

MIDUS 3 Project 7
Retention Early Warning
SAQ Instrument

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MIDUS Mail Questionnaire

This booklet of questions is a very important part of the MIDUS Study. We ask that you complete this booklet and mail it back to us in the enclosed postage-paid envelope when you are finished. It includes several categories of questions that will help us understand aspects about your life, like your health and your day-to-day experiences. There are no right or wrong answers to any of these questions.

This booklet has several different kinds of questions that appear in different formats. We may ask you to circle a number, check a box, or write in an answer in the space provided. Below are examples of how to do this.

Circle the appropriate number.

1 2 4 4 5

Check one.

☒ **Yes**

☒ **Yes**

OR

☐ **No**

☐ **No**

If at any time you find yourself getting tired, please feel free to take a break for a while and then come back to it. When considering the different answer choices, choose the response that comes closest to how you feel.

Some of the questions may seem redundant and other questions may require you to look up information. Please bear with us through these questions and answer them as best you can. All of this information helps researchers understand factors that contribute to health and well-being.

It's best if you answer this questionnaire on your own, but feel free to get help from a friend or family member – or contact the UW Survey Center for help.

Thank you so much for contributing your time to complete this booklet! It's with your help that the MIDUS Study continues to be one of the most important studies of health and well-being in the nation.

Section A: Your Health

A1. Using a scale from 0 to 10 where 0 means “the worst possible health” and 10 means “the best possible health,” how would you rate your health these days?

Worst

Best

0 1 2 3 4 5 6 7 8 9 10

A2. 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 health these days?

None

Very much

0 1 2 3 4 5 6 7 8 9 10

A3. During the summer, how often do you engage in vigorous physical activity, for example, running or lifting heavy objects, long enough to work up a sweat?

- ☐ Several times a week or more
- ☐ About once a week
- ☐ Several times a month
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never

A4. During the winter, how often do you engage in vigorous physical activity long enough to work up a sweat?

- ☐ Several times a week or more
- ☐ About once a week
- ☐ Several times a month
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never

A5. During the summer, how often do you engage in moderate physical activity, for example, bowling or using a vacuum cleaner?

- ☐ Several times a week or more
- ☐ About once a week
- ☐ Several times a month
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never

A6. During the winter, how often do you engage in moderate physical activity?

- ☐ Several times a week or more
- ☐ About once a week
- ☐ Several times a month
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never

A7. In the past twelve months, have you experienced or been treated for any of the following?
(Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> a. Asthma, bronchitis, or emphysema | <input type="checkbox"/> u. Alcohol or drug problems |
| <input type="checkbox"/> b. Tuberculosis | <input type="checkbox"/> v. Migraine headaches |
| <input type="checkbox"/> c. Other lung problems | <input type="checkbox"/> w. Chronic sleeping problems |
| <input type="checkbox"/> d. Arthritis, rheumatism, or other bone or joint diseases | <input type="checkbox"/> x. Diabetes or high blood sugar |
| <input type="checkbox"/> e. Sciatica, lumbago, or recurring backache | <input type="checkbox"/> y. Multiple sclerosis, epilepsy, or other neurological disorders |
| <input type="checkbox"/> f. Persistent skin trouble (e.g. eczema) | <input type="checkbox"/> z. Stroke |
| <input type="checkbox"/> g. Thyroid disease | <input type="checkbox"/> aa. Ulcer |
| <input type="checkbox"/> h. Hay fever | <input type="checkbox"/> bb. Hernia or rupture |
| <input type="checkbox"/> i. Recurring stomach trouble, indigestion, or diarrhea | <input type="checkbox"/> cc. Piles or hemorrhoids |
| <input type="checkbox"/> j. Urinary or bladder problems | <input type="checkbox"/> dd. Swallowing problems |
| <input type="checkbox"/> k. Being constipated all or most of the time | <input type="checkbox"/> ee. Itch |
| <input type="checkbox"/> l. Gall bladder trouble | <input type="checkbox"/> ff. Dry and sore skin |
| <input type="checkbox"/> m. Persistent foot trouble (e.g. bunions, ingrown toenails) | <input type="checkbox"/> gg. Scaly skin |
| <input type="checkbox"/> n. Trouble with varicose veins requiring medical treatment | <input type="checkbox"/> hh. Hand rash |
| <input type="checkbox"/> o. AIDS or HIV infection | <input type="checkbox"/> ii. Pimples, acne |
| <input type="checkbox"/> p. Lupus or other autoimmune disorders | <input type="checkbox"/> jj. Face rash |
| <input type="checkbox"/> q. Persistent trouble with your gums or mouth | <input type="checkbox"/> kk. Warts |
| <input type="checkbox"/> r. Persistent trouble with your teeth | <input type="checkbox"/> ll. Sweating |
| <input type="checkbox"/> s. High blood pressure or hypertension | <input type="checkbox"/> mm. Hair loss |
| <input type="checkbox"/> t. Anxiety, depression, or some other emotional disorder | <input type="checkbox"/> nn. None of the above |

