
7. DON'T KNOW/NOT SURE
8. REFUSED

A23.

[C7CA23] 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.

[C7CA23A] How many times has this ever happened?

- 1 TO 95 ATTACKS
96. 96 OR MORE ATTACKS
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

A23b.

[C7CA23B] 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.

[C7CA23CA] 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 DIAGNOSIS)
11. NONE
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

A23d. Check if R already said High Blood Pressure

A24.

[C7CA24] Has a doctor ever told you that you have or had high blood pressure?

1. YES
2. NO [GO TO A26]
3. SUSPECTS
7. DON'T KNOW/NOT SURE [GO TO A26]
8. REFUSED [GO TO A26]

A24a.

[C7CA24A] How many years ago were you told this?

INTERVIEWER: IF R SAYS LESS THAN ONE YEAR, ENTER '0.'

- ___ NUMBER OF YEARS (0 – 99)
97. DON'T KNOW/NOT SURE
 98. REFUSED
 99. INAPP

A24b.

[C7CA24B] 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.

[C7CA24C] 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.

[C7CA24D] (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 A26] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A26] |
| 8. | REFUSED | [GO TO A26] |
| 9. | INAPP | |

A24e.

[C7CA24EA]What is that treatment or therapy?

INTERVIEWER: ENTER ALL THAT APPLY., PROBE: "Anything else?"

- | | |
|----|---------------------------|
| 1. | DIET |
| 2. | VITAMINS/MINERALS |
| 3. | EXERCISE |
| 4. | HERBAL THERAPY |
| 5. | MEDITATION/RELAXATION |
| 6. | OTHER (SPECIFY TREATMENT) |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

A26.

[C7CA26] Have you ever had cancer?

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

A27.

[C7CA27] 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 As10] |
| 7. | DON'T KNOW/NOT SURE | [GO TO As10] |
| 8. | REFUSED | [GO TO As10] |
| 9. | INAPP | |

A27a.

[C7CA27A] 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.

[C7CA27B] 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.

[C7CA28A] What type of cancer have you had?

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

A28a-j. What type of cancer have you had?			A28aa-jj. What was your age when you were first diagnosed with... (0-99)
	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 OR 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=

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

A29.

[C7CA29] Are you currently using any type of treatment or therapy for cancer?

- | | |
|------------------------|--------------|
| 1. YES | [GO TO A29a] |
| 2. NO | [GO TO As10] |
| 7. DON'T KNOW/NOT SURE | [GO TO As10] |
| 8. REFUSED | [GO TO As10] |
| 9. INAPP | |

A29a.

[C7CA29AA]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 TREATMENT)
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

As10.

[C7CAS10A]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

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
0. **IF VOLUNTEERED:** NO INTERCOURSE IN THE PAST 30 DAYS
(AS10i only) [WILL BE RECODED AS "6"]
7. DON'T KNOW/NOT SURE

8. REFUSED

INTERVIEWER: USE SHOWCARD 3.

As15.

[C7CAS15] 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 As24a] |
| 7. | DON'T KNOW/NOT SURE | |
| 8. | REFUSED | |

As16.

[C7CAS16] On a scale of zero to ten, what number 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

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

MEASURE OF PAIN INTERFERENCE (0-10)
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

As17.

[C7CAS17] On a scale of zero to ten, what number best describes how much, **during the past week**, your pain interfered with your mood?

(Zero means pain did not interfere with your mood. Ten means pain completely interfered with your mood.)

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

MEASURE OF PAIN INTERFERENCE (0-10)
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

As18.

[C7CAS18] On a scale of zero to ten, what number best describes how much, **during the past week**, your pain interfered with your relations with other people?

(Zero means pain did not interfere with your relations with other people. Ten means pain completely interfered with your relations with other people.)

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

MEASURE OF PAIN INTERFERENCE (1-10)

97. DON'T KNOW/NOT SURE

98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

As19.

[C7CAS19] On a scale of zero to ten, what number best describes how much, **during the past week**, your pain interfered with your sleep?

(Zero means pain did not interfere with your sleep. Ten means pain completely interfered with your sleep.)

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

MEASURE OF PAIN INTERFERENCE (1-10)

97. DON'T KNOW/NOT SURE

98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

As20.

[C7CAS20] On a scale of zero to ten, what number that best describes how much, **during the past week**, your pain interfered with your enjoyment of life?

(Zero means pain did not interfere with your enjoyment of life. Ten means pain completely interfered with your enjoyment of life.)

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

MEASURE OF PAIN INTERFERENCE (1-10)

97. DON'T KNOW/NOT SURE

98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

As21.

[C7CAS21A] Where is your pain primarily located?

a. Head
b. Neck
c. Back
d. Arms or Hands
e. Legs or Feet
f. Hips
g. Knees
h. Shoulders
i. Other Location (SPECIFY)

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

As22.

[C7CAS22] Have you seen a physician or other health care professional about this?

- | | |
|------------------------|---------------|
| 1. YES | [GO TO As23] |
| 2. NO | [GO TO As24a] |
| 7. DON'T KNOW/NOT SURE | [GO TO As24a] |
| 8. REFUSED | [GO TO As24a] |
| 9. INAPP | |

As23.

[C7CAS23] What was the diagnosis?

1. [SPECIFY DIAGNOSIS]
7. DON'T KNOW
8. REFUSED

As24a.

[C7CAS24A] 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?

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

INTERVIEWER: USE SHOWCARD 5.

[IF As24a-As24n=5, skip to As26a and code As25 as <4>. Others, GO TO As25]

As25.

[C7CAS25] 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

INTERVIEWER: USE SHOWCARD 6.

As26a.

[C7CAS26A]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?

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

INTERVIEWER: USE SHOWCARD 5.

[If As26a-As26m=5, skip to As28a and code As27 as <4>. Others, GO TO As27]

As27.

[C7CAS27] 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 you have never had any of these feelings, indicate “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

INTERVIEWER: USE SHOWCARD 7.

As28.

[C7CAS28A]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, such as running, lifting heavy objects
j. Moderate activity, such as bowling, vacuuming

1. A LOT

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

INTERVIEWER: USE SHOWCARD 8.

As38.

[C7CAS38] Which of the following do you consider yourself?

Would you say very overweight, somewhat overweight, about the right weight, somewhat underweight, or very underweight?

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

As40.

[C7CAS40] How much did you weigh one year ago? (Your best estimate is fine.)

- ____ 65 TO 995 POUND
996. MORE THAN 995 POUNDS
997. DON'T KNOW/NOT SURE
998. REFUSED

As41.

[C7CAS41] How much did you weigh ten years ago? (Your best estimate is fine.)

- ____ 65 TO 995 POUND
996. MORE THAN 995 POUNDS
997. DON'T KNOW/NOT SURE
998. REFUSED

As42.

[C7CAS42] Over the **past ten years**, how many times have you lost 10 pounds or more **[IF rsex=2]** ,excluding women after childbirth**[endif]**?

- ____ 0 TO 95 TIMES
96. MORE THAN 95 TIMES
97. DON'T KNOW/NOT SURE
98. REFUSED

[IF R ANSWERED ONE OR MORE TIMES IN As42 ASK As43, OTHERWISE GO TO As44.]

As43.

[C7CAS43A] 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, SPECIFY REASON(S)]

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

As44.

[C7CAS44] 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.

[C7CAS45] In what year did this happen most recently?

- ____ YEAR (1919-2019)
9997. DON'T KNOW/NOT SURE
9998. REFUSED

As46.

[C7CAS46] In the past 12 months how many separate times have you been hospitalized overnight?

- ____ 0 TO 95 TIMES
96. MORE THAN 95 TIMES
97. DON'T KNOW/NOT SURE
98. REFUSED

[IF R ANSWERED ONE OR MORE TIMES IN As46 ASK As47, OTHERWISE GO TO As57.]

As47.

[C7CAS47] In the **past 12 months** how many nights did you stay in a hospital altogether?

_____ # Nights
997. DON'T KNOW/NOT SURE
998. REFUSED

As57.

[C7CAS57A] On **weekdays or workdays**, how much sleep do you usually get at night or in your main sleep period?

Please tell me the number of hours and then the number of minutes:

@a : @b HOURS : MINUTES
97. DON'T KNOW/NOT SURE
98. REFUSED

As58.

[C7CAS58A] On **weekends or your non-workdays**, how much sleep do you get at night or in your main sleep period?

Please tell me the number of hours and then the number of minutes:

@a : @b HOURS : MINUTES
97. DON'T KNOW/NOT SURE
98. REFUSED

As59.

[C7CAS59A] How long does it usually take you to fall asleep at bedtime?

@a : @b HOURS : MINUTES
97. DON'T KNOW/NOT SURE
98. REFUSED

As60.

[C7CAS60] During a usual week, how many times do you nap for 5 minutes or more?

Enter the number of times. If none enter **0**. If more than 95 times, enter **96**.

_____ 0 TO 95 TIMES
96. 96 OR MORE TIMES
97. DON'T KNOW/NOT SURE
98. REFUSED

As61a.

[C7CAS61A] How often do you have trouble falling asleep?

Would you say never, rarely, sometimes, often, or almost always?

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

INTERVIEWER: USE SHOWCARD 9.

As61b.

[C7CAS61B]How often do you wake up during the night and have difficulty going back to sleep?

Would you say never, rarely, sometimes, often, or almost always?

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

INTERVIEWER: USE SHOWCARD 9.

As61c.

[C7CAS61C]How often do 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?)

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

INTERVIEWER: USE SHOWCARD 9.

As61d.

[C7CAS61D]How often do 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?)

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

INTERVIEWER: USE SHOWCARD 9.

A36.

[C7CA36] 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?**"

- | | | |
|-----|-----------------------|-------------|
| — | 1 TO 99 YEARS OLD | |
| -4. | NEVER HAD A CIGARETTE | [GO TO A44] |
| -1. | DON'T KNOW/NOT SURE | |
| -2. | REFUSED | |

A37.

[C7CA37] 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.

[C7CA38] 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].

- | | |
|-----|---------------------|
| — | 1 TO 99 YEARS OLD |
| -1. | DON'T KNOW/NOT SURE |
| -2. | REFUSED |
| -4. | INAPP |

[INTERVIEWER WILL CHECK TO BE SURE A38 (SMOKED REGULARLY) IS BEFORE A36 (FIRST CIGARETTE)].

A39.

[C7CA39] 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.

[C7CA40] 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

- NUMBER OF CIGARETTES PER DAY
96. 96 OR MORE PER DAY
 97. DON'T KNOW/NOT SURE
 98. REFUSED
 99. INAPP

A41.

[C7CA41] Have you ever tried to quit smoking?

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

[GO TO A44.]

A42.

[C7CA42] 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."

- 1 TO 99 YEARS OLD
- 1. DON'T KNOW
- 2. REFUSED
- 4. INAPP

A43.

[C7CA43] 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

- NUMBER OF CIGARETTES PER DAY
- 96. 96 OR MORE PER DAY
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

A44.

[C7CA44] 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.

[C7CA45A] 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.

[C7CA46] At the current time, does anyone regularly smoke cigarettes or other tobacco products **inside** your home [IF "YES" AT A39, FILL WITH: "other than yourself"]?

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

A47.

[C7CA47] While at your job **in the past**, did anyone regularly smoke cigarettes or other tobacco products in your immediate work area [if yes at A39 fill with: 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.

[C7CA48] At your **current job**, does anyone regularly smoke cigarettes or other tobacco products in your immediate work area [IF "YES" AT A39, FILL WITH: "other than yourself"]?

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

8. REFUSED

A49.

[C7CA49] 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?"

- 1 TO 99 YEARS OLD
- 4. NEVER HAD A DRINK [GO TO A58]
- 1. DON'T KNOW/NOT SURE
- 2. REFUSED

A50.

[C7CA50] 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.

[C7CA51] 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.

[C7CA51A] 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.

[C7CA52] 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?

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

A53.

[C7CA53] 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.

[C7CA54] 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.

[C7CA54A] 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.

[C7CA55] 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."

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

A56.

[C7CA56] How old were you when you started to drink that amount?

- 1 TO 99 YEARS OLD
- 1. DON'T KNOW/NOT SURE
- 2. REFUSED
- 4. INAPP

A57.

[C7CA57] For how many years did you drink that amount?

0. LESS THAN 1 YEAR
- 1 TO 99 YEARS
- 1. DON'T KNOW/NOT SURE
- 2. REFUSED
- 4. INAPP

A58.

[C7CA58] 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.

[C7CA59] 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

A60.

[C7CA60] 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 (IF VOLUNTEERED) [GO TO A72]
7. DON'T KNOW/NOT SURE [GO TO A72]
8. REFUSED [GO TO A72]

A61.

[C7CA61] 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.

[C7CA62] 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.

[C7CA63] 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.

[C7CA64] 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.

[C7CA65] 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.

[C7CA65A] Did your appetite **increase** during those same two weeks?

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

9. INAPP

A66.

[C7CA66] 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.

[C7CA66A] 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.

[C7CA67] 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.

[C7CA68] 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.

[C7CA69] 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.

[C7CA70] 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.

