

Milwaukee Survey  
**MIDUS Refresher (2<sup>nd</sup> wave) Project 1**  
**CASI and ACASI**

**Legend for MR2 CAPI** [note: prior legend turned off, 20220906]

**Items in RED: new COVID items introduced for MR2 CAPI**

**Items in BLUE: repurposed items for MR1 CAPI (i.e., replacing the Great Recession with COVID-19 pandemic).**

**Items in GREEN: new non-COVID items introduced for MR2 CAPI (only a few items).**

**Items with GRAY shade: SAQ items in the national sample.**

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## SECTION 1: COVID-19 PANDEMIC EXPERIENCE

CV1.

**[RBACCV1]**

We would like to begin by asking you about your experiences since the COVID-19 pandemic began in early 2020.

Overall, how difficult has the COVID-19 pandemic been for you and your household? Not at all difficult, a little difficult, somewhat difficult, very difficult or extremely difficult?

1. NOT AT ALL DIFFICULT
2. A LITTLE DIFFICULT
3. SOMEWHAT DIFFICULT
4. VERY DIFFICULT
5. EXTREMELY
7. DON'T KNOW
8. REFUSED

CV2.

**[RBACCV2A] to [RBACCV2E]**

For each of the following, please tell me whether or not it is something that has happened to you since the COVID-19 pandemic began in early 2020.

Since the COVID-19 pandemic began in early 2020 have you...

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

**e1. [RBACCV2E1]**

**[IF CV2e =YES:]** When you worked from home, did you work all of your hours at home or some of your hours at home and some of your hours at a workplace?

1. ALL HOURS AT HOME
2. SOME AT HOME, SOME AT WORKPLACE
3. **IF VOLUNTEERED: BOTH; WORKED ALL HOURS AT HOME AT ONE POINT AND WORKED SOME HOURS AT HOME AT ANOTHER POINT.**
7. DON'T KNOW
8. REFUSED

**e2.** [IF CV2e =YES:] How long did you work from home? \_\_\_\_\_

NUMBER: <1-36> [RBACCV2E2N]

UNIT: [RBACCV2E2U]

1. WEEKS
2. MONTHS
3. YEARS
4. IF VOLUNTEERED: WORKED FROM HOME SINCE BEFORE THE PANDEMIC
7. DON'T KNOW
8. REFUSED

[RBACCV2F] to [RBACCV2H]

(Since the COVID-19 pandemic began in early 2020) have you...

- f. Missed a mortgage or rent payment?
- g. Been threatened with foreclosure or eviction?
- h. Bought a home?

**CV2i.**

[RBACCV2I]

Since the COVID-19 pandemic began in early 2020 have you sold a home for more than it cost you?

1. YES
2. NO
3. NEVER OWNED A HOME (IF VOLUNTEERED) [GO TO CV2M]
7. DON'T KNOW
8. REFUSED

**CV2j**

[RBACCV2J]

(Since the COVID-19 pandemic began in early 2020) have you sold a home for less than it cost you?

1. YES
2. NO
3. NEVER OWNED A HOME (IF VOLUNTEERED) [GO TO CV2M]
7. DON'T KNOW
8. REFUSED

**CV2k.**

[RBACCV2K]

(Since the COVID-19 pandemic began in early 2020) have you lost a home due to foreclosure?

1. YES
2. NO
3. NEVER OWNED A HOME (IF VOLUNTEERED) [GO TO CV2M]
7. DON'T KNOW
8. REFUSED

**CV2I.****[RBACCV2L]**

(Since the COVID-19 pandemic began in early 2020) have you lost a home due to something other than foreclosure?

1. YES (SPECIFY: "What happened?")
2. NO
3. NEVER OWNED A HOME (IF VOLUNTEERED)
7. DON'T KNOW
8. REFUSED

**[RBACCV2M] to [RBACCV2P1I]**

Since the COVID-19 pandemic began in early 2020 have you...

- m. Declared bankruptcy?
- n. Moved to a different house or apartment?
- o. Had family or friends move in with you?

**o1. [IF CV2p=YES:] Who moved in?**

**INTERVIEWER: CODE ALL THAT APPLY.**

1. CHILD
2. PARENT
3. GRANDPARENT
4. GRANDCHILD
5. SIBLING
6. OTHER FAMILY MEMBER (SPECIFY)
7. FRIEND
8. CO-WORKER
9. OTHER (SPECIFY)
97. DON'T KNOW
98. REFUSED

**p. Moved in with family or friends?****p1. [IF CV2q=YES:] To whose home did you move in?**

**INTERVIEWER: CODE ALL THAT APPLY.**

1. CHILD
2. PARENT
3. GRANDPARENT
4. GRANDCHILD
5. SIBLING
6. OTHER FAMILY MEMBER (SPECIFY)
7. FRIEND
8. CO-WORKER
9. OTHER (SPECIFY)
97. DON'T KNOW
98. REFUSED

**[RBACCV2Q] to [RBACCV2W]**

(Since the COVID-19 pandemic began in early 2020) have you...

- q. Applied for food stamps, also known as Supplemental Nutrition Assistance Program or SNAP?
- r. Obtained groceries through a food bank or a free drive-thru food pantry?
- s. Borrowed money against your retirement savings plan?
- t. Reduced contributions to your retirement savings plan?
- u. Borrowed money against your house or from a bank?
- v. Missed a credit card payment?
- w. Missed other debt payments, such as car loans or student loans?

**[RBACCV2X] to [RBACCV2AC]**

(Since the COVID-19 pandemic began in early 2020) have you...

- x. Increased credit card debt?
- y. Sold some of your possessions to make ends meet?
- z. Cut back on your spending?
- aa. Applied for unemployment compensation?
- ab. Received unemployment compensation?
- ac. Exhausted unemployment benefits?

**CVEE1. [RBACCVEE1]**

The next few questions are about your expectations about future economic conditions over the next three years.

Over the next 3 years, do you think the inflation rate is going to get better, get worse, or stay about the same?

- 1. GET BETTER
- 2. GET WORSE
- 3. STAY THE SAME
- 7. DON'T KNOW
- 8. REFUSED

**CVEE2. [RBACCVEE2]**

Over the next 3 years, do you think workers' sense of security in their jobs is going to get better, get worse, or stay the same?

- 1. GET BETTER
- 2. GET WORSE
- 3. STAY THE SAME
- 7. DON'T KNOW
- 8. REFUSED

**CV3. [RBACCV3]**

Over the next 3 years, do you think people's ability to retire when they want is going to get better, get worse, or stay the same?

1. GET BETTER
2. GET WORSE
3. STAY THE SAME
7. DON'T KNOW
8. REFUSED

**CV3. [RBACCV3]**

Because of the COVID-19 pandemic, many families received an economic impact payment twice in 2020 and one time in 2021. Did you [or your spouse/partner] receive any of these payments?

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

**CV4. [RBACCV4]**

Compared to before the COVID-19 pandemic began in early 2020, would you say that overall, you and your household are doing better now, worse now, or about the same as before the pandemic?

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

**CV4a. [RBACCV4A]**

Would you say that things for you and your household are much worse, somewhat worse, a little worse, stay the same, a little better, somewhat better or much better now than before the COVID-19 pandemic?

1. MUCH WORSE
2. SOMEWHAT WORSE
3. A LITTLE WORSE
4. STAY THE SAME
5. A LITTLE BETTER
6. SOMEWHAT BETTER
7. MUCH BETTER
97. DON'T KNOW
98. REFUSED

**SECTION 2: HEALTH**

- A100. **[RBACA100]**  
The next questions are about possible COVID-19 infections among you and the people you know. Have you ever been tested for COVID-19, either for current or past infections?
1. YES [GOTO A101]
  2. NO [GOTO A103]
  7. DON'T KNOW [GOTO A103]
  8. REFUSED [GOTO A103]
- A101. **[RBACA101]**  
Have you ever had a positive COVID-19 test?
1. YES [GOTO A102]
  2. NO [GOTO A103]
  3. STILL WAITING FOR RESULTS [GOTO A103]
  7. DON'T KNOW [GOTO A103]
  8. REFUSED [GOTO A103]
- A102. **[RBACA102]**  
Have you experienced any lingering physical or mental health effects from the virus? This is sometimes referred to as long COVID.
1. YES [GOTO A102a]
  2. NO [GOTO A103]
  7. DON'T KNOW [GOTO A103]
  8. REFUSED [GOTO A103]
- A102a. **[RBACA102A]**  
Were those physical effects, mental effects, or both?
1. PHYSICAL
  2. MENTAL
  3. BOTH
  7. DON'T KNOW
  8. REFUSED
- A103. **[RBACA103]**  
Do you personally know anyone who has or had long COVID or any lingering physical or mental health effects from the virus?
1. YES [GOTO A103a]
  2. NO [GOTO A104]
  7. DON'T KNOW [GOTO A104]
  8. REFUSED [GOTO A104]



A103a. **[RBACA103A1] to [RBACA103J2]**  
Who do you know that has or had long COVID?

**INTERVIEWER: CODE ALL THAT APPLY**

1. SPOUSE
2. CHILD [IF YES: How many children?]
3. PARENT [IF YES: How many parents?]
4. GRANDPARENT [IF YES: How many grandparents?]
5. GRANDCHILD [IF YES: How many grandchildren?]
6. SIBLING [IF YES: How many siblings?]
7. OTHER FAMILY MEMBER (SPECIFY) [IF YES: How many?]
8. FRIEND [IF YES: How many friends?]
9. CO-WORKER [IF YES: How many co-workers?]
10. OTHER (SPECIFY) [IF YES: How many?]
97. DON'T KNOW
98. REFUSED

A104. **[RBACA104]**  
Do you personally know anyone who has died from COVID-19?

1. YES [GOTO A104a]
2. NO [GOTO A105]
7. DON'T KNOW [GOTO A105]
8. REFUSED [GOTO A105]

A104a. **[RBACA104A1] to [RBACA104J2]**  
Who do you know that has died from COVID-19?

**INTERVIEWER: CODE ALL THAT APPLY**

1. SPOUSE
2. CHILD [IF YES: How many children?]
3. PARENT [IF YES: How many parents?]
4. GRANDPARENT [IF YES: How many grandparents?]
5. GRANDCHILD [IF YES: How many grandchildren?]
6. SIBLING [IF YES: How many siblings?]
7. OTHER FAMILY MEMBER (SPECIFY) [IF YES: How many?]
8. FRIEND [IF YES: How many friends?]
9. CO-WORKER [IF YES: How many co-workers?]
10. OTHER (SPECIFY) [IF YES: How many?]
97. DON'T KNOW
98. REFUSED

A105. **[RBACA105]**  
Have you received any COVID vaccine, even if only the first shot?

1. YES [GOTO A105a]
2. NO [GOTO A106]
7. DON'T KNOW [GOTO A106]
8. REFUSED [GOTO A106]

A105a. **[RBACA105A]**  
Have you received any COVID booster vaccines?

1. YES [GOTO A107]
2. NO [GOTO A107]
7. DON'T KNOW [GOTO A107]
8. REFUSED [GOTO A107]

A106. **[RBACA106]**  
Do you plan to get a COVID vaccine within the next 12 months?

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

A107. **[RBACA107]**  
Since March 2020, was there any time when you needed medical or dental care, but delayed getting it, or did not get it at all?

1. YES [GOTO A107a]
2. NO [GOTO A108]
7. DON'T KNOW [GOTO A108]
8. REFUSED [GOTO A108]

A107a. **[RBACA107A1] to [RBACA107A6]**  
Why did you delay or not get that care?

**INTERVIEWER: CODE RESPONSE. ENTER ALL THAT APPLY.**

1. COULDN'T AFFORD IT
2. COULDN'T GET AN APPOINTMENT
3. THE CLINIC/HOSPITAL/DOCTOR'S OFFICE CANCELLED, CLOSED, OR SUGGESTED RESCHEDULING
4. DECIDED IT COULD WAIT
5. WAS AFRAID TO GO
6. OTHER (SPECIFY) \_\_\_\_\_
7. DON'T KNOW
8. REFUSED

**A108a. [RBACA108A]**

The next questions are about how things may have changed for you since the COVID-19 pandemic began in 2020.

Compared to before the COVID-19 pandemic, how much time do you spend exercising or walking or hiking? A lot less, a little less, about the same, a little more, or a lot more?

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

**A108b. [RBACA108B]**

Compared to before the COVID-19 pandemic, how much time do you spend doing screen time activities, such as TV or video games?

(A lot less, a little less, about the same, a little more, or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

**A108c. [RBACA108C]**

Compared to before the COVID-19 pandemic, how much time do you spend gardening, bird-watching, or spending time in nature?

(A lot less, a little less, about the same, a little more, or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

A108d.

**[RBACA108D]**

Compared to before the COVID-19 pandemic, how much time do you spend praying, meditating, or spiritual practices?

(A lot less, a little less, about the same, a little more, or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

A108e.

**[RBACA108E]**

Compared to before the COVID-19 pandemic, how much time do you spend reading or writing, or playing or listening to music?

(A lot less, a little less, about the same, a little more, or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

A108f.

**[RBACA108F]**

Compared to before the COVID-19 pandemic, how much time do you spend volunteering, or doing charitable work?

(A lot less, a little less, about the same, a little more, or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

A108g.

**[RBACA108G]**

Compared to before the COVID-19 pandemic, how much time do you spend eating or snacking?

(A lot less, a little less, about the same, a little more, or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

A108h.

**[RBACA108H]**

Compared to before the COVID-19 pandemic, how much time do you spend drinking alcohol?

(A lot less, a little less, about the same, a little more, or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

A108i.

**[RBACA108I]**

Compared to before the COVID-19 pandemic, how much time do you spend smoking or vaping?

(A lot less, a little less, about the same, a little more, or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

A108j. **[RBACA108J]**  
Compared to before the COVID-19 pandemic, how much time do you spend sleeping?

(A lot less, a little less, about the same, a little more, or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

A1. **[RBACA1]**  
The next questions are about your health. In general, would you say your **physical health** is excellent, very good, good, fair, or poor?

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

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

A2. **[RBACA2]**  
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

A2a.

**[RBACA2A]**What about your **memory**?Would you say your **memory** 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

A2a1.

**[RBACA2A1]**

Do you feel that your memory has become worse over time?

- |    |            |                    |
|----|------------|--------------------|
| 1. | YES        | <b>[goto A2A2]</b> |
| 2. | NO         | <b>[goto AD1]</b>  |
| 7. | DON'T KNOW | <b>[goto AD1]</b>  |
| 8. | REFUSED    | <b>[goto AD1]</b>  |

A2a2.

**[RBACA2A2]**

Does this worry you?

1. YES, THIS WORRIES ME
2. NO, THIS DOES NOT WORRY ME
7. DON'T KNOW
8. REFUSED

**AD1.****[RBACAD1]**

Next, I'd like to ask some questions about whether you have noticed any changes over the last several years due to thinking or memory problems.

**[IF NEEDED:** We're interested in how life experience affects memory and thinking.]

The first item is reduced interest in hobbies or activities.

Have you noticed any changes in this over the last several years of your life?

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

**AD2. [RBACAD2]**

The next item is repeating questions, stories or statements.

Have you noticed any changes in this over the last several years of your life?

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

**AD3. [RBACAD3]**

Next is trouble learning how to use a tool, appliance or gadget, for example a VCR, computer, microwave, or remote control.

Have you noticed any changes in this over the last several years of your life?

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

**AD4. [RBACAD4]**

Next is forgetting the correct month or year.

Have you noticed any changes in this over the last several years of your life?

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

**AD5. [RBACAD5]**

Next is difficulty handling complicated financial affairs, for example balancing a checkbook, doing income taxes, or paying bills.

Have you noticed any changes in this over the last several years of your life?

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



**AD6. [RBACAD6]**

Next is problems with judgment, for example falling for scams, making bad financial decisions, or buying gifts that were inappropriate for recipients.

Have you noticed any changes in this over the last several years of your life?

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

**AD7. [RBACAD7]**

Next is difficulty remembering appointments.

Have you noticed any changes in this over the last several years of your life?

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

**AD8. [RBACAD8]**

The last item is -- daily problems with thinking or memory.

Have you noticed any changes in this over the last several years of your life?

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

**As6a. [RBACAS6A]**

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

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

- As6b. **[RBACAS6B]**  
How would you rate your physical fitness today compared to five years ago?
- (Would you say it has improved a lot, improved a little, stayed the same, gotten a little worse, or gotten a lot worse?)
1. IMPROVED A LOT
  2. IMPROVED A LITTLE
  3. STAYED THE SAME
  4. GOTTEN A LITTLE WORSE
  5. GOTTEN A LOT WORSE
  7. DON'T KNOW
  8. REFUSED
- As6c. **[RBACAS6C]**  
How would you rate your physique or figure today compared to five years ago?
- (Would you say it has improved a lot, improved a little, stayed the same, gotten a little worse, or gotten a lot worse?)
1. IMPROVED A LOT
  2. IMPROVED A LITTLE
  3. STAYED THE SAME
  4. GOTTEN A LITTLE WORSE
  5. GOTTEN A LOT WORSE
  7. DON'T KNOW
  8. REFUSED
- As6d. **[RBACAS6D]**  
How would you rate your weight today compared to five years ago?
- (Would you say it has improved a lot, improved a little, stayed the same, gotten a little worse, or gotten a lot worse?)
1. IMPROVED A LOT
  2. IMPROVED A LITTLE
  3. STAYED THE SAME
  4. GOTTEN A LITTLE WORSE
  5. GOTTEN A LOT WORSE
  7. DON'T KNOW
  8. REFUSED

As6e. [RBACAS6E]  
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

A2b. [RBACA2B]  
How was your **physical health** at the time you were 16 years old?  
Would you say your **physical health** at age 16 was excellent, very good, good, fair, or poor?

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

A2c. [RBACA2C]  
How was your **mental or emotional health** at the time you were 16 years old?  
Would you say your **mental or emotional health** at age 16 was excellent, very good, good, fair, or poor?

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

A3. **[RBACA3]**  
In general, compared to most [men/women] your age, would you say your health is much better, somewhat better, about the same, somewhat worse, or much worse?

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

As7b. **[RBACAS7B]**  
Compared to other people your age, how would you rate your memory?  
Would you say it is excellent, very good, good, fair, or poor?

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

As7c. **[RBACAS7C]**  
Compared to other people your age, how would you rate your overall vision?  
Would you say it is excellent, very good, good, fair, or poor?

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

As7d. **[RBACAS7D]**  
Compared to other people your age, how would you rate your overall hearing?  
Would you say it is excellent, very good, good, fair, or poor?

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

**As8. [RBACAS8A] to [RBACAS8F]**

Please indicate how much you agree or disagree with the following statements:

Please tell me whether you: strongly agree, somewhat agree, agree a little, neither agree nor disagree, disagree a little, somewhat disagree, or strongly disagree.

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

1. STRONGLY AGREE
2. SOMEWHAT AGREE
3. AGREE A LITTLE
4. NEITHER AGREE NOR DISAGREE
5. DISAGREE A LITTLE
6. SOMEWHAT DISAGREE
7. STRONGLY DISAGREE
97. DON'T KNOW
98. REFUSED

**As9. [RBACAS9A] to [RBACAS9E]**

Please indicate the degree to which each of the following statements is true of you in general.

Please tell me if the statement is not at all true, a little true, moderately true, or extremely true.

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

1. NOT AT ALL TRUE
2. A LITTLE TRUE
3. MODERATELY TRUE
4. EXTREMELY TRUE
7. DON'T KNOW
8. REFUSED

**A4. [RBACA4]**

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.  | 1 TO 30 DAYS |            |
| 97. | DON'T KNOW   | [GO TO A5] |
| 98. | REFUSED      | [GO TO A5] |

IF A4 = 1, GO TO A4a.

IF A4 = 2 -29, GO TO A5.

IF A4=30, GO TO A6a.

**A4a. [RBACA4A]**

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  |
| 8. | REFUSED     |

**A5. [RBACA5]**

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 A6a] |
| 1.  | 1 TO 30 DAYS |             |
| 97. | DON'T KNOW   | [GO TO A6a] |
| 98. | REFUSED      | [GO TO A6a] |
| 99. | INAPP        |             |

[IF A5 = 1, GO TO A5a.]

[IF A5 = 2 OR MORE, GO TO A6a.]

[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. [RBACA5A]**

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
8. REFUSED
9. INAPP

**A6a. [RBACA6A]**

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 stroke?

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

**A6b. [RBACA6B]**

Do you have a personal history of serious head injury?

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

**A6c. [RBACA6C]**

Do you have a personal history of Parkinson's disease?

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

**A6e. [RBACA6E]**

Do you have a personal history of Alzheimer's disease or other types of dementia?

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

**A6d. [RBACA6D]**

Do you have a personal history of Other neurological disorder, such as MS or epilepsy?

**[INTERVIEWER: MS is MULTIPLE SCLEROSIS]**

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

**A7. [RBACA7]**

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

1. YES [GO TO A7b]
2. NO [GO TO A8]
7. DON'T KNOW [GO TO A8]
8. REFUSED [GO TO A8]

**A7b. [RBACA7BA] to [RBACA7BJ]**

What was the diagnosis?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY,:  
"Anything else?" : IF R SAYS "Dr. wasn't sure but thought it might be...",  
ENTER VERBACTIM. 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 FOLLOWED BY//)
11. NONE [GO TO A8]
97. DON'T KNOW
98. REFUSED
99. INAPP

IF A7b = HEART ATTACK, GO TO A10.



**A8. [RBACA8]**

Have you ever had a heart attack?

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

[GO TO A10]

**A10. [RBACA10A] to [RBACA10H]**

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 AND 'x' TO EXIT SCREEN  
**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
98. REFUSED

**A24. [RBACA24]**

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

- |               |              |
|---------------|--------------|
| 1. YES        | [GO TO A24b] |
| 2. NO         | [GO TO A26]  |
| 3. SUSPECTS   | [GO TO A24b] |
| 7. DON'T KNOW | [GO TO A26]  |
| 8. REFUSED    | [GO TO A26]  |

**A24b. [RBACA24B]**

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 | [GO TO A24d] |
| 8. REFUSED    | [GO TO A24d] |

**A24c. [RBACA24C]**

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

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

**A24d. [RBACA24D]**

(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 | [GO TO A26]  |
| 8. REFUSED    | [GO TO A26]  |

**A24e. [RBACA24EA] to [RBACA24EF]**

What is that treatment or therapy?

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

**A26. [RBACA26]**

Have you ever had cancer?