A8. The next questions are about the use of drugs or medications on your own. By “on your own” we mean either without a doctor’s prescription, in larger amounts than prescribed, or for a longer period than prescribed. During the past 12 months did you ever use any of the following substances on your own?

	Yes	No
a. Sedatives, including either barbiturates or sleeping pills on your own (e.g. Seconal, Halcion, Methaqualone)	<input type="radio"/>	<input type="radio"/>
b. Tranquilizers or “nerve pills” on your own (e.g. Librium, Valium, Ativan, Xanax)	<input type="radio"/>	<input type="radio"/>
c. Amphetamines or other stimulants on your own (e.g. Methamphetamine, Preludin, Dexedrine, Ritalin, “Speed”)	<input type="radio"/>	<input type="radio"/>
d. Analgesics or other prescription painkillers on your own (NOTE: this does not include normal use of aspirin, Tylenol without codeine, etc., but does include use of Tylenol with codeine and other prescribed painkillers like Demerol, Darvon, and Percodan)	<input type="radio"/>	<input type="radio"/>
e. Prozac or other similar prescription medications to treat depression on your own	<input type="radio"/>	<input type="radio"/>
f. Inhalants that you sniff or breathe to get high or to feel good (e.g. Amyl Nitrate, Freon, Nitrous Oxide (“Whippets”), Gasoline, Spray paint)	<input type="radio"/>	<input type="radio"/>
g. Marijuana or hashish	<input type="radio"/>	<input type="radio"/>
h. Cocaine, crack, or free base	<input type="radio"/>	<input type="radio"/>
i. LSD or other hallucinogens (e.g. PCP, angel dust, peyote, ecstasy (MDMA), mescaline)	<input type="radio"/>	<input type="radio"/>
j. Heroin	<input type="radio"/>	<input type="radio"/>

A9. Did you check “yes” for any of the substances listed in question A8?

- ☐ Yes
☐ No → Go to question A13

A10. During the past 12 months, how many times did you use much larger amounts of any of these substances than you intended to when you began, or used them for a longer period of time than you intended to?

- ☐ Never
☐ Once or twice
☐ 3 to 5 times
☐ 6 to 10 times
☐ 11 to 20 times
☐ More than 20 times

A11. In the past 12 months, how many times have you been under the effects of any of these substances or suffering their after effects while at work or school, or while taking care of children?

- ☐ Never
- ☐ Once or twice
- ☐ 3 to 5 times
- ☐ 6 to 10 times
- ☐ 11 to 20 times
- ☐ More than 20 times

A12. When answering these questions, please keep in mind all of the substances listed in Question A8 that you have used in the past 12 months. Please check “Yes” even if your answer is for only one of the substances and not all of them.

	Yes	No
a. Were you under the effects of any of these substances or feeling their after-effects in a situation which increased your chances of getting hurt, like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming?	<input type="radio"/>	<input type="radio"/>
b. Did you have any emotional or psychological problems from using any of these substances, such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?	<input type="radio"/>	<input type="radio"/>
c. Did you have such a strong desire or urge to use any of these substances that you could not resist it or could not think of anything else?	<input type="radio"/>	<input type="radio"/>
d. Did you have a period of a month or more when you spent a great deal of time using any of these substances or getting over any of their effects?	<input type="radio"/>	<input type="radio"/>
e. Did you find that you had to use more of any of these substances than usual to get the same effect or that the same amount had less effect on you than before?	<input type="radio"/>	<input type="radio"/>

A13. During the past 12 months, did you ever drink any alcohol?