- | | | |
|-----|---------------------|-------------|
| ___ | 1 TO 51 WEEKS | |
| 52. | THE ENTIRE YEAR | [GO TO A83] |
| 97. | DON'T KNOW/NOT SURE | |
| 98. | REFUSED | |
| 99. | INAPP | |

[IF "1," GO TO A70tst, ALL OTHERS GO TO A71MO.]

A71MO.

[C7CA71MO] 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 | 5. | MAY |
| 2. | FEBRUARY | 6. | JUNE |
| 3. | MARCH | 7. | JULY |
| 4. | APRIL | 8. | AUGUST |

- | | | |
|-----|--------------------------------------|-------------------------|
| 9. | SEPTEMBER | [GO TO 83] |
| 10. | OCTOBER | 97. DON'T KNOW/NOT SURE |
| 11. | NOVEMBER | 98. REFUSED |
| 12. | DECEMBER | 99. INAPP |
| 96. | CURRENTLY FEEL THIS WAY/HASN'T ENDED | |

A71YR.

[C7CA71YR]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.

(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 (2017-2019)
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

[GO TO A83.]

A72.

[C7CA72] **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 DEPRESSED BECAUSE I WAS ON ANTI-DEPRESSANT MEDICATION (IF VOLUNTEERED) | [GO TO A83] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A83] |
| 8. | REFUSED | [GO TO A83] |
| 9. | INAPP | |

A73.

[C7CA73] 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.

[C7CA74] 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.

[C7CA75] 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.

[C7CA76] 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.

[C7CA76A] Did your appetite **increase** during those same two weeks?

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

A77.

[C7CA77] 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.

[C7CA77A] 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.

[C7CA78] 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.

[C7CA79] 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.

[C7CA80] 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 A75, A76, A76a, A78, A79, A80, OR A77a = NEARLY EVERY NIGHT OR EVERY NIGHT, CONTINUE. OTHERWISE, GO TO A83.]

A81.

[C7CA81] 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.

- | | | |
|-----|---------------------|-------------|
| ___ | 1 TO 51 WEEKS | |
| 52. | THE ENTIRE YEAR | [GO TO A83] |
| 97. | DON'T KNOW/NOT SURE | |
| 98. | REFUSED | |
| 99. | INAPP | |

A82MO.

[C7CA82MO] 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 | 10. | OCTOBER |
| 2. | FEBRUARY | 11. | NOVEMBER |
| 3. | MARCH | 12. | DECEMBER |
| 4. | APRIL | 96. | CURRENTLY FEEL THIS WAY/HASN'T ENDED |
| 5. | MAY | 97. | DON'T KNOW |
| 6. | JUNE | 98. | REFUSED |
| 7. | JULY | 99. | INAPP |
| 8. | AUGUST | | |
| 9. | SEPTEMBER | | |

A82YR.

[C7CA82YR] **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.

(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 (2017-2019)

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

A83.

[C7CA83] 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.

[C7CA83A] 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.

[C7CA84] 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.

[C7CA84A] 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.

[C7CA85] 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.

[C7CA85A] 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.

[C7CA86] 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.

[C7CA86A] 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.

[C7CA87] 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?

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

INTERVIEWER: USE SHOWCARD 10.

A87a.

[C7CA87A] How often do you find it difficult to **control** your worry: (often, sometimes, rarely, or never)?

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

INTERVIEWER: USE SHOWCARD 10.

A88intro. 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).
[C7CA88A] (First, over/Over the past 12 months)how often ... 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?

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

INTERVIEWER: USE SHOWCARD 11.

A89.
[C7CA89] 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.

[C7CA90] 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.

[C7CA90A] 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.

[C7CA91] 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."

- | | |
|-------|---------------------|
| _____ | 1 TO 995 ATTACKS |
| 996. | 996 OR MORE ATTACKS |
| 997. | DON'T KNOW/NOT SURE |
| 998. | REFUSED |
| 999. | INAPP |

A92.

[C7CA92] Did (this attack happen in a situation/you ever have any attacks/**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.

[C7CA92A] When you have attacks, does your heart pound?

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

A92b.

[C7CA92B] (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.

[C7CA92C] (When you have attacks,) do you sweat?

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

A92d.

[C7CA92D] (When you have attacks,) do you tremble or shake?

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

9. INAPP

A92e.

[C7CA92E] (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.

[C7CA92F] (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 3: EDUCATION, OCCUPATION, AND MARITAL STATUS

Bintro. Now we have some questions about your education, work and family.

B1.

[C7CB1] 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. GRADE SCHOOL OR LESS (6TH GRADE OR LESS)
2. JUNIOR HIGH SCHOOL (7TH or 8TH GRADE)
3. HIGH SCHOOL, SOME; NO DIPLOMA OR GED (9TH TO 12TH GRADE)
4. GED OR HSED
5. HIGH SCHOOL, GRADUATED
6. COLLEGE, NO DEGREE, LESS THAN 3 YEARS
7. COLLEGE, NO DEGREE, 3 YEARS OR MORE
8. COLLEGE, GRADUATED; VOCATIONAL SCHOOL OR 2-YR COLLEGE (ASSOC DEGREE)
9. COLLEGE, GRADUATED; 4- OR 5-YEAR COLLEGE (BACHELOR'S DEGREE)
10. GRADUATE SCHOOL, SOME; NO DEGREE
11. GRADUATE SCHOOL, MASTER'S DEGREE
12. GRADUATE SCHOOL, DOCTORATE OR ADVANCED PROF'L DEGREE SUCH AS PH.D., ED.D., MD, DDS, LLB, LLD, JD
97. DON'T KNOW/NOT SURE
98. REFUSED

B3.

[C7CB3A] 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. IF R SAYS "Student,"
PROBE: "Were you a student full-time or part-time?"

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.

[C7CB4N]

[C7CB4M] How long (have you been [laid off/on leave/retired/unemployed]/has it been since the last time you had a paid job)?

INTERVIEWER: ENTER THE MEASURE OF TIME HERE AND THE UNIT OF TIME BELOW.

B4@n. **(MEASURE OF TIME)**

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

B4@m. **(UNIT OF TIME)**

1. DAY
2. WEEK
3. MONTH
4. YEAR

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

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

B5.

[C7CB5] 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: SELECT ALL THAT APPLY. DO NOT 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/NOT SURE
98. REFUSED
99. INAPP

B5a.

[C7CB5AB] Currently, are you actively looking for a job?

1. YES (SPECIFY: "What are you doing to find a job?")
2. NO [GO TO B6]
7. DON'T KNOW/NOT SURE [GO TO B6]
8. REFUSED [GO TO B6]
9. INAPP [GO TO B6]

B6.

[C7CB6] 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 B16]
7. DON'T KNOW/NOT SURE [GO TO B16]
8. REFUSED [GO TO B16]
9. INAPP

B7.

[C7CB7] 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 B8e]
7. DON'T KNOW/NOT SURE [GO TO B8e]
8. REFUSED [GO TO B8e]

9. INAPP

B7a.

[C7CB7A] How many people do you supervise?

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

- _____ 1 TO 995 PEOPLE
- 996. 996 OR MORE PEOPLE
- 997. DON'T KNOW/NOT SURE
- 998. REFUSED
- 999. INAPP

[IF B3 = SELF EMPLOYED, GO TO B8e1.]

B8e.

[C7CB8e] What kind of work are you doing?

(For example, electrical engineer, stock clerk, farmer, teach high school math,
operate a textile weaving machine, sell books?)

INTERVIEWER: PROBE AS NEEDED.

- 1. [SPECIFY]
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED

B8e1.

[C7CB8e1] What are your **most important** activities or duties?

(For example, kept account books, filed, sold cars, operated printing press,
finished concrete.)

INTERVIEWER: PROBE AS NEEDED.

- 1. [SPECIFY]
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED

B8f.

[C7CB8f] What is your job title?

- 1. [SPECIFY]
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED

B8a.

[C7CB8a] On this job, are you employed by government, by a private company or organization, or are you self-employed or working in your family's business?

1. GOVERNMENT [GO TO B8b]
2. PRIVATE COMPANY OR ORGANIZATION, INCLUDING NON-PROFITS [GO TO B8b]
3. SELF-EMPLOYED
4. WORKING IN THE FAMILY BUSINESS
5. OTHER (SPECIFY) [GO TO B8b]
7. DON'T KNOW [GO TO B8b]
8. REFUSED [GO TO B8b]

B8a1.

[C7CB8a1] Is this business incorporated?

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

B8b.

[C7CB8b] What kind of business or industry is this?

(For example, elementary school, TV and radio, manufacturing, retail shoe store, state labor department, farm.)

PROBE: "What do they make or do?"

1. [SPECIFY]
7. DON'T KNOW/NOT SURE
8. REFUSED

B8c.

[C7CB8c] Is this mainly manufacturing, wholesale trade, retail trade, or something else?

1. MANUFACTURING (MAKING A PRODUCT)
2. WHOLESALE (SELLING TO BUSINESSES)
3. RETAIL (SELLING TO CONSUMERS)
4. SOMETHING ELSE (e.g. Education, transportation, government, health, agriculture, mining, insurance, banking, entertainment, real estate, services, construction, utilities, etc.)
7. DON'T KNOW
8. REFUSED

B8d.

[C7CB8d] What is the name of the place where you work? **[IFB8a=3]**business that you own?

**[INTERVIEWER: IF SELF-EMPLOYED WITH NO BUSINESS NAME
ENTER "Own business/farm."]**

1. [SPECIFY]
7. DON'T KNOW/NOT SURE
8. REFUSED

[NOTE: THERE ARE NO QUESTIONS B9 THROUGH B11.]

Fs18.

[C7CFS18] 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.

[C7CFS19] 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.

[C7CFS20] If you wanted to stay in your present job, what are the chances that you could keep it for the next two years?

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

Fs21.

[C7CFS21] 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.

[C7CFS22] 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

ALL CASES GO TO B16.

B16.

[C7CB16] In the last calendar year, including pay from all of your jobs and income from other sources such as retirement, unemployment insurance, food stamps, and gifts from family and friends, how much was your pre-tax income?

	DOLLARS (0-99,999,999)
99999997.	DON'T KNOW
99999998.	REFUSED

[IF B16 = DON'T KNOW OR REFUSED, ASK B16dkr.1.]

B16dkr.1.

[C7CB16A25] Was it more than 25,000 dollars?

[C7CB16A50]

[C7CB16A80]

[C7CB16A35]

[C7CB16A12]

[C7CB16A18]

[C7CB16A5]

1. YES: a. More than 50,000 dollars?
IF YES: a1. More than 80,000 dollars?
IF NO: a2. More than 35,000 dollars?
2. NO: b. More than 12,000 dollars?
IF YES: b1. More than 18,000 dollars?
IF NO: b2. More than 5,000 dollars?
7. DON'T KNOW
8. REFUSED
9. INAPP

B19.

[C7CB19] 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.

[C7CB20] How many times have you been married altogether?

- _____ # TIMES MARRIED (1-20)
97. DON'T KNOW/NOT SURE
 98. REFUSED
 99. INAPP

B21.

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

B21@m.

[C7CB21M](MONTH)

- | | |
|-------------|-----------|
| 1. JANUARY | 5. MAY |
| 2. FEBRUARY | 6. JUNE |
| 3. MARCH | 7. JULY |
| 4. APRIL | 8. AUGUST |

9. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER

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

B21@y.

[C7CB21Y] (YEAR)

- ____ YEAR (1935 – 2019)
9997. DON'T KNOW/NOT SURE
 9998. REFUSED
 9999. INAPP

[IF B20 = 1 AND B19 = MARRIED, GO TO B32.]

[IF B20 = 1 AND B19 = SEPARATED OR DIVORCED, GO TO B27MO.]

[IF B20 = 1 AND B19 = WIDOWED, GO TO B29MO.]

B22.

[C7CB22] 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

B23. In what month and year did your first (husband/wife) die?

B23@m.

[C7CB23M](MONTH)

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

B23@y.

[C7CB23Y] (YEAR)

- ____ YEAR (1935 – 2019)
9997. DON'T KNOW/NOT SURE
 9998. REFUSED
 9999. INAPP

[GO TO B26MO.]

B24. In what month and year did you last live with your first (husband/wife)?

B4@m.

[C7CB24M](MONTH)

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

B24@y.

[C7CB24Y](YEAR)

- ____ YEAR (1935 – 2019)
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

B25. In what month and year was your divorce final?

B25@m.

[C7CB25M](MONTH)

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

B25@y.

[C7CB25Y] (YEAR)

- ____ YEAR (1935 – 2019)
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

B26. And in what month and year did your most recent marriage begin?

B26@m.

[C7CB26M] (MONTH)

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

B26@y.

[C7CB26Y] (YEAR)

- ____ YEAR (1935 – 2019)
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

[IF B19 = MARRIED, GO TO Cs1.]

[IF B19 = SEPARATED OR DIVORCED, GO TO B27MO.]

[IF B19 = WIDOWED, GO TO B29MO.]

B27.

[C7CB27Y] In what month and year did you actually stop living with your [IF B20>1] most recent [endif] (husband/wife) for the last time?

B27@m.

[C7CB27M](MONTH)

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

B27@y.

[C7CB27Y] (YEAR)

- ____ YEAR (1935 – 2019)
9997. DON'T KNOW/NOT SURE
9998. REFUSED

9999. INAPP

[IF B19 = SEPARATED, GO TO B30.]