- |               |             |
|---------------|-------------|
| 1. YES        | [GO TO A28] |
| 2. NO         | [GO TO A30] |
| 7. DON'T KNOW | [GO TO A30] |
| 8. REFUSED    | [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. [RBACA28A] [RBACA28AA] to [RBACA28J] [RBACA28JJ]**

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...
	YES	NO	
a. BREAST CANCER	1 → GO TO aa.	2	aa. Age=
b. CERVICAL CANCER	1 → GO TO bb.	2	bb. Age=
c. COLON OR RECTAL CANCER	1 → GO TO cc.	2	cc. Age=
d. LUNG CANCER	1 → GO TO dd.	2	dd. Age=
e. LYMPHOMA OR LEUKEMIA	1 → GO TO ee.	2	ee. Age=
f. OVARIAN CANCER	1 → GO TO ff.	2	ff. Age=
g. PROSTATE CANCER	1 → GO TO gg.	2	gg. Age=
h. SKIN CANCER, MELANOMA	1 → GO TO hh.	2	hh. Age=
i. UTERINE CANCER	1 → GO TO ii.	2	ii. Age=
j. OTHER (SPECIFY)	1 → GO TO jj.	2	jj. Age=

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

**A29. [RBACA29]**

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

1. YES [GO TO A29a]
2. NO [GO TO A30]
7. DON'T KNOW [GO TO A30]
8. REFUSED [GO TO A30]

**A29a. [RBACA29AA] to [RBACA29AI]**

What type of treatment or therapy are you currently using?

1. SURGERY
2. CHEMOTHERAPY
3. RADIATION THERAPY
4. DIET
5. VITAMINS/MINERALS
6. EXERCISE
7. HERBACL THERAPY
8. MEDITATION/ RELAXATION
9. OTHER (SPECIFY TREATMENT) [specify]
97. DON'T KNOW
98. REFUSED

**A30. [RBACA30A] to [RBACA30F]**

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

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

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

1. NO ONE
2. MOTHER
3. FATHER
4. BROTHER
5. SISTER
6. CHILD
7. DON'T KNOW
8. REFUSED

**A301. [RBACA301]**

Has anyone of your biological family members ever had Alzheimer's disease or other types of dementia?

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO A301a.] |
| 2. | NO         | [GO TO A35a]   |
| 7. | DON'T KNOW | [GO TO A35a]   |
| 8. | REFUSED    | [GO TO A35a]   |

**A301a. [RBACA301A] to [RBACA301G]**

Who has had Alzheimer's disease or other types of dementia?

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

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

1. MOTHER
2. FATHER
3. BROTHER
4. SISTER
5. CHILD
6. GRANDPARENTS
7. DON'T KNOW
8. Other (Specify : \_\_\_\_\_)
9. REFUSED

A35a.

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

A35b. **[RBACA35B]**

Have you had a hysterectomy?

- |    |            |              |
|----|------------|--------------|
| 1. | YES        | [GO TO A35c] |
| 2. | NO         | [GO TO A35d] |
| 7. | DON'T KNOW | [GO TO A35d] |
| 8. | REFUSED    | [GO TO A35d] |

A35c. **[RBACA35C]**

What was your age when you had the hysterectomy?

YEARS OLD [ALLOWABLE RANGE: 18-99]

997. DON'T KNOW

998. REFUSED

A35d. **[RBACA35D]**

Have you had one or both of your ovaries removed?

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

- |    |                      |              |
|----|----------------------|--------------|
| 1. | ONE OVARY REMOVED    | [GO TO A35f] |
| 2. | BOTH OVARIES REMOVED | [GO TO A35e] |
| 3. | NO                   | [GO TO As10] |
| 7. | DON'T KNOW           | [GO TO As10] |
| 8. | REFUSED              | [GO TO As10] |

A35e. **[RBACA35E]**

Did you have both ovaries removed at the same time?

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

A35f. **[RBACA35F]**

At what age did you have [it/the first one/them] removed?

YEARS OLD [ALLOWABLE RANGE: 18-99]

997. DON'T KNOW

998. REFUSED

**As10. [RBACAS10A] to [RBACAS10J]**

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?

**(For AS10i only): IF VOLUNTEERED: NO INTERCOURSE IN THE PAST 30 DAYS, ENTER 6 (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
7. DON'T KNOW
8. REFUSED

**As11. [RBACAS11A] to [RBACAS11MM]**

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

- |  |  |
|--|--|
| a. Asthma, bronchitis, or emphysema                                      | t. Anxiety, depression, or some other emotional disorder         |
| b. Tuberculosis  | u. Alcohol or drug problems                                      |
| c. Other lung problems   | v. Migraine headaches  |
| d. Arthritis, rheumatism, or other bone or joint diseases                | w. Chronic sleeping problems                                     |
| e. Sciatica (si-AT-ih-kah), lumbago (lum-BAY-goe), or recurring backache | x. Diabetes or high blood sugar                                  |
| f. Persistent skin trouble such as eczema (EHK-zih-mah)                  | y. Multiple sclerosis, epilepsy, or other neurological disorders |
| g. Thyroid disease   | z. Stroke  |
| h. Hay fever   | aa. Ulcer  |
| i. Recurring stomach trouble, indigestion, or diarrhea                   | bb. Hernia or rupture  |
| j. Urinary or bladder problems   | cc. Piles or hemorrhoids (HEM-roids)                             |
| k. Being constipated all or most of the time                             | dd. Swallowing Problems  |
| l. Gall bladder trouble  | ee. Itch   |
| m. Persistent foot trouble such as. bunions or ingrown toenails          | ff. Dry and sore skin  |
| n. Trouble with varicose veins requiring medical treatment               | gg. Scaly skin   |
| o. AIDS or HIV infection   | hh. Hand rash  |
| p. Lupus or other autoimmune disorders                                   | ii. Pimples or acne  |
| q. Persistent trouble with your gums or mouth                            | jj. Face rash  |
| r. Persistent trouble with your teeth                                    | kk. Warts  |
| s. High blood pressure or hypertension                                   | ll. Sweating   |
|  | mm. Hair loss  |

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

As12. [RBACAS12A] to RBACAS12L]  During the <b>past 30 days</b> have you taken prescription medicine for any of the following conditions?			As12aa.-ll. [RBACAS12AA] to [RBACAS12LL]  How often (during the past 30 days)? Daily, a few times a week, once a week, a few times a month, or once a month?				
	No	Yes	Daily	A few times a week	Once a week	A few times a month	Once this month
a. Hypertension	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
b. Diabetes	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
c. High cholesterol	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
d. A heart condition	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
e. Lung problems	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
f. Ulcers	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
g. Arthritis	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
h. Hormone replacement, such as estrogen	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
i. Birth control	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
j. Headaches	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
k. Nerves, anxiety, or depression	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
l. Pain	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5

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



As13. <b>[RBACAS13A] to [RBACAS13D]</b> During the <b>past 30 days</b> have you used any of the following NON-prescription (over-the-counter) medicines?			As13ay.-dy. <b>[RBACAS13AY] to [RBACAS13DY]</b> How often (during the past 30 days)? (Daily, a few times a week, once a week, a few times a month, or once a month?)				
	No	Yes	Daily	A few times a week	Once a week	A few times a month	Once this month
a. Aspirin ( for example: Anacin, Ascriptin, BC Powder, Bufferin, Ecotrin, Pain-relief Tablets, Stanback Powder, Vanquish)	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
b. Acetaminophen (a-seet-a-MIN-oh-fen), for example: . Aspirin-free Excedrin, No Aspirin, Non-aspirin, Percogesic, Tylenol)	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
c. Ibuprofen (.for example : Advil, Motrin, Nuprin)	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5
d. Naproxen sodium (for example: Aleve, Naprosyn, Naprelan, Anaprox)	<input type="checkbox"/>	<input type="checkbox"/> →	1	2	3	4	5

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

**As14. [RBACAS14A] to [RBACAS14H]**

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

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

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

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

**As15. [RBACAS15]**

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

- |               |              |
|---------------|--------------|
| 1. YES        | [GO TO As16] |
| 2. NO         | [GO TO As24] |
| 7. DON'T KNOW | [GO TO As24] |
| 8. REFUSED    | [GO TO As24] |

## As16. [RBACAS16]

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

0

1

2

3

4

5

6

7

8

9

Completely  
Interfered

10

\_\_\_. MEASURE OF PAIN INTERFERENCE (1-10)

97. DON'T KNOW

98. REFUSED

## As17. [RBACAS17]

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

0

1

2

3

4

5

6

7

8

9

Completely  
Interfered

10

\_\_\_. MEASURE OF PAIN INTERFERENCE (1-10)

97. DON'T KNOW

98. REFUSED

## As18. [RBACAS18]

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

98. REFUSED

## As19. [RBACAS19]

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

98. REFUSED

**As20. [RBACAS20]**

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

98. REFUSED

**As21. [RBACAS21A] to [RBACAS21I]**

Where is your pain primarily located?

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

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

**As22. [RBACAS22]**

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 [GO TO As24a]
- 8. REFUSED [GO TO As24a]

**As23. [RBACAS23]**

What was the diagnosis?

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

**As24a. [RBACAS24A] to [RBACAS24N]**

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
8. REFUSED

[IF As24a-As24n=5, skip to As26a. Others, GO TO As25.]

**As25. [RBACAS25]**

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
98. REFUSED

**As26a. [RBACAS26A] to [RBACAS26M]**

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
7. DON'T KNOW
8. REFUSED

If As26a-As26m=5, skip to As28. Others, GO TO As27.



**As27. [RBACAS27]**

Overall, were the positive feelings you reported **over the last 30 days** more or less positive than you usually feel, or about the same as usual?

Would you say a lot more positive than usual, somewhat more positive than usual, a little more positive than usual, about the same as usual, a little less positive than usual, somewhat less positive than usual, or a lot less positive than usual?

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

1. A LOT MORE POSITIVE THAN USUAL
2. SOMEWHAT MORE POSITIVE THAN USUAL
3. A LITTLE MORE POSITIVE THAN USUAL
4. ABOUT THE SAME AS USUAL
5. A LITTLE LESS POSITIVE THAN USUAL
6. SOMEWHAT LESS POSITIVE THAN USUAL
7. A LOT LESS POSITIVE THAN USUAL
97. DON'T KNOW
98. REFUSED

**As28. [RBACAS28A] to [RBACAS28J]**

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
8. REFUSED

**As30. [RBACAS30A] to [RBACAS30H]**

Because of possible health or memory problems, how much difficulty do you have in doing each of the following...

Would you say a lot, some, a little or none?

a.	managing transportation, such as driving or arranging for transportation?
b.	preparing a hot meal?
c.	shopping for groceries?
d.	making phone calls?
e.	taking medications?
f.	doing housework or yardwork?
g.	managing money, such as paying your bills and keeping track of expenses?
h.	getting in or out of bed?

- . 1. A LOT  
2. SOME  
3. A LITTLE  
4. NONE  
7. DON'T KNOW  
8. REFUSED

**As29. [RBACAS29A] to [RBACAS29D]**

Do you get short of breath in the following situations?

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

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

**As33. [RBACAS33A] to [RBACAS33F]**

How often do you...?

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

Daily, a few times a week, once a week, a few times a month, once a month or never?

1. DAILY
2. SEVERAL TIMES A WEEK
3. ONCE A WEEK
4. SEVERAL TIMES A MONTH
5. ONCE A MONTH
6. NEVER
7. DON'T KNOW
8. REFUSED

**As34. [RBACAS34A] to [RBACAS34I]**

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

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

Do you strongly agree, somewhat agree, agree a little, neither agree nor disagree, disagree a little, somewhat disagree, or strongly disagree?

1. STRONGLY AGREE
2. SOMEWHAT AGREE
3. AGREE A LITTLE
4. NEITHER AGREE OR DISAGREE
5. DISAGREE A LITTLE
6. SOMEWHAT DISAGREE
7. STRONGLY DISAGREE
97. DON'T KNOW
98. REFUSED

**As35pre.**

The next questions consist of physical measurements like your healthcare provider would take during a routine visit.

I would like to take your waist and hip measurements over your clothes. We have brought a tape measure to use..

**As35. [RBACAS35]**

**INTERVIEWER:** RECORD THE WAIST MEASUREMENT, ROUNDING DOWN TO THE NEAREST CENTIMETER.

ENTER WHOLE NUMBER: <35-190> @a

**As36. [RBACAS36]**

**INTERVIEWER:** RECORD THE HIP MEASUREMENT, ROUNDING DOWN TO THE NEAREST CENTIMETER.

ENTER WHOLE NUMBER: <35-190> @w

**As37. [RBACAS37A] [RBACAS37B]**

How tall are you?

@a

- 2-8      2 TO 8 FEET
- 97.      DON'T KNOW
- 98.      REFUSED

@b

- 0.00-11.99   0 TO 11.00 INCHES
- 97.      DON'T KNOW
- 98.      REFUSED

**As38. [RBACAS38]**

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
- 8.      REFUSED

**As39. [RBACAS39]**

How much do you currently weigh?

- \_\_\_\_.      65 TO 995 POUNDS
- 996.      MORE THAN 995 POUNDS
- 997.      DON'T KNOW
- 998.      REFUSED

**As40. [RBACAS40]**

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
- 998.      REFUSED

**As41. [RBACAS41]**

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
- 998. REFUSED

**As42. [RBACAS42]**

Over the **past ten years**, how many times have you lost 10 pounds or more [if rsex=2 and age lt 61] excluding women after childbirth?

- \_\_\_\_. 0 TO 95 TIMES
- 96. MORE THAN 95 TIMES
- 97. DON'T KNOW
- 98. REFUSED

**[If R answered one or more times in As42 ask As43, otherwise GO TO As44.]**

**As43a. [RBACAS43A]**

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

Did you lose 10 pounds or more because of illness or health problems?

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

**As43b. [RBACAS43B]**

(During the past 12 months)

Did you lose 10 pounds or more by diet, exercise or change of lifestyle?

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

**As43c. [RBACAS43C]**

(During the past 12 months)

Did you lose 10 pounds or more for other reasons?

- 1. YES (SPECIFY REASON(S))
- 2. NO
- 7. DON'T KNOW
- 8. REFUSED

**As44. [RBACAS44]**

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 | [GO TO As46] |
| 8. | REFUSED    | [GO TO As46] |

**As45. [RBACAS45]**

In what year did this happen most recently?

- |        |                  |
|--------|------------------|
| _____. | YEAR (1948-2024) |
| 9997.  | DON'T KNOW       |
| 9998.  | REFUSED          |

**As46. [RBACAS46]**

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         |
| 98.    | REFUSED            |

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

**As47. [RBACAS47]**

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

- |        |                 |
|--------|-----------------|
| _____. | 0 TO 366 NIGHTS |
| 997.   | DON'T KNOW      |
| 998.   | REFUSED         |

**As48. [RBACAS48A] to [RBACAS48H]**

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

a. Private clinic or doctor's office (not an HMO)
b. HMO clinic
c. Public health clinic or community health center
d. Hospital outpatient department
e. Hospital emergency room
f. Urgent care center
g. Some other kind of place. [IF YES, SPECIFY]
h. No usual place [DO NOT READ]

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

**[IF MORE THAN 1 PLACE IS SELECTED IN As48 series, ask As49, ELSE goto As50]**

**As49. [RBACAS49]**

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

1. PRIVATE CLINIC OR DOCTOR'S OFFICE (NOT AN HMO)
2. HMO CLINIC
3. PUBLIC HEALTH CLINIC OR COMMUNITY HEALTH CENTER
4. HOSPITAL OUTPATIENT DEPARTMENT
5. HOSPITAL EMERGENCY ROOM
6. URGENT CARE CENTER
7. SOME OTHER KIND OF PLACE
8. NO USUAL PLACE
97. DON'T KNOW
98. REFUSED

**As50. [RBACAS50A] to [RBACAS50H]**

Who do you see for health care?

a. Family Doctor/Generalist
<b>b. Obstetrician/Gynecologist</b> <b>INTERVIEWER: IF R IS PUZZLED, MENTION THAT SOME MEN GO TO SPOUSE OR PARTNER'S OB/GYN FOR PRIMARY CARE (OUT OF CONVENIENCE).</b>
c. Internist
d. Chiropractor
e. Physicians Assistant/Nurse Practitioner
f. Other Healthcare Professional. (Please specify.)
g. Homeopathic, Alternative, Complementary or other nontraditional health practitioner. (Please specify.)
h. No one in particular [DO NOT READ]

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

**[IF MORE THAN 1 PERSON IS SELECTED IN As50 series, ask As51, ELSE goto As52]**



**As51. [RBACAS51]**

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

1. FAMILY DOCTOR/ GENERALIST
2. OBSTETRICIAN/GYNECOLOGIST
3. INTERNIST
4. CHIROPRACTOR
5. PHYSICIAN ASSISTANT/ NURSE PRACTITIONER
6. OTHER HEALTHCARE PROFESSIONAL. [specify]
7. HOMEOPATHIC, ALTERNATIVE, COMPLEMENTARY OR OTHER NONTRADITIONAL HEALTH PRACTITIONER. [specify]
8. NO ONE IN PARTICULAR
97. DON'T KNOW
98. REFUSED

**As52. [RBACAS52]**

In the **past 12 months** was there a time when you needed medical care but couldn't get it?

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

**As53. [RBACAS53A] to [RBACAS53E]**

In the **past 12 months** how many times did you see each of the following doctors about your **physical health**. Do not include visits when you took someone else to be examined.

(INTERVIEWER: IF R SAYS NONE, ENTER "0".)

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

- \_\_\_\_. 0 TO 366 TIMES
997. DON'T KNOW
998. REFUSED

**As54. [RBACAS54A] to [RBACAS54D]**

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

Include both individual visits and group sessions regarding your own problems, but not visits when you took someone else regarding their problems.

In the **past 12 months**, how many times did you see...  
(If none, please say "0.")

	# Times
a. A psychiatrist.	
b. A general practitioner or other medical doctor.	
c. A psychologist, professional counselor, marriage therapist, or social worker.	
d. A minister, priest, rabbi or other spiritual advisor.	

- \_\_\_\_\_. 0 TO 95 TIMES  
 96. 96 OR MORE TIMES  
 97. DON'T KNOW  
 98. REFUSED

As55. Self-help groups are groups organized and run by people who get together on the basis of a common experience or goal to mutually help or support one another.  Have you ever attended one of the meetings of...	As55a- As55k Ever Attended? No Yes		As55ay-As55ky What was your age when you first attended this type of meeting?	As55az-As55kz In the <b>past 12 months</b> , how many times have you attended this type of meeting?
a. Groups for people with substance problems (such as Alcoholics Anonymous or Rational Recovery)	<input type="checkbox"/>	<input type="checkbox"/> →		
b. Groups for people with emotional problems (such as GROW, the Manic Depressive and Depressive Association, or Emotions Anonymous)	<input type="checkbox"/>	<input type="checkbox"/> →		
c. Groups for people with eating problems	<input type="checkbox"/>	<input type="checkbox"/> →		
d. Groups for dealing with the death of a loved one (such as the Compassionate Friends or Widow to Widow)	<input type="checkbox"/>	<input type="checkbox"/> →		
e. Groups for people making other life transitions (such as Parents without Partners or the Empty Nesters)	<input type="checkbox"/>	<input type="checkbox"/> →		
f. Groups for survivors (such as Adult Children of Alcoholics or Survivors of Childhood Sexual Abuse)	<input type="checkbox"/>	<input type="checkbox"/> →		
g. Groups for people with physical disabilities or illnesses (such as Living With Cancer or Living With AIDS)	<input type="checkbox"/>	<input type="checkbox"/> →		
h. Parent support groups (such as Toughlove or Parents Anonymous)	<input type="checkbox"/>	<input type="checkbox"/> →		
i. Groups for the families of people with a physical illness (such as the Candlelighters or Families of Children with Cancer)	<input type="checkbox"/>	<input type="checkbox"/> →		
j. Groups for the families of people with emotional or substance problems (such as the National Alliance for the Mentally Ill or AI Anon)	<input type="checkbox"/>	<input type="checkbox"/> →		
k. Any other self-help group, mutual help group, or support group? Please enter the name(s) of the group(s):	<input type="checkbox"/>	<input type="checkbox"/> →		

**[RBACAS55A to K]**

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

**[RBACAS55AY to KY]**

- 10 OR YOUNGER
- 11 TO 95 YEARS OLD
96. 96 OR OLDER
97. DON'T KNOW
98. REFUSED
99. INAPP

**[RBACAS55AZ to KZ]**

- 0 TO 95 TIMES
96. 96 OR MORE TIMES
97. DON'T KNOW
98. REFUSED
99. INAPP

As56pre.

For the next few questions, please think about therapies you have used in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness.

As56. [RBACAS56A] to [RBACAS56S]

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

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

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

1. A LOT
2. OFTEN
3. SOME
4. A LITTLE
5. NEVER
7. DON'T KNOW
8. REFUSED

## As57. [RBACAS57A] [RBACAS57B]

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

98. REFUSED

## As58. [RBACAS58A] [RBACAS58B]

On **weekends or 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

98. REFUSED

## As59. [RBACAS59A] [RBACAS59B]

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

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

@a : @b Hours : Minutes

97. DON'T KNOW

98. REFUSED

## As60. [RBACAS60]

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

0-95. 0 TO 95 TIMES

96 96 OR MORE TIMES

97. DON'T KNOW

98. REFUSED

**As61a. [RBACAS61A]**

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
8. REFUSED

**As61b. [RBACAS61B]**

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
8. REFUSED

**As61c. [RBACAS61C]**

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
8. REFUSED

**As61d. [RBACAS61D]**

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
8. REFUSED

A36. **[RBACA36]**

The next questions are about smoking cigarettes. Do not include cigars, pipes, or vapes. We will ask about them next.

At what age did you have your very first cigarette?

- \_\_\_\_\_ 1 TO 64 YEARS OLD  
96. NEVER HAD A CIGARETTE [GO TO A44]  
97. DON'T KNOW  
98. REFUSED

A37. **[RBACA37]**

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 [GO TO A44]  
8. REFUSED [GO TO A44]

A38. **[RBACA38]**

At what age did you begin to smoke REGULARLY?

- \_\_\_\_\_ 1 TO 64 YEARS OLD  
97. DON'T KNOW  
98. REFUSED  
99. INAPP

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

A39. **[RBACA39]**

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 [GO TO A42]  
8. REFUSED [GO TO A42]

**A40. [RBACA40]**

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

98. REFUSED

**A41. [RBACA41]**

Since we last interviewed you in [MR1 MO], [MR1 YR], have you tried to quit smoking?

1. YES

2. NO

7. DON'T KNOW

8. REFUSED

GO TO A44.

**A42. [RBACA42]**

How old were you the last time you smoked regularly?