☐ Yes

☐ No → Go to question A17

A14. During the past 12 months, did you have any of the following problems while drinking or because of drinking alcohol?

	Yes	No
a. Were you under the effects of alcohol or feeling its after-effects in a situation which increased your chances of getting hurt, like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming?	<input type="radio"/>	<input type="radio"/>
b. Did you have any emotional or psychological problems from using alcohol, such as feeling depressed, being suspicious of people, or having strange ideas?	<input type="radio"/>	<input type="radio"/>
c. Did you have such a strong desire or urge to use alcohol that you could not resist it or could not think of anything else?	<input type="radio"/>	<input type="radio"/>
d. Did you have a period of a month or more when you spent a great deal of time using alcohol or getting over its effects?	<input type="radio"/>	<input type="radio"/>
e. Did you find that you had to use more alcohol than usual to get the same effect or that the same amount had less effect on you than before?	<input type="radio"/>	<input type="radio"/>

A15. During the past 12 months, how many times did you use much larger amounts of alcohol than you intended to when you began, or used them for a longer period of time than you intended to?

- ☐ Never
- ☐ Once or twice
- ☐ 3 to 5 times
- ☐ 6 to 10 times
- ☐ 11 to 20 times
- ☐ More than 20 times

A16. In the past 12 months, how many times have you been under the effects of alcohol or suffering its after effects while at work or school, or while taking care of children?

- ☐ Never
- ☐ Once or twice
- ☐ 3 to 5 times
- ☐ 6 to 10 times
- ☐ 11 to 20 times
- ☐ More than 20 times

A17. During the past 30 days, how often have you taken prescription medicine for...

	Daily	A few times a week	Once a week	A few times a month	Once this month	Not at all
a. ...hypertension?	1	2	3	4	5	6
b. ...diabetes?	1	2	3	4	5	6
c. ...high cholesterol?	1	2	3	4	5	6
d. ...a heart condition?	1	2	3	4	5	6
e. ...lung problems?	1	2	3	4	5	6
f. ...ulcers?	1	2	3	4	5	6
g. ...arthritis?	1	2	3	4	5	6
h. ...hormone replacement, such as estrogen?	1	2	3	4	5	6
i. ...birth control?	1	2	3	4	5	6
j. ...headaches?	1	2	3	4	5	6
k. ...nerves, anxiety, or depression?	1	2	3	4	5	6
l. ...pain?	1	2	3	4	5	6

A18. During the past 30 days, how often have you used any of the following non-prescription (over the counter) medicines?

	Daily	A few times a week	Once a week	A few times a month	Once this month	Not at all
a. Aspirin (e.g. Anacin, Ascriptin, BC Powder, Bufferin, Ecotrin, Pain-relief Tablets, Stanbach Powder, Vanquish)	1	2	3	4	5	6
b. Acetaminophen (e.g. Aspirin- free Excedrin, No Aspirin, Non- aspirin, Pergogesic, Tylenol)	1	2	3	4	5	6
c. Ibuprofen (e.g. Advil, Motrin, Nuprin)	1	2	3	4	5	6
d. Naproxen sodium (e.g. Aleve, Naprosyn, Naprelan, Anaprox)	1	2	3	4	5	6

A19. How often do you...

	Daily	Several times a week	Once a week	Several times a month	Once a month	Never
a. ...read books, magazines, or newspapers?	1	2	3	4	5	6
b. ...do word games such as crossword puzzles or Scrabble?	1	2	3	4	5	6
c. ...play cards or other games such as Bridge or Chess?	1	2	3	4	5	6
d. ...attend educational lectures or courses?	1	2	3	4	5	6
e. ...do writing (such as letters, stories, or journal entries)?	1	2	3	4	5	6
f. ...use a computer (such as to send e-mail or search the internet)?	1	2	3	4	5	6

A20. How strongly do you agree or disagree with each of the following statements?