B28. In what month and year was your most recent divorce final?

B28@m.

[C7CB28M](MONTH)

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

B28@y.

[C7CB28Y] (YEAR)

- ____ YEAR (1935 – 2019)
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

[GO TO B30.]

B29. In what month and year did your (most recent) (husband/wife) die?

B29@m.

[C7CB29M](MONTH)

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

B29@y.

[C7CB29Y] (YEAR)

- ____ YEAR (1935 – 2019)
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

B30.

[C7CB30] 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. How long have you been living together?

INTERVIEWER: ENTER MEASURE OF TIME HERE AND UNIT OF TIME BELOW.

B31@n.

[C7CB31N] (MEASURE OF TIME).

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

B31@m.

[C7CB31M](UNIT OF TIME)

- | | |
|----|-------|
| 1. | DAY |
| 2. | WEEK |
| 3. | MONTH |
| 4. | YEAR |

Psex1. **[PSEX1]**

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

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

SECTION 4: HEALTH INSURANCE

Cs1.

[C7CCS1] 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.

[C7CCS2A] What are the main reasons you are without healthcare coverage?

INTERVIEWER: SELECT ALL THAT APPLY, DO NOT PROBE FOR OTHERS.

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. (SPECIFY)
97. DON'T KNOW/NOT SURE.
98. REFUSED

[GO TO Cs4]

Cs3.

[C7CCS3A] Are you currently covered by any of the following health insurance plans? Do not include accident, or car insurance, or disability insurance. (If you have no current spouse, partner, or union, say “No.”)

[INTERVIEWER: IF R INDICATES THEY ARE COVERED BY HEALTH INSURANCE PURCHASED THROUGH THE HEALTH INSURANCE MARKETPLACE (OBAMACARE OR THE AFFORDABLE CARE ACT), ASK: “Was it a private health insurance plan purchased on your own or by a family member (private), or did you receive Medicaid (a state plan)?” IF PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER, RECORD Cs3a (Private insurance directly from the insurer) = Yes, IF MEDICAID, RECORD Cs3g (Medicaid or other gov’t health insurance..) = YES]

[If B19 = 1 (married) or 2 (separated), or B30 = 1 (in a serious relationship) ask Cs3a-f. Else skip Cs3c and Cs3e]

**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?
- 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?

**Government health insurance such as:
(Are you currently covered by...)**

- f. Medicare, or other government health insurance for people who are 65 or older or certain younger people with disabilities
- g. Medicaid, or other government health insurance based on financial need
- h. TRI-CARE, 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.

[C7CCS4] Do you have insurance for dental health care?

- 1. YES
- 2. NO
- 7. DON’T KNOW/NOT SURE

8. REFUSED

Cs5.

[C7CCS5] 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.

[C7CCS6] 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

SECTION 5: FINANCES

Gs1.

[C7CGS1] 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**?

Worst

Best

0 1 2 3 4 5 6 7 8 9 10

0. WORST POSSIBLE FINANCIAL SITUATION
 (1 – 9)
—
10. BEST POSSIBLE FINANCIAL SITUATION
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Gs2.

[C7CGS2] Looking back **ten years ago**, how would you rate your financial situation at that time using the same 0 to 10 scale?

Worst

Best

0 1 2 3 4 5 6 7 8 9 10

0. WORST POSSIBLE FINANCIAL SITUATION
 (1 – 9)
—
10. BEST POSSIBLE FINANCIAL SITUATION
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Gs3.

[C7CGS3] Looking ahead **ten years into the future**, what do you expect your financial situation will be like at that time?

Worst

Best

0 1 2 3 4 5 6 7 8 9 10

- 0 WORST POSSIBLE FINANCIAL SITUATION
 (1 – 9)
—
10. BEST POSSIBLE FINANCIAL SITUATION
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Gs4.

[C7CGS4] 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?

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

0. NO CONTROL AT ALL
(1 – 9)
10. VERY MUCH CONTROL
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Gs5.

[C7CGS5] 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?

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

0. NO THOUGHT OR EFFORT
(1 – 9)
10. VERY MUCH THOUGHT OR EFFORT
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Gs6.

[C7CGS6] 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

Gs6a.

[C7CGS6A] Thinking about the recession that began in 2008, which best describes the way you and your household have been affected by it?

The recession has been a hardship and caused major changes, the recession has been difficult but not caused any major changes, the recession has not had much effect one way or the other, or overall, the recession has been good for me and I am better off now than before the recession.

1. THE RECESSION HAS BEEN A HARDSHIP AND CAUSED MAJOR CHANGES.
2. THE RECESSION HAS BEEN DIFFICULT BUT NOT CAUSED ANY MAJOR CHANGES.
3. THE RECESSION HAS NOT HAD MUCH EFFECT ONE WAY OR THE OTHER
4. OVERALL, THE RECESSION HAS BEEN GOOD FOR ME; I AM BETTER OFF NOW THAT BEFORE THE RECESSION.
7. DON'T KNOW/NOT SURE
8. REFUSED

Gs7.

[C7CGS7] How difficult is it for you and your family to pay your monthly bills?

Very difficult, somewhat difficult, not very difficult, or not at all difficult?

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

Gs8.

The next several questions ask about the different sources of income you, **[if B19=1 or B30=1]** your spouse/partner **[endif]** 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 2017.

Please take some time to gather your records if necessary.

INTERVIEWER: PREPARE SHOWCARD 12.

1. CONTINUE WHEN R HAS NECESSARY PAPERS & SHOWCARD IN HAND.

Gs8.

[C7CGS8A]

[C7CGS8B]

[C7CGS8C]

[C7CGS8D] Refer to the table provided and tell me the letter that represents the correct range of income for each question I will ask you.

Think about the income you earned in the **last calendar year** from each of the following sources. Please indicate the letter representing the amount of pre-tax income you earned from that source. If you earned no income from a source, say the letter, “**B.**”

INTERVIEWER: BE SURE TO USE CAPITAL LETTERS FOR THE NEXT ITEMS!

In the last calendar year what was your income from
a. ...wages, salaries and other stipends from all your jobs, including self-employment? Do not include pensions, investments, or any other financial assistance or non-wage income.
b. ...pension accounts, retirement accounts and the like?
c. ...Social Security?
d. ...any other source not already mentioned, including tips and commissions, military reserves, financial assistance, etc.?

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	

97. DON'T KNOW/NOT SURE

98. REFUSED

INTERVIEWER: USE SHOWCARD 12.

Gs9.

[C7CGS9A]

[C7CGS9B]

[C7CGS9C]

[C7CGS9D] Think about the income your spouse or partner earned in the **last calendar year** from each of the following sources. Please indicate the letter representing the amount of pre-tax income your spouse/partner earned from that source. If your spouse/partner earned no income from a source, say the letter, "B."

In the **last calendar year** what was **your spouse or partner's** income from...

a. ...wages, salaries and other stipends from all [his/her] jobs, including self-employment? Do not include pensions, investments, or any other financial assistance or non-wage income.
b. ...pension accounts, retirement accounts and the like?
c. ...Social Security?
d. ...any other source <u>not already mentioned</u> , including tips and commissions, military reserves, financial assistance, etc.

96. NOT MARRIED/NOT LIVING WITH PARTNER

97. DON'T KNOW/NOT SURE

98. REFUSED

INTERVIEWER: USE SHOWCARD 12.

[IF Gs9a = 96, FILL Gs9b, Gs9c, AND Gs9d AS 96, GO TO Gs10a.]

[IF Gs9b, Gs9c, or Gs9d = 96, CHECK SCREEN WILL ASK TO EITHER CORRECT PREVIOUS VALID ANSWERS OR CODE ALL AS 96.]

[IF R HAS NO OTHER FAMILY MEMBERS LIVING IN HOUSEHOLD, THEN GO TO GS11]

Gs10.

[C7CGS10A]

[C7CGS10B]

[C7CGS10C]

[C7CGS10D] Think about the income other family members in your household earned in the **last calendar year** from each of the following sources. Please indicate the letter representing the amount of pre-tax income they earned from that source. If the other family members in your household earned no income from a source, say the letter, “**B.**”

In the **last calendar year** what was the **other family members in your household** income from

a. ...wages, salaries and other stipends from all their jobs, including self-employment? Do not include pensions, investments, or any other financial assistance or non-wage income.
b. ...pension accounts, retirement accounts and the like?
c. ...Social Security?
d. ...any other source <u>not already mentioned</u> , including tips and commissions, military reserves, financial assistance, etc.

- 96. NO ONE ELSE LIVING IN HOUSEHOLD
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED

INTERVIEWER: USE SHOWCARD 12.

[IF Gs10a = 96, FILL Gs10b, Gs10c, AND Gs10d AS 96, GO TO Gs11a.]
 [IF Gs10b, Gs10c, or Gs10d = 96, CHECK SCREEN WILL ASK TO EITHER CORRECT PREVIOUS VALID ANSWERS OR CODE ALL AS 96.]

Gs11.

- [C7CGS11A]**
- [C7CGS11B]**
- [C7CGS11C]**
- [C7CGS11D]**
- [C7CGS11E]**
- [C7CGS11F]**
- [C7CGS11G]**
- [C7CGS11H]**
- [C7CGS11I]**
- [C7CGS11J]**

[C7CGS11K] Over the last calendar year, from which of the following public or government assistance programs have you or any family member in your household received income?

(Have you received income over the last calendar year from...)

a. Supplemental Security Income, or SSI?
b. Social Security Disability Insurance, or SSDI?
c. General Assistance?
d. Food Stamps?

e. Temporary Assistance for Needy Families, or TANF?
f. Other state welfare programs?
g. Unemployment benefits?
h. Other disability benefits?
i. Veteran's benefits?
j. Workman's Compensation
k. Any other sources of government or public assistance programs, such as WIC, energy or rent assistance? Do not including those already mentioned.

1. YES
2. NO [IF NO TO ALL, GO TO Gs13]
7. DON'T KNOW/NOT SURE
8. REFUSED

Gs12.

[C7CGS12] In the last calendar year, not including social security income, what was your combined family household income from all government assistance programs you just mentioned? (If none, say **NONE**.)

HOUSEHOLD GOVERNMENT ASSISTANCE INCOME

0. NONE
- _____ \$1 TO \$99,995
99996. MORE THAN \$99,995
99997. DON'T KNOW/NOT SURE
99998. REFUSED

Gs13.

[C7CGS13] Next are some questions about pension and retirement plans. First, are **you** currently included in a pension plan or retirement plan, such as a 401K, 403A, 403B, or 457B plan, offered by **your** current or former employer or union?

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

Gs17.

[C7CGS17] Which of the following best describes your primary residence?

1. HOUSE
2. APARTMENT [GO TO Gs23]
3. CONDOMINIUM
4. MOBILE HOME
7. DON'T KNOW/NOT SURE [GO TO Gs23]
8. REFUSED [GO TO Gs23]

Is5.

[C7CIS5] Do you own your home outright, are you paying on a mortgage, do you rent or do you stay for free?

(If you have more than one home, answer for your primary residence.)

1. OWN HOME OUTRIGHT
2. PAYING ON A MORTGAGE
3. RENT
4. STAY FOR FREE
7. DON'T KNOW/NOT SURE
8. REFUSED

Gs23.

[C7CGS23] Suppose you **[IF B19=1 or B30=1]** and your spouse or partner**[endif]** 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 Ls1]
7. DON'T KNOW/NOT SURE [GO TO Ls1]
8. REFUSED [GO TO Ls1]

Gs24.

[C7CGS24A]

[C7CGS24B] How much would that be (that you had left over, or would owe)? (Your best estimate is fine).

0. NONE
- _____ \$1 TO \$9,999,955
9999996. MORE THAN \$9,999,995
9999997. DON'T KNOW/NOT SURE
9999998. REFUSED

[IF B19 = MARRIED OR B30 = YES, CONTINUE WITH THIS SECTION. OTHERS GO TO Es11.]

Ls1.

[C7CLS1] The next several questions are about your spouse or partner.

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**?

Worst Best

0 1 2 3 4 5 6 7 8 9 10

0. WORST POSSIBLE MARRIAGE OR CLOSE RELATIONSHIP
 (1-9)
 —
 10. BEST POSSIBLE MARRIAGE OR CLOSE RELATIONSHIP
 97. DON'T KNOW/NOT SURE
 98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Ls2.

[C7CLS2] 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?

Worst Best

0 1 2 3 4 5 6 7 8 9 10

0. WORST POSSIBLE MARRIAGE OR CLOSE RELATIONSHIP
 (1-9)
 —
 10. BEST POSSIBLE MARRIAGE OR CLOSE RELATIONSHIP
 97. DON'T KNOW/NOT SURE
 98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Ls3.

[C7CLS3] Looking ahead **ten years into the future**, what do you expect your marriage or close relationship will be like at that time?

Worst Best

0 1 2 3 4 5 6 7 8 9 10

0. WORST POSSIBLE MARRIAGE OR CLOSE RELATIONSHIP
 (1-9)
 —
 10. BEST POSSIBLE MARRIAGE OR CLOSE RELATIONSHIP
 97. DON'T KNOW/NOT SURE
 98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Ls4.

[C7CLS4] 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?

No Control										Very much
0	1	2	3	4	5	6	7	8	9	10

0. NO CONTROL AT ALL
— (1-9)
10. VERY MUCH CONTROL
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Ls5.

[C7CLS5] 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?