\_\_\_\_ 1 TO 64 YEARS OLD

97. DON'T KNOW

98. REFUSED



## A43. [RBACA43]

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

98. REFUSED

## A44. [RBACA44]

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

1. YES

2. NO

7. DON'T KNOW

8. REFUSED

## A400. [RBACA400]

Do you ever vape? This includes vaping nicotine, marijuana, or flavoring.

**INTERVIEWER:** IF NECESSARY, DO CLARIFY "To vape is to use a device such as a vape-pen, an e-cigarette, an e-hookah, or e-vaporizer to inhale a mist into the lungs."

1. YES [GOTO A401]

2. NO [GOTO A46]

7. DON'T KNOW [GOTO A46]

8. REFUSED [GOTO A46]

## A401. [RBACA401]

How old were you when you first vaped regularly?

\_\_\_\_ YEARS OLD [ALLOWABLE RANGE: 1-95]

97. DON'T KNOW

98. REFUSED

## A402. [RBACA402]

During the past 30 days, on how many days have you vaped?

- \_\_\_\_\_ DAYS [ALLOWABLE RANGE: 0-30]  
97. DON'T KNOW  
98. REFUSED

## A46. [RBACA46]

At the current time, does anyone regularly smoke cigarettes or use other tobacco products **inside** your home [other than yourself]?

(IF NEEDED: Include cigars, pipes, vapes, chew, snuff or any other type of nicotine product.)

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

## A47. [RBACA47]

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

(IF NEEDED: Include cigars, pipes, vapes, chew, snuff or any other type of nicotine product.)

**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
8. REFUSED

## A48. [RBACA48]

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]?

(IF NEEDED: Include cigars, pipes, vapes, chew, snuff or any other type of nicotine product.)

1. YES
2. NO
3. DON'T CURRENTLY HAVE A JOB
7. DON'T KNOW
8. REFUSED

## A49. [RBACA49]

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 64 YEARS OLD  
 96. NEVER HAD A DRINK [GO TO A59]  
 97. DON'T KNOW  
 98. REFUSED

## A50. [RBACA50]

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 [GO TO A54]  
 8. REFUSED [GO TO A54]  
 9. INAPP

## A51. [RBACA51]

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 [GO TO A54]  
 8. REFUSED [GO TO A54]

## A51a. [RBACA51A]

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 [GO TO A54]  
 8. REFUSED [GO TO A54]

## A52. [RBACA52]

**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  
 98. REFUSED

## A53. [RBACA53]

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  
 98. REFUSED

## A54. [RBACA54]

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 A59]  |
| 7. | DON'T KNOW                              | [GO TO A59]  |
| 8. | REFUSED                                 | [GO TO A59]  |

## A54a. [RBACA54A]

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 A59] |
| 7. | DON'T KNOW                      | [GO TO A57] |
| 8. | REFUSED                         |             |

## A55. [RBACA55]

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  
98. REFUSED

## A56. [RBACA56]

How old were you when you started to drink that amount?

\_\_\_\_ 1 TO 90 YEARS OLD  
97. DON'T KNOW  
98. REFUSED

## A57. [RBACA57]

For how many years did you drink that amount?

0. LESS THAN 1 YEAR  
\_\_\_\_. 1 TO 90 YEARS  
97. DON'T KNOW  
98. REFUSED

## A59. [RBACA59]

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  
8. REFUSED

IF A54 = 6, -1, or -2, go to As62a

IF A54a=4, goto As62a

IF A49= 96, goto As62a

**A600a. [RBACA600A]**

Have you ever felt you should cut down on your drinking?

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

**A600b. [RBACA600B]**

Have people annoyed you by criticizing your drinking?

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

**A600c. [RBACA600C]**

Have you ever felt bad or guilty about your drinking?

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

**A600d. [RBACA600D]**

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

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

**As62. [RBACAS62A] to [RBACAS62J]**

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

During the **past 12 months**, did you ever use... on your own?

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

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

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

**As63. [RBACAS63]**

During the **past 12 months**, how many times did you use much larger amounts of [As63fill/any of these substances] than you intended to when you began, or used [it/them] for a longer period of time than you intended to?

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

1. NEVER
2. ONCE OR TWICE
3. 3 TO 5 TIMES
4. 6 TO 10 TIMES
5. 11 TO 20 TIMES
6. MORE THAN 20 TIMES
7. DON'T KNOW
8. REFUSED

**As64. [RBACAS64]**

In the **past 12 months**, how many times have you been under the effects of [As63fill/any of these substances] or suffering [its/their] after effects while at work or school, or while taking care of children?

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

1. NEVER
2. ONCE OR TWICE
3. 3 TO 5 TIMES
4. 6 TO 10 TIMES
5. 11 TO 20 TIMES
6. MORE THAN 20 TIMES
7. DON'T KNOW
8. REFUSED



**As65. [RBACAS65A] to [RBACAS65E]**

When answering these questions, please keep in mind this list of substances you used in the **past 12 months**:

[INTERVIEWER WILL READ LIST OF POSITIVE RESPONSES TO As62a-j.]

Say **YES** even if your answer is for only one of the substances and not all of them.

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

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

**As66. [RBACAS66A] to [RBACAS66E]**

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

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

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

**As67. [RBACAS67]**

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

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

1. NEVER
2. ONCE OR TWICE
3. 3 TO 5 TIMES
4. 6 TO 10 TIMES
5. 11 TO 20 TIMES
6. MORE THAN 20 TIMES
7. DON'T KNOW
8. REFUSED

**As68. [RBACAS68]**

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

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

1. NEVER
2. ONCE OR TWICE
3. 3 TO 5 TIMES
4. 6 TO 10 TIMES
5. 11 TO 20 TIMES
6. MORE THAN 20 TIMES
7. DON'T KNOW
8. REFUSED

**A60. [RBACA60]**

The next questions are about your mood.

**During the past 12 months**, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

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

## A61. [RBACA61]

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 [GO TO A72]
8. REFUSED [GO TO A72]

## A62. [RBACA62]

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 [GO TO A72]
8. REFUSED [GO TO A72]

## A63. [RBACA63]

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
8. REFUSED

## A64. [RBACA64]

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
8. REFUSED

## A65. [RBACA65]

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

1. YES [GO TO A66]
2. NO
7. DON'T KNOW
8. REFUSED

A65a. **[RBACA65A]**

Did your appetite **increase** during those same two weeks?

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

A66. **[RBACA66]**

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 [GO TO A67]
8. REFUSED [GO TO A67]

A66a. **[RBACA66A]**

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
8. REFUSED

A67. **[RBACA67]**

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

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

A68. **[RBACA68]**

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
8. REFUSED

**A69. [RBACA69]**

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
8. REFUSED

[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.**

**[RBACA70]** 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 [IF <1> go to A70tst, ALL ELSE GO TO A71MO]
52. THE ENTIRE YEAR [GO TO A83]
  97. DON'T KNOW
  98. REFUSED

**A71MO. [RBACA71MO]**

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  | 9. SEPTEMBER                |
| 2. FEBRUARY | 10. OCTOBER                 |
| 3. MARCH    | 11. NOVEMBER                |
| 4. APRIL    | 12. DECEMBER                |
| 5. MAY      | 96. CURRENTLY FEEL THIS     |
| 6. JUNE     | WAY/HASN'T ENDED [GO TO 83] |
| 7. JULY     | 97. DON'T KNOW              |
| 8. AUGUST   | 98. REFUSED                 |

## A71YR. [RBACA71YR]

**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 (2023-2024)

9997. DON'T KNOW

9998. REFUSED

[GO TO A83.]

## A72. [RBACA72]

**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 [GO TO A83]
7. DON'T KNOW [GO TO A83]
8. REFUSED [GO TO A83]

## A73. [RBACA73]

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 [GO TO A83]
8. REFUSED [GO TO A83]

## A74. [RBACA74]

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 [GO TO A83]
8. REFUSED [GO TO A83]

A75. **[RBACA75]**

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
8. REFUSED

A76. **[RBACA76]**

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

1. YES [GO TO A77]
2. NO
7. DON'T KNOW
8. REFUSED

A76a. **[RBACA76A]**

Did your appetite **increase** during those same two weeks?

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

A77. **[RBACA77]**

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 [GO TO A78]
8. REFUSED [GO TO A78]

A77a. **[RBACA77A]**

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
8. REFUSED

A78. **[RBACA78]**

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

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

**A79. [RBACA79]**

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
8. REFUSED

**A80. [RBACA80]**

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
8. REFUSED

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. [RBACA81]**

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      |             |
| 98.   | REFUSED         |             |



## A82MO. [RBACA82MO]

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

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

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

## (MONTH)

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

## A82YR. [RBACA82YR]

**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 (2023-2024)
9997. DON'T KNOW
9998. REFUSED

## A83. [RBACA83]

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. [RBACA83A]

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

## A84. [RBACA84]

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
8. REFUSED

## A84a. [RBACA84A]

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
8. REFUSED

## A85. [RBACA85]

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
8. REFUSED

A85a. **[RBACA85A]**

Do you ever have different worries on your mind **at the same time**?

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

IF A85  $\neq$  MORE THAN ONE THING AND A85a  $\neq$  YES, GO TO A90.

A86. **[RBACA86]**

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

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

A86a. **[RBACA86A]**

Do you worry about things that are not really serious?

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

A87. **[RBACA87]**

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
8. REFUSED

A87a. **[RBACA87A]**

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
8. REFUSED

A88a. **[RBACA88A]**

First, **over the past 12 months** how often were you restless because of your worry?

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'.

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

A88b. **[RBACA88B]**

**(Over the past 12 months...)**

...how often were you keyed up, on edge, or had a lot of nervous energy?

(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'.

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

A88c. **[RBACA88C]**

**(Over the past 12 months...)**

...how often were you irritable because of your worry?

(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'.

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

A88d. **[RBACA88D]**  
**(Over the past 12 months...)**

...how often did you have trouble falling asleep?

(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'.

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

A88e. **[RBACA88E]**  
**(Over the past 12 months...)**

...how often did you have trouble staying asleep because of your worry?

(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'.

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

A88f. **[RBACA88F]**  
**(Over the past 12 months...)**

...how often did you have trouble keeping your mind on what you were doing?

(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'.

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

A88g. **[RBACA88G]**  
**(Over the past 12 months...)**

...how often did you have trouble remembering things because of your worry?

(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'.

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

A88h. **[RBACA88H]**  
**(Over the past 12 months...)**

...how often were you low on energy?

(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'.

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

A88i. **[RBACA88I]**  
**(Over the past 12 months...)**

...how often did you tire easily because of your worry?

(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'.

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

A88j. [RBACA88J]  
(Over the past 12 months...)

...how often did you have sore or aching muscles because of tension?

(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'.

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

A89. [RBACA89]

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
8. REFUSED

A90. [RBACA90]

**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 where 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
8. REFUSED

## A90a. [RBACA90A]

**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 [GO TO B1]
8. REFUSED [GO TO B1]

## A91. [RBACA91]

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
998. REFUSED

## A92. [RBACA92]

Did (this attack/you ever have any attacks) happen in a situation /**all** of these attacks happen in situations) when you were in danger or were the center of attention?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Please **do not** include a situation that was due to any **physical cause**, like a heart problem."

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

## A92a. [RBACA92A]

When you have attacks, does your heart pound?

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

## A92b. [RBACA92B]

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

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



A92c. **[RBACA92C]**

(When you have attacks), do you sweat?

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

A92d. **[RBACA92D]**

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

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

A92e. **[RBACA92E]**

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

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

A92f. **[RBACA92F]**

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

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

## SECTION 3: EDUCATION, OCCUPATION, AND MARITAL STATUS

### B1. [RBACB1]

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?" "How many years did you attend?"

1. GRADE SCHOOL OR LESS (6<sup>TH</sup> GRADE OR LESS)
2. JUNIOR HIGH SCHOOL (7<sup>TH</sup> or 8<sup>TH</sup> GRADE)
3. HIGH SCHOOL, SOME; NO DIPLOMA OR GED (9<sup>TH</sup> TO 12<sup>TH</sup> 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
98. REFUSED

SKIP WORK QUESTIONS IF AT MR1 R WAS NOT WORKING B/C RETIRED OR PERMANENTLY DISABLED AND R HAS NOT WORKED SINCE:

### B1z. [RBACB1Z]

When we last interviewed you in [MR1month], [MR1year], you indicated that you were not working because you were (retired/disabled). Since [MR1month], [MR1year], have you done **any** work for pay?

1. YES [GO TO B2]
2. NO [GO TO B1zb]
3. R INDICATES (HE/SHE) WAS WORKING IN [MR1month], [MR1year] [GO TO B2]
7. DON'T KNOW [GO TO B2]
8. REFUSED [GO TO B2]

### B1zb. [RBACB1ZB]

Since [MR1month], [MR1year], have you wanted to work for pay but been unable to find work?

1. YES (SPECIFY: "What have you done to find a job?") [GO TO B16]
2. NO [GO TO B16]
7. DON'T KNOW [GO TO B16]
8. REFUSED [GO TO B16]

**B2. [RBACB2]**

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

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

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

- 5. 5 YEARS OLD OR YOUNGER
- 6. 6 TO 95 YEARS OLD
- 96. NEVER HAD PAID JOB [GO TO B19]
- 97. DON'T KNOW
- 98. REFUSED

**B2a. [RBACB2A1] to [RBACB2A11]**

**Think back to** early 2020, just before the COVID-19 pandemic began. In January 2020, what was your employment situation – were you working for pay, self-employed, unemployed, 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? (ENTER "x" TO EXIT SCREEN)"

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

**B2aa. [RBACB2AA]**

At that time, were you actively looking for another job?

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

[IF B2a=UNEMPLOYED, GO TO B100]

**B2b. [RBACB2B]**

Since the COVID-19 pandemic began in 2020, have you ever been unemployed, that is, not working for pay ?

- 1. YES
- 2. NO [GO TO B3]
- 7. DON'T KNOW [GO TO B3]
- 8. REFUSED [GO TO B3]

**B100. [RBACB100]**

Was your experience with unemployment due to the COVID-19 pandemic or to something else?

- 1. COVID-19 PANDEMIC
- 2. SOMETHING ELSE
- 7. DON'T KNOW
- 8. REFUSED

**B101a. [RBACB101A]**

Which of the following describe why you experienced unemployment during the pandemic?

Did you want to work but could not find employment?

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

**B101b. [RBACB101B]**

Did you want to work but your workplace closed or was shutdown due to the pandemic?

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

**B101c. [RBACB101C]**

Did you want to work but were concerned about exposure to COVID-19?

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

**B101d. [RBACB101D]**

Was there some other reason you experienced unemployment during the pandemic?

1. YES (SPECIFY \_\_\_\_\_)
2. NO
7. DON'T KNOW
8. REFUSED

**B2c. [RBACB2CA] to [RBACB2CB25]**

When you found work, compared to your earnings from your prior work, were your earnings at your **new** work more, less, or the same?

1. MORE > By what percentage did your earnings increase?  
 DK > **Unfolding brackets:** Did they go up by more than 10%?  
 YES > Did they go up by more than 25%?
2. LESS > By what percentage did your earnings decrease? %  
 DK > **Unfolding brackets:** Did they go down by more than 10%?  
 YES > Did they go down by more than 25%?
3. THE SAME

96. STILL UNEMPLOYED [GO TO B5a]

**B2c2. [RBACB2C2]**

Since the COVID-19 pandemic began in early 2020, how many separate times have you been unemployed?

- |                |                                 |
|----------------|---------------------------------|
| ____ (1 – 70)  | [IF B2c2 >1 GO TO B2d, else B3] |
| 97. DON'T KNOW | [GO TO B3]                      |
| 98. REFUSED    | [GO TO B3]                      |

[ASK ONLY IF B2c2 >1]

**B2d. [RBACB2DN] [RBACB2DU]**

Since the COVID-19 pandemic began in early 2020, about how long in total have you been unemployed?

- @n (MEASURE OF TIME)**
- \_\_\_\_. DAYS/WEEKS/MONTHS/YEARS
97. DON'T KNOW
98. REFUSED

- @u (UNITS OF TIME)**
1. DAYS
  2. WEEKS
  3. MONTHS
  4. YEARS

**B3. [RBACB3A] to [RBACB3K]**

What about your current employment situation -- are you working now for pay, self-employed, unemployed, 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?" (ENTER "x" TO EXIT SCREEN)

- |     |                                       |            |
|-----|---------------------------------------|------------|
| 1.  | WORKING NOW                           | [GO TO B7] |
| 2.  | SELF-EMPLOYED                         | [GO TO B7] |
| 3.  | 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                            |            |
| 98. | REFUSED                               |            |

**B4. [RBACB4N] [RBACB4M]**

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 TH UNITS OF TIME BELOW

**@n (MEASURE OF TIME)**

\_\_\_\_\_ DAYS/WEEKS/MONTHS/YEARS

996. NEVER WORKED [GO TO B19]

997. DON'T KNOW

998. REFUSED

**@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. [RBACB5A] to [RBACB5G]**

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
98. REFUSED

**B102. [RBACB102]**

Was this a result of or related to the COVID-19 pandemic?

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

**B5a. [RBACB5A1]**

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 [GO TO B6]
8. REFUSED [GO TO B6]

**B6. [RBACB6]**

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

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

1. YES
2. NO [GO TO B14]
7. DON'T KNOW [GO TO B14]
8. REFUSED [GO TO B14]

**B7. [RBACB7]**

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 [GO TO B8e]
- 8. REFUSED [GO TO B8e]

**B7a. [RBACB7A]**

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
- 998. REFUSED

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

**B8e. <sup>1</sup>**

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

**B8e1.**

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

[SPECIFY]

**B8f.**

What is your job title?

[SPECIFY]

---

<sup>1 1</sup> Question number is out of order here. This is the actual order used in production. Verbatim responses to question B8e, B8e1 and B8f were coded into census 2018 occupation codes and 2018 SOC codes.



**B8a. [RBACB8A]**

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 FOLLOWED BY //) [specify] [GO TO B8b]
7. DON'T KNOW [GO TO B8b]
8. REFUSED [GO TO B8b]

**B8a1. [RBACB8A1]**

Is this business incorporated?

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

[#NOTE: there are no questions B9 through B11]

**B12. [RBACB12]**

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

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

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

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

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

\_\_\_\_ NUMBER OF HOURS PER AVERAGE WEEK (0 – 168)

997. DON'T KNOW

998. REFUSED

**B12a. [RBACB12A]**

(When you are working, in/In) an average week, how many hours do you work for pay at **any other jobs**?

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

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

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

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

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

\_\_\_\_ NUMBER OF HOURS PER AVERAGE WEEK (0 – 168)

997. DON'T KNOW

998. REFUSED

**B13. [RBACB13]**

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

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

\_\_\_\_ NUMBER OF NIGHTS (0 – 365)

997. DON'T KNOW

998. REFUSED

**Fs14** For the next set of questions, unless it is otherwise specified, consider all of the work that you do for pay. Answer these questions even if you are temporarily on leave or laid off from your main job and think about that job when answering the questions.

**Fs14a. [RBACFS14A]**

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

In an average week at your current job, how often do you work days, any time between 7:00 am and 5:00pm?

Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?

1. 4 OR MORE TIMES/WEEK
2. 2 TO 3 TIMES/WEEK
3. ONCE A WEEK
4. 1 TO 3 TIMES/MONTH
5. LESS THAN ONCE A MONTH OR NEVER
7. DON'T KNOW
8. REFUSED

**Fs14b. [RBACFS14B]**

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

In an average week at your current job, how often do you work evenings, any time between 7:30 pm and 9:30 pm?

(Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?)

1. 4 OR MORE TIMES/WEEK
2. 2 TO 3 TIMES/WEEK
3. ONCE A WEEK
4. 1 TO 3 TIMES/MONTH
5. LESS THAN ONCE A MONTH OR NEVER
7. DON'T KNOW
8. REFUSED

**Fs14c. [RBACFS14C]**

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

In an average week at your current job, how often do you work nights, any time between 9:30 pm and 4:30 am, or overnight?

(Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?)

1. 4 OR MORE TIMES/WEEK
2. 2 TO 3 TIMES/WEEK
3. ONCE A WEEK
4. 1 TO 3 TIMES/MONTH
5. LESS THAN ONCE A MONTH OR NEVER
7. DON'T KNOW
8. REFUSED

**Fs14d. [RBACFS14D]**

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

In an average week at your current job, how often do you work weekends, any time Saturday or Sunday? (working both days counts as twice a week).

(Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?)

1. 4 OR MORE TIMES/WEEK
2. 2 TO 3 TIMES/WEEK
3. ONCE A WEEK
4. 1 TO 3 TIMES/MONTH
5. LESS THAN ONCE A MONTH OR NEVER
7. DON'T KNOW
8. REFUSED

**Fs15. [RBACFS15A] to [RBACFS15C]**

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

\_\_:\_\_ TIME IN "HOURS": "MINUTES (1-12: 0-59)

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

97. DON'T KNOW

98. REFUSED

**Fs16. [RBACFS16A] to [RBACFS16C]**

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

\_\_\_:\_\_\_ TIME IN "HOURS": "MINUTES (1–12: 0–59)

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

97. DON'T KNOW

98. REFUSED

**Fs17. [RBACFS17A] [RBACFS17B]**

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

\_\_\_:\_\_\_ TIME IN "HOURS": "MINUTES (1–12: 0–59)

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

97. DON'T KNOW

98. REFUSED

**Fs18. [RBACFS18]**

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

8. REFUSED

**Fs19. [RBACFS19]**

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

8. REFUSED

**Fs20. [RBACFS20]**

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

8. REFUSED

**Fs21. [RBACFS21]**

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
8. REFUSED

**Fs22. [RBACFS22]**

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
8. REFUSED

If B3 = (self employed) or (working now) or (temporarily laid off) or (maternity or sick leave)  
GO TO B16.

If B6 = Yes GO TO B16.

**B14. [RBACB14]**

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

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

1. YES
2. NO [GO TO B15e]
7. DON'T KNOW [GO TO B15e]
8. REFUSED [GO TO B15e]

B14a. **[RBACB14A]**

How many people did you supervise?

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

\_\_\_\_ # OF PEOPLE  
 997. DON'T KNOW  
 998. REFUSED

B15e. <sup>2</sup>

What kind of work were you doing?

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

**INTERVIEWER:** PROBE AS NEEDED

## B15e1.

What were your **most important** activities or duties?

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

**INTERVIEWER:** PROBE AS NEEDED

[SPECIFY]

## B15f.

What was your job title?