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
a. If I forgot my friend's zip code, I'd be able to learn it again.	1	2	3	4	5	6	7
b. It's inevitable that my intellectual functioning will decline as I get older.	1	2	3	4	5	6	7
c. I would have to ask a sales person to figure out how much I'd save with a 20% discount.	1	2	3	4	5	6	7
d. The older I get, the harder it is to think clearly.	1	2	3	4	5	6	7
e. As long as I exercise my mind, I will always be on top of things.	1	2	3	4	5	6	7
f. My mental acuity (sharpness) is bound to decline.	1	2	3	4	5	6	7
g. I can understand instructions only after someone explains them to me.	1	2	3	4	5	6	7
h. I don't remember things as well as I used to.	1	2	3	4	5	6	7
i. There's not much I can do to keep my memory from going down hill.	1	2	3	4	5	6	7

Section B: Personal Beliefs

B1. The next set of items explores your well-being. How strongly do you agree or disagree with each of the following statements?

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
a. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6	7
b. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6	7
c. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6	7
d. Most people see me as loving and affectionate.	1	2	3	4	5	6	7
e. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6	7
f. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6	7
g. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6	7
h. The demands of everyday life often get me down.	1	2	3	4	5	6	7
i. I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6	7
j. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6	7
k. I have a sense of direction and purpose in life.	1	2	3	4	5	6	7
l. In general, I feel confident and positive about myself.	1	2	3	4	5	6	7

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
m. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6	7
n. I do not fit very well with the people and the community around me.	1	2	3	4	5	6	7
o. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6	7
p. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6	7
q. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6	7
r. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6	7
s. I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6	7
t. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6	7
u. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6	7
v. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6	7
w. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6	7
x. I like most aspects of my personality.	1	2	3	4	5	6	7
y. It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6	7
z. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6	7

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
aa. For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6	7
bb. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6	7
cc. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6	7
dd. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6	7
ee. I tend to worry about what other people think of me.	1	2	3	4	5	6	7
ff. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6	7
gg. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6	7
hh. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6	7
ii. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6	7
jj. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6	7
kk. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6	7
ll. I have been able to build a living environment and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6	7
mm. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6	7

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
nn. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6	7
oo. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6	7
pp. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6	7
qq. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6	7

The next set of questions deal with your views of yourself.

B2. How strongly do you agree or disagree with each of the following statements?

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
a. There is little I can do to change the important things in my life.	1	2	3	4	5	6	7
b. I often feel helpless in dealing with the problems of life.	1	2	3	4	5	6	7
c. I can do just about anything I really set my mind to.	1	2	3	4	5	6	7
d. Other people determine most of what I can and cannot do.	1	2	3	4	5	6	7
e. What happens in my life is often beyond my control.	1	2	3	4	5	6	7
f. When I really want to do something, I usually find a way to succeed at it.	1	2	3	4	5	6	7
g. There are many things that interfere with what I want to do.	1	2	3	4	5	6	7
h. Whether or not I am able to get what I want is in my own hands.	1	2	3	4	5	6	7
i. I have little control over the things that happen to me.	1	2	3	4	5	6	7
j. There is really no way I can solve the problems I have.	1	2	3	4	5	6	7
k. I sometimes feel I am being pushed around in my life.	1	2	3	4	5	6	7

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
l. What happens to me in the future mostly depends on me.	1	2	3	4	5	6	7
m. I am no better and no worse than others.	1	2	3	4	5	6	7
n. I take a positive attitude toward myself.	1	2	3	4	5	6	7
o. At times I feel that I am no good at all.	1	2	3	4	5	6	7
p. I am able to do things as well as most people.	1	2	3	4	5	6	7
q. I wish I could have more respect for myself.	1	2	3	4	5	6	7
r. On the whole, I am satisfied with myself.	1	2	3	4	5	6	7
s. I certainly feel useless at times.	1	2	3	4	5	6	7
t. I act in the same way no matter who I am with.	1	2	3	4	5	6	7

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
u. I enjoy being unique and different from others in many respects.	1	2	3	4	5	6	7
v. My happiness depends on the happiness of those around me.	1	2	3	4	5	6	7
w. I often have the feeling that my relationships with others are more important than my own accomplishments.	1	2	3	4	5	6	7
x. Being able to take care of myself is a primary concern for me.	1	2	3	4	5	6	7
y. It is important to listen to others' opinions.	1	2	3	4	5	6	7