No Thought										Very much
0	1	2	3	4	5	6	7	8	9	10

0. NO THOUGHT OR EFFORT
— (1-9)
10. VERY MUCH THOUGHT OR EFFORT
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Ls6.

[C7CLS6] 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.

[C7CLS7] 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.

[C7CLS8] 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

Ls18.

[C7CLS18] 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.

[C7CLS19] 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**.

1. CONTINUE

Es11a.

[C7CES11A] 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.

You repeated a year of school.

- | | |
|------------------------|---------------|
| 1. YES | [GO TO Es11b] |
| 2. NO | [GO TO Es11b] |
| 7. DON'T KNOW/NOT SURE | [GO TO Es11b] |
| 8. REFUSED | [GO TO Es11b] |

Es11b.

[C7CES11B](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 Es11c] |
| 2. | NO | [GO TO Es11c] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11c] |
| 8. | REFUSED | [GO TO Es11c] |

Es11c.

[C7CES11C] Your father or mother did not have a job when they wanted to be working.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11d] |
| 2. | NO | [GO TO Es11d] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11d] |
| 8. | REFUSED | [GO TO Es11d] |

Es11d.

[C7CES11D](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 Es11e] |
| 2. | NO | [GO TO Es11e] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11e] |
| 8. | REFUSED | [GO TO Es11e] |

Es11e.

[C7CES11E](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 Es11f] |
| 2. | NO | [GO TO Es11f] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11f] |
| 8. | REFUSED | [GO TO Es11f] |

Es11f.

[C7CES11F](For each event, please answer whether this has happened to you.)

You dropped out of school.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11g] |
| 2. | NO | [GO TO Es11g] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11g] |
| 8. | REFUSED | [GO TO Es11g] |

Es11g.

[C7CES11G](For each event, please answer whether this has happened to you.)

You were expelled or suspended from school.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11h] |
| 2. | NO | [GO TO Es11h] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11h] |
| 8. | REFUSED | [GO TO Es11h] |

Es11h.

[C7CES11H]The following questions are about experiences you may have had at **anytime**.

For each event, please answer whether this has happened to you.

You flunked out of school.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11i] |
| 2. | NO | [GO TO Es11i] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11i] |
| 8. | REFUSED | [GO TO Es11i] |

Es11i.

[C7CES11I](For each event, please answer whether this has happened to you.)

You were fired from a job.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11j] |
| 2. | NO | [GO TO Es11j] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11j] |
| 8. | REFUSED | [GO TO Es11j] |

Es11j.

[C7CES11J](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 Es11k] |
| 2. | NO | [GO TO Es11k] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11k] |
| 8. | REFUSED | [GO TO Es11k] |

Es11k.

[C7CES11K](For each event, please answer whether this has happened to you.)

A parent died.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11l] |
| 2. | NO | [GO TO Es11l] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11l] |
| 8. | REFUSED | [GO TO Es11l] |

Es11l.

[C7CES11L](For each event, please answer whether this has happened to you.)

Your parents divorced.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11m] |
| 2. | NO | [GO TO Es11m] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11m] |
| 8. | REFUSED | [GO TO Es11m] |

Es11m.

[C7CES11M](For each event, please answer whether this has happened to you.)

Your spouse or partner engaged in marital infidelity.

(IF NEEDED: By infidelity we mean cheating or having an affair.)

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11n] |
| 2. | NO | [GO TO Es11n] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11n] |
| 8. | REFUSED | [GO TO Es11n] |

Es11n.

[C7CES11N](For each event, please answer whether this has happened to you.)

Significant difficulties with in-laws.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11o] |
| 2. | NO | [GO TO Es11o] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11o] |
| 8. | REFUSED | [GO TO Es11o] |

Es11o.

[C7CES11O](For each event, please answer whether this has happened to you.)

Your brother or sister died.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11p] |
| 2. | NO | [GO TO Es11p] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11p] |
| 8. | REFUSED | [GO TO Es11p] |

Es11p.

[C7CES11P](For each event, please answer whether this has happened to you.)

Your child died.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11q] |
| 2. | NO | [GO TO Es11q] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11q] |
| 8. | REFUSED | [GO TO Es11q] |

Es11q.

[C7CES11Q](For each event, please answer whether this has happened to you.)

Your child experienced a life threatening accident or injury.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11r] |
| 2. | NO | [GO TO Es11r] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11r] |
| 8. | REFUSED | [GO TO Es11r] |

Es11r.

[C7CES11R](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 Es11s] |
| 2. | NO | [GO TO Es11s] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11s] |
| 8. | REFUSED | [GO TO Es11s] |

Es11s.

[C7CES11S](For each event, please answer whether this has happened to you.)

You were physically assaulted or attacked.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11t] |
| 2. | NO | [GO TO Es11t] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11t] |
| 8. | REFUSED | [GO TO Es11t] |

Es11t.

[C7CES11T](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 Es11u] |
| 2. | NO | [GO TO Es11u] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11u] |
| 8. | REFUSED | [GO TO Es11u] |

Es11u.

[C7CES11U](For each event, please answer whether this has happened to you.)

You had serious legal difficulties or prison.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11v] |
| 2. | NO | [GO TO Es11v] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11v] |
| 8. | REFUSED | [GO TO Es11v] |

Es11v.

[C7CES11V](For each event, please answer whether this has happened to you.)

You had detention in jail or comparable institution.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11w] |
| 2. | NO | [GO TO Es11w] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11w] |
| 8. | REFUSED | [GO TO Es11w] |

Es11w.

[C7CES11W](For each event, please answer whether this has happened to you.)

You declared bankruptcy.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11x] |
| 2. | NO | [GO TO Es11x] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11x] |
| 8. | REFUSED | [GO TO Es11x] |

Es11x.

[C7CES11X](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 Es11y] |
| 2. | NO | [GO TO Es11y] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11y] |
| 8. | REFUSED | [GO TO Es11y] |

Es11y.

[C7CES11Y](For each event, please answer whether this has happened to you.)

You went on welfare.

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO Es11z] |
| 2. | NO | [GO TO Es11z] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11z] |
| 8. | REFUSED | [GO TO Es11z] |

Es11z.

[C7CES11Z](For each event, please answer whether this has happened to you.)

You entered the armed forces.

- | | | |
|----|---------------------|----------------|
| 1. | YES | [GO TO Es11aa] |
| 2. | NO | [GO TO Es11aa] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Es11aa] |
| 8. | REFUSED | [GO TO Es11aa] |

Es11aa.

[C7CES11AA](For each event, please answer whether this has happened to you.)

You experienced combat.

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

SECTION 9:HOUSEHOLD ROSTER & CHILDREN

Cintro. Now we'd like to ask you some questions about children and members of your household.

[QUESTION 'C110' ONLY ASKED OF WOMEN UNDER 60.]

C110.

[C7CC110] Are you currently pregnant?

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

CHILDREN.

[C7CCHLD]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

CHIDLREN2.

[C7CCHLD2]How many of your children do you have contact with at least once a month?

0. NONE
- ___ NUMBER OF CHILDREN

DEADKID.

[C7CDEKID]Do you have any children we have not talked about who are no longer living?

INTERVIEWER: IF IT IS NECESSARY TO ADD OR DELETE CHILDREN YOU CAN SAFELY DO IT FROM THIS SCREEN – JUMP BACK TO “children.” IF R SAYS YES, SAY, “I’m sorry for your loss.”

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

HHMEMBER.

[C7CHHMBR] Not including your children or yourself, how many **other** people live in your household not including yourself? Include your spouse or anyone 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

[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.

ROSTER Please tell me the first name of your (last/next/oldest) child. Not including yourself (or your child/children), (Please/please) tell me the first name of the (member/last/next) member of your household.

INTERVIEWER: IF B19=1 (MARRIED), "Please start with your spouse."

INTERVIEWER: IF R IS MARRIED AND REPORTS "0" HH MEMBERS, PROBE TO CONFIRM THAT SPOUSE IS A MEMBER OF R'S HOUSEHOLD.

INTERVIEWER: IF R IS RELUCTANT TO PROVIDE NAMES, SAY "Part of this study is to understand how health is affected by others in the family. The first initial would be okay too, just so you know who it is."

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

C305. 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.]

KHSEX.

[C7CCHX] Is (KHNAME) a male or female?

- 1. MALE
- 2. FEMALE
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

RELATION.

[C7CCHR] How is [child's/household member's (KHNAME)] related to you?

INTERVIEWER: IF IT IS DETERMINED WE ARE ASKING ABOUT A CHILD: “Is [KHNAME] your biological, adopted, step or foster (son/daughter/child), child of lover/partner, or does (he/she) have some other relationship to you?”

INTERVIEWER: INCLUDE ONLY LIVING CHILDREN.

INTERVIEWER: IF RESPONDENT ANSWERS 3, 4, 5, 6, 7, OR 8, PLEASE ASK FOR CHILD'S DOB. IF 6 OR 7, ASK, “Has [KHNAME] been in your care for at least 5 years?”

1. HUSBAND OR WIFE
2. LOVER/PARTNER
3. BIOLOGICAL CHILD [GO TO AGENEW_m]
4. ADOPTED CHILD [GO TO AGENEW_m]
5. STEP-CHILD [GO TO AGENEW_m]
6. FOSTER CHILD [GO TO AGENEW_m]
7. CHILD OF LOVER/PARTNER [GO TO AGENEW_m]
8. OTHER CHILD (SPECIFY) [GO TO AGENEW_m]
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

[QUESTION “KIDRELAT” IS USED IN PLACE OF QUESTION “RELATION” WHEN WE HAVE ALREADY DETERMINED THAT WE ARE ASKING ABOUT A CHILD.]

[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.

[C7CCMB] In what month (did you adopt (KHNAME)/was (KHNAME) born)?

(MONTH)

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

AGENEW_y.

[C7CCYB] In what year (did you adopt (KHNAME)/was (KHNAME) born)?

(YEAR)

- ____ YEAR (1935 – 2019)
9997. DON'T KNOW
9998. REFUSED
9999. INAPP

[IF “RELATION” ≠ BIOLOGICAL CHILD, STEP-CHILD, FOSTER CHILD, CHILD OF PARTNER, OR OTHER CHILD, GO TO “AGEOLD”; IF “RELATION” = FOSTER OR PARTNER’S CHILD, AND “KHAGE” IS 5 OR GREATER, GO TO “CARE5YR;” OTHERWISE, GO TO “KIDINHH.”]

[QUESTION “AGEOLD” ONLY ASKED FOR ADOPTED CHILDREN.]

AGEOLD.

[C7CHHA] How old was (KHNAME) [(when you adopted him/her)/(on his/her last birthday)]?

INTERVIEWER: ENTER ZERO "0" FOR CHILD UNDER 1 YEAR OLD.

- ____ 0 TO 95 YEARS OLD
- 96 96 OR MORE 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.

[C7CCHC] Has (KHNAME) been in your care for at least 5 years?

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

[ASK "KIDINHH" ONLY OF CHILDREN.]

KIDINHH.

[C7CCHH] Does (KHNAME) currently live in your household? (Answer "NO" if (KHNAME) is away attending college, in the armed forces, or temporarily home on vacation.)

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 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

[IF "RELATION" = BIOLOGICAL, STEP OR ADOPTED CHILD, GO TO "NONNORM"; OTHERWISE, GO TO "OTHRINHH"]

[QUESTION "NONNORM" ONLY ASKED FOR BIOLOGICAL, STEP, OR ADOPTED CHILDREN.]

NONNORM.

[C7CCDD] 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 (KHNAME) have a physical disability, a developmental disability, such as autism, cerebral palsy, epilepsy or mental retardation, or has (KHNAME) ever had a **long term serious** mental health problem?

[**INTERVIEWER:** ONLY ASK THE FIRST PARAGRAPH FOR THE FIRST NONNORM CHILD.]

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 “OTHRINHH.”]

OTHRINHH.

[C7CCOTHR] In the last 12 months, has anyone you haven't already mentioned lived in your household?

[INTERVIEWER: IF YES, PROBE FOR NUMBER OF PEOPLE, RELATION, DURATION, % TIME.]

1. YES (SPECIFY)
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

[IF “NONNORM” = YES, GO TO “C410”. OTHERWISE, GO TO “Ks1”.]

C410 Earlier you told me that (KHNAME) has/had a developmental disability or **long term serious** mental health problem.

1. CONTINUE

C420.

[C7CCDT] What type of developmental disability or serious mental health problem does (KHNAME) have?

INTERVIEWER: IF RESPONSE IS MORE THAN ONE CONDITION, ASK: “Which do you consider to be the **primary condition?” NOTE THAT YOU WILL RECORD **OTHER** CONDITIONS IN FOLLOW-UP QUESTIONS.**

INTERVIEWER: ENTER FIRST LETTER OF DIAGNOSIS, OR **D OR **R** FOR DON'T KNOW OR REFUSED, WHICH CAN BE CODED AT THE NEXT SCREEN.**

- a-z. CONDITION(S) A-Z
- q. NO CONDITIONS/QUIT LIST IMMEDIATELY [GO TO “Ks1”]
- x. RESPONDENT REFUSES TO DISCUSS CHILD [GO TO “Ks1”]

INTERVIEWER: ENTER CONDITION CODE BELOW.