[SPECIFY]

B15a. **[RBACB15A]**

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

- |   |              |
|---|--------------|
| 1. GOVERNMENT   | [GO TO B15b] |
| 2. PRIVATE COMPANY OR ORGANIZATION, INCLUDING NON-PROFITS | [GO TO B15b] |
| 3. SELF-EMPLOYED  |              |
| 4. WORKING IN THE FAMILY BUSINESS                         |              |
| 5. OTHER ( SPECIFY FOLLOWED BY // ) [specify]             | [GO TO B15b] |
| 7. DON'T KNOW   | [GO TO B15b] |
| 8. REFUSED  | [GO TO B15b] |

---

<sup>2</sup> Question number is out of order here. This is the actual order used in production. Verbatim responses to question B15e, B15e1 and B15f were coded into census 2018 occupation codes and 2018 SOC codes.

**B15a1. [RBACB15A1]**

Was this business incorporated?

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

**B16. [RBACB16] [RBACB16A25] to [RBACB16A5]**

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 DK OR REFUSED, ASK B16dkr.1]**

**B16dkr.1.** Was it more than 25,000 dollars?

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

**B17. [RBACB17]**

Now, think back to what your pre-tax income was in 2019, before the COVID-19 pandemic began. Compared to your 2019 pre-tax income, was your pre-tax income last year much more, a little more, a little less, much less, or about the same amount?

1. MUCH MORE
2. A LITTLE MORE
3. ABOUT THE SAME
4. A LITTLE LESS
5. MUCH LESS
7. DON'T KNOW
8. REFUSED

[NOTE – there is no B18]



**B19. [RBACB19]**

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 [GO TO B30]
8. REFUSED [GO TO B30]

**Psex. [RBACPSEX]**

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. [RBACB20]**

How many times have you been married altogether?

- \_\_# TIMES MARRIED (1-20)
97. DON'T KNOW
  98. REFUSED

**B21. [RBACB21M] [RBACB21Y]**

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

@m **(MONTH)**

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

@y **(YEAR)**

- \_\_\_\_. YEAR (1970 – 2024)
9997. DON'T KNOW
  9998. REFUSED

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

[IF B20 = 1 AND B19 = SEPARATED (2) OR DIVORCED (3), GO TO B30.]

[IF B20 = 1 AND B19 = WIDOWED (4), GO TO B29@m.]

**B22. [RBACB22]**

Did your first marriage end in widowhood or divorce?

1. WIDOWHOOD
2. DIVORCE [GO TO B25@m]
7. DON'T KNOW [GO TO B25@m]
8. REFUSED [GO TO B25@m]

**B23. [RBACB23M] [RBACB23Y]**

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

**@m (MONTH)**

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

**@y (YEAR)**

- \_\_\_\_. YEAR (1970 – 2024)
9997. DON'T KNOW
  9998. REFUSED

GO TO B26@m.

**B25. [RBACB25M] [RBACB25Y]** In what month and year was your divorce final?

**@m (MONTH)**

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

**@y (YEAR)**

- \_\_\_\_. YEAR (1970 – 2024)
9997. DON'T KNOW
9998. REFUSED

**B26. [RBACB26M] [RBACB26Y]**

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

**@m (MONTH)**

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

**@y (YEAR)**

- \_\_\_\_. YEAR (1970 – 2024)
9997. DON'T KNOW
9998. REFUSED

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

[IF B19 = SEPARATED (2) OR DIVORCED (3), GO TO B30.]

[IF B19 = WIDOWED (4), GO TO B29@m.]

**B28. [RBACB28M] [RBACB28Y]**

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

**@m (MONTH)**

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

**@y (YEAR)**

- \_\_\_\_. YEAR (1970 – 2024)
9997. DON'T KNOW
9998. REFUSED

GO TO B30.

**B29. [RBACB29M] [RBACB29Y]**

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

**@m (MONTH)**

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

**@y (YEAR)**

- \_\_\_\_. YEAR (1970 – 2024)
9997. DON'T KNOW
9998. REFUSED

**B30. [RBACB30]**

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

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

**B31. [RBACB31N] [RBACB31M]**

How long have you been living together?

**INTERVIEWER:** ENTER MEASURE OF TIME HERE AND UNITS OF TIME BELOW

@n (MEASURE OF TIME)

\_\_\_\_\_ # OF DAYS/WEEKS/MONTHS/YEARS

996. NEVER LIVED TOGETHER  
997. DON'T KNOW  
998. REFUSED

@m (UNIT OF TIME)

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

**B32. [RBACB32Y]**

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

- \_\_\_\_\_ YEAR (1914 – 2005)  
9997. DON'T KNOW  
9998. REFUSED

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

**B33. [RBACB33]**

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

**INTERVIEWER PROBES:** "Did (he/she) receive a degree?" "How many years did he/she attend?"

1. GRADE SCHOOL OR LESS (6<sup>TH</sup> GRADE OR LESS)
2. JUNIOR HIGH SCHOOL (7<sup>TH</sup> or 8<sup>TH</sup> GRADE)
3. HIGH SCHOOL, SOME; NO DIPLOMA OR GED (9<sup>TH</sup> TO 12<sup>TH</sup> 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
98. REFUSED

SKIP SPOUSE WORK QUESTION IF AT [MR1](#) SPOUSE WAS NOT WORKING B/C RETIRED OR PERMANENTLY DISABLED AND SAME SPOUSE HAS NOT WORKED SINCE R MUST BE CURRENTLY MARRIED [B19 = 1]  
CURRENT MARRIAGE MUST PRECEED [MR1](#) INTERVIEW [B26MO/YR BEFORE [MR1](#) MO/YR]

[MR1](#) SPOUSE NOT WORKING B/C RETIRED OR PERMANENTLY DISABLED [FROM [MR1](#) INT]

**B33z. [RBACB33Z]**

When we last interviewed you in [[MR1month](#)], [[MR1year](#)], you indicated that your current spouse was not working because he/she was (retired/disabled). Since [[MR1month](#)], [[MR1year](#)], has (he/she) done **any** work for pay?

- |  |               |
|--|---------------|
| 1. YES   | [GOTO B33a]   |
| 2. NO  | [GO TO B33zb] |
| 3. R INDICATES CURRENT SPOUSE WAS WORKING AT [ <a href="#">MR1</a> ] | [GO TO B33a]  |
| 7. DON'T KNOW  | [GO TO B33a]  |
| 8. REFUSED   | [GO TO B33a]  |

**B33zb. [RBACB33ZB]**

Since [[MR1month](#)], [[MR1year](#)], has (he/she) wanted to work for pay but been unable to find work?

- |   |             |
|---|-------------|
| 1. YES (SPECIFY: "What has (he/she) done to find a job?") | [GO TO B40] |
| 2. NO   | [GO TO B40] |
| 7. DON'T KNOW   | [GO TO B40] |
| 8. REFUSED  | [GO TO B40] |

**B33a. [RBACB33AA] to [RBACB33AK]**

Think back to early 2020, just before the COVID-19 pandemic began. What was your spouse or partner's employment situation – was he/she working for pay, self-employed, unemployed, temporarily laid off, retired, a homemaker, a full-time or part-time student, or something else?

1. WORKING
2. SELF-EMPLOYED
3. UNEMPLOYED [GO TO B33aa]
4. TEMPORARILY LAID OFF
5. RETIRED
6. HOMEMAKER
7. STUDENT, FULL-TIME
8. STUDENT, PART-TIME
9. MATERNITY OR SICK LEAVE (IF VOLUNTEERED)
10. PERMANENTLY DISABLED (IF VOLUNTEERED)
11. OTHER \_\_\_\_\_ (SPECIFY)
97. DON'T KNOW
98. REFUSED

**B33aa. [RBACB33A1]**

At that time, was (he/she) actively looking for another job?

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

[IF B33a=UNEMPLOYED, GO TO B33c]

**B33b. [RBACB33B]**

Since the COVID-19 pandemic began in early 2020, has your spouse or partner ever been unemployed, that is, has (he/she) wanted to work for pay but been unable to find work?

1. YES
2. NO [GO TO B34]
7. DON'T KNOW [GO TO B34]
8. REFUSED [GO TO B34]

**B33c. [RBACB33C]**

When your spouse or partner found work, compared to (his/her) earnings from (his/her) prior work, were (his/her) earnings at (his/her) **new** work much more, a little more, about the same, a little less, or much less?

1. MUCH MORE
2. A LITTLE MORE
3. ABOUT THE SAME
4. A LITTLE LESS
5. MUCH LESS
6. STILL UNEMPLOYED [GO TO B36a]
7. DON'T KNOW
8. REFUSED

**B33c2. [RBACB33C2]**

Since the COVID-19 pandemic began in early 2020, how many separate times has your spouse or partner been unemployed?

- \_\_\_\_ (1 – 70)  
 97. DON'T KNOW [GO TO B34]  
 98. REFUSED [GO TO B34]

[ASK ONLY IF B33c2 >1]

**B33d. [RBACB33DN] [RBACB33DU]**

Since January, 2020, about how long in total has (he/she) been unemployed?

- @n (MEASURE OF TIME)**  
 # OF DAYS/WEEKS/MONTHS/YEARS  
 997. DON'T KNOW  
 998. REFUSED

- @u (UNITS OF TIME)**  
 1. DAYS  
 2. WEEKS  
 3. MONTHS  
 4. YEARS

**B34. [RBACB34A] to [RBACB34K]**

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

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

1. WORKING NOW [GO TO Ls21]  
 2. SELF-EMPLOYED [GO TO Ls21]  
 3. 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 [GO TO B37]  
 98. REFUSED [GO TO B37]

[IF B34 = WORKING NOW OR SELF-EMPLOYED, GO TO Ls21]

[IF B34work gt <96> GO TO B37]



**B35. [RBACB35N] [RBACB35M]**

How long has (he/she) been (laid off/went leave/retired/without a paid job)?

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

@n

<1-995> # OF DAYS/WEEKS/MONTHS/YEARS

996. NEVER WORKED

997. DON'T KNOW

998. REFUSED

@m

1. DAY

2. WEEK

3. MONTH

4. YEAR

[IF B35 = NEVER WORKED, GO TO HHINC]

[IF B34 = TEMPORARILY LAID OFF ONLY, GO TO Ls21.]

[IF B34 = MATERNITY OR SICK LEAVE ONLY, GO TO Ls21.]

**B36. [RBACB36A] to [RBACB36G]**

What happened -- was (he/she) fired or laid off, did the company close down, did (he/she) quit, choose to retire or did something else happen?

**INTERVIEWER:** 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

98. REFUSED

**B36a. [RBACB36A1] [RBACB36A2]**

Currently, is (he/she) actively looking for a job?

1. YES > **B36A@2.** What is (he/she) doing to find a job?

2. NO

7. DON'T KNOW

8. REFUSED

**B37. [RBACB37]**

Is (he/she) doing ANY work for pay at the present time?

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

1. YES
2. NO [GO TO B38]
7. DON'T KNOW [GO TO B38]
8. REFUSED [GO TO B38]

**Ls21. [RBACLS21]**

In an average week, about how many hours does your spouse or partner work for pay at his or her **main** job?

- \_\_\_\_. NUMBER OF HOURS (0 – 168) # Hours
997. DON'T KNOW
998. REFUSED

**Ls22. [RBACLS22]**

In an average week, about how many hours does your spouse or partner work for pay at any **other** jobs?

- \_\_\_\_. NUMBER OF HOURS (0 – 168) # Hours
997. DON'T KNOW
998. REFUSED

**Ls23a. [RBACLS23A]**

In an average week, how often does your spouse or partner work days, any time between 7:00 am and 5:00pm?

Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?

1. 4 OR MORE TIMES/WEEK
2. 2 TO 3 TIMES/WEEK
3. ONCE A WEEK
4. 1 TO 3 TIMES/MONTH
5. LESS THAN ONCE A MONTH OR NEVER
7. DON'T KNOW
8. REFUSED

**Ls23b. [RBACLS23B]**

In an average week, how often does your spouse or partner work evenings, any time between 7:30 pm and 9:30 pm?

(Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?)

1. 4 OR MORE TIMES/WEEK
2. 2 TO 3 TIMES/WEEK
3. ONCE A WEEK
4. 1 TO 3 TIMES/MONTH
5. LESS THAN ONCE A MONTH OR NEVER
7. DON'T KNOW
8. REFUSED

**Ls23c. [RBACLS23C]**

In an average week, how often does your spouse or partner work nights, any time between 9:30 pm and 4:30 am, or overnight?

(Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?)

1. 4 OR MORE TIMES/WEEK
2. 2 TO 3 TIMES/WEEK
3. ONCE A WEEK
4. 1 TO 3 TIMES/MONTH
5. LESS THAN ONCE A MONTH OR NEVER
7. DON'T KNOW
8. REFUSED

**Ls23d. [RBACLS23D]**

In an average week, how often does your spouse or partner work weekends, any time Saturday or Sunday? (working both days counts as twice a week)

(Would you say 4 or more times a week, 2 to 3 times a week, once a week, 1 to 3 times/month, less than once a month or never?)

1. 4 OR MORE TIMES/WEEK
2. 2 TO 3 TIMES/WEEK
3. ONCE A WEEK
4. 1 TO 3 TIMES/MONTH
5. LESS THAN ONCE A MONTH OR NEVER
7. DON'T KNOW
8. REFUSED

## Ls24. [RBACLS24A] to [RBACLS24C]

At what time of day does he or she usually begin work at his or her main job?

\_\_ : \_\_ TIME IN "HOURS" : "MINUTES" (0-12:0-59)

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

97. \_\_\_\_\_ DON'T KNOW

98. \_\_\_\_\_ REFUSED

## Ls25. [RBACLS25A] to [RBACLS25C]

At what time does he or she usually end work at his or her main job?

\_\_ : \_\_ TIME IN "HOURS" : "MINUTES" (0-12:0-59)

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

97. \_\_\_\_\_ DON'T KNOW

98. \_\_\_\_\_ REFUSED

## Ls26. [RBACLS26A] [RBACLS26B]

How long does it usually take your spouse or partner, round-trip, to get to and from work? (If he or she works at home, enter "0".)

\_\_ : \_\_ TIME IN "HOURS" : "MINUTES" (0-12:0-59)

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

97. \_\_\_\_\_ DON'T KNOW

98. \_\_\_\_\_ REFUSED

## Ls27. [RBACLS27]

If your spouse or partner wanted to stay in his or her present job, what do you think the chances are that he or she could keep it for the next two years?

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

## B38. [RBACB38]

Please think about the main job your (spouse/partner) (has **at the present** time/had most recently.) (Does/Did) (he/she) supervise anyone on this job?

**INTERVIEWER:** IF R SAYS '(he/she) (works/worked) at more than one job', PROBE:  
"Tell me about (his/her) main job."

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

**B39a. [RBACB39A]**

Please think about the main job your spouse or partner (currently has/had most recently.) On this job, (is/was) (he/she) employed by government, by a private company or organization, or (is/was) (he/she) self-employed or working in the family's business?

- |    |  |              |
|----|--|--------------|
| 1. | GOVERNMENT   | [GO TO B39e] |
| 2. | PRIVATE COMPANY OR ORGANIZATION, INCLUDING NON-PROFITS | [GO TO B39e] |
| 3. | SELF-EMPLOYED  |              |
| 4. | WORKING IN THE FAMILY BUSINESS                         |              |
| 5. | OTHER (SPECIFY)  | [GO TO B39e] |
| 7. | DON'T KNOW   | [GO TO B39e] |
| 8. | REFUSED  | [GO TO B39e] |

**B39a1. [RBACB39A1]**

(Is/Was) this business incorporated?

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

**B39e. <sup>3</sup>**

What kind of work (does/did) (he/she) do?

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

SPECIFY

**B39e1.**

What (are/were) (his/her) **most important** activities or duties?

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

SPECIFY

**B39f.**

What (is/was) (his/her) job title?

SPECIFY (type in exactly what R says)

---

<sup>1</sup> Question number is out of order here. This is the actual order used in production. Verbatim responses to question B39e, B39e1 and B39f were coded into census 2018 occupation codes and 2018 SOC codes.

**B40. [RBACB40] [RBACB40A25] to [RBACB40A5]**

In the last calendar year, including pay from all of (his/her) jobs and income from other sources such as retirement, unemployment insurance, food stamps, and gifts from family and friends, how much was your spouse or partner's pre-tax income ?

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

**If DK OR REFUSED:**

**B40dkr.1.** Was it more than 25,000 dollars?

- a.Y > More than 50,000 dollars?
  - a1. Y > More than 80,000?
  - a2. N > More than 35,000?
- b.N > More than 12,000 dollars?
  - b1. Y > More than 18,000?
  - b2. N > More than 5,000?

**B41. [RBACB41]**

Now, think back to what your spouse or partner's pre-tax income was in 2019, just before the COVID-19 pandemic began. Compared to (his/her) 2019 pre-tax income, was (his/her) pre-tax income last year much more, a little more, about the same, a little less, or much less?

- 1. MUCH MORE
- 2. A LITTLE MORE
- 3. ABOUT THE SAME
- 4. A LITTLE LESS
- 5. MUCH LESS
- 7. DON'T KNOW
- 8. REFUSED

**HHINC. [RBACHHINC] [RBACHHINCA25] to [RBACHHINCA5]**

In the last calendar year, what was your total annual household income from all sources?

**If DK OR REFUSED:**

- Was it more than 25,000 dollars?
  - Y > More than 50,000 dollars?
  - Y > More than 80,000?
  - N > More than 35,000?
  - N > More than 12,000 dollars?
  - Y > More than 18,000?
  - N > More than 5,000?

## SECTION 4: HEALTH INSURANCE

Cs1. **[RBACCS1]**

Are you currently covered by any healthcare insurance?

- |    |            |              |
|----|------------|--------------|
| 1. | YES        | [GO TO CS3A] |
| 2. | NO         | [GO TO CS2]  |
| 7. | DON'T KNOW | [GO TO CS3A] |
| 8. | REFUSED    | [GO TO Cs3a] |

Cs2. **[RBACCS2A] to [RBACCS2L]**

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 PARTNER LOST THEIR JOB OR CHANGED EMPLOYERS.
4. BECAME DIVORCED OR SEPARATED.
5. SPOUSE OR PARTNER 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 REASON FOLLOWED BY //) [SPECIFY}
97. DON'T KNOW
98. REFUSED

[12 Entry Fields]

[GO TO Cs4]

**Cs3a. [RBACCS3A]**

Are you currently covered by any of the following health insurance plans? Do not include accident, such as car insurance or disability insurance.

Private health insurance such as:

Private insurance directly from the insurer?

**(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)

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

**Cs3b. [RBACCS3B]**

(Are you currently covered by...)

Private insurance through your own current or former employer?

(If you have no current or former employer, say "NO".)

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

**[SKIP Cs3c if no current spouse/partner]****Cs3c. [RBACCS3C]**

(Are you currently covered by...)

Private insurance through your spouse or partner's current or former employer?

(If you have no spouse or partner, say "NO".)

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



**Cs3d. [RBACCS3D]**

(Are you currently covered by...)

Private insurance through your own current or former union?

(If you have no union, say "NO".)

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

**[SKIP Cs3e if no current spouse/partner]****Cs3e. [RBACCS3E]**

(Are you currently covered by...)

Private insurance through your spouse or partner's current or former union?

(If you have no spouse or partner, say "NO".)

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

**Cs3f. [RBACCS3F]**

(Are you currently covered by...)

Government health insurance such as:

Medicare, for people who are 65 or older regardless of financial need or younger people with certain disabilities or illnesses?

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

**Cs3g. [RBACCS3G]**

(Are you currently covered by...)

Medicaid, or other government health insurance based on financial need?

**(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)

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

**Cs3h. [RBACCS3H]**

(Are you currently covered by...)

CHAMPUS, CHAMPVA, or other government health insurance for military personnel or veterans?

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

**Cs4. [RBACCS4]**

Do you have insurance for dental health care?

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

**Cs5. [RBACCS5]**

Do you have health insurance that covers the cost of any prescription drugs?

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

**Cs6. [RBACCS6]**

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
8. REFUSED

**Cs7a. [RBACCS7A]**

We are also interested in what sources of private health insurance are available to you, whether or not you are currently covered through them. Do not consider whether you could afford the insurance, only whether insurance would be available to you.

Could you apply for health insurance from any of the following sources?

Through your own current or former employer?

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

**[SKIP Cs7b if no current spouse/partner]****Cs7b. [RBACCS7B]**

(Could you apply for insurance...)

Through your spouse or partner's current or former employer?

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

**Cs7c. [RBACCS7C]**

(Could you apply for insurance...)

Through your own current or former union?

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

**[SKIP Cs7d if no current spouse/partner]**

**Cs7d. [RBACCS7D]**

(Could you apply for insurance...)

Through your spouse or partner's current or former union?

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

**Cs7e. [RBACCS7E]**

(Could you apply for insurance...)

Through the Health Insurance Marketplace, also known as ObamaCare?

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

**Cs8a. [RBACCS8A]**

Would you be eligible for any of the following government health insurance plans--that is, could you get this kind of insurance if you applied?

Medicare, for people who are 65 or older regardless of financial need or younger people with certain disabilities or illnesses?

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

**Cs8b. [RBACCS8B]**

(Would you be eligible for...)

Medicaid, or other government health insurance based on financial need?

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

**Cs8c. [RBACCS8C]**  
(Would you be eligible for...)

CHAMPUS, CHAMPVA, or other government health insurance for military personnel or Veterans?

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

**If B19 = 1 (married) or 2 (separated), or B30 = 1 (in a serious relationship) then [GO TO Cs9]. Others (GO TO Gs1).**

**Cs9a. [RBACCS9A]**

Is your spouse or partner currently covered by any of the following health insurance plans? Again, do not include those which pay only for accidents, such as through your car insurance, or disability, such as disability insurance.

Private insurance directly from the insurer?

**(INTERVIEWER: IF R INDICATES SPOUSE/PARTNER ARE COVERED BY HEALTH INSURANCE PURCHASED THROUGH THE HEALTH INSURANCE MARKETPLACE (OBAMACARE OR THE AFORDABLE CARE ACT), ASK:**  
"Was it a private health insurance plan purchased on their own or by a family member (private), or did they receive Medicaid (a state plan)?"

**IF PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER, RECORD CS9A (PRIVATE INSURANCE DIRECTLY FROM THE INSURER) = YES,**

**IF MEDICAID, RECORD CS9G (MEDICAID OR OTHER GOV'T HEALTH INSURANCE..) = YES)**

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

**Cs9b. [RBACCS9B]**  
(Is your spouse or partner currently covered by...)

Private insurance through your own current or former employer?

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

**Cs9c. [RBACCS9C]**

(Is your spouse or partner currently covered by...)

Private insurance through your spouse or partner's current or former employer?