B3. How well does each of the following describe you?				
	A lot	Some	A little	Not at all
a. Outgoing	1	2	3	4
b. Helpful	1	2	3	4
c. Moody	1	2	3	4
d. Organized	1	2	3	4
e. Self-confident	1	2	3	4

f.	Friendly	1	2	3	4
g.	Warm	1	2	3	4
h.	Worrying	1	2	3	4
i.	Responsible	1	2	3	4
j.	Forceful	1	2	3	4
k.	Lively	1	2	3	4
l.	Caring	1	2	3	4
m.	Nervous	1	2	3	4
n.	Creative	1	2	3	4
o.	Assertive	1	2	3	4
p.	Hardworking	1	2	3	4
q.	Imaginative	1	2	3	4
r.	Softhearted	1	2	3	4
s.	Calm	1	2	3	4
t.	Outspoken	1	2	3	4
u.	Intelligent	1	2	3	4
v.	Curious	1	2	3	4

	A lot	Some	A little	Not at all
w. Active	1	2	3	4
x. Careless	1	2	3	4
y. Broad-minded	1	2	3	4
z. Sympathetic	1	2	3	4
aa. Talkative	1	2	3	4
bb. Sophisticated	1	2	3	4
cc. Adventurous	1	2	3	4
dd. Dominant	1	2	3	4
ee. Thorough	1	2	3	4

B4. Of these two situations, I would dislike more:

- ☐ Situation 1: Riding a long stretch of rapids in a canoe.
- ☐ Situation 2: Waiting for someone who's late.

B4a. How much would you dislike the situation you selected above?

- ☐ I would definitely dislike it.
- ☐ I would dislike it somewhat.

B5. Of these two situations, I would dislike more:

- ☐ Situation 1: Being at the circus when two lions suddenly get loose down in the ring.
- ☐ Situation 2: Bringing my whole family to the circus and then not being able to get in because a clerk sold me tickets for the wrong night.

B5a. How much would you dislike the situation you selected above?

- ☐ I would definitely dislike it.
- ☐ I would dislike it somewhat.

The next set of questions asks about your outlook on life. Answer according to your own feelings, rather than how you think “most people” would answer.

B6. How much do you agree or disagree with each of the following statements?

	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot
a. In uncertain times, I usually expect the best.	1	2	3	4	5
b. If something can go wrong for me, it will.	1	2	3	4	5
c. I’m always optimistic about my future.	1	2	3	4	5
d. I hardly ever expect things to go my way.	1	2	3	4	5
e. I rarely count on good things happening to me.	1	2	3	4	5
f. I expect more good things to happen to me than bad.	1	2	3	4	5

Section C: Work – At Home and on the Job

C1. For this question, your ‘work situation’ includes unpaid work that you might do at home or as a volunteer in addition to full- or part-time work you might be paid to do. So, for example, it includes cleaning up around the house and doing yardwork, volunteer activities you might do for no pay, and includes work for which you are paid.

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

None

Very much

0 1 2 3 4 5 6 7 8 9 10

C2. Currently, are you doing any work for pay? This could include self-employment or work for someone else, or any job for pay from which you are temporarily on leave or laid off.

☐ Yes

☐ No → Go to question C7

C3. Please indicate how often you have experienced the following.

	Once a week or more	A few times a month	A few times a year	Less than once a year	Never
a. How often do you think you are unfairly given the jobs that no one else wanted to do?	1	2	3	4	5
b. How often are you watched more closely than other workers?	1	2	3	4	5
c. How often does your supervisor or boss use ethnic, racial, or sexual slurs or jokes?	1	2	3	4	5
d. How often do your coworkers use ethnic, racial, or sexual slurs or jokes?	1	2	3	4	5
e. How often do you feel that you are ignored or not taken seriously by your boss?	1	2	3	4	5
f. How often has a co-worker with less experience and qualifications gotten promoted before you?	1	2	3	4	5

C4. To what extent do the following statements describe the way you feel about your current job?

	A lot	Some	A little	Not at all
a. I feel cheated about the chances I have had to work at good jobs.	1	2	3	4
b. When I think about the work I do on my job, I feel a good deal of pride.	1	2	3	4
c. I feel that others respect the work I do on my job.	1	2	3	4
d. Most people have more rewarding jobs than I do.	1	2	3	4
e. When it comes to my work life, I've had opportunities that are as good as most people's.	1	2	3	4
f. It makes me discouraged that other people have much better jobs than I do.	1	2	3	4

C5. The next questions are about how your job may affect your family and personal life, and how your family and personal life may affect your job.