644. AGORAPHOBIA
645. ALCOHOLISM

646. ALZHEIMER'S

647.	ANOREXIA or ANOREXIA NERVOSA	654.	GAMBLING PROBLEM or PATHOLOGICAL GAMBLING
650.	ANXIETY or ANXIETY DISORDER	224.	HANDICAPPED
101.	ASPERGER'S SYNDROME	436.	HEAD INJURY
222.	ATTENTION DEFICIT DISORDER (ADD)	109.	HYDROCEPHALUS
223.	ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)	225.	HYPERACTIVITY
102.	AUTISM	110.	INTELLECTUAL DISABILITY
764.	BREAKDOWN	111.	INTELLECTUAL IMPAIRMENT
762.	BIOCHEMICAL PROBLEM	226.	LEARNING DISABILITY/PROBLEMS (LD)
538.	BIPOLAR DISORDER (MANIC DEPRESSIVE DISORDER)	587.	MAJOR DEPRESSION
651.	BORDERLINE PERSONALITY DISORDER	767.	MANIC
433.	BRAIN DAMAGE	538.	MANIC DEPRESSIVE DISORDER (BIPOLAR DISORDER)
763.	BRAIN DISORDER	768.	MENTAL BREAKDOWN
434.	BRAIN INJURY/ BRAIN INJURED	114.	MENTAL DISABILITY
648.	BULIMIA	112.	MENTAL HANDICAP
103.	CEREBRAL PALSY (CP)	771.	MENTAL HEALTH PROBLEMS
765.	CHEMICAL IMBALANCE	115.	MENTAL IMPAIRMENT
586.	CLINICAL DEPRESSION	227.	MENTAL PROBLEMS
435.	CLOSED HEAD INJURY	113.	MENTAL RETARDATION (MR)
104.	COGNITIVE DISABILITY	770.	MENTALLY ILL
539.	CYCLOTHYMIA	116.	MICROCEPHALY
540.	DELUSIONAL DISORDER	769.	MOOD PROBLEM/DISORDER
652.	DEMENTIA	117.	MUSCULAR DYSTROPHY
875.	DEPRESSION	772.	NERVES/NERVOUS CONDITION
662.	DEPRESSION (IF VOLUNTEERED THAT THIS IS MILD DEPRESSION)	655.	OBSESSIVE COMPULSIVE DISORDER (OCD)
105.	DEVELOPMENTAL DISABILITY (DD)	656.	PANIC ATTACKS/ DISORDER
106.	DOWN SYNDROME	773.	PARANOID/PARANOIA
653.	DRUG ABUSE	657.	PERSONALITY DISORDER
663.	DYSTHYMIA	118.	PERVASIVE DEVELOPMENTAL DISORDER (PDD-NOS)
649.	EATING DISORDER	658.	PHOBIA
766.	EMOTIONAL PROBLEM / DISORDER		
331.	EPILEPSY		
107.	FETAL ALCOHOL SYNDROME		
108.	FRAGILE X SYNDROME		

- | | | | |
|------|--|------|--|
| 659. | POSTTRAUMATIC
STRESS DISORDERS
(PTSD) | 229. | SPECIAL
EDUCATION/SPECIAL ED |
| 119. | PRADER-WILLI
SYNDROME | 230. | SPEECH PROBLEMS |
| 774. | PSYCHOLOGICAL
PROBLEMS | 121. | SPINA BIFIDA |
| 543. | PSYCHOTIC
DISORDER/PSYCHOSIS | 779. | SUICIDAL/SUICIDE
ATTEMPT |
| 120. | RETARDATION | 437. | TRAUMATIC BRAIN
INJURY/BRAIN INJURY |
| 178. | RETTS DISORDER | 976. | OTHER UNFAMILIAR
CONDITION (SPECIFY) |
| 542. | SCHIZOPHRENIA/
SCHIZOAFFECTIVE/
SCHIZOPHRENIFORM
DISORDER | 977. | OTHER FAMILIAR
CONDITION
(SPECIFY)(PHYSICALLY
DISABLED, DIABETES,
OBESITY, HEART
DISEASE, ULCERS) |
| 332. | SEIZURE DISORDER | 997. | DON'T KNOW
[GO TO "C445"] |
| 588. | SEVERE DEPRESSION | 998. | REFUSED
[GO TO "Ks1"] |
| 660. | SLEEP DISORDER
(INSOMNIA) | 999. | INAPP |
| 228. | SLOW IN SCHOOL/SLOW
LEARNER/SLOW | | |
| 661. | SOMATIZATION | | |

[IF R LISTED ANY CONDITION IN THE 1-799 OR 900 SERIES, GO TO "C445". THEN GO ON TO NEXT CHILD.]

[IF R LISTED ANY CONDITION IN THE 800 SERIES, GO TO "C440".]

[IF "C420" = "NO CONDITIONS", QUIT LIST IMMEDIATELY AND GO TO "Ks1".]

C440.

[C7CCDP] Was this a long-term problem or a single episode of depression?

- | | | |
|----|-------------------|----------------|
| 1. | SINGLE EPISODE | |
| 2. | LONG-TERM PROBLEM | |
| 7. | DON'T KNOW | |
| 8. | REFUSED | [GO TO "C475"] |
| 9. | INAPP | |

C445.

[C7CCDA] How old was (KHNAME) when this condition began?

- | | |
|-----|-------------------|
| — | 0 TO 95 YEARS OLD |
| 97. | DON'T KNOW |
| 98. | REFUSED/NOT SURE |
| 99. | INAPP |

[IF "C420" IS NOT EQUAL TO 227, OR NOT WITHIN 500-799, GO TO "C475".]

C465.

[C7CCDX] Has a professional ever diagnosed (KHNAME) as having a major depression, schizophrenia, or bipolar disorder, which is also known as manic depression?

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 | [GO TO C470] |
| 2. | NO | [GO TO C475] |
| 7. | DON'T KNOW/NOT SURE | [GO TO C475] |
| 8. | REFUSED | [GO TO C475] |
| 9. | INAPP | |

C470.

[C7CCXT] Was (KHNAME) diagnosed with major depression, schizophrenia 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.

[C7CCDO] Does (KHNAME) have any other developmental disabilities or 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 10.]

Ks1.

[C7CKS1] This section asks about your relationship with your children, whether they are biological, step, or adopted.

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**?

Worst Best

0 1 2 3 4 5 6 7 8 9 10

0. WORST POSSIBLE RELATIONSHIP
 (1 – 9)
 10. BEST POSSIBLE RELATIONSHIP
 97. DON'T KNOW/NOT SURE
 98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Ks2.

[C7CKS2] 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.")

Worst Best

0 1 2 3 4 5 6 7 8 9 10

0. WORST POSSIBLE RELATIONSHIP
 (1 – 9)
 10. BEST POSSIBLE RELATIONSHIP
 97. DON'T KNOW/NOT SURE
 98. REFUSED
 99. INAPP

INTERVIEWER: USE SHOWCARD 4.

Ks3.

[C7CKS3] Looking ahead **ten years into the future**, what do you expect your overall relationship with your children will be like at that time?

Worst Best

0 1 2 3 4 5 6 7 8 9 10

0. WORST POSSIBLE RELATIONSHIP
 (1 – 9)
 10. BEST POSSIBLE RELATIONSHIP
 97. DON'T KNOW/NOT SURE
 98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Ks4.

[C7CKS4] 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?

None Very Much

0 1 2 3 4 5 6 7 8 9 10

0. NO CONTROL AT ALL
 (1 – 9)
—
10. VERY MUCH CONTROL
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Ks5.

[C7CKS5] 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?

None Very Much

0 1 2 3 4 5 6 7 8 9 10

0. NO THOUGHT OR EFFORT
 (1 – 9)
—
10. VERY MUCH THOUGHT OR EFFORT
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Ks10.

[C7CKS10] During this current or most recent school year, to what extent has providing child care coverage been a serious or stressful problem for you?

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.

[C7CKS11] 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?)

(Was it 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 10:CAREGIVING

D1.

[C7CD1]

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.

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.

[C7CD2]

To whom did you give the **most** personal care?

- | | | |
|-----|-----------------|------------|
| 1. | HUSBAND/SPOUSE | [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 D4] |
| 10. | GRANDMOTHER | [GO TO D4] |
| 11. | FATHER-IN-LAW | [GO TO D4] |
| 12. | MOTHER-IN-LAW | [GO TO D4] |
| 13. | OTHER (SPECIFY) | [GO TO D3] |
| 14. | PARTNER | [GO TO D4] |
| 97. | DON'T KNOW | [GO TO D4] |
| 98. | REFUSED | [GO TO D4] |
| 99. | INAPP | |

D3.

[C7CD3]

Is this a male or a female?

- | | |
|----|---------------------|
| 1. | MALE |
| 2. | FEMALE |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

D4.
[C7CD4] 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.
[C7CD5M] When did you start helping (him/her)?

@m. **(MONTH)**

- | | |
|-------------|------------------------|
| 1. JANUARY | 9. SEPTEMBER |
| 2. FEBRUARY | 10. OCTOBER |
| 3. MARCH | 11. NOVEMBER |
| 4. APRIL | 12. DECEMBER |
| 5. MAY | 97. DON'T KNOW MONTH |
| 6. JUNE | 98. REFUSED [GO TO D7] |
| 7. JULY | 99. INAPP |
| 8. AUGUST | |

[C7CD5Y]

@y. **(YEAR)**

- ____ YEAR (1935 – 2019)
9997. DON'T KNOW
9998. REFUSED
9999. INAPP

D7.
[C7CD7] 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.
[C7CD8A] 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?

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.

[C7CD9] 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.

[C7CD10] 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.

[C7CD11] (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.

[C7CD12] (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.

[C7CD13] (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.

[C7CD14] 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.

- 0-52. DIFFERENT WEEKS
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

D15.

[C7CD15] During those weeks, about how many hours per week, on the average, did you help (him/her)?

- 0-95. 0 TO 95 HOURS PER WEEK
96. 96 OR MORE HOURS PER WEEK
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

D16.

[C7CD16] 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.

[C7CD17] 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 Hs1] |
| 7. | DON'T KNOW/NOT SURE | [GO TO Hs1] |
| 8. | REFUSED | [GO TO Hs1] |
| 9. | INAPP | [GO TO Hs1] |

D18.

[C7CD18] How many different times during your life has this type of personal caregiving for one month or more occurred?

- 1-996. TIMES
997. DON'T KNOW/NOT SURE
998. REFUSED
999. INAPP

D19.

[C7CD19N] 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?

- @n. 0-96. 0 TO 96 YEARS OR MONTHS
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

[C7CD19M]

- @m. 1. MONTH
2. YEAR

SECTION 12:COMMUNITY INVOLVEMENT AND NEIGHBORHOOD

Hs1.

[C7CHS1] 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.

Worst Best

0 1 2 3 4 5 6 7 8 9 10

0. WORST POSSIBLE CONTRIBUTION TO OTHERS’ WELFARE AND WELL-BEING

(1 – 9)

10. BEST POSSIBLE CONTRIBUTION TO OTHERS’ WELFARE AND WELL-BEING

97. DON’T KNOW/NOT SURE

98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Hs4.

[C7CHS4] 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?

None Very much

0 1 2 3 4 5 6 7 8 9 10

0. NO CONTROL AT ALL

(1 – 9)

10. VERY MUCH CONTROL

97. DON’T KNOW/NOT SURE

98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

Hs5.

[C7CHS5] 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?

None

Very much

0 1 2 3 4 5 6 7 8 9 10

0. NO THOUGHT OR EFFORT
 (1 – 9)
—
10. VERY MUCH THOUGHT OR EFFORT
97. DON'T KNOW/NOT SURE
98. REFUSED

INTERVIEWER: USE SHOWCARD 4.

SECTION 13: RACE AND ETHNICITY

The next questions are about your ethnic background or origins.

F1.

[C7CF1] 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 SPECIFY)
97. DON'T KNOW/NOT SURE
98. REFUSED

F7.

[C7CF7A] What are your main racial origins -- that is, what race or races are your parents, grandparents, and other ancestors?

(White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, or something else?)

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 (SPECIFY)
7. DON'T KNOW/NOT SURE
8. REFUSED

F8.

[C7CF8A] Which do you feel best describes your racial background?

[FILL WITH F7 SELECTIONS] White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Pacific Islander, Other?

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 (SPECIFY)
7. DON'T KNOW/NOT SURE
8. REFUSED

[IF MULTIPLE ANSWERS TO F8, GO TO F8a. ELSE, GO TO F12.]

F8a.

[C7CF8AX](IF MULTIPLE MENTIONS) Which best describes your race?

[FILL WITH F8 SELECTIONS: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, Other?]

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 (SPECIFY)
7. DON'T KNOW/NOT SURE
8. REFUSED

F12.

[C7CF12] 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] |

[GO TO DISC1.]

F12b.

[C7CF12B] In what country do you have citizenship?

- 1. ENTER COUNTRY (SPECIFY)
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

SECTION 15: LIFE SATISFACTION

G1.

[C7CG1]

And now a few questions about you.

At present, how satisfied are you with your **life**?

Would you say: very, somewhat, a little, or not at all?

1. VERY
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL/NONE AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G2.