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

**Cs9d. [RBACCS9D]**

(Is your spouse or partner currently covered by...)

Private insurance through your own current or former union?

(If you have no union, say "NO".)

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

**Cs9e. [RBACCS9E]**

(Is your spouse or partner currently covered by...)

Private insurance through your spouse or partner's current or former union?

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

**Cs9f. [RBACCS9F]**

(Is your spouse or partner currently covered by...)

Government health insurance such as:

Medicare for people who are 65 or older regardless of financial need or younger people with certain disabilities or illnesses?

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

**Cs9g. [RBACCS9G]**

(Is your spouse or partner currently covered by...)

Medicaid, or other government health insurance based on financial need?

**INTERVIEWER:** IF R INDICATES SPOUSE/PARTNER 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 their own or by a family member (private), or did they receive Medicaid (a state plan)?"

IF PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER, RECORD CS9A (PRIVATE INSURANCE DIRECTLY FROM THE INSURER) = YES,

IF MEDICAID, RECORD CS9G (MEDICAID OR OTHER GOV'T HEALTH INSURANCE..) = YES.

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

**Cs9h. [RBACCS9H]**

(Is your spouse or partner currently covered by...)

CHAMPUS, CHAMPVA, or other government health insurance for military personnel or veterans?

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

**Cs10. [RBACCS10]**

Does your spouse or partner have insurance for dental health care?

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

**Cs11. [RBACCS11]**

Does your spouse or partner have health insurance that covers the cost of any prescription drugs?

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

**Cs12. [RBACCS12]**

Does your spouse or partner have health insurance that covers the cost of any mental health visits, that is, that would help to pay for visits for him or her such as psychological or emotional counseling, or alcohol or drug abuse treatment programs?

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



## SECTION 5: FINANCES

### Gs1. [RBACGS1]

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

10. BEST POSSIBLE FINANCIAL SITUATION

97. DON'T KNOW

98. REFUSED

### Gs1a. [RBACGS1A]

Looking back to December 2019, before the COVID-19 pandemic began, 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

98. REFUSED

### Gs2. [RBACGS2]

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

10. BEST POSSIBLE FINANCIAL SITUATION

97. DON'T KNOW

98. REFUSED

**Gs3. [RBACGS3]**

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

10. BEST POSSIBLE FINANCIAL SITUATION

97. DON'T KNOW

98. REFUSED

**Gs4. [RBACGS4]**

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

10. VERY MUCH CONTROL

97. DON'T KNOW

98. REFUSED

**Gs5. [RBACGS5]**

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

10. VERY MUCH THOUGHT OR EFFORT

97. DON'T KNOW

98. REFUSED

**Gs6. [RBACGS6]**

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
8. REFUSED

**Gs6a. [RBACGS6A]**

Since the COVID-19 pandemic began in early 2020, has your income gone up, gone down, or stayed about the same because of the pandemic?

1. INCOME UP
2. INCOME DOWN
3. INCOME ABOUT THE SAME
7. DON'T KNOW
8. REFUSED

**Gs7. [RBACGS7]**

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

1. EXTREMELY DIFFICULT
2. VERY DIFFICULT
3. SOMEWHAT DIFFICULT
4. A LITTLE DIFFICULT
5. NOT AT ALL DIFFICULT
7. DON'T KNOW
8. REFUSED

**Gs7a. [RBACGS7A]**

Compared to before the COVID-19 pandemic began in early 2020, how difficult is it now for you and your family to pay your monthly bills?

Would you say much more difficult now, somewhat more difficult now, a little more difficult now, about the same, a little less difficult now, somewhat less difficult now, or much less difficult now.

1. MUCH MORE DIFFICULT NOW
2. SOMEWHAT DIFFICULT NOW
3. A LITTLE MORE DIFFICULT NOW
4. ABOUT THE SAME
5. A LITTLE LESS DIFFICULT NOW
6. SOMEWHAT LESS DIFFICULT NOW
7. MUCH LESS DIFFICULT NOW
97. DON'T KNOW
98. REFUSED

Gs8 The next several questions ask about the different sources of income you, your spouse and other family members in your household may have had over **the last calendar year**. You may need to consult your records to answer some of these questions.

I will ask you about earned income such as wages and stipends, any pension and social security income and government assistance payments that you, your spouse and other household members received in 2022.

Please take some time to gather your records if necessary.

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

Gs8. [RBACGS8A] to [RBACGS8D]

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 <b>last calendar year</b> 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 listed above, 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	

7. DON'T KNOW  
8. REFUSED

***[IF B19 NE 1 (MARRIED) OR 2 (SEPARATED), OR B30 NE 1 (LIVING WITH SOMEONE IN A STEADY, MARRIAGE-LIKE RELATIONSHIP) THEN [GO TO GS10]]***

**Gs9. [RBACGS9A] to [RBACGS9D]**

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...

- ...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.
- ...pension accounts, retirement accounts and the like?
- ...Social Security?
- ...any other source not listed above, including tips and commissions, military reserves, financial assistance, etc.

96. NOT MARRIED/NOT LIVING WITH PARTNER  
97. DON'T KNOW  
98. REFUSED

***If Gs9a = 96, fill Gs9b, Gs9c, and Gs9d = 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***

**Gs10. [RBACGS10A] to [RBACGS10D]**

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

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 have 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 not listed above, including tips and commissions, military reserves, financial assistance, etc.

96. NO ONE ELSE LIVING IN HOUSEHOLD

97. DON'T KNOW

98. REFUSED

***If Gs10a = 96, fill Gs10b, Gs10c, and Gs10d = 96, GO TO Gs11a***

***If Gs10b, Gs10c, Gs10d = 96, check screen will ask to either correct previous valid answers or code all as 96***

**Gs11a. [RBACGS11A]**

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?

Supplemental Security Income, or SSI?

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

**Gs11b. [RBACGS11B]**

(Have you received income over the last calendar year from) Social Security Disability Insurance, or SSDI?

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

**Gs11c. [RBACGS11C]**

(Have you received income over the last calendar year from) General Assistance?

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

**Gs11d. [RBACGS11D]**

(Have you received income over the last calendar year from) Food Stamps?

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

**Gs11e. [RBACGS11E]**

(Have you received income over the last calendar year from) Temporary Assistance for Needy Families, or TANF?

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

**Gs11f. [RBACGS11F]**

(Have you received income over the last calendar year from) Other state welfare programs?

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

**Gs11g. [RBACGS11G]**

(Have you received income over the last calendar year from) Unemployment benefits?

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

**Gs11h. [RBACGS11H]**

(Have you received income over the last calendar year from) Other disability benefits?

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

**Gs11i. [RBACGS11I]**

(Have you received income over the last calendar year from) Veteran's benefits?

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

**Gs11j. [RBACGS11J]**

(Have you received income over the last calendar year from) Workman's Compensation or Workers' Compensation?

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

**Gs11k. [RBACGS11K]**

(Have you received income over the last calendar year from) Any other sources of government or public assistance programs, such as WIC, energy or rent assistance? Do not include those already mentioned.

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

**[IF NO to all Gs11c-k, go to Gs13, else go to Gs12]**

**Gs12. [RBACGS12]** 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         |
| 99998. | REFUSED            |

**Gs13. [RBACGS13]**

Next are some questions about pension and retirement plans. First, are **you** currently included in a pension 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         | [GO TO Gs14] |
| 7. | DON'T KNOW | [GO TO Gs14] |
| 8. | REFUSED    | [GO TO Gs14] |



**Gs13a. [RBACGS13A]**

What is the estimated current worth of your pension and retirement savings?

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

**Gs14. [RBACGS14]**

Aside from any employer plan, do you have your own traditional, Keogh, or Roth IRA Account?

- |    |            |              |
|----|------------|--------------|
| 1. | YES        |              |
| 2. | NO         | [GO TO Gs15] |
| 7. | DON'T KNOW | [GO TO Gs15] |
| 8. | REFUSED    | [GO TO Gs15] |

**Gs14a. [RBACGS14A]**

What is the estimated current worth of your traditional, Keogh, or Roth IRA Account?

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

**Gs15. [RBACGS15]**

Do you have any other pension or retirement plans you have not previously mentioned?  
(Do not include any your spouse or partner may have.)

- |    |            |              |
|----|------------|--------------|
| 1. | YES        |              |
| 2. | NO         | [Go to Gs16] |
| 7. | DON'T KNOW | [Go to Gs16] |
| 8. | REFUSED    | [Go to Gs16] |

**Gs15a. [RBACGS15A]**

What is the estimated worth of these other pension or retirement plans?

- |          |                       |
|----------|-----------------------|
| 0        | NONE                  |
| _____.   | \$1 TO \$9,999,955    |
| 9999996. | MORE THAN \$9,999,995 |
| 9999997. | DON'T K NOW           |
| 9999998. | REFUSED               |

**Gs16. [RBACGS16]**

Is your **spouse or partner** currently included in a pension or retirement plan, such as a 401K, 403A, 403B, or 457B plan, offered by **his or her** current or former employer or union?

(**INTERVIEWER: IF R DOES NOT HAVE A SPOUSE OR PARTNER OR IF THE SPOUSE OR PARTNER HAS NEVER HAD A PAID JOB, ANSWER “ “DOES NOT APPLY”.**)

- |    |                |              |
|----|----------------|--------------|
| 1. | YES            |              |
| 2. | NO             | [GO TO Gs17] |
| 3. | DOES NOT APPLY | [GO TO Gs17] |
| 7. | DON'T KNOW     | [GO TO Gs17] |
| 8. | REFUSED        | [GO TO Gs17] |

**Gs16a. [RBACGS16A]**

What is the estimated worth of your spouse's pension or retirement plan?

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

**Gs17. [RBACGS17]**

Which of the following best describes your primary residence?

- |    |             |              |
|----|-------------|--------------|
| 1. | HOUSE       |              |
| 2. | APARTMENT   | [GO TO Gs18] |
| 3. | CONDOMINIUM |              |
| 4. | MOBILE HOME |              |
| 7. | DON'T KNOW  | [GO TO Gs18] |
| 8. | REFUSED     | [GO TO Gs18] |

**Is5. [RBACIS5]**

Do you own your home outright, are you paying on a mortgage, or do you rent?

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

- |    |                      |              |
|----|----------------------|--------------|
| 1. | OWN HOME OUTRIGHT    |              |
| 2. | PAYING ON A MORTGAGE |              |
| 3. | RENT                 | [GO TO Gs18] |
| 4. | STAY FOR FREE        | [GO TO Gs18] |
| 7. | DON'T KNOW           |              |
| 8. | REFUSED              |              |

**Gs17a. [RBACGS17A]**

How much do you think your home would sell for?

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

**Gs18. [RBACGS18]**

Do you own a business or farm?

- |    |            |              |
|----|------------|--------------|
| 1. | YES        |              |
| 2. | NO         | [GO TO Gs19] |
| 7. | DON'T KNOW | [GO TO Gs19] |
| 8. | REFUSED    | [GO TO Gs19] |

**Gs18a. [RBACGS18A]**

How much do you think this business or farm would sell for?

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

**Gs18b. [RBACGS18B]**

How much, if anything, do you owe on your business or farm?

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

**Gs19. [RBACGS19]**

Do you have any money in stocks, bonds, CDs, or mutual funds?

- |    |            |              |
|----|------------|--------------|
| 1. | YES        |              |
| 2. | NO         | [GO TO Gs20] |
| 7. | DON'T KNOW | [GO TO Gs20] |
| 8. | REFUSED    | [GO TO Gs20] |

**Gs19a. [RBACGS19A]**

If you sold or cashed in all of your stocks, bonds, CDs, or mutual funds, how much would you have?

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

**Gs20. [RBACGS20]**

Do you have any income from rental property?

- |    |            |              |
|----|------------|--------------|
| 1. | YES        |              |
| 2. | NO         | [GO TO Gs21] |
| 7. | DON'T KNOW | [GO TO Gs21] |
| 8. | REFUSED    | [GO TO Gs21] |

**Gs20a. [RBACGS20A]**

What was the income in the last calendar year?

- |          |                       |
|----------|-----------------------|
| _____.   | \$1 TO \$9,999,955    |
| 9999996. | MORE THAN \$9,999,995 |
| 9999997. | DON'T KNOW            |
| 9999998. | REFUSED               |

**Gs21. [RBACGS21]**

Has anyone ever left you or your spouse or partner anything, like an inheritance, trust fund, or insurance settlement worth \$1,000 or more when they died?

- |    |            |              |
|----|------------|--------------|
| 1. | YES        |              |
| 2. | NO         | [GO TO Gs22] |
| 7. | DON'T KNOW | [GO TO Gs22] |
| 8. | REFUSED    | [GO TO Gs22] |

**Gs21a. [RBACGS21A]**

In what year did you receive the largest payment of that sort?

- |        |                                     |
|--------|-------------------------------------|
| _____. | YEAR OF LARGEST PAYMENT (1970-2024) |
| 9997.  | DON'T KNOW                          |
| 9998.  | REFUSED                             |

**Gs21b. [RBACGS21B]**

About how much did you or your spouse or partner receive?

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

**Gs22. [RBACGS22]**

Do you have any life insurance, including individual or group policies?

- |    |            |              |
|----|------------|--------------|
| 1. | YES        |              |
| 2. | NO         | [GO TO Gs23] |
| 7. | DON'T KNOW | [GO TO Gs23] |
| 8. | REFUSED    | [GO TO Gs23] |

**Gs22a. [RBACGS22A]**

If you were to die, how much money would your beneficiaries receive from this or these insurance policies?

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

**Gs23. [RBACGS23]**

Suppose you and your spouse or partner cashed in all of your checking and savings accounts, stocks and bonds, real estate, and sold your home, your vehicles, and all of your valuable possessions. Then suppose you put that money toward paying off your mortgage and all of your other loans, debts, and credit cards. Would you have any money left over after paying your debts or would you still owe money?

- |    |                                     |              |
|----|-------------------------------------|--------------|
| 1. | WOULD HAVE MONEY LEFT OVER          |              |
| 2. | WOULD STILL OWE MONEY               |              |
| 3. | DEBTS WOULD JUST ABOUT EQUAL ASSETS | [GO TO Gs25] |
| 7. | DON'T KNOW                          | [GO TO Gs25] |
| 8. | REFUSED                             | [GO TO Gs25] |

**Gs24. [RBACGS24]**

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            |
| 9999998. | REFUSED               |

**Gs25a. [RBACGS25A]**

Please tell me the amount you currently owe for any of the following items. (If none say “NONE”.)

Home Mortgage?

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

**Gs25b. [RBACGS25B]**

(Please tell me the amount you currently owe for...)

Home Improvement, Home Equity Loans or Lines of Credit?

(A home equity loan is a loan against the value of your house.)

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

**Gs25c. [RBACGS25C]**

(Please tell me the amount you currently owe for...)

Other Real Estate Loans?

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

**Gs25d. [RBACGS25D]**

(Please tell me the amount you currently owe for...)

Business or Farm Loans?

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

**Gs25e. [RBACGS25E]**

(Please tell me the amount you currently owe for...)

Vehicle Loans, for example: cars, trucks, campers, boats, other recreational vehicles?

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

**Gs25f. [RBACGS25F]**

(Please tell me the amount you currently owe for...)

Credit Cards or Charge Accounts?

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

**Gs25g. [RBACGS25G]**

(Please tell me the amount you currently owe for...)

Installment Loans for major purchases, for example: furniture or appliances?

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

**Gs25h. [RBACGS25H]**

(Please tell me the amount you currently owe for...)

Educational Loans?

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

Gs25i. **[RBACGS25I]** (Please tell me the amount you currently owe for...)

Other Personal Loans?

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

Gs26. **[RBACGS26]**

Just before the COVID-19 pandemic began in early 2020, what was your total annual household income from all sources?

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

Gs27. **[RBACGS27A] [RBACGS27B]**

Think about your total annual household income from all sources now. Compared to just before the COVID-19 pandemic began, how would you describe your total annual household income **now**?

- 1. MORE NOW  
**If more** > How much more?
- 2. ABOUT THE SAME
- 3. LESS NOW  
**If less** > How much less?
- 7. DON'T KNOW
- 8. REFUSED

Gs28. **[RBACGS28A] [RBACGS28B]**

Think back to **just before the** COVID-19 pandemic began in 2020. At that time, if you had similarly cashed in all your accounts, sold all your assets, and put money toward paying off all your debts, would you have been in debt, just broke even, or had a positive balance?

- 1. BEEN IN DEBT  
**If debt** > About how much would you have owed?
- 2. JUST BROKE EVEN
- 3. HAD A POSITIVE BALANCE  
**If positive** > About how much would you have had?
- 7. DON'T KNOW
- 8. REFUSED



**Gs29. [RBACGS29]**

Think back to how much you owed before the COVID pandemic began in early 2020. Compared to what you owed before the COVID pandemic, do you currently owe much less now, somewhat less now, a little less now, about the same now, a little more now, somewhat more now, or much more now?

1. MUCH LESS NOW
2. SOMEWHAT LESS NOW
3. LITTLE LESS NOW
4. ABOUT THE SAME
5. LITTLE MORE NOW
6. SOMEWHAT MORE NOW
7. MUCH MORE NOW
97. DON'T KNOW
98. REFUSED

## SECTION 7: SOCIAL NETWORKS; MARRIAGE OR CLOSE RELATIONSHIP

**[IF B19  $\neq$  1 AND B30  $\neq$  1, THEN GO TO Js7pa.]**

Js7. The next set of questions asks about problems that may have happened to anyone close to you, such as a spouse or partner, parents, or children, in the past 12 months.

**[RBACJS7SA] to [RBACJS7SO]**

If a question does not apply to you because you have no spouse or partner, say “**Does not apply.**”

In the past 12 months, did your **SPOUSE or PARTNER** have...

- sa. Chronic disease or disability?
- sb. Frequent minor illnesses?
- sc. Emotional problems (such as sadness, anxiety)
- sd. Alcohol or substance problems?
- se. Financial problems (such as low income or heavy debts)
- sf. Problems at school or at work (such as failing grades, poor job performance)
- sg. Difficulty finding or keeping a job?
- sh. Marital or partner relationship problems?
- si. Legal problems (such as involved in law suits, police charges, traffic violations)
- sj. Difficulty getting along with people?
- sk. A loss of a home due to foreclosure or eviction?
- sl. A loss of employment?
- sm. To delay a planned retirement?
- sn. To delay schooling, such as having to drop out?
- so. To move in with others?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 8. REFUSED
- 9. DOES NOT APPLY - NOT MARRIED/NOT LIVING WITH PARTNER

**[RBACJS7PA] to [RBACJS7PO]**

If a question does not apply to you because your parents are deceased, enter “x” for “**Does not apply**”.

In the past 12 months, did your **PARENTS** have...

- pa. Chronic disease or disability?
- pb. Frequent minor illnesses?
- pc. Emotional problems (such as sadness, anxiety)
- pd. Alcohol or substance problems?
- pe. Financial problems such as low income or heavy debts?
- pf. Problems at school or at work (such as failing grades, poor job performance)
- pg. Difficulty finding or keeping a job?
- ph. Marital or partner relationship problems?
- Pi. Legal problems (such as involved in law suits, police charges, traffic violations)
- pj. Difficulty getting along with people?
- pk. A loss of a home due to foreclosure or eviction?
- pl. A loss of employment?
- pm. To delay a planned retirement?.
- pn. To delay schooling, such as having to drop out?
- po. To move in with others?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 8. REFUSED
- 9. DOES NOT APPLY –PARENTS DECEASED [GO TO Js7ca]

**[RBACJS7CA] to [RBACJS7CO]**

If a question does not apply to you because you have no children, enter “x” for “**Does not apply**”.

In the past 12 months, did your **CHILDREN** have...

- ca. Chronic disease or disability?
  - cb. Frequent minor illnesses?
  - cc. Emotional problems, such as sadness, anxiety?
  - cd. Alcohol or substance problems?
  - ce. Financial problems, such as low income or heavy debts?
  - cf. Problems at school or at work, such as failing grades, poor job performance?
  - cg. Difficulty finding or keeping a job?
  - ch. Marital or partner relationship problems?
  - ci. Legal problems, such as involved in law suits, police charges, traffic violations?
  - cj. Difficulty getting along with people?
  - ck. A loss of a home due to foreclosure or eviction?
  - cl. A loss of employment?
  - cm. To delay a planned retirement?.
  - cn. To delay schooling, such as having to drop out?
  - co. To move in with others?
- 
- 1. YES
  - 2. NO
  - 7. DON'T KNOW
  - 8. REFUSED
  - 9. DOES NOT APPLY - NO CHILDREN [GO TO Ls1]

**[If B19 = Married or B30 = Yes continue with this section. Others GO TO Es11.]**

**Ls1. [RBACLS1]**

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

98. REFUSED

**Ls2. [RBACLS2]**

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

98. REFUSED

**Ls3. [RBACLS3]**

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

98. REFUSED

**Ls4. [RBACLS4]**

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

98. REFUSED

**Ls5. [RBACLS5]**

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

98. REFUSED

**Ls6. [RBACLS6]**

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

8. REFUSED

**Ls7. [RBACLS7]**

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
8. REFUSED

**Ls8. [RBACLS8]**

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
8. REFUSED

**Ls9a. [RBACLS9A]**

Couples often disagree about a lot of issues in life. How much do you and your spouse or partner **disagree** on the following issues?

Money matters, such as how much to spend, save or invest?

Would you say you disagree 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
8. REFUSED

**Ls9b. [RBACLS9B]**

(How much do you and your spouse or partner **disagree** on...)

Household tasks, such as what needs doing and who does it?

(Would you say you disagree 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
8. REFUSED

**Ls9c. [RBACLS9C]**

(How much do you and your spouse or partner **disagree** on..)

Leisure time activities, such as what to do and with whom?

(Would you say you disagree 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
8. REFUSED

**Ls10. [RBACLS10]**

How often do you and your spouse or partner have a really good talk about something important to you?

Would you say at least once a day, a few times a week, once a week, a few times a month, or less often than that?

1. AT LEAST ONCE A DAY
2. A FEW TIMES A WEEK
3. ONCE A WEEK
4. A FEW TIMES A MONTH
5. LESS OFTEN THAN THAT
7. DON'T KNOW
8. REFUSED



**Ls11a. [RBACLS11A]**

How much does your spouse or partner really care about you?

Would you say 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
8. REFUSED

**Ls11b. [RBACLS11B]**

How much does [he/she] understand the way you feel about things?

(Would you say 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
8. REFUSED

**Ls11c. [RBACLS11C]**

How much does [he/she] appreciate you?