In the past year, how often...

	All of the time	Most of the time	Some of the time	Rarely	Never
a. ...has your job reduced the effort you could give to activities at home?	1	2	3	4	5
b. ...has stress at work made you irritable at home?	1	2	3	4	5
c. ...has your job made you feel too tired to do the things that needed attention at home?	1	2	3	4	5
d. ...have job worries or problems distracted you when you were at home?	1	2	3	4	5
e. ...have the things you do at work helped you deal with personal and practical issues at home?	1	2	3	4	5
f. ...have the things you do at work made you a more interesting person at home?	1	2	3	4	5
g. ...has having a good day on your job made you a better companion when you got home?	1	2	3	4	5
h. ...were the skills you use on your job useful for things you had to do at home?	1	2	3	4	5
i. ...have responsibilities at home reduced the effort you could devote to your job?	1	2	3	4	5
j. ...have personal or family worries and problems distracted you when you were at work?	1	2	3	4	5

	All of the time	Most of the time	Some of the time	Rarely	Never
k. ...have activities and chores at home prevented you from getting the amount of sleep you needed to do your job well?	1	2	3	4	5
l. ...has stress at home made you irritable at work?	1	2	3	4	5
m. ...has talking with someone at home helped you deal with problems at work?	1	2	3	4	5
n. ...has providing for what is needed at home made you work harder at your job?	1	2	3	4	5
o. ...has the love and respect you get at home made you feel confident about yourself at work?	1	2	3	4	5
p. ...has your home life helped you relax and feel ready for the next day's work?	1	2	3	4	5

C6. In the past year, while at your job, how often did you...

	All of the time	Most of the time	Some of the time	Rarely	Never
a. ...have too many demands made on you?	1	2	3	4	5
b. ...control the amount of time you spend on tasks?	1	2	3	4	5
c. ...have enough time to get everything done?	1	2	3	4	5
d. ...have a lot of interruptions?	1	2	3	4	5

C7. In the past year, how often has each of the following occurred at home?

	All of the time	Most of the time	Some of the time	Rarely	Never
a. You have too many demands made on you.	1	2	3	4	5
b. You control the amount of time you spend on tasks.	1	2	3	4	5
c. You have enough time to get everything done.	1	2	3	4	5
d. You have a lot of interruptions.	1	2	3	4	5

Section D: Social Networks

D1. This question asks about contact with family through visits, phone calls, letters, or email. How often are you in contact with any members of your family, that is, any of your brothers, sisters, parents, or children who do not live with you through visits, phone calls, letters, or email?

- ☐ Several times a day
- ☐ About once a day
- ☐ Several times a week
- ☐ About once a week
- ☐ 2 or 3 times a month
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never or hardly ever

D2. This question asks about social media, which includes Facebook, Twitter, MySpace, Skype, text messages, chat rooms, etc. How often are you in contact with any members of your family, that is, any of your brothers, sisters, parents, or children who do not live with you using social media?

- ☐ Several times a day
- ☐ About once a day
- ☐ Several times a week
- ☐ About once a week
- ☐ 2 or 3 times a month
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never or hardly ever

D3. Considering only relatives you feel close to, how many relatives do you have contact with at least once a month?

D4. Thinking about the members of your family, not including your spouse/partner, how much...

	A lot	Some	A little	Not at all
a. ...do they care about you?	1	2	3	4
b. ...do they understand the way you feel about things?	1	2	3	4
c. ...can you rely on them for help if you have a serious problem?	1	2	3	4
d. ...can you open up to them if you need to talk about your worries?	1	2	3	4
e. ...do you really care about the members of your family, not including your partner or spouse?	1	2	3	4
f. ...do you understand the way they feel about things?	1	2	3	4

Still thinking about the members of your family, not including your spouse/partner, how often...

	Often	Sometimes	Rarely	Never
g. ...do they make too many demands on you?	1	2	3	4
h. ...do they criticize you?	1	2	3	4
i. ...do they let you down when you are counting on them?	1	2	3	4
j. ...do they get on your nerves?	1	2	3	4

D5. This question asks about contact with friends through visits, phone calls, letters, or email. How often are you in contact with any of your friends through visits, phone calls, letters, or email?