[C7CG2]

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?

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL/NONE AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

INTERVIEWER: USE SHOWCARD 13

G3.

[C7CG3]

Overall, how satisfied are you with **yourself**?

Would you say: very, somewhat, a little, or not at all?

1. VERY
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL/NONE AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G4.

[C7CG4]

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.

[C7CG5]

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 CONintro] |
| 8. | REFUSED | [GO TO CONintro] |

SECTION 18: ANTHRO AND BIOMARKERS

Anthintro The next section consists of a few physical measurements like your healthcare provider would take at a routine visit. Researchers are interested in how these measurements relate to the other areas that we've been covering in this interview. I would first like to take your blood pressure, and then your height, weight, waist, and hip measurements. Then I would like to measure your lung and grip strength and time you as you rise from a chair. And finally I would like to take a small sample of your blood using a finger prick.

Please do not eat, drink, or smoke while we conduct these measurements. If you have any concerns as we go along, please let me know and we will skip the measurement.

Do you feel it would be safe for you to do these activities?

INTERVIEWER: PAUSE FOR QUESTIONS OR OBJECTIONS. IF THE RESPONDENT ANSWERS "NO," ASK THEM TO LET YOU KNOW AFTER YOU INTRODUCE EACH MEASURE WHETHER THEY ARE UNWILLING OR UNABLE TO PARTICIPATE.

Do you have any questions?

INTERVIEWER: PAUSE FOR QUESTIONS OR OBJECTIONS TO GIVE THE OPPORTUNITY FOR CONSENT

<1> CONTINUE

handsan Before we begin, I will apply some hand sanitizer just to make sure my hands are as clean as they can be.

Would you like some too?

<1> CONTINUE

BLOOD PRESSURE MEASUREMENT

BPintro. First, I would like to measure your blood pressure using a monitor and cuff which I will secure around your arm. I will ask you to relax and remain seated and quiet during the measurements.

I will place the cuff on your arm, about one half inch above the elbow.

I ask that you:

- Sit comfortably with you feet flat on the floor

- Lay your arm on a flat surface
- Palm facing up
- With the center of your upper arm at the same height as your heart.

I will then press the Start button. The cuff will inflate and deflate. We will do this three times. Please do not talk while the monitor is taking your blood pressure.

INTERVIEWER: EQUIPMENT NEEDED: BLOOD PRESSURE MONITOR WITH CUFF, STOPWATCH

<1> CONTINUE

<r> REFUSED [**goto HTintro**]

BParm Would you prefer to use your left or right arm?

<1> LEFT ARM

<2> RIGHT ARM

BPissue Do you have a rash, a cast, edema or swelling in the arm, open sores or wounds, or a significant bruise where the blood pressure cuff will be in contact on your arm?

[INTERVIEWER: IF YES TO SELECTED ARM, ASK IF OTHER ARM CAN BE USED INSTEAD. DO NOT CONDUCT MEASURE IF NEITHER ARM IS OKAY].

<1> YES (SPECIFY)

<2> NO

BPable
[C7B1A] **INTERVIEWER: ARE YOU ABLE TO CONDUCT THIS BLOOD PRESSURE MEASUREMENT?**

<1> YES [**goto BPins**]

<2> NO (SPECIFY) [**goto HTintro**]

<r> REFUSED [**goto HTintro**]

BPins **INSTRUCTIONS FOR BLOOD PRESSURE MEASUREMENT**

1. PLACE CUFF ON ARM ABOUT ONE HALF INCH ABOVE THE ELBOW.

2. MAKE SURE THE TUBE IS TOWARD THE INNER SIDE OF THE ARM AND TIGHTNESS OF CUFF LEAVES ROOM FOR TWO FINGERS.
3. ASK R TO SIT WITH FEET FLAT ON FLOOR, WITH ARM ON A FLAT SURFACE, PALM FACING UP, WITH CENTER OF UPPER ARM AT THE SAME HEIGHT AS HEART.
4. PRESS START. CUFF WILL INFLATE AND DEFLATE.
5. RECORD THE SYSTOLIC AND DIASTOLIC MEASUREMENTS.
6. REPEAT THE MEASUREMENT TWO MORE TIMES, WAITING 45-60 SECONDS BETWEEN MEASUREMENTS.

<1> CONTINUE

BParm2 **INTERVIEWER:** WHICH ARM WAS USED FOR THE MEASUREMENTS?

- <1> LEFT ARM
- <2> RIGHT ARM

BP **INTERVIEWER:** RECORD BLOOD PRESSURE MEASUREMENTS. REMEMBER TO WAIT 45-60 SECONDS BETWEEN MEASUREMENTS. IF NEEDED, REMIND R NOT TO TALK DURING MEASUREMENTS.

- SYSTOLIC: <50-250>
- DIASTOLIC: <35-150>
- <d> DON'T KNOW
- <r> REFUSED

[C7B1B1S]
[C7B1B1D]

MEASUREMENT 1: /

[C7B1B2S]
[C7B1B2D]

MEASUREMENT 2: /

[C7B1B3S]
[C7B1B3D]

MEASUREMENT 3: /

BPend
[C7B1C]

INTERVIEWER: DID ANYTHING AFFECT THE RESULTS OF THE MEASUREMENTS YOU ALREADY RECORDED?

- <1> YES (SPECIFY)
- <2> NO

HEIGHT MEASUREMENT

HTintro. The next measurements will be taken from the standing position, so you might find it easier to stand the whole time. If you would like to sit down between the measurements, however, that is totally fine.

The first measurement I would like to take is your height. To complete this measurement, I'll ask you to take off your shoes and stand up against a wall. I will then place a triangle on top of your head and mark your height on a post-it note.

INTERVIEWER: EQUIPMENT NEEDED: TAPE MEASURE, TRIANGLE, POST-IT NOTE, PENCIL

- <1> CONTINUE
- <r> REFUSED [**goto WTintro**]

HTins. **INTERVIEWER:** INSTRUCTIONS FOR HEIGHT MEASUREMENT. IF THE R IS TOO TALL FOR YOU TO CONDUCT THE MEASUREMENT USING THE PROTOCOL BELOW, ASK THE R TO SELF-REPORT HEIGHT.

1. CONFIRM THAT R HAS REMOVED SHOES/SLIPPERS. IF R REFUSES TO REMOVE SHOES, MEASUREMENT SHOULD BE CONDUCTED ANYWAY.
2. ASK R FOR LOCATION TO CONDUCT MEASUREMENT AND FOR PERMISSION TO PLACE THE POST-IT NOTE ON THE WALL.
3. ASK R TO STAND WITH HEELS, BACK SIDE, UPPER BACK, AND BACK OF HEAD AGAINST THE WALL OR DOOR FRAME.
4. PLACE A POST-IT NOTE ON THE WALL BEHIND R'S HEAD.
5. POSITION TRIANGLE AGAINST THE WALL AND RESTING ON TOP OF R'S HEAD.
6. MAKE A MARK ON THE POST-IT NOTE WHERE THE TRIANGLE MEETS THE WALL.

7. ASK THE R TO MOVE AWAY FROM THE WALL.
8. POSITION THE TAPE MEASURE UNDER A DOOR FRAME, FLOOR MOLDING, OR YOUR FOOT, AND MEASURE FROM THE FLOOR TO THE MARK ON THE POST-IT NOTE.
9. RECORD R'S HEIGHT IN CENIMETERS (ROUNDING DOWN TO NEAREST CM) ON POST-IT NOTE ON THE WALL AND REMOVE IT FROM THE WALL.
10. TELL R THE NEXT MEASUREMENT ALSO WILL BE TAKEN WITHOUT SHOES.

<1> CONTINUE

HTable.
[C7B2A]

INTERVIEWER: WERE YOU ABLE TO CONDUCT THIS HEIGHT MEASUREMENT?

- <1> YES, USING TAPE MEASURE [goto HTcm]
- <2> YES, SELF-REPORTED [goto HTin]
- <3> NO (SPECIFY) [goto WTintro]
- <r> REFUSED [goto WTintro]

HTcm

[C7B2B_CM] INTERVIEWER: RECORD HEIGHT MEASUREMENT, ROUNDING DOWN TO THE NEAREST CENTIMETER.

<90-250> CENTIMETERS [goto HTwear1]

(**INTERVIEWER:** THAT IS ABOUT [fill] FEET, [fill] INCHES)

HTin

INTERVIEWER: RECORD SELF-REPORTED HEIGHT MEASUREMENT.

FEET: <1-9>

INCHES: <0-11>

ENTER FRACTION:

- <0> NO ADDITIONAL VALUES
- <1> ONE QUARTER
- <2> ONE HALF
- <3> THREE QUARTERS

HTwear1

[C7B2C] **INTERVIEWER:** WAS R WEARING ANYTHING AT ALL (SHOES, SOCKS, SLIPPERS, ETC.) ON THEIR FEET DURING THE HEIGHT MEASUREMENT?

- <1> YES **[goto HTwear2]**
- <2> NO **[goto HTend]**

HTwear2

[C7B2D] WHAT WAS THE R WEARING ON THEIR FEET DURING THE HEIGHT MEASUREMENT?

- <1> SHOES
- <2> SOCKS (NO SHOES)
- <3> SLIPPERS
- <4> FLIP-FLOPS
- <5> THICK BANDAGES
- <6> OTHER (SPECIFY)

HTend

[C7B2E] **INTERVIEWER:** DID ANYTHING AFFECT THE RESULTS OF THE HEIGHT MEASUREMENT YOU ALREADY RECORDED?

- <1> YES (SPECIFY)
- <2> NO

WEIGHT MEASUREMENT

WTintro Now, I'd like to measure your weight. I will ask you to stand on a scale, with your shoes off, while I read the display.

- <1> CONTINUE
- <r> REFUSED **[goto As35a1]**

WTins

INTERVIEWER: INSTRUCTIONS FOR THE WEIGHT MEASUREMENT.

1. LOCATE, WITH R'S HELP, A HARD-SURFACE FLOOR ON WHICH TO PLACE THE SCALE.
2. ASK R TO REMOVE HEAVY OBJECTS FROM POCKETS AND/OR HEAVY SWEATERS AS NEEDED.
3. POSITION SCALE SO YOU CAN SEE DISPLAY WHILE R IS STANDING ON IT.

4. TURN SCALE ON, TAP MIDDLE OF SCALE WITH FOOT, AND WAIT FOR 000.0 TO APPEAR.
5. ASK R TO STAND ON SCALE. TELL R THAT THE MEASUREMENT IS COMPLETE WHEN THE NUMBERS BLINK.
6. IF THE R REFUSES TO STAND ON SCALE, SAY TO R "THAT'S FINE. CAN YOU PLEASE TELL ME YOUR WEIGHT?"
7. IF THE SCALE DISPLAYS AN ERROR MESSAGE, SAY TO THE R: "THE SCALE APPEARS TO BE MALFUNCTIONING. CAN YOU PLEASE TELL ME YOUR WEIGHT?"
8. RECORD R'S WEIGHT.
9. (IF R REMOVED SHOES) TELL THE R THAT S/HE CAN PUT SHOES BACK ON.

<1> CONTINUE

**WTable
[C7B3A]**

INTERVIEWER: WERE YOU ABLE TO CONDUCT THE WEIGHT MEASUREMENT (WITH THE SCALE OR FROM R'S SELF-REPORT)?

- <1> YES, WITH SCALE [goto WTkg]
 <2> YES, SELF-REPORTED [goto WTlbs]
 <3> NO (SPECIFY) [goto As35a1]
 <r> REFUSED [goto As35a1]

WTkg

[C7B3B_KG] INTERVIEWER: RECORD WEIGHT MEASUREMENT

<27.0-150.0> R'S SCALE WEIGHT IN KILOGRAMS [goto WTwear1]

<r> REFUSED [goto As35a1]

(INTERVIEWER: THAT IS ABOUT [fill] POUNDS)

WTlbs

[C7B3B_LB] INTERVIEWER: RECORD WEIGHT MEASUREMENT

<60.0-850.0> R'S SELF-REPORTED WEIGHT IN POUNDS

<r> REFUSED [goto As35a1]

WTwear1
[C7B3C]

INTERVIEWER: WAS R WEARING ANYTHING AT ALL (SHOES, SOCKS, SLIPPERS, ETC.) ON THEIR FEET DURING THE WEIGHT MEASUREMENT?

- <1> YES [goto WTwear2]
- <2> NO [goto WTend]

WTwear2
[C7B3D]

WHAT WAS THE R WEARING ON THEIR FEET DURING THE WEIGHT MEASUREMENT?

- <1> SHOES
- <2> SOCKS (NO SHOES)
- <3> SLIPPERS
- <4> FLIP-FLOPS
- <5> THICK BANDAGES
- <6> OTHER (SPECIFY)

WTend
[C7B3E]

INTERVIEWER: DID ANYTHING AFFECT THE RESULTS OF THE WEIGHT MEASUREMENT YOU ALREADY RECORDED?

- <1> YES (SPECIFY)
- <2> NO

WAIST MEASUREMENT

As35a1

Next, I'd like to measure your waist while standing. I will hand you this measuring tape and ask you to place one end on your navel. I will then wrap the tape around your waist, over your clothing, and will join the ends. I will ask you to take a normal breath and exhale, holding your breath at the end of the exhale. I will then record the measurement.