(Would you say 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
8. REFUSED

**Ls11d. [RBACLS11D]**

How much can you rely on [him/her] for help if you have a serious problem?

(Would you say 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
8. REFUSED

**Ls11e. [RBACLS11E]**

How much can you open up to [him/her] if you need to talk about your worries?

(Would you say a lot, some, a little or not at all?)

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

**Ls11f. [RBACLS11F]**

How much can you relax and be yourself around [him/her]?

(Would you say 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
8. REFUSED

**Ls11g. [RBACLS11G]**

How often does your spouse or partner make too many demands on you?

Would you say often, sometimes, rarely or never?

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW
8. REFUSED

**Ls11h. [RBACLS11H]**

How often does [he/she] make you feel tense?

(Would you say often, sometimes, rarely or never?)

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW
8. REFUSED

**Ls11i. [RBACLS11I]**

How often does [he/she] argue with you?

(Would you say often, sometimes, rarely or never?)

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW
8. REFUSED

**Ls11j. [RBACLS11J]**

How often does [he/she] criticize you?

(Would you say often, sometimes, rarely or never?)

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW
8. REFUSED

**Ls11k. [RBACLS11K]**

How often does [he/she] let you down when you are counting on [him/her]?

(Would you say often, sometimes, rarely or never?)

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW
8. REFUSED

**Ls11l. [RBACLS11L]**

How often does [he/she] get on your nerves?

(Would you say often, sometimes, rarely or never?)

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW
8. REFUSED

**Ls12pre**

Running a household involves a lot of chores, like cooking, shopping, laundry, cleaning, yardwork, repairs, and paying bills, and couples vary in who does these things. The next questions are about how you split these chores.

If you have children, do not count childrearing tasks such as bathing them, taking them places, or helping them with their homework, but do include chores like doing their laundry, washing their dishes, or cooking for them.

**Ls12. [RBACLS12]**

Would you say you do a lot more household chores than your spouse, you do somewhat more than your spouse or partner, you do a little more than your spouse, chores are split equally, your spouse does a little more than you, your spouse does somewhat more than you, or your spouse does a lot more than you?

- 1. YOU DO A LOT MORE THAN YOUR SPOUSE
- 2. YOU DO A SOMEWHAT MORE THAN YOUR SPOUSE
- 3. YOU DO A LITTLE MORE THAN YOUR SPOUSE
- 4. CHORES ARE SPLIT EQUALLY
- 5. YOUR SPOUSE DOES A LITTLE MORE THAN YOU
- 6. YOUR SPOUSE DOES SOMEWHAT MORE THAN YOU
- 7. YOUR SPOUSE DOES A LOT MORE THAN YOU
- 97. DON'T KNOW
- 98. REFUSED

**Ls13. [RBACLS13]**

In a typical week, about how many hours do you generally spend doing household chores?

**INTERVIEWER:** IF R SAYS NONE, ENTER "0".

- 0. NONE
- \_\_\_. 1 TO 95 HOURS PER WEEK
- 96 MORE THAN 95 HOURS PER WEEK
- 97. DON'T KNOW
- 98. REFUSED

**Ls14. [RBACLS14]**

In a typical week, about how many hours does your spouse or partner spend doing household chores?

**INTERVIEWER:** IF R SAYS NONE, ENTER "0".

- 0. NONE
- \_\_\_. 1 TO 95 HOURS PER WEEK
- 96 MORE THAN 95 HOURS PER WEEK
- 97. DON'T KNOW
- 98. REFUSED

**Ls15. [RBACLS15]**

How fair do you think this arrangement of household chores is to you?

Would you say very fair, somewhat fair, somewhat unfair, or very unfair?

1. VERY FAIR
2. SOMEWHAT FAIR
3. SOMEWHAT UNFAIR
4. VERY UNFAIR
7. DON'T KNOW
8. REFUSED

**Ls16. [RBACLS16]**

How fair do you think this arrangement of household chores is to your spouse or partner?

Would you say very fair, somewhat fair, somewhat unfair, or very unfair?

1. VERY FAIR
2. SOMEWHAT FAIR
3. SOMEWHAT UNFAIR
4. VERY UNFAIR
7. DON'T KNOW
8. REFUSED

**Ls17a. [RBACLS17A]**

How much do you agree or disagree with the following statements?

My partner and I are a team when it comes to making decisions.

Would you say you strongly agree, somewhat agree, agree a little, neither agree nor disagree, disagree a little, somewhat disagree or strongly disagree?

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

**Ls17b. [RBACLS17B]**

Things turn out better when I talk things over with my partner.

(Would you say you strongly agree, somewhat agree, agree a little, neither agree nor disagree, disagree a little, somewhat disagree or strongly disagree?)

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

**Ls17c. [RBACLS17C]**

I don't make plans for the future without talking it over with my partner.

(Would you say you strongly agree, somewhat agree, agree a little, neither agree nor disagree, disagree a little, somewhat disagree or strongly disagree?)

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

**Ls17d. [RBACLS17D]**

When I have to make decisions about medical, financial or family issues, I ask my partner for advice.

(Would you say you strongly agree, somewhat agree, agree a little, neither agree nor disagree, disagree a little, somewhat disagree or strongly disagree?)

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

**Ls18. [RBACLS18]**

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
8. REFUSED

**Ls19. [RBACLS19]**

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
8. REFUSED

**Es11.** The following questions are about experiences you may have had as a **child** or **teenager**.

**INTERVIEWER:** THESE EXPERIENCES MAY HAVE HAPPENED AT A PARTICULAR AGE, OR FOR YEARS IN A ROW. FOR EXAMPLE, IF THE QUESTION IS ABOUT WHAT AGE OR AGES R CHANGED SCHOOLS, AND R CHANGED SCHOOLS ONLY ONCE, AT SAY, AGE 13, THEN YOU ONLY NEED TO ENTER "13" IN THE FIRST BOX.

IF R CHANGED SCHOOLS MORE THAN ONCE, THEN ENTER EACH AGE THAT IT HAPPENED IN A SEPARATE BOX.

IF R CHANGED SCHOOLS EVERY YEAR FOR THREE YEARS IN A ROW, THEN ENTER "95" TO BRING UP A SPECIAL WINDOW WHERE YOU ENTER THE AGE RANGE, FOR EXAMPLE "13 - 16". WHEN YOU ARE FINISHED IN THE SPECIAL BOX, TYPE TWO FORWARD SLASHES (//) AND PRESS ENTER TO EXIT.

WHEN YOU ARE FINISHED ENTERING YOUR AGE OR AGES, ENTER "X" IN THE NEXT BOX TO MOVE ON TO THE NEXT QUESTION.

Es11a. **[RBACES11A]**  
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 Es11a1]
2. NO [GO TO Es11b]
7. DON'T KNOW [GO TO Es11b]
8. REFUSED

Es11a\_1. **[RBACES11A11] to [RBACES11A15]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER "95" TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

Es11a\_2. **[RBACES11A2S]** How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW
8. REFUSED

Es11a\_3. **[RBACES11A3S]**  
How did this affect you in the long run?

Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW
8. REFUSED



Es11b. **[RBACES11B]**  
(For each event, please answer whether this has happened to you.)

You were sent away from home because you did something wrong.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11b1] |
| 2. | NO         | [GO TO Es11c]  |
| 7. | DON'T KNOW | [GO TO Es11c]  |
| 8. | REFUSED    |                |

Es11b\_1. **[RBACES11B11] to [RBACES11B14]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11b\_2. **[RBACES11B2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11b\_3. **[RBACES11B3S]**  
(For each event, please answer whether this has happened to you.)

How did this affect you in the long run?

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11c. **[RBACES11C]**  
Your father or mother did not have a job when they wanted to be working.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11c1] |
| 2. | NO         | [GO TO Es11d]  |
| 7. | DON'T KNOW | [GO TO Es11d]  |
| 8. | REFUSED    |                |

Es11 c\_1. **[RBACES11C11] to [RBACES11C16]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER "95" TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11c\_2. **[RBACES11C2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11c\_3. **[RBACES11C3S]**  
How did this affect you in the long run?

Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11d. **[RBACES11D]**  
(For each event, please answer whether this has happened to you.)

One or both of your parents drank so often it caused problems.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11d1] |
| 2. | NO         | [GO TO Es11e]  |
| 7. | DON'T KNOW | [GO TO Es11e]  |
| 8. | REFUSED    |                |

Es11d\_1. **[RBACES11D11] to [RBACES11D12]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11d\_2. **[RBACES11D2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11d\_3. **[RBACES11D3S]**  
How did this affect you in the long run?

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

**Es11e. [RBACES11E]**  
(For each event, please answer whether this has happened to you.)

One or both of your parents used drugs so often it regularly caused problems.

1.	YES	[GO TO Es11e1]
2.	NO	[GO TO Es11f]
7.	DON'T KNOW	[GO TO Es11f]
8.	REFUSED	

**Es11e\_1. [RBACES11E11] to [RBACES11E12]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER "95" TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

**Es11e\_2. [RBACES11E2S]**  
How did this affect you initially?

**(IF NEEDED: How did this affect you at first?)**

Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?

1.	VERY NEGATIVELY
2.	SOMEWHAT NEGATIVELY
3.	NOT AT ALL
4.	SOMEWHAT POSITIVELY
5.	VERY POSITIVELY
7.	DON'T KNOW
8.	REFUSED

**Es11e\_3. [RBACES11E3S]**  
How did this affect you in the long run?

Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?

1.	VERY NEGATIVELY
2.	SOMEWHAT NEGATIVELY
3.	NOT AT ALL
4.	SOMEWHAT POSITIVELY
5.	VERY POSITIVELY
7.	DON'T KNOW
8.	REFUSED

Es11f. **[RBACES11F]**  
(For each event, please answer whether this has happened to you.)

You dropped out of school.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11f1] |
| 2. | NO         | [GO TO Es11g]  |
| 7. | DON'T KNOW | [GO TO Es11g]  |
| 8. | REFUSED    |                |

Es11f\_1. **[RBACES11F11]**  
At what age or ages did this happen?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11f\_2. **[RBACES11F2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11f\_3. **[RBACES11F3S]**  
How did this affect you in the long run?

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11g. **[RBACES11G]**  
(For each event, please answer whether this has happened to you.)

You were expelled or suspended from school.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11g1] |
| 2. | NO         | [GO TO Es11h]  |
| 7. | DON'T KNOW | [GO TO Es11h]  |
| 8. | REFUSED    |                |

Es11g\_1. **[RBACES11G11] to [RBACES11G16]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11g\_2. **[RBACES11G2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11g\_3. **[RBACES11G3S]**  
How did this affect you in the long run?

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11h. **[RBACES11H]**  
(For each event, please answer whether this has happened to you.)

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 Es11h1] |
| 2. | NO         | [GO TO Es11i]  |
| 7. | DON'T KNOW | [GO TO Es11i]  |
| 8. | REFUSED    |                |

Es11h\_1. **[RBACES11H11]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11h\_2. **[RBACES11H2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11h\_3. **[RBACES11H3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11i. **[RBACES11I]**  
(For each event, please answer whether this has happened to you.)

You were fired from a job.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11i1] |
| 2. | NO         | [GO TO Es11j]  |
| 7. | DON'T KNOW | [GO TO Es11j]  |
| 8. | REFUSED    |                |

Es11i\_1. **[RBACES11I11] to [RBACES11I16]**  
How old were you when this happened to you ?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11i\_2. **[RBACES11I2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11i\_3. **[RBACES11I3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |



Es11j. **[RBACES11J]**  
(For each event, please answer whether this has happened to you.)

You did not have a job for a long time when you wanted to be working.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11j1] |
| 2. | NO         | [GO TO Es11k]  |
| 7. | DON'T KNOW | [GO TO Es11k]  |
| 8. | REFUSED    |                |

Es11j\_1. **[RBACES11J11] to [RBACES11J12]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11j\_2. **RBACES11J2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11j\_3. **[RBACES11J3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11k. **[RBACES11K]**  
(For each event, please answer whether this has happened to you.)

A parent died.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11k1] |
| 2. | NO         | [GO TO Es111]  |
| 7. | DON'T KNOW | [GO TO Es111]  |
| 8. | REFUSED    |                |

Es11k\_1. **[RBACES11K11] to [RBACES11K12]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11k\_2. **[RBACES11K2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11k\_3. **[RBACES11K3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es111. **[RBACES11L]**  
(For each event, please answer whether this has happened to you.)

Your parents divorced.

- |    |            |               |
|----|------------|---------------|
| 1. | YES        | [GO TO Es111] |
| 2. | NO         | [GO TO Es11m] |
| 7. | DON'T KNOW | [GO TO Es11m] |
| 8. | REFUSED    |               |

Es111\_1. **[RBACES11L11] to [RBACES11L12]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es111\_2. **[RBACES11L2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es111\_3. **[RBACES11L3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11m. **[RBACES11M]**  
(For each event, please answer whether this has happened to you.)

Your spouse or partner engaged in (marital) infidelity.

([bold]IF NEEDED[n]: By infidelity we mean cheating or having an affair.)

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11m1] |
| 2. | NO         | [GO TO Es11n]  |
| 7. | DON'T KNOW | [GO TO Es11n]  |
| 8. | REFUSED    |                |

Es11m\_1. **[RBACES11M11] to [RBACES11M14]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER "95" TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11m\_2. [RBACES11M2S]  
How did this affect you initially?

**(IF NEEDED: How did this affect you at first?)**

Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW
8. REFUSED

Es11m\_3. **[RBACES11M3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)

1. VERY NEGATIVELY
2. SOMEWHAT NEGATIVELY
3. NOT AT ALL
4. SOMEWHAT POSITIVELY
5. VERY POSITIVELY
7. DON'T KNOW
8. REFUSED

Es11n. **[RBACES11N]**  
(For each event, please answer whether this has happened to you.)

Significant difficulties with in-laws.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11n1] |
| 2. | NO         | [GO TO Es11o]  |
| 7. | DON'T KNOW | [GO TO Es11o]  |
| 8. | REFUSED    |                |

Es11n\_1. **[RBACES11N11] to [RBACES11N13]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11n\_2. **[RBACES11N2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11n\_3. **[RBACES11N3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11o. **[RBACES11O]**  
(For each event, please answer whether this has happened to you.)

Your brother or sister died.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11o1] |
| 2. | NO         | [GO TO Es11p]  |
| 7. | DON'T KNOW | [GO TO Es11p]  |
| 8. | REFUSED    |                |

Es11o\_1. **[RBACES11O11] to [RBACES11O14]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11o\_2. **[RBACES11O2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11o\_3. **[RBACES11OS3]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11p. **[RBACES11P]**  
(For each event, please answer whether this has happened to you.)

Your child died.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11p1] |
| 2. | NO         | [GO TO Es11q]  |
| 7. | DON'T KNOW | [GO TO Es11q]  |
| 8. | REFUSED    |                |

Es11p\_1. **[RBACES11P11]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11p\_2. **[RBACES11P2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11p\_3. **[RBACES11P3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11q. **[RBACES11Q]**  
(For each event, please answer whether this has happened to you.)

Your child experienced a life threatening accident or injury.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11q1] |
| 2. | NO         | [GO TO Es11r]  |
| 7. | DON'T KNOW | [GO TO Es11r]  |
| 8. | REFUSED    |                |

Es11q\_1. **[RBACES11Q11] to [RBACES11Q16]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11q\_2. **[RBACES11Q2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11q\_3. **[RBACES11Q3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |



Es11r. **[RBACES11R]**  
(For each event, please answer whether this has happened to you.)

You lost your home to fire, flood, natural disaster, etc.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11r1] |
| 2. | NO         | [GO TO Es11s]  |
| 7. | DON'T KNOW | [GO TO Es11s]  |
| 8. | REFUSED    |                |

Es11r\_1. **[RBACES11R11]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11r\_2. **[RBACES11R2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11r\_3. **[RBACES11R3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11s. **[RBACES11S]**  
(For each event, please answer whether this has happened to you.)

You were physically assaulted or attacked.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11s1] |
| 2. | NO         | [GO TO Es11t]  |
| 7. | DON'T KNOW | [GO TO Es11t]  |
| 8. | REFUSED    |                |

Es11s\_1. **[RBACES11S11] to [RBACES11S15]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11s\_2. **[RBACES11S2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11s\_3. **[RBACES11S3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11t. **[RBACES11T]**  
(For each event, please answer whether this has happened to you.)

You were sexually assaulted. For example: forced sexual intercourse or other unwanted sexual contact.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11t1] |
| 2. | NO         | [GO TO Es11u]  |
| 7. | DON'T KNOW | [GO TO Es11u]  |
| 8. | REFUSED    |                |

Es11t\_1. **[RBACES11T11] to [RBACES11T16]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER "95" TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11t\_2. **[RBACES11T2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11t\_3. **[RBACES11T3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all, somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11u. **[RBACES11U]**  
(For each event, please answer whether this has happened to you.)

You had serious legal difficulties or prison.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11u1] |
| 2. | NO         | [GO TO Es11v]  |
| 7. | DON'T KNOW | [GO TO Es11v]  |
| 8. | REFUSED    |                |

Es11u\_1. **[RBACES11U11] to [RBACES11U12]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11u\_2. **[RBACES11U2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11u\_3. **[RBACES11U3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11v. **[RBACES11V]**  
(For each event, please answer whether this has happened to you.)

You had detention in jail or comparable institution.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11v1] |
| 2. | NO         | [GO TO Es11w]  |
| 7. | DON'T KNOW | [GO TO Es11w]  |
| 8. | REFUSED    |                |

Es11v\_1. **[RBACES11V11] to [RBACES11V13]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11v\_2. **RBACES11V2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11v\_3. **[RBACES11V3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11w. **[RBACES11W]**  
(For each event, please answer whether this has happened to you.)

You declared bankruptcy.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11w1] |
| 2. | NO         | [GO TO Es11x]  |
| 7. | DON'T KNOW | [GO TO Es11x]  |
| 8. | REFUSED    |                |

Es11w\_1. **[RBACES11W11] to [RBACES11W15]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11w\_2. **[RBACES11W2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11w\_3. **[RBACES11W3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11x. **[RBACES11X]**  
(For each event, please answer whether this has happened to you.)

You suffered a financial or property loss unrelated to work.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11x1] |
| 2. | NO         | [GO TO Es11y]  |
| 7. | DON'T KNOW | [GO TO Es11y]  |
| 8. | REFUSED    |                |

Es11x\_1. **[RBACES11X11] to [RBACES11X12]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11x\_2. **[RBACES11X2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11x\_3. **[RBACES11X3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11y. **[RBACES11Y]**  
(For each event, please answer whether this has happened to you.)

You went on welfare.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11y1] |
| 2. | NO         | [GO TO Es11z]  |
| 7. | DON'T KNOW | [GO TO Es11z]  |
| 8. | REFUSED    |                |

Es11y\_1. **[RBACES11Y11] to [RBACES11Y12]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11y\_2. **[RBACES11Y2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11y\_3. **[RBACES11Y3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |



Es11z. **[RBACES11Z]**  
(For each event, please answer whether this has happened to you.)

You entered the armed forces.

- |    |            |                |
|----|------------|----------------|
| 1. | YES        | [GO TO Es11z1] |
| 2. | NO         | [GO TO Es11aa] |
| 7. | DON'T KNOW | [GO TO Es11aa] |
| 8. | REFUSED    |                |

Es11z\_1. **[RBACES11Z11] to [RBACES11Z12]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11z\_2. **[RBACES11Z2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11z\_3. **[RBACES11Z3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11aa. **[RBACES11AA]**  
(For each event, please answer whether this has happened to you.)

You experienced combat.

- |    |            |                 |
|----|------------|-----------------|
| 1. | YES        | [GO TO Es11aa1] |
| 2. | NO         | [GO TO Ds1]     |
| 7. | DON'T KNOW | [GO TO Ds1]     |
| 8. | REFUSED    |                 |

Es11aa\_1. **[RBACES11AA11] to [RBACES11AA12]**  
How old were you when this happened to you?

ENTER EACH AGE THIS HAPPENED IN A SEPARATE BOX OR ENTER  
“95” TO BRING UP A SPECIAL BOX TO TYPE AN AGE RANGE.

. AGE(S)

Es11aa\_2. **[RBACES11AA2S]**  
How did this affect you initially?

(IF NEEDED: How did this affect you at first?)

Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

Es11aa\_3. **[RBACES11AA3S]**  
How did this affect you in the long run?

(Would you say very negatively, somewhat negatively, not at all,  
somewhat positively or very positively?)

- |    |                     |
|----|---------------------|
| 1. | VERY NEGATIVELY     |
| 2. | SOMEWHAT NEGATIVELY |
| 3. | NOT AT ALL          |
| 4. | SOMEWHAT POSITIVELY |
| 5. | VERY POSITIVELY     |
| 7. | DON'T KNOW          |
| 8. | REFUSED             |

## SECTION 8: PARENTS' HEALTH

[If CaA = No and CaB = Mother died, GO TO Ds1c.]

### Ds1. [RBACDS1]

This section is about your biological parents' health. If you were raised by someone else, such as step-parents or adoptive parents, please answer these questions about your biological parents as best you can.

Is your biological mother still alive?

- |    |            |              |
|----|------------|--------------|
| 1. | YES        | [GO TO Ds1a] |
| 2. | NO         | [GO TO Ds1c] |
| 7. | DON'T KNOW | [GO TO Ds2]  |
| 8. | REFUSED    | [GO TO Ds2]  |

### Ds1a. [RBACDS1A]

How old is she? (Your best estimate is fine.)

- |        |                     |
|--------|---------------------|
| _____. | 40 TO 120 YEARS OLD |
| 997.   | DON'T KNOW          |
| 998.   | REFUSED             |
| 999.   | INAPP               |

### Ds1b. [RBACDS1B]

How would you rate your biological mother's current physical health?

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 |
| 8. | REFUSED    |
| 9. | INAPP      |

[GO TO Ds2.]

### Ds1c. [RBACDS1C]

In what year did she die? (Your best estimate is fine.)

- |        |                     |
|--------|---------------------|
| _____. | YEAR (1910 TO 2024) |
| 9997.  | DON'T KNOW          |
| 9998.  | REFUSED             |
| 9999.  | INAPP               |

**Ds1d. [RBACDS1D]**

How old was she when she died? (Your best estimate is fine.)

- \_\_\_\_. 15 TO 120 YEARS OLD
- 997. DON'T KNOW
- 998. REFUSED
- 999. INAPP

[GO TO Ds2.]

[If CaA = NO and CaB = Father died, GO TO Ds2c.]

**Ds2. [RBACDS2]**

Is your biological father still alive?