- ☐ Several times a day
- ☐ About once a day
- ☐ Several times a week
- ☐ About once a week
- ☐ 2 or 3 times a month
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never or hardly ever

D6. This question asks about social media, which includes Facebook, Twitter, MySpace, Skype, text messages, chat rooms, etc. How often are you in contact with any of your friends using social media?

- ☐ Several times a day
- ☐ About once a day
- ☐ Several times a week
- ☐ About once a week
- ☐ 2 or 3 times a month
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never or hardly ever

D7. Considering only friends you feel close to, how many friends do you have contact with at least once a month?

D8. Now, thinking about your friends, how much...

	A lot	Some	A little	Not at all
a. ...do they really care about you?	1	2	3	4
b. ...do they understand the way you feel about things?	1	2	3	4
c. ...can you rely on them for help if you have a serious problem?	1	2	3	4
d. ...can you open up to them if you need to talk about your worries?	1	2	3	4

Still thinking about your friends, how often...

	Often	Sometimes	Rarely	Never
e. ...do they make too many demands on you?	1	2	3	4
f. ...do they criticize you?	1	2	3	4
g. ...do they let you down when you are counting on them?	1	2	3	4
h. ...do they get on your nerves?	1	2	3	4

D9. Now, thinking about your spouse or partner, how much...

	A lot	Some	A little	Not at all
a. ...does he or she really care about you?	1	2	3	4
b. ...does he or she understand the way you feel about things?	1	2	3	4
c. ...does he or she appreciate you?	1	2	3	4
d. ...can you rely on him or her for help if you have a serious problem?	1	2	3	4
e. ...can you open up to him or her if you need to talk about your worries?	1	2	3	4
f. ...can you relax and be yourself around him or her?	1	2	3	4

Still thinking about your spouse or partner, how often...

	Often	Sometimes	Rarely	Never
g. ...does he or she make too many demands on you?	1	2	3	4
h. ...does he or she make you feel tense?	1	2	3	4
i. ...does he or she argue with you?	1	2	3	4
j. ...does he or she criticize you?	1	2	3	4
k. ...does he or she let you down when you are counting on him or her?	1	2	3	4
l. ...does he or she get on your nerves?	1	2	3	4

D10. In the past 12 months, did your spouse/partner, parents, or children have...

	Spouse or partner		Your parents or those who raised you		Any of your children	
	<input type="checkbox"/> No spouse/partner		<input type="checkbox"/> No living parents		<input type="checkbox"/> No children	
	Yes	No	Yes	No	Yes	No
a. ...a chronic disease or disability?	1	2	1	2	1	2
b. ...frequent minor illnesses?	1	2	1	2	1	2
c. ...emotional problems, such as sadness, anxiety?	1	2	1	2	1	2
d. ...alcohol or substance problems?	1	2	1	2	1	2
e. ...financial problems, such as low income or heavy debts?	1	2	1	2	1	2
f. ...problems at school or at work, such as failing grades, poor job performance?	1	2	1	2	1	2
g. ...difficulty finding or keeping a job?	1	2	1	2	1	2
h. ...marital or partner relationship problems?	1	2	1	2	1	2
i. ...legal problems, such as involvement in law suits, police charges, traffic violations?	1	2	1	2	1	2
j. ...difficulty getting along with people?	1	2	1	2	1	2
k. ...a loss of a home due to foreclosure or eviction?	1	2	1	2	1	2
l. ...a loss of employment?	1	2	1	2	1	2
m. ...to delay a planned retirement?	1	2	1	2	1	2
n. ...to delay schooling, such as having to drop out?	1	2	1	2	1	2
o. ...to move in with others?	1	2	1	2	1	2

Section E: Religion and Spirituality

E1. Do you have a religious community or congregation?

☐ Yes

☐ No → **Go to question E3**

The next questions are about your religious community.

E2. Thinking about your religious community, how much...

	A great deal	Some	A little	None
a. ...would people in your congregation help you out if you were ill?	1	2	3	4
b. ...comfort would people in your congregation be willing to give you if you had a problem or were faced with a difficult situation?	1	2	3	4

Still thinking about your religious community, how often...