INTERVIEWER: EQUIPMENT NEEDED: SOFT TAPE MEASURE

- <1> CONTINUE
- <r> REFUSED [GO TO As36a1]

As35a2

INTERVIEWER: INSTRUCTIONS FOR MEASURING WAIST CIRCUMFERENCE:

1) INSTRUCT R TO REMOVE BULKY CLOTHING, IF ANY.

- 2) R SHOULD BE STANDING.
- 3) HAND THE RESPONDENT THE ZERO END OF THE TAPE MEASURE AND ASK THEM TO PLACE IT AT THE NAVEL.
- 4) WALK AROUND THE R WRAPPING WITH THE TAPE MEASURE OVER R'S CLOTHING, KEEPING THE TAPE HORIZONTAL AT LEVEL OF NAVEL.
- 5) INSTRUCT R TO TAKE A NORMAL BREATH AND EXHALE.
- 6) TAKE THE MEASUREMENT ON THE TAPE AT THE END OF THE EXHALATION.
- 7) RECORD RESULT, ROUNDING DOWN TO NEAREST CENTIMETER

<1> CONTINUE

As35a3

[C7B4A] INTERVIEWER: WERE YOU ABLE TO CONDUCT THE WAIST MEASUREMENT?

- <1> YES [GO TO As35]
 <2> NO (SPECIFY) [GO TO As36a1]

As35

[C7B4B] INTERVIEWER: RECORD THE WAIST MEASUREMENT, TO THE NEAREST CENTIMETER

ENTER WHOLE NUMBER: <35-190> @a

(**INTERVIEWER:** THAT IS ABOUT [fill] INCHES)

As35final

[C7B4C] INTERVIEWER: DID ANYTHING AFFECT THE RESULTS OF THE MEASUREMENT YOU ALREADY RECORDED?

- <1> YES, SPECIFY [Specify]
 <2> NO

HIP MEASUREMENT

As36a1 Next I would like to measure your hip circumference while standing. I will ask you to place the zero end of the measuring tape on your hip at the side. I will then

wrap the tape around your hip, over your clothing, and will record the measurement.

INTERVIEWER: EQUIPMENT NEEDED: SOFT TAPE MEASURE

<1> CONTINUE

<r> REFUSED [goto PFintro]

As36a2

INTERVIEWER: INSTRUCTIONS FOR MEASURING HIP CIRCUMFERENCE

1) INSTRUCT R TO REMOVE BULKY CLOTHING.

2) R SHOULD BE STANDING.

3) IDENTIFY THE WIDEST PART OF R'S HIPS AND SELECT A SPOT ON THE SIDE OF THE R'S HIPS TO PLACE THE ZERO END OF THE TAPE MEASURE.

4) GIVE R THE ZERO END OF THE TAPE MEASURE AND ASK THE R TO PLACE IT ON THE SELECTED SPOT.

5) WRAP THE TAPE AROUND R'S HIP TAKING CARE TO KEEP THE TAPE HORIZONTAL

6) OVERLAP YOUR END OF THE TAPE WITH THE ZERO END, NOTE THE MEASUREMENT, AND RECORD THE RESULT, ROUNDING DOWN TO THE NEAREST CENTIMETER.

<1> CONTINUE

As36a3

[C7B5A] INTERVIEWER: WERE YOU ABLE TO CONDUCT THE HIP MEASUREMENT?

<1> YES [GO TO As36]

<2> NO (SPECIFY) [GO TO PFintro]

As36

[C7B5B] INTERVIEWER: RECORD THE HIP MEASUREMENT, ROUNDING DOWN TO THE NEAREST CENTIMETER.

ENTER WHOLE NUMBER: <35-190> @w

As36final

[C7B5C] INTERVIEWER: DID ANYTHING AFFECT THE RESULTS OF THE MEASUREMENT YOU ALREADY RECORDED?

- <1> YES, SPECIFY [Specify]
- <2> NO

PEAK FLOW MEASUREMENT

PFintro. Now I would like to measure how fast you can expel air from your lungs. For this measure, please stand up straight. Inhale as deeply as you can. When your lungs are full, put the mouthpiece of the lung strength meter into your mouth and close your lips tightly around it. Be sure to keep your tongue away from the mouthpiece. Then blow out all the air in your lungs as hard and as fast as you can. This will be a blast of air. I would like to take this measurement three times. Each time, I'll let you know when to begin. Please begin each measurement only when I prompt you to.

First, I'll ask you to help me set up the lung strength meters.

INTERVIEWER: EQUIPMENT NEEDED: (2) PEAK FLOW METERS, (2) DISPOSABLE MOUTHPIECES (EACH IN ITS OWN BAGGIE), STOPWATCH.

- <1> CONTINUE
- <r> REFUSED [goto GSintro]

PFins. INTERVIEWER: INSTRUCTIONS FOR ADMINISTERING THE LUNG STRENGTH MEASUREMENT:

1. HAND R THE MEASUREMENT PEAK-FLOW METER AND THE MOUTHPIECE IN THE PLASTIC BAGGIE, AND DEMONSTRATE HOW TO INSERT MOUTHPIECE USING YOUR DEMO PEAK-FLOW METER.
2. DEMONSTRATE THE MEASUREMENT ON YOUR DEMO PEAK-FLOW METER.
3. SAY THE FULL FORM OF THE INSTRUCTIONS AND ASK THE R TO PERFORM MEASUREMENT #1: Take as deep a breath as possible; put mouth around mouthpiece; keep tongue out of the way; hold meter without obstructing the pointer; give a blast of air with all the air in your lungs.

4. AFTER MEASUREMENT #1, ASK R TO SHOW YOU THE SCALE AND POINTER AND RECORD THE LITERS PER MINUTE, ROUNDING DOWN TO THE NEAREST TEN LITERS-PER-MINUTE MARK.

<1> CONTINUE

PFable.

[C7B6A]

INTERVIEWER: WERE YOU ABLE TO CONDUCT THE PEAK FLOW MEASUREMENT?

<1> YES

<2> NO (SPECIFY) **[goto GSintro]**

<r> REFUSED **[goto GSintro]**

PFbm1

[C7B6B1]

INTERVIEWER: ENTER PEAK FLOW MEASUREMENT READINGS HERE, ROUNDING DOWN TO THE NEAREST TEN LITERS/MIN MARK.

<1> BELOW 60 UNITS

<60-880> 60 TO 880 UNITS

<r> REFUSED **[backup to PFable]**

MEASUREMENT #1:

PFins2

LUNG STRENGTH MEASUREMENT #2

1. INSTRUCT THE R (OR CONFIRM ALOUD IF ALREADY DONE) TO RETURN THE POINTER TO ZERO. ALLOW 30 SECONDS BETWEEN MEASUREMENTS.
2. SAY THE SHORT FORM OF THE INSTRUCTIONS AND ASK THE R TO DO THE MEASUREMENT #2: Take as deep a breath as possible; give a blast of air with all the air in your lungs.
3. RECORD THE RESULT OF MEASUREMENT #2.

<1> CONTINUE

PFbm2

[C7B6B2] **INTERVIEWER:** ENTER PEAK FLOW MEASUREMENT READINGS
HERE, ROUNDING DOWN TO THE NEAREST TEN LITERS/MIN MARK.

<1> BELOW 60 UNITS

<60-880> 60 TO 880 UNITS

<r> REFUSED **[goto GSintro]**

MEASUREMENT #2:

PFins3 LUNG STRENGTH MEASUREMENT #3

1. INSTRUCT THE R (OR CONFIRM ALOUD IF ALREADY DONE) TO
RETURN THE POINTER TO ZERO. ALL 30 SECONDS BETWEEN
MEASUREMENTS.
2. SAY THE SHORT FORM OF THE INSTRUCTIONS AND ASK THE R TO
DO THE MEASUREMENT #3: Take as deep a breath as possible; give a blast
of air with all the air in your lungs.
3. ASK R TO REMOVE MOUTHPIECE AND PLACE IN DISPOSABLE
BAGGIE.
4. ASK RESPONDENT IF THERE IS ANYWHERE YOU COULD THROW
OUT THE DISPOSABLE MOUTHPIECES.

<1> CONTINUE

PFbm3
[C7B6B3] **INTERVIEWER:** ENTER PEAK FLOW MEASUREMENT READINGS
HERE, ROUNDING DOWN TO THE NEAREST TEN LITERS/MIN MARK.

<1> BELOW 60 UNITS

<60-880> 60 TO 880 UNITS

<r> REFUSED **[goto GSintro]**

MEASUREMENT #3:

PFpos.

[C7B6C] INTERVIEWER: WHAT WAS R'S POSITION FOR THIS TEST?

- <1> STANDING
- <2> SITTING
- <3> LYING DOWN
- <4> OTHER, SPECIFY [specify]
- <r> R REFUSED TEST [goto **GSintro**]

PFend.

[C7B6D] INTERVIEWER: DID ANYTHING AFFECT THE RESULTS OF THE MEASUREMENT YOU ALREADY RECORDED?

- <1> YES (SPECIFY)
- <2> NO

GRIP STRENGTH MEASUREMENT

GSintro. Now I would like to measure the grip strength of each hand. I will ask you to squeeze this handle as hard as you can for one second and then relax.

I will take three measurements from each hand from the sitting position, and I will let you know when to begin each time. We will start with your left hand.

INTERVIEWER: EQUIPMENT NEEDED: DYNAMOMETER

- <1> CONTINUE
- <r> REFUSED [goto **CRintro**]

GSdom.

[C7B7A] Which is your dominant hand?

- <1> RIGHT HAND
- <2> LEFT HAND
- <3> BOTH HANDS EQUALLY DOMINANT
- <d> DON'T KNOW
- <r> REFUSED

GShand1. Are you comfortable doing this measurement with each hand?

INTERVIEWER: THE MEASUREMENT MAY NOT BE ABLE TO BE DONE WITH BOTH HANDS. RECORD BELOW WHICH HANDS WILL BE MEASURED.

- <1> BOTH HANDS
- <2> RIGHT HAND ONLY [goto GSinsR1, then ask GSable, then GSr1]
- <3> LEFT HAND ONLY

GSinsL1 **INTERVIEWER: INSTRUCTIONS FOR ADMINISTERING THE LEFT HAND GRIP STRENGTH MEASUREMENT#1:**

1. FIND A SUITABLE CHAIR.
2. DEMONSTRATE THE HAND STRENGTH MEASUREMENT ONE TIME FROM A SITTING POSITION. GIVE THE DEMO INSTRUCTIONS (Arm at 90 degree angle; elbow down at side; squeeze as hard as you can for one second, then relax; the hand grip doesn't move.)
3. START WITH THE LEFT HAND. GIVE THE DYNAMOMETER TO THE R, AND GIVE THE FIRST MEASUREMENT INSTRUCTIONS (Arm at 90 degree angle; elbow down at side; squeeze as hard as you can for one second, then relax.)
4. NOTE KILOGRAMS OF FORCE ON DYNAMOMETER VISUALLY AND RECORD THE MEASUREMENT, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.

<1> CONTINUE

GSable.
[C7B7B] **INTERVIEWER: WERE YOU ABLE TO CONDUCT THE GRIP STRENGTH MEASUREMENT?**

- <1> YES
- <2> NO (SPECIFY) [goto CRintro]
- <r> REFUSED [goto CRintro]

GSi1
[C7B7CL1] **INTERVIEWER: ENTER GRIP STRENGTH MEASUREMENT RESULTS HERE, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.**

<0-90>0 TO 90 KILOGRAMS

<r> REFUSED [back up to GSable]

[SKIP IF GShand2=2]

LEFT HAND:
MEASUREMENT #1:

GSinsL2

INTERVIEWER: INSTRUCTIONS FOR ADMINISTERING THE **LEFT HAND GRIP STRENGTH MEASUREMENT#2:**

1. RESET GAUGE POINTER TO ZERO (WHILE R HOLDS DYNAMOMETER).
2. GIVE THE SECOND MEASUREMENT INSTRUCTIONS (Arm at 90 degree angle; elbow down at side; squeeze as hard as you can for one second, then relax)
3. ASK R TO GIVE YOU THE DYNAMOMETER. RECORD THE MEASUREMENT, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.

<1> CONTINUE

GSi2

[C7B7CL2] **INTERVIEWER:** ENTER GRIP STRENGTH MEASUREMENT RESULTS HERE, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.

<0-90>0 TO 90 KILOGRAMS

<r> REFUSED [goto CRintro]

[SKIP IF GShand2=2]
LEFT HAND:
MEASUREMENT #2:

GSinsL3

INTERVIEWER: INSTRUCTIONS FOR ADMINISTERING THE **LEFT HAND GRIP STRENGTH MEASUREMENT#3:**

1. RESET GAUGE POINTER TO ZERO (WHILE R HOLDS DYNAMOMETER).
2. GIVE THE THIRD MEASUREMENT INSTRUCTIONS (Arm at 90 degree angle; elbow down at side; squeeze as hard as you can for one second, then relax)

3. ASK R TO GIVE YOU THE DYNAMOMETER. RECORD THE MEASUREMENT, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.

<1> CONTINUE

GSi3

[C7B7CL3] INTERVIEWER: ENTER GRIP STRENGTH MEASUREMENT RESULTS HERE, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.