- 1. YES [GO TO Ds2a]
- 2. NO [GO TO Ds2c]
- 7. DON'T KNOW [GO TO C1]
- 8. REFUSED
- 9. INAPP

**Ds2a. [RBACDS2A]**

How old is he? (Your best estimate is fine.)

- \_\_\_\_. 40 TO 120 YEARS OLD
- 997. DON'T KNOW
- 998. REFUSED
- 999. INAPP

**Ds2b. [RBACDS2B]**

How would you rate your biological father's current physical health?

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
- 8. REFUSED
- 9. INAPP

[GO TO C1.]

**Ds2c. [RBACDS2C]**

In what year did he die? (Your best estimate is fine.)

- \_\_\_\_. 1910 TO 2024
- 9997. DON'T KNOW
- 9998. REFUSED
- 9999. INAPP

**Ds2d. [RBACDS2D]**

How old was he when he died? (Your best estimate is fine.)

- \_\_\_\_. 40 TO 120 YEARS OLD
- 997. DON'T KNOW
- 998. REFUSED
- 999. INAPP

[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 with at least 1 ovary.** \*\*\*

C110. **[RBACC110]**

Are you currently pregnant?

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

CHILDREN. **[RBACCHLD]**

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 **[RBACCHILD2]**

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

0. NONE
- \_\_\_. NUMBER OF CHILDREN

DEADKID. **[RBACDEKID]**

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. [RBACHHMBR]**

Not including (your children or) yourself, How/ 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

***ROSTER QUESTIONS BEGIN HERE***

**\*\*\* Question KHNAME is repeated as necessary to accommodate the number of children reported in question CHILDREN, then it is repeated for the number of additional household members reported in question HHMEMBER \*\*\***

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

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

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

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. [RBACCHX#]**

Is (KHNAME) a male or female?

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

**RELATION. [RBACCHR#]**

How is [child's/household member's (NAME)] 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), or does (he/she) have some other relationship to you?”

**INTERVIEWER:** CLARIFY: APPLICABLE FOSTER OR OTHER CHILDREN MUST BE IN THEIR CARE FOR AT LEAST 5 YEARS.

**INTERVIEWER:** INCLUDE ONLY LIVING CHILDREN.

**INTERVIEWER:** IF RESPONDENT ANSWERS 3, 4, 5, 6, OR 7 PLEASE ASK FOR CHILD'S DOB, if 6 or 7, ask IN YOUR CARE FOR AT LEAST 5 YEARS? Y/N.

1. HUSBAND OR WIFE
2. LOVER/PARTNER
23. SAME-SEX 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]
18. GRAND SON/DAUGHTER/CHILD
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 FARTHER/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
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. [RBACCMB#]

In what month (did you adopt (KHNAME)/was (KHNAME name) born)?

@m (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. [RBACCYB#]

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

(YEAR)

- \_\_\_\_ YEAR
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. [RBACHHA#]

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. [RBACC#]**

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

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

[Ask next question only of children.]

**KIDINHH. [RBACCH#]**

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. [RBACDD#]**

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 an intellectual disability, or has (child's name) 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
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 OTHRINHJ]

OTHRINHJ. **[RBACCOTHR]**

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 C420. OTHERWISE GO TO Ks1]

C420

**[RBACCDT#]**

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 CONDITIONS A-Z
- q NO CONDITIONS/QUIT LIST IMMEDIATELY [GO TO Ks1]
- x RESPONDENT REFUSES TO DISCUSS CHILD [TO TO Ks1]

**INTERVIEWER:** ENTER CONDITION CODE BELOW.

- 644. AGORAPHOBIA
- 645. ALCOHOLISM
- 646. ALZHEIMER'S
- 647. ANOREXIA or ANOREXIA NERVOSA
- 650. ANXIETY or ANXIETY DISORDER
- 101. ASPERGER'S SYNDROME
- 222. ATTENTION DEFICIT DISORDER (ADD)
- 223. ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)
- 102. AUTISM
- 764. BREAKDOWN
- 762. BIOCHEMICAL PROBLEM

- 538. BIPOLAR DISORDER (MANIC DEPRESSIVE DISORDER)
- 651. BORDERLINE PERSONALITY DISORDER
- 433. BRAIN DAMAGE
- 763. BRAIN DISORDER
- 434. BRAIN INJURY/ BRAIN INJURED
- 648. BULIMIA
- 103. CEREBRAL PALSY (CP)
- 765. CHEMICAL IMBALANCE
- 586. CLINICAL DEPRESSION
- 435. CLOSED HEAD INJURY
- 104. COGNITIVE DISABILITY
- 539. CYCLOTHYMIA
- 540. DELUSIONAL DISORDER
- 652. DEMENTIA
- 875. DEPRESSION
- 662. DEPRESSION (IF VOLUNTEERED THAT THIS IS MILD DEPRESSION)
- 105. DEVELOPMENTAL DISABILITY (DD)
- 106. DOWN SYNDROME
- 653. DRUG ABUSE
- 663. DYSTHYMIA
- 649. EATING DISORDER
- 766. EMOTIONAL PROBLEM / DISORDER
- 331. EPILEPSY
- 107. FETAL ALCOHOL SYNDROME
- 108. FRAGILE X SYNDROME
- 654. GAMBLING PROBLEM or PATHOLOGICAL GAMBLING
- 224. HANDICAPPED
- 436. HEAD INJURY
- 109. HYDROCEPHALUS
- 225. HYPERACTIVITY
- 110. INTELLECTUAL DISABILITY
- 111. INTELLECTUAL IMPAIRMENT
- 226. LEARNING DISABILITY/PROBLEMS (LD)
- 587. MAJOR DEPRESSION
- 767. MANIC
- 538. MANIC DEPRESSIVE DISORDER (BIPOLAR DISORDER)
- 768. MENTAL BREAKDOWN
- 114. MENTAL DISABILITY
- 112. MENTAL HANDICAP
- 771. MENTAL HEALTH PROBLEMS
- 115. MENTAL IMPAIRMENT
- 227. MENTAL PROBLEMS
- 113. MENTAL RETARDATION (MR)
- 770. MENTALLY ILL
- 116. MICROCEPHALY
- 769. MOOD PROBLEM/DISORDER
- 117. MUSCULAR DYSTROPHY
- 772. NERVES/NERVOUS CONDITION
- 655. OBSESSIVE COMPULSIVE DISORDER (OCD)

- 656. PANIC ATTACKS/ DISORDER
- 773. PARANOID/PARANOIA
- 657. PERSONALITY DISORDER
- 118. PERVASIVE DEVELOPMENTAL DISORDER (PDD-NOS)
- 658. PHOBIA
- 659. POSTTRAUMATIC STRESS DISORDERS (PTSD)
- 119. PRADER-WILLI SYNDROME
- 774. PSYCHOLOGICAL PROBLEMS
- 543. PSYCHOTIC DISORDER/PSYCHOSIS
- 120. RETARDATION
- 178. RETTS DISORDER
- 542. SCHIZOPHRENIA/SCHIZOAFFECTIVE/SCHIZOPHRENIFORM DISORDER
- 332. SEIZURE DISORDER
- 588. SEVERE DEPRESSION
- 660. SLEEP DISORDER (INSOMNIA)
- 228. SLOW IN SCHOOL/SLOW LEARNER/SLOW
- 661. SOMATIZATION
- 229. SPECIAL EDUCATION/SPECIAL ED
- 230. SPEECH PROBLEMS
- 121. SPINA BIFIDA
- 779. SUICIDAL/SUICIDE ATTEMPT
- 437. TRAUMATIC BRAIN INJURY/BRAIN INJURY
- 976. OTHER UNFAMILIAR CONDITION (SPECIFY)
- 977. OTHER FAMILIAR CONDITION (SPECIFY)(PHYSICALLY DISABLED, DIABETES, OBESITY, HEART DISEASE, ULCERS)
- 997. DON'T KNOW [GO TO C445]
- 998. REFUSED [GO TO Ks1]
- 999. INAPP [GO TO D1]

[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. [RBACCDP#]

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.       **[RBACCD A#]**  
How old was (KHNAME) when this condition began?

- \_\_\_\_\_ 0 TO 95 YEARS OLD  
97.       DON'T KNOW  
98.       REFUSED  
99.       INAPP

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

C465.       **[RBACCD X#]**  
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 | [GO TO C475] |
| 8. | REFUSED    | [GO TO C475] |
| 9. | INAPP      |              |

C470.       **[RBACCX T#]**  
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. **[RBACCD0#]**  
Does (KHNAME) have any other developmental disabilities or serious long term mental health conditions?

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

[IF R DOES NOT HAVE CHILDREN, OR IF HIS/HER CHILDREN ARE DECEASED, GO TO SECTION L.]

Ks1. **[RBACKS1]**  
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
98. REFUSED

Ks2. **[RBACKS2]**  
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, answer: "**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
98. REFUSED
99. DOES NOT APPLY

**Ks3. [RBACKS3]**

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

98. REFUSED

**Ks4. [RBACKS4]**

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

98. REFUSED

**Ks5. [RBACKS5]**

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

98. REFUSED



**Ks6a. [RBACKS6A]**

Please indicate the degree to which each of the following statements is true of you in general.

I feel good about the opportunities I have been able to provide for my children.

Would you say this statement is not at all true, a little bit true, moderately true or extremely true?

1. NOT AT ALL TRUE
2. A LITTLE BIT TRUE
3. MODERATELY TRUE
4. EXTREMELY TRUE
7. DON'T KNOW
8. REFUSED

**Ks6b. [RBACKS6B]**

It seems to me that family life with my children has been more negative than most people's.

(Would you say this statement is not at all true, a little bit true, moderately true or extremely true?)

1. NOT AT ALL TRUE
2. A LITTLE BIT TRUE
3. MODERATELY TRUE
4. EXTREMELY TRUE
7. DON'T KNOW
8. REFUSED

**Ks6c. [RBACKS6C]**

Problems with my children have caused me shame and embarrassment at times.

(Would you say this statement is not at all true, a little bit true, moderately true or extremely true?)

1. NOT AT ALL TRUE
2. A LITTLE BIT TRUE
3. MODERATELY TRUE
4. EXTREMELY TRUE
7. DON'T KNOW
8. REFUSED

**Ks6d. [RBACKS6D]**

As a family, we have not had the resources to do many fun things together with the children.

(Would you say this statement is not at all true, a little bit true, moderately true or extremely true?)

1. NOT AT ALL TRUE
2. A LITTLE BIT TRUE
3. MODERATELY TRUE
4. EXTREMELY TRUE
7. DON'T KNOW
8. REFUSED

**Ks6e. [RBACKS6E]**

I believe I have been able to do as much for my children as most other people.

(Would you say this statement is not at all true, a little bit true, moderately true or extremely true?)

1. NOT AT ALL TRUE
2. A LITTLE BIT TRUE
3. MODERATELY TRUE
4. EXTREMELY TRUE
7. DON'T KNOW
8. REFUSED

**Ks6f. [RBACKS6F]**

I feel a lot of pride about what I have been able to do for my children.

(Would you say this statement is not at all true, a little bit true, moderately true or extremely true?)

1. NOT AT ALL TRUE
2. A LITTLE BIT TRUE
3. MODERATELY TRUE
4. EXTREMELY TRUE
7. DON'T KNOW
8. REFUSED

**Ks7a1. [RBACKS7A1]**

Next, we are interested in how having children may have changed your or your spouse's work situation. Which of the following changes did you or your spouse or partner make because you had children?

You stopped working at a job to stay home and care for the children?

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

**Ks7a2. [RBACKS7A2]**

Your spouse or partner stopped working at a job to stay home and care for the children?

If you did not have a spouse or partner during the years you have been raising children, indicate **"does not apply"**.

1. YES
2. NO
3. DOES NOT APPLY – NOT MARRIED/NO PARTNER
7. DON'T KNOW
8. REFUSED

**Ks7b1. [RBACKS7B1]**

You cut back on the number of hours worked at a job to care for the children?

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

**[IF Ks7a2 = 3, SKIP Ks7b2]****Ks7b2. [RBACKS7B2]**

Your spouse or partner cut back on the number of hours worked at job to care for the children?

(If you did not have a spouse or partner during the years you have been raising children, indicate **"does not apply"**.)

1. YES
2. NO
3. DOES NOT APPLY – NOT MARRIED/NO PARTNER
7. DON'T KNOW
8. REFUSED

**Ks7c1. [RBACKS7C1]**

You worked longer hours to meet the added expenses of having children?

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

**[IF Ks7a2 or Ks7b2 = 3, SKIP Ks7c2]**

**Ks7c2. [RBACKS7C2]**

Your spouse or partner worked longer hours to meet the added expenses of having children?

(If you did not have a spouse or partner during the years you have been raising children, indicate “**does not apply**”.)

1. YES
2. NO
3. DOES NOT APPLY – NOT MARRIED/NO PARTNER
7. DON'T KNOW
8. REFUSED

**Ks7d1. [RBACKS7D1]**

You switched to a different job that was less demanding and more flexible to be more available to the children?

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

**[IF Ks7a2, Ks7b2, or Ks7c2 = 3, SKIP Ks7d2]**

**Ks7d2. [RBACKS7D2]**

Your spouse or partner switched to a different job that was less demanding and more flexible to be more available to the children?

(If you did not have a spouse or partner during the years you have been raising children, indicate “**does not apply**”.)

1. YES
2. NO
3. DOES NOT APPLY – NOT MARRIED/NO PARTNER
7. DON'T KNOW
8. REFUSED

**[IF R HAS CHILDREN 13 YEARS OLD OR YOUNGER LIVING IN THEIR HOUSEHOLD, CONTINUE WITH Ks8. IF NOT, GO TO SECTION 10.]**

**Ks8. [RBACKS8]**

In the past three months, how many days did you change or drop your normal schedule to stay home or to make different arrangements for childcare when a child was ill, or the usual caregiver was not available, or a day care center or school was closed?

(Your best estimate is fine.)

**(INTERVIEWER: IF THIS DID NOT HAPPEN IN THE PAST 3 MONTHS, ENTER "0".)**

- 0. NONE
- \_\_\_. 1 TO 90 DAYS
- 91. EVERY DAY
- 97. DON'T KNOW
- 98. REFUSED

**Ks9. [RBACKS9]**

In the past three months, how many days did your spouse or partner change or drop his/her normal schedule for the same reason?

**(INTERVIEWER: IF NONE OR IF R HAS NO SPOUSE/PARTNER, "0".)**

- 0. NONE
- \_\_\_. 1 TO 90 DAYS
- 91. EVERY DAY
- 97. DON'T KNOW
- 98. REFUSED

**Ks10. [RBACKS10]**

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
- 8. REFUSED

**Ks11. [RBACKS11]**

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
8. REFUSED

## SECTION 10: CAREGIVING

Sometimes because of a physical or mental condition, illness, or disability, people have trouble taking care of themselves and require the assistance of friends or relatives.

**D100. [RBACD100]**

During the COVID-19 pandemic have you, yourself, GIVEN personal care to a family member or friend who was dealing with COVID-19?

- |    |            |              |
|----|------------|--------------|
| 1. | YES        | [GO TO D101] |
| 2. | NO         | [GOTO D1]    |
| 7. | DON'T KNOW | [GOTO D1]    |
| 8. | REFUSED    | [GOTO D1]    |

**D101. [RBACD101]**

For how many people did you provide such personal care?

PEOPLE [RANGE: 1-10]

- |     |            |
|-----|------------|
| 97. | DON'T KNOW |
| 98. | REFUSED    |

**D102. [RBACD102]**

To whom did you give the MOST personal care?

- |     |                 |
|-----|-----------------|
| 1.  | HUSBAND         |
| 2.  | WIFE            |
| 3.  | SON             |
| 4.  | DAUGHTER        |
| 5.  | FATHER          |
| 6.  | MOTHER          |
| 7.  | BROTHER         |
| 8.  | SISTER          |
| 9.  | GRANDFATHER     |
| 10. | GRANDMOTHER     |
| 11. | FATHER-IN-LAW   |
| 12. | MOTHER-IN-LAW   |
| 13. | OTHER (SPECIFY) |
| 97. | DON'T KNOW      |
| 98. | REFUSED         |
| 99. | INAPP           |

**D103@m. [RBACD103M]**

When did you start helping (him/her)?

**(MONTH)**

- |             |           |              |
|-------------|-----------|--------------|
| 1. JANUARY  | 5. MAY    | 9. SEPTEMBER |
| 2. FEBRUARY | 6. JUNE   | 10. OCTOBER  |
| 3. MARCH    | 7. JULY   | 11. NOVEMBER |
| 4. APRIL    | 8. AUGUST | 12. DECEMBER |

97. DON'T KNOW MONTH

98. REFUSED [GO TO D7]

**D103@y. [RBACD103Y]**

(When did you start helping (him/her)?)

**(YEAR)**

\_\_\_\_ YEAR [ALLOWABLE RANGE: 2020-2024]

9997. DON'T KNOW

9998. REFUSED

**D104. [RBACD104]**

Are you still helping (him/her)?

- |               |             |
|---------------|-------------|
| 1. YES        | [GOTO D1]   |
| 2. NO         | [GOTO D105] |
| 7. DON'T KNOW | [GOTO D1]   |
| 8. REFUSED    | [GOTO D1]   |

**D105. [RBACD105A] [RBACD105B]**

Why are you no longer helping? Is it because (he/she) no longer needs care, someone elses helping (him/her), (he/she) is deceased, or for some other reason?

**[INTERVIEWER: ALLOW 2.]**

1. HE/SHE NO LONGER NEEDS CARE
2. SOMEONE ELSE IS HELPING
3. THIS PERSON IS DECEASED
4. SOME OTHER REASON (SPECIFY)
7. DON'T KNOW
8. REFUSED
9. INAPP



**D1. [RBACD1]**

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?

[IF D100=1: Do not include the care you gave for COVID-19 that we talked about earlier]

- |    |            |             |
|----|------------|-------------|
| 1. | YES        | [GO TO D2]  |
| 2. | NO         | [GO TO D17] |
| 7. | DON'T KNOW | [GO TO D17] |
| 8. | REFUSED    | [GO TO D17] |

**D2. [RBACD2]**

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

- |     |                  |            |
|-----|------------------|------------|
| 1.  | HUSBAND/WIFE     | [GO TO D4] |
| 2.  | WIFE             | [GO TO D4] |
| 3.  | SON              | [GO TO D4] |
| 4.  | DAUGHTER         | [GO TO D4] |
| 5.  | FATHER           | [GO TO D4] |
| 6.  | MOTHER           | [GO TO D4] |
| 7.  | BROTHER          | [GO TO D4] |
| 8.  | SISTER           | [GO TO D4] |
| 9.  | GRANDFATHER      | [GO TO 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] |
| 97. | DON'T KNOW       | [GO TO D4] |
| 98. | REFUSED          | [GO TO D4] |
| 99. | INAPP            |            |

**D3. [RBACD3]**

Is this a male or a female?

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

**D4. [RBACD4]**

What condition, illness, or disability caused (him/her) to need personal care?

- |    |  |
|----|--|
| 1. | CONDITION(S) GIVEN; (SPECIFY FOLLOWED BY //) [specify] |
| 2. | NO SPECIFIC CONDITION                                  |
| 7. | DON'T KNOW   |
| 8. | REFUSED  |

D5. When did you start helping (him/her)?

(MONTH) @m [RBACD5M]

- |             |           |              |
|-------------|-----------|--------------|
| 1. JANUARY  | 5. MAY    | 9. SEPTEMBER |
| 2. FEBRUARY | 6. JUNE   | 10. OCTOBER  |
| 3. MARCH    | 7. JULY   | 11. NOVEMBER |
| 4. APRIL    | 8. AUGUST | 12. DECEMBER |

97. DON'T KNOW MONTH  
 98. REFUSED [GO TO D7]  
 99. INAPP

(YEAR) @y [RBACD5Y]

- \_\_\_\_ YEAR (1948 – 2024)  
 9997. DON'T KNOW  
 9998. REFUSED  
 9999. INAPP

D7. [RBACD7]

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. [RBACD8A] [RBACD8B]

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
8. REFUSED
9. INAPP

**D9. [RBACD9]**

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
8. REFUSED
9. INAPP

**D10. [RBACD10]**

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
8. REFUSED
9. INAPP

**D11. [RBACD11]**

(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
8. REFUSED
9. INAPP

**D12. [RBACD12]**

(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
8. REFUSED

## D13. [RBACD13]

(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
8. REFUSED
9. INAPP

## D14. [RBACD14]

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
98. REFUSED
99. INAPP

## D15. [RBACD15]

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

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

## D16. [RBACD16]

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 [GO TO D18]
8. REFUSED [GO TO D18]
9. INAPP

[GO TO D18].

**D17. [RBACD17]**

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? [IF D100=1: Do not include the care you gave for COVID-19 that we talked about earlier]

1. YES
2. NO [GO TO D20]
7. DON'T KNOW [GO TO D20]
8. REFUSED [GO TO D20]
9. INAPP

**D18. [RBACD18]**

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  
998. REFUSED  
999. INAPP

**D19. 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 [RBACD19N]**

- 0-96 0 TO 96 YEARS OR MONTHS  
97. DON'T KNOW  
98. REFUSED  
99. INAPP

**@m [RBACD19M]**

- 1 MONTH  
2 YEAR

**D20. [RBACD20]**

Are you a grandparent? That is, do any of your children have a biological, adopted, step, or foster child?

1. YES
2. NO [GO TO E1]
7. DON'T KNOW [GO TO E1]
8. REFUSED [GO TO E1]
9. INAPP

**D21. [RBACD21]**

For various reasons, grandparents sometimes take on a major responsibility for raising a grandchild. Have you ever had major responsibility for (any of) your grandchild (ren)for six months or more?

- |    |            |            |
|----|------------|------------|
| 1. | YES        |            |
| 2. | NO         | [GO TO E1] |
| 7. | DON'T KNOW | [GO TO E1] |
| 8. | REFUSED    | [GO TO E1] |
| 9. | INAPP      |            |

**D22. [RBACD22]**

About how many years altogether have you had major responsibility for (any of) your grandchild (ren)?

- |     |               |
|-----|---------------|
| __. | 0 TO 64 YEARS |
| 97. | DON'T KNOW    |
| 98. | REFUSED       |
| 99. | INAPP         |

## SECTION 11: LIVING ARRANGEMENTS

### E1. [RBACE1]

The next questions are about your living arrangements since we last interviewed you in [MR1 month] [MR1 year]. Was there ever a time since then when you lived in an institutional setting such as a boarding school or college dormitory, a prison, a hospital or nursing home, an armed forces barracks, or a rooming house?