	Often	Sometimes	Rarely	Never
c. ...do people in your congregation or spiritual community make too many demands on you?	1	2	3	4
d. ...do people in your congregation or spiritual community criticize you and the things you do?	1	2	3	4

E3. Think about how you try to understand and deal with major problems in your life. Please answer the following questions according to the way you cope.

	Often	Sometimes	Rarely	Never
a. When you have problems or difficulties in your family, work, or personal life, how often do you seek comfort through religious or spiritual means such as praying, meditating, attending a religious or spiritual service, or talking to a religious or spiritual advisor?	1	2	3	4
b. When you have decisions to make in your daily life, how often do you ask yourself what your religious or spiritual beliefs suggest you should do?	1	2	3	4

Still thinking about how you try to understand and deal with major problems in your life, to what extents do you...

	A great deal	Somewhat	A little bit	Not at all
c. ...try to make sense of the situation and decide what to do without relying on God?	1	2	3	4
d. ...wonder whether God has abandoned you?	1	2	3	4
e. ...feel God is punishing you for your sins or lack of spirituality?	1	2	3	4
f. ...look to God for strength, support and guidance?	1	2	3	4
g. ...work together with God as partners?	1	2	3	4
h. ...think about how my life is part of a larger spiritual force?	1	2	3	4

Section F: Discrimination

F1. In each of the following, indicate how many times in your life you have been discriminated against because of race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics. (If the experience happened to you, but for some reason other than discrimination, enter "0".)

	Number of times in your life
a. You were discouraged by a teacher or advisor from seeking higher education.	
b. You were denied a scholarship.	
c. You were not hired for a job.	
d. You were not given a job promotion.	
e. You were fired.	
f. You were prevented from renting or buying a home in the neighborhood you wanted.	
g. You were prevented from remaining in a neighborhood because neighbors made life so uncomfortable.	
h. You were hassled by the police.	
i. You were denied a bank loan.	
j. You were denied or provided inferior medical care.	
k. You were denied or provided inferior service by a plumber, car mechanic, or other service provider.	

F2. How often on a day-to-day basis do you experience each of the following types of discrimination?

	Often	Sometimes	Rarely	Never
a. You are treated with less courtesy than other people.	1	2	3	4
b. You are treated with less respect than other people.	1	2	3	4
c. You receive poorer service than other people at restaurants or stores.	1	2	3	4
d. People act as if they think you are not smart.	1	2	3	4
e. People act as if they are afraid of you.	1	2	3	4
f. People act as if they think you are dishonest.	1	2	3	4
g. People act as if they think you are not as good as they are.	1	2	3	4
h. You are called names or insulted.	1	2	3	4
i. You are threatened or harassed.	1	2	3	4

F3. Did you have any of the discriminatory experiences described in the previous questions?

☐ Yes

☐ No → **Go to Section G**

F4. What was the main reason or reasons for the discrimination you experienced? (*Check all that apply.*)

☐ Your age

☐ Your gender

☐ Your race

☐ Your ethnicity or nationality

☐ Your religion

☐ Your height or weight

☐ Some other aspect of your appearance

☐ A physical disability

☐ Your sexual orientation

☐ Your occupation

☐ Your financial status

☐ Your education

☐ Some other reason for discrimination. Please specify:

F5. Overall, how much has discrimination interfered with you having a full and productive life?

☐ A lot

☐ Some

☐ A little

☐ Not at all

F6. Overall, how much harder has your life been because of discrimination?

☐ A lot

☐ Some

☐ A little

☐ Not at all

Section G: Aging

G1. Many people feel older or younger than they actually are. What age do you feel most of the time?

Years old

G2. Now imagine you could be any age. What age would you like to be?

Years old

G3. In your opinion, at what age do most men enter middle age?

Years old

G4. And at what age are most men no longer middle aged?

Years old

G5. In your opinion, at what age do most women enter middle age?

Years old

G6. And at what age are most women no longer middle aged?

Years old

G7. What is the month, day, and year of your birth?

Month Day Year

G8. What is your sex?

- ☐ Male
- ☐ Female

Section H: Life Overall

H1. Using a scale from 0 to 10 where 0 means “the worst possible life overall” and 10 means “the best possible life overall,” how would you rate your life overall these days?

Worst

Best

0 1 2 3 4 5 6 7 8 9 10

H2. 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 life overall these days?

None

Very much

0 1 2 3 4 5 6 7 8 9 10