<0-90>0 TO 90 KILOGRAMS

<r> REFUSED [**goto CRintro**]

**[SKIP IF GShand2=2]
LEFT HAND:
MEASUREMENT #3:**

GSinsR1 INTERVIEWER: INSTRUCTIONS FOR ADMINISTERING THE **RIGHT HAND GRIP STRENGTH MEASUREMENT#1:**

1. NOW MEASURE THE RIGHT HAND. GIVE THE DYNAMOMETER TO THE R, AND GIVE THE FIRST MEASUREMENT INSTRUCTIONS (Arm at 90 degree angle; elbow down at side; squeeze as hard as you can for one second, then relax.)
2. NOTE KILOGRAMS OF FORCE ON DYNAMOMETER VISUALLY AND RECORD THE MEASUREMENT, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.

<1> CONTINUE

GSr1

[C7B7CR1] INTERVIEWER: ENTER GRIP STRENGTH MEASUREMENT RESULTS HERE, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.

<0-90>0 TO 90 KILOGRAMS

<r> REFUSED [**IF LEFT HAND MEASURED, GO TO CRintro, ELSE back up to GSable**]

[SKIP IF GShand2=3]

RIGHT HAND:

MEASUREMENT #1:

GSinsR2 **INTERVIEWER: INSTRUCTIONS FOR ADMINISTERING THE RIGHT HAND GRIP STRENGTH MEASUREMENT#2:**

1. RESET GAUGE POINTER TO ZERO (WHILE R HOLDS DYNAMOMETER).
2. GIVE THE SECOND MEASUREMENT INSTRUCTIONS (Arm at 90 degree angle; elbow down at side; squeeze as hard as you can for one second, then relax)
3. ASK R TO GIVE YOU THE DYNAMOMETER. RECORD THE MEASUREMENT, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.

<1> CONTINUE

GSr2
[C7B7CR2] **INTERVIEWER: ENTER GRIP STRENGTH MEASUREMENT RESULTS HERE, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.**

<0-90>0 TO 90 KILOGRAMS

<r> REFUSED [**goto CRintro**]

[SKIP IF GShand2=3]
RIGHT HAND:
MEASUREMENT #2:

GSinsR3 **INTERVIEWER: INSTRUCTIONS FOR ADMINISTERING THE RIGHT HAND GRIP STRENGTH MEASUREMENT#3:**

1. RESET GAUGE POINTER TO ZERO (WHILE R HOLDS DYNAMOMETER).
2. GIVE THE THIRD MEASUREMENT INSTRUCTIONS (Arm at 90 degree angle; elbow down at side; squeeze as hard as you can for one second, then relax)
3. ASK R TO GIVE YOU THE DYNAMOMETER. RECORD THE MEASUREMENT, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.

<1> CONTINUE

GSr3

[C7B7CR3] INTERVIEWER: ENTER GRIP STRENGTH MEASUREMENT RESULTS HERE, ROUNDING DOWN TO THE NEAREST WHOLE KILOGRAM.

<0-90>0 TO 90 KILOGRAMS

<r> REFUSED [**goto CRintro**]

**[SKIP IF GShand2=3]
RIGHT HAND:
MEASUREMENT #3:**

GSend.

[C7B7D] INTERVIEWER: DID ANYTHING AFFECT THE RESULTS OF THE MEASUREMENT YOU ALREADY RECORDED?

<1> YES (SPECIFY)

<2> NO

CHAIR RISE MEASUREMENT

CRintro. In the next measurement, I'll be asking you to stand up from a chair without using your arms.

I will ask you to stand up from the chair as quickly as you can five times, without stopping in between. After standing up each time, sit down and then stand up again. Keep your arms folded across your chest.

I'll be counting as you go and will time you with a stopwatch. Please begin the measurement only when I prompt you to.

INTERVIEWER: EQUIPMENT NEEDED: CHAIR, STOPWATCH, MEASURING TAPE

<1> CONTINUE

<r> REFUSED [**goto DBSintro**]

CRchair. Do you have a regular dining or folding chair that we could use for this exercise?

<1> YES
<2> NO [goto DBSintro]
<r> REFUSED [goto DBSintro]

CRins. **INTERVIEWER: INSTRUCTIONS FOR ADMINISTERING THE CHAIR-RISE MEASURE:**

1. DEMONSTRATE (2 RISES ONLY) AFTER SAYING THE DEMO
INSTRUCTIONS: The measurement starts from an upright sitting position, with arms across your chest. You'll be rising as fast as you can.
2. WHEN THE PARTICIPANT IS SEATED, POSITION YOURSELF 4-6 FEET AWAY, AND INSTRUCT (OR CONFIRM ALOUD): The measurement starts from an upright sitting position, with arms across your chest. You'll be rising as fast as you can five times. The measurement ends when you stand completely the fifth time.
3. WHEN THE R IS SEATED, SAY: "Ready?" WHEN THE R CONFIRMS, SAY: "Please begin" AND START STOPWATCH IMMEDIATELY.
4. COUNT ALOUD AS THE R RISES EACH TIME, UP TO FIVE TIMES, AND STOP THE STOPWATCH WHEN THE R FULLY STANDS UP THE FIFTH TIME.
5. MEASURE THE HEIGHT OF THE CHAIR SEAT IN THE MIDDLE FRONT.
6. IF THE PARTICIPANT STOPS AND APPEARS TO BE FATIGUED BEFORE COMPLETING THE FIVE STANDS, CONFIRM THIS BY ASKING [bold]"Can you continue?"[n]
7. IF PARTICIPANT SAYS [bold]"Yes"[n] CONTINUE TIMING. IF PARTICIPANT SAYS [bold]"No,"[n] STOP THE MEASUREMENT AND THE STOPWATCH.

<1> CONTINUE

CRable.
[C7B8A] **INTERVIEWER: WERE YOU ABLE TO CONDUCT THIS MEASUREMENT?**

- <1> YES
- <2> NO (SPECIFY) [goto DBSintro]
- <r> REFUSED [goto DBSintro]

CR

[C7BB8BS] INTERVIEWER: RECORD THE REPEATED CHAIR RISES MEASUREMENT

<0-4> MINUTES : <0-59> SECONDS : <0-99> HUNDREDTHS OF SECONDS

<993> R TRIED BUT WAS UNABLE

<999> R CHOSE NOT TO DO IT

CRseat.

[C7B8C] INTERVIEWER: RECORD TYPE OF SEAT ON THE CHAIR

<1> PADDED SEAT

<2> UNPADDED SEAT

<5> NOT SURE

<97> OTHER (SPECIFY)

CRht.

[C7B8D] INTERVIEWER: RECORD HEIGHT OF CHAIR SEAT FROM FLOOR, ROUNDING DOWN TO THE NEAREST CENTIMETER.

<10-65> CENTIMETERS

<97> OTHER (SPECIFY)

CRend.

[C7B8E] INTERVIEWER: DID ANYTHING AFFECT THE RESULTS OF THE MEASUREMENT YOU ALREADY RECORDED?

<1> YES (SPECIFY)

<2> NO

DRIED BLOOD SPOT COLLECTION

DBSintro. Next, I would like to collect a small sample of your blood using just a finger prick. This is a very important part of the study because the analysis of blood samples from everyone in the study will tell us a lot about the health of the group as a whole and Americans in mid-life and beyond.

If you are willing, I will clean your finger with an alcohol wipe, then using a small lancet I will prick your finger and collect just enough blood to fill up to five small circles on a collection card.

INTERVIEWER: EQUIPMENT NEEDED: BLOOD COLLECTION KIT

<1> CONTINUE

<r> REFUSED [goto thanks]

DBScons. **INTERVIEWER:** ADMINISTER BLOOD COLLECTION CONSENT NOW.

<1> CONTINUE

<r> REFUSED [goto thanks]

[SIGNATURE PAD SCREENS]

EAT1.

[C7B9B]

Before I collect the sample, I have a couple of questions.

First, what time and date did you last eat or drink anything, including water, candy or chewing gum?

MM / DD / YYYY [fill with today's date]

HOUR

MINUTE

<1> AM

<2> PM

<d> DON'T KNOW

<r> REFUSED

EAT2.**[C7B9C]**

What did you last eat or drink? Water only, a snack or other beverage, or a meal?

(IF NEEDED: By snack or other beverage we mean a beverage other than water or a small amount of food, such as a bagel, apple, or cookie.)

<1> WATER ONLY

<2> SNACK OR OTHER BEVERAGE **(SPECIFY)**

<3> MEAL **(SPECIFY)**

<d> DON'T KNOW

<r> REFUSED

WAKE.**[C7B9D]**

What time did you wake up this morning?

(IF NEEDED: Your best estimate is fine.)

(INTERVIEWER: IF R WOKE UP IN THE PM, LEAVE NOTE)

HOUR

MINUTE

<1> AM

<2> PM

<d> DON'T KNOW

<r> REFUSED

DBSprep.

INTERVIEWER: PREP AREA AND R FOR COLLECTING BLOOD SPOTS

PREPARE THE R'S FINGER:

1. ASK R TO WASH HANDS USING VERY WARM WATER TO REMOVE LOTIONS, DIRT, OR CHEMICALS.
2. ASK R TO RUB HANDS TOGETHER OR MASSAGE THEM SO BLOOD IS FLOWING TO FINGER TIPS.
3. CONFIRM WHICH FINGER THE R WOULD LIKE TO USE. ACTIVATE HAND WARMER AND PROVIDE TO R. HAVE R HOLD WARMER FOR SEVERAL MINUTES.
4. HAVE R HANG AND SHAKE THE CHOSEN HAND DOWNWARD SO THAT BLOOD BEGINS TO COLLECT.
5. **IF NEEDED:** MASSAGE ARM TO PROMOTE BLOOD FLOW.

PREPARE THE AREA:

1. FIND HARD, CLEAN, DRY SURFACE FOR COLLECTION.
2. OPEN BLOOD COLLECTION KIT, REMOVE CONTENTS, AND PLACE ON ABSORBANT PAD.

<1> CONTINUE

DBS_pin INTERVIEWER: PLACE IDENTIFICATION LABEL ON COLLECTION CARD. ENTER 3-DIGIT PIN ON BARCODE LABEL.

PIN [IF INCORRECT, GO TO DBS_pin2, ELSE GO TO DBSins]

DBS_pin2. INTERVIEWER: THE PIN YOU ENTERED IS INCORRECT. CHECK THE CASEID ON THE LABEL AND ENTER THE 3-DIGIT PIN AGAIN.

(IF YOU APPLIED THE WRONG LABEL, PUT THE CORRECT LABEL ON THE CARD. MAKE NOTE OF THE CASEID OF THE WRONG LABEL AND NOTIFY YOUR SUPERVISOR AFTER THE INTERVIEW.)

PIN

DBSins. INTERVIEWER: INSTRUCTIONS FOR COLLECTING BLOOD SPOTS

1. PUT ON GLOVES.
2. WIPE THE R'S FINGER WITH ALCOHOL WIPE AND MAKE SURE FINGER IS DRY BEFORE PROCEEDING.
3. WITH THE LANCET, PRICK THE MIDDLE OR RING FINGER ON THE FLESHY SIDE. IF POSSIBLE, CHOOSE SIDE OF FINGER CLOSER TO PINKY RATHER THE THUMB.
4. USING ONE OF THE GAUZE PADS, WIPE AWAY THE FIRST DROP OF BLOOD.

5. ALLOW THE NEXT DROP OF BLOOD TO POOL ON THE FINGER OVER THE COLLECTION CARD. HAVE THE DROP FALL FROM THE FINGER ONTO THE MIDDLE OF THE CIRCLE ON THE CARD.
 - **DO NOT** BRING THE PAPER UP TO 'CATCH' THE DROP.
 - **DO NOT** COLLECT A SECOND DROP IN THE SAME CIRCLE, EVEN IF THE CIRCLE IS NOT FILLED. AVOID HAVING SPOTS OVERLAP.
6. COLLECT REMAINING SPOTS. WHEN FINISHED, USE A GAUZE PAD TO APPLY SLIGHT PRESSURE TO THE BLEEDING FINGER. HOLD THE HAND UPWARD, IF POSSIBLE. WHEN THE BLEEDING HAS SLOWED, PLACE BANDAGE ON R'S FINGER.
7. PLACE CARD INTO THE CARDBOARD BOX.
8. PLACE THE LANCET INTO THE SMALL BIOHAZARD CONTAINER TO BE DISCARDED LATER. PLACE USED MATERIALS INTO PLASTIC BAG. REMOVE GLOVES AND PLACE IN SAME PLASTIC. DISCARD PLASTIC BAG IN GARBAGE AFTER VISIT.

<1> CONTINUE

DBSable.
[C7B10A]

INTERVIEWER: WERE YOU ABLE TO COLLECT THE BLOOD SPOTS?

<1> YES

<2> NO (SPECIFY) [goto thanks]

<r> REFUSED [goto thanks]

DBSnum.
[C7B10B]

INTERVIEWER: HOW MANY CIRCLES WERE FILLED ON THE CARD?

<1-5> CIRCLES

DBSend.
[C7B10D]

INTERVIEWER: DID ANYTHING AFFECT THE COLLECTION OF BLOOD SPOTS?

<1> YES (SPECIFY)

<2> NO