1. YES
2. NO [GO TO E2]
7. DON'T KNOW [GO TO E2]
8. REFUSED [GO TO E2]

### E1loc. [RBACE1LOCA] to [RBACE1LOCG]

Since we last interviewed you in [MR1 month] [MR1 year] have you lived in...

@a	A BOARDING SCHOOL
@b	A COLLEGE DORMITORY
@c	A PRISON
@d	A HOSPITAL OR NURSING HOME
@e	AN ARMED FORCES BARRACKS
@f	A ROOMING HOUSE
@g	SOME OTHER INSTITUTIONAL SETTING (IF YES, SPECIFY)

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

[IF E1 = 1 AND E1loc.a-g. ≠ 1, INTERVIEWER WILL PROBE.]

E1time. Altogether, how much time did you live in any of these institutional settings since we last interviewed you in [MR1 month] [MR1 year]?

**INTERVIEWER:** IF R SAYS THEY WERE IN INSTITUTIONS OFF AND ON SINCE THAT TIME, PROBE: About how much time **ALTOGETHER** did you live in any of these institutional settings?

**INTERVIEWER:** IF NECESSARY: “What's your best estimate?”

@n **[RBACE1TIMEN]**  
 1-500. 1 TO 500 DAYS/WEEKS/MONTHS/YEARS  
 997. DON'T KNOW  
 998. REFUSED

@m **[RBACE1TIMEM]**  
 1. DAY  
 2. WEEK  
 3. MONTH  
 4. YEAR

E2. **[RBACE2]**  
 [Not counting this time in institutional settings, was/Was] there ever a time since we last interviewed you in [MR1 month] [MR1 year] when you were homeless? By 'homeless' we mean not having a regular residence. Do not include any time you temporarily **moved in** with friends or relatives.

1. YES  
 2. NO [GO TO E3]  
 7. DON'T KNOW [GO TO E3]  
 8. REFUSED [GO TO E3]

E2time. How much time were you homeless over the past ten years?

**INTERVIEWER:** IF R SAYS THEY WERE HOMELESS OFF AND ON OVER PAST 10 YEARS, PROBE: About how much time **ALTOGETHER** were you homeless?

(IF NECESSARY: What's your best estimate?)

@n **[RBACE2TIMEN]**  
 1-500. 1 TO 500 DAYS/WEEKS/MONTHS/YEARS  
 997. DON'T KNOW  
 998. REFUSED

@m **[RBACE2TIMEM]**  
 1. DAY  
 2. WEEK  
 3. MONTH  
 4. YEAR



**E3. [RBACE3]**

(Not counting the time you were [homeless/living in an institutional setting/homeless or living in an institutional setting], was/Was) there ever a time since we last interviewed you in [MR1 month] [MR1 year] when you did not have a telephone in your home or apartment?

(Include any type of phone: cell, landline or internet phones.)

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

E3time. How much time were you without a phone in your home or apartment over the past ten years?

**INTERVIEWER:** IF R SAYS HAD PHONE OFF AND ON OVER THE PAST TEN YEARS, PROBE: About how much time ALTOGETHER were you without a phone?

(IF NECESSARY, PROBE: "What's your best estimate?")

**@n [RBACE3TIMEN]**

1-500 \_\_\_\_ 1 TO 500 DAYS/WEEKS/MONTHS/YEARS

997. DON'T KNOW
998. REFUSED

**@m [RBACE3TIMEM]**

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

## SECTION 12: COMMUNITY INVOLVEMENT AND NEIGHBORHOOD

### Hs1. [RBACHS1]

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

98. REFUSED

### Hs2. [RBACHS2]

Looking back **ten years ago**, how would you rate your contribution to the welfare and well-being of other people at that time using the same 0 to 10 scale?

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

98. REFUSED

### Hs3. [RBACHS3]

Looking **ahead ten years into the future**, what do you expect your contribution to the welfare and well-being of other people will be like at that time?

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

98. REFUSED

**Hs4. [RBACHS4]**

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										
98.	REFUSED										

**Hs5. [RBACHS5]**

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										
98.	REFUSED										

**Hs6a. [RBACHS6A]**

To what extent do each of the following statements describe you?

Others would say that you have made unique contributions to society.

Would you say 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
8. REFUSED

**Hs6b. [RBACHS6B]**

(To what extent do each of the following statements describe you?)

You have important skills you can pass along to others.

(Would you say 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
8. REFUSED

**Hs6c. [RBACHS6C]**

(To what extent do each of the following statements describe you?)

Many people come to you for advice.

(Would you say 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
8. REFUSED

**Hs6d. [RBACHS6D]**

(To what extent do each of the following statements describe you?)

You feel that other people need you.

(Would you say 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
8. REFUSED

**Hs6e. [RBACHS6E]**

(To what extent do each of the following statements describe you?)

You have had a good influence on the lives of many people.

(Would you say 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
8. REFUSED

**Hs6f. [RBACHS6F]**

(To what extent do each of the following statements describe you?)

You like to teach things to people.

(Would you say 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
8. REFUSED

**Hs7a. [RBACHS7A]**

On average, about **how many hours** per month do you spend doing **formal volunteer work** of any of the following types?

Hospital, nursing home, or other health-care-oriented volunteer work.

**(INTERVIEWER: IF NONE, ENTER "0".)**

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
97. DON'T KNOW
98. REFUSED

**Hs7b. [RBACHS7B]**

(On average, about **how many hours** per month do you spend doing **formal...**)

School or other youth-related volunteer work?

(INTERVIEWER: IF NONE, ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs7c. [RBACHS7C]**

(On average, about **how many hours** per month do you spend doing **formal...**)

Volunteer work for political organizations or causes?

(INTERVIEWER: IF NONE, ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs7d. [RBACHS7D]**

(On average, about **how many hours** per month do you spend doing **formal...**)

Volunteer work for any other organization, cause or charity?

(INTERVIEWER: IF NONE, ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs8a. [RBACHS8A]**

In a **typical month**, about how many times do you attend the following?

Meetings of unions or other professional groups?

(INTERVIEWER: IF NONE, ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs8b. [RBACHS8B]**

(In a **typical month**, about how many times do you attend...)

Meetings of sports or social groups?

(INTERVIEWER: IF NONE, ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs8c. [RBACHS8C]**

(In a **typical month**, about how many times do you attend...)

Meetings of any other groups, not including any required by your job?

(INTERVIEWER: IF NONE, ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**[IF B19 ne <1> and B30 ne <1> goto Hs9b]**

**Hs9a. [RBACHS9A]**

On average, about how many hours per month do you **spend giving informal emotional support**, such as comforting, listening to problems, or giving advice, to each of the following people?

To your spouse or partner?

(If the question does not apply because, for example, you have no spouse or partner, say, **“Does not apply”**).

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**[if (momdead\_flag eq <1> or Ds1 eq <2>) and (daddead\_flag eq <1> or Ds2 eq <2>) goto Hs9c]**

**Hs9b. [RBACHS9B]**

(On average, about how many hours per month do you **spend giving informal emotional support**, such as comforting, listening to problems, or giving advice, to each of the following people? )

To your parents or the people who raised you?

(If the question does not apply because, for example, your parents are deceased, say, **“Does not apply”**).

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED
- 99. DOES NOT APPLY



**Hs9c. [RBACHS9C]**

(On average, about how many hours per month do you **spend giving informal emotional support**, such as comforting, listening to problems, or giving advice...)

To your in-laws?

(If the question does not apply because, for example, you have no in-laws, say, “**Does not apply**”).

(INTERVIEWER: IF “NONE”, ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED
- 99. DOES NOT APPLY

[If children eq <0> and D20 ne <1>, skip Hs9d]

**Hs9d. [RBACHS9D]**

(On average, about how many hours per month do you **spend giving informal emotional support**, such as comforting, listening to problems, or giving advice...)

To your children or grandchildren?

(INTERVIEWER: IF “NONE”, ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs9e. [RBACHS9E]**

(On average, about how many hours per month do you **spend giving informal emotional support**, such as comforting, listening to problems, or giving advice...)

To any other family members or close friends?

(If none, or if the question does not apply because, for example, you have no other family or friends, say “0”).

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs9f. [RBACHS9F]**

(On average, about how many hours per month do you **spend giving informal emotional support**, such as comforting, listening to problems, or giving advice...)

To anyone else, such as neighbors or people at church?

(If none, or if the question does not apply because, for example, you have no neighbors, etc., say "0").

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**[IF B19 ne <1> and B30 ne <1> goto Hs10b]**

**Hs10a. [RBACHS10A]**

On average, about how many hours per month do you **receive informal emotional support**, such as getting comfort, having someone listen to you, or getting advice from each of the following people?

From your spouse or partner?

(INTERVIEWER: IF "NONE", ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**If Hs9b eq DOES NOT APPLY, skip Hs10b**

**Hs10b. [RBACHS10B]**

(On average, about how many hours per month do you **receive informal emotional support**, such as getting comfort, having someone listen to you, or getting advice from each of the following people?)

From your parents or the people who raised you?

(If the question does not apply because, for example, your parents are deceased, say, **“Does not apply”**).

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED
- 99. DOES NOT APPLY

**If Hs9c eq DOES NOT APPLY, skip Hs10c**

**Hs10c. [RBACHS10C]**

(On average, about how many hours per month do you **receive informal emotional support**, such as getting comfort, having someone listen to you, or getting advice...)

From your in-laws?

(If the question does not apply because, for example, you have no in-laws, say, **“Does not apply”**).

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED
- 99. DOES NOT APPLY

**[If children eq <0> and D20 ne <1>, skip Hs10d]**

**Hs10d. [RBACHS10D]**

(On average, about how many hours per month do you **receive informal emotional support**, such as getting comfort, having someone listen to you, or getting advice...)

From your children or grandchildren?

(INTERVIEWER: IF "NONE", ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs10e. [RBACHS10E]**

(On average, about how many hours per month do you **receive informal emotional support**, such as getting comfort, having someone listen to you, or getting advice...)

From any other family members or close friends?

(If none, or if the question does not apply because, for example, you have no other family or friends, say "0").

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs10f. [RBACHS10F]**

(On average, about how many hours per month do you **receive informal emotional support**, such as getting comfort, having someone listen to you, or getting advice...)

From anyone else, such as neighbors or people at church?

(If none, or if the question does not apply because, for example, you have no neighbors,etc., say "0").

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**If Hs9b or Hs10b eq DOES NOT APPLY, skip Hs11a**

**Hs11a. [RBACHS11A]**

(On average, about how many hours per month do you spend **providing unpaid assistance**, such as help around the house, transportation, or childcare to each of the following people?)

To your parents or the people who raised you?

(If the question does not apply because, for example, your parents are deceased, say, **“Does not apply”**).

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED
- 99. DOES NOT APPLY

**If Hs9c or Hs10c eq DOES NOT APPLY, skip Hs11b**

**Hs11b. [RBACHS11B]**

(On average, about how many hours per month do you spend **providing unpaid assistance**, such as help around the house, transportation, or childcare...)

To your in-laws?

(If the question does not apply because, for example, you have no in-laws, say, **“Does not apply”**).

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED
- 99. DOES NOT APPLY

**[If children eq <0> and D20 ne <1>, skip Hs11c]**

**Hs11c. [RBACHS11C]**

(On average, about how many hours per month do you spend **providing unpaid assistance**, such as help around the house, transportation, or childcare...)

To your grandchildren or grown children?

(INTERVIEWER: IF "NONE", ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs11d. [RBACHS11D]**

(On average, about how many hours per month do you spend **providing unpaid assistance**, such as help around the house, transportation, or childcare...)

To any other family members or close friends?

(If none, or if the question does not apply because, for example, you have no other family or friends, say "0").

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs11e. [RBACHS11E]**

(On average, about how many hours per month do you spend **providing unpaid assistance**, such as help around the house, transportation, or childcare...)

To anyone else, such as neighbors or people at church?

(If none, or if the question does not apply because, for example, you have no neighbors, etc., say "0").

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**If Hs9b or Hs10b or Hs11a eq DOES NOT APPLY, skip Hs12a**

**Hs12a. [RBACHS12A]**

On average, about how many hours per month do you or any family member living with you **receive any unpaid assistance**, such as help around the house, transportation, or childcare from each of the following sources?

From your parents or the people who raised you?

(If the question does not apply because, for example, your parents are deceased, say, **“Does not apply”**).

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED
- 99. DOES NOT APPLY

**If Hs9c or Hs10c or Hs11b eq DOES NOT APPLY, skip Hs12b**

**Hs12b. [RBACHS12B]**

(On average, about how many hours per month do you or any family member living with you **receive any unpaid assistance** such as help around the house, transportation, or childcare...)

From your in-laws?

(If the question does not apply because, for example, you have no in-laws, say, **“Does not apply”**).

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED
- 99. DOES NOT APPLY

**[If children eq <0> and D20 ne <1>, skip Hs12c]**

**Hs12c. [RBACHS12C]**

(On average, about how many hours per month do you or any family member living with you **receive any unpaid assistance** such as help around the house, transportation, or childcare...)

From your grandchildren or grown children?

(INTERVIEWER: IF "NONE", ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs12d. [RBACHS12D]**

(On average, about how many hours per month do you or any family member living with you **receive any unpaid assistance** such as help around the house, transportation, or childcare...)

From any other family members or close friends?

(INTERVIEWER: IF "NONE", ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs12e. [RBACHS12E]**

(On average, about how many hours per month do you or any family member living with you **receive any unpaid assistance** such as help around the house, transportation, or childcare...)

From community volunteers, such as scout leaders?

(INTERVIEWER: IF "NONE", ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED



**Hs12f. [RBACHS12F]**

(On average, about how many hours per month do you or any family member living with you **receive any unpaid assistance** such as help around the house, transportation, or childcare...)

From religious groups?

(INTERVIEWER: IF "NONE", ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs12g. [RBACHS12G]**

(On average, about how many hours per month do you or any family member living with you **receive any unpaid assistance** such as help around the house, transportation, or childcare...)

From any other non-governmental organization, cause, or charity?

(INTERVIEWER: IF "NONE", ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs12h. [RBACHS12H]**

(On average, about how many hours per month do you or any family member living with you **receive any unpaid assistance** such as help around the house, transportation, or childcare...)

From any government group or agency, Federal, state, or local?

(INTERVIEWER: IF "NONE", ENTER "0".)

- 0 NONE
- 1-95 1 TO 95 HOURS PER MONTH
- 96 MORE THAN 95 HOURS PER MONTH
- 97. DON'T KNOW
- 98. REFUSED

**Hs13\_1. [RBACHS131]**

In a typical month, do you **give** financial support, including food, clothing, and other goods, to people in your family or to close friends?

1. YES
2. NO [GO TO Hs13\_2]
7. DON'T KNOW
8. REFUSED

**If Hs9b or Hs10b or Hs11a or Hs12a eq DOES NOT APPLY, skip Hs13a**

**Hs13a. [RBACHS13A]**

On average, about how many dollars per month do you or your family living with you **contribute** to each of the following people or organizations?

To your parents or the people who raised you?

If you contribute food, clothing, or other goods, include their dollar value.

(If the question does not apply because, for example, your parents are deceased, say, **“Does not apply”**).

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

- |        |                                     |
|--------|-------------------------------------|
| 0      | NONE                                |
| 1-9995 | \$1 TO \$9,995 DOLLARS PER MONTH    |
| 9996   | MORE THAN \$9,995 DOLLARS PER MONTH |
| 9997.  | DON'T KNOW                          |
| 9998.  | REFUSED                             |
| 9999.  | DOES NOT APPLY                      |

**If Hs9c or Hs10c or Hs11b or Hs12b eq DOES NOT APPLY, skip Hs13b**

**Hs13b. [RBACHS13B]**

(On average, about how many dollars per month do you or your family living with you **contribute...**)

To your in-laws?

(If you contribute food, clothing, or other goods, include their dollar value.)

(If the question does not apply because, for example, you have no in-laws, say, **“Does not apply”**).

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

- |        |                                     |
|--------|-------------------------------------|
| 0      | NONE                                |
| 1-9995 | \$1 TO \$9,995 DOLLARS PER MONTH    |
| 9996   | MORE THAN \$9,995 DOLLARS PER MONTH |
| 9997.  | DON'T KNOW                          |
| 9998.  | REFUSED                             |

**[If children eq <0> and D20 ne <1>, skip Hs13c]**

**Hs13c. [RBACHS13C]**

(On average, about how many dollars per month do you or your family living with you **contribute...**)

To your grandchildren or grown children?

(If you contribute food, clothing, or other goods, include their dollar value.)

**(INTERVIEWER: IF "NONE", ENTER "0".)**

0	NONE
1-9995	\$1 TO \$9,995 DOLLARS PER MONTH
9996	MORE THAN \$9,995 DOLLARS PER MONTH
9997.	DON'T KNOW
9998.	REFUSED

**Hs13d. [RBACHS13D]**

(On average, about how many dollars per month do you or your family living with you **contribute...**)

To any other family members or close friends?

(If you contribute food, clothing, or other goods, include their dollar value.)

**(INTERVIEWER: IF "NONE", ENTER "0".)**

0	NONE
1-9995	\$1 TO \$9,995 DOLLARS PER MONTH
9996	MORE THAN \$9,995 DOLLARS PER MONTH
9997.	DON'T KNOW
9998.	REFUSED

**Hs13e. [RBACHS13E]**

(On average, about how many dollars per month do you or your family living with you **contribute...**)

To any other individuals, not organized groups, including people on the street asking for money?

(If you contribute food, clothing, or other goods, include their dollar value.)

**(INTERVIEWER: IF "NONE", ENTER "0".)**

0	NONE
1-9995	\$1 TO \$9,995 DOLLARS PER MONTH
9996	MORE THAN \$9,995 DOLLARS PER MONTH
9997.	DON'T KNOW
9998.	REFUSED

**Hs13\_2. [RBACHS132]**

In a typical month, do you **give** financial support, including food, clothing, and other goods, to religious group s or other social organizations?

- 1. YES [GO TO Hs13f]
- 2. NO [GO TO HS14\_1]
- 7. DON'T KNOW
- 8. REFUSED

**Hs13f. [RBACHS13F]**

(On average, about how many dollars per month do you or your family living with you **contribute...**)

To religious groups?

(If you contribute food, clothing, or other goods, include their dollar value.)

**(INTERVIEWER: IF "NONE", ENTER "0".)**

- 0 NONE
- 1-9995 \$1 TO \$9,995 DOLLARS PER MONTH
- 9996 MORE THAN \$9,995 DOLLARS PER MONTH
- 9997. DON'T KNOW
- 9998. REFUSED

**Hs13g. [RBACHS13G]**

(On average, about how many dollars per month do you or your family living with you **contribute...**)

To political organizations or causes?

(If you contribute food, clothing, or other goods, include their dollar value.)

**(INTERVIEWER: IF "NONE", ENTER "0".)**

- 0 NONE
- 1-9995 \$1 TO \$9,995 DOLLARS PER MONTH
- 9996 MORE THAN \$9,995 DOLLARS PER MONTH
- 9997. DON'T KNOW
- 9998. REFUSED

**Hs13h. [RBACHS13H]**

(On average, about how many dollars per month do you or your family living with you **contribute**...)

To any other organizations, causes, or charities, including donations made through monthly payroll deductions?

(If you contribute food, clothing, or other goods, include their dollar value.)

**(INTERVIEWER: IF "NONE", ENTER "0".)**

- 0 NONE
- 1-9995 \$1 TO \$9,995 DOLLARS PER MONTH
- 9996 MORE THAN \$9,995 DOLLARS PER MONTH
- 9997. DON'T KNOW
- 9998. REFUSED

**Hs14\_1. [RBACHS14I]**

In a typical month, do you or family members living with you **receive** money, food, clothing, or other goods from people in your family or close friends?

- 1. YES
- 2. NO [GO TO Hs14\_2]
- 7. DON'T KNOW
- 8. REFUSED

**If Hs9b or Hs10b or Hs11a or Hs12a or Hs13a eq DOES NOT APPLY, skip Hs14a**

**Hs14a. [RBACHS14A]**

On average, about how many dollars per month do you or your family members living with you **receive** from each of the following sources?

From your parents or the people who raised you?

If you receive food, clothing or other goods, include their dollar value.

(If the question does not apply because, for example, your parents are deceased, say, **"Does not apply"**).

**(INTERVIEWER: IF "NONE", ENTER "0".)**

- 0 NONE
- 1-9995 \$1 TO \$9,995 DOLLARS PER MONTH
- 9996 MORE THAN \$9,995 DOLLARS PER MONTH
- 9997. DON'T KNOW
- 9998. REFUSED
- 9999. DOES NOT APPLY

**If Hs9c or Hs10c or Hs11b or Hs12b or Hs13b eq DOES NOT APPLY, skip Hs14b**

**Hs14b. [RBACHS14B]**

(On average, about how many dollars per month do you or your family members living with you **receive**...)

From your in-laws?

(If you receive food, clothing, or other goods, include their dollar value.)

(If the question does not apply because, for example, you have no in-laws, say, “**Does not apply**”).

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

0	NONE
1-9995	\$1 TO \$9,995 DOLLARS PER MONTH
9996	MORE THAN \$9,995 DOLLARS PER MONTH
9997.	DON'T KNOW
9998.	REFUSED
9999.	DOES NOT APPLY

**[If children eq <0> and D20 ne <1>, skip Hs14c]**

**Hs14c. [RBACHS14C]**

(On average, about how many dollars per month do you or your family members living with you **receive**...)

From your grandchildren or grown children?

(If you receive food, clothing, or other goods, include their dollar value.)

**(INTERVIEWER: IF “NONE”, ENTER "0".)**

0	NONE
1-9995	\$1 TO \$9,995 DOLLARS PER MONTH
9996	MORE THAN \$9,995 DOLLARS PER MONTH
9997.	DON'T KNOW
9998.	REFUSED

**Hs14d. [RBACHS14D]**

(On average, about how many dollars per month do you or your family members living with you **receive**...)

From any other family members or close friends?

(If you receive food, clothing, or other goods, include their dollar value.)

**(INTERVIEWER: IF "NONE", ENTER "0".)**

- 0 NONE
- 1-9995 \$1 TO \$9,995 DOLLARS PER MONTH
- 9996 MORE THAN \$9,995 DOLLARS PER MONTH
- 9997. DON'T KNOW
- 9998. REFUSED

**Hs14\_2. [RBACHS142]**

In a typical month, do you or family members living with you **receive** money, food, clothing, and other goods from religious groups or other social organizations or agencies?

- 1. YES [GO TO Hs14e]
- 2. NO [GO TO HS15a]
- 7. DON'T KNOW
- 8. REFUSED

**Hs14e. [RBACHS14E]**

(On average, about how many dollars per month do you or your family members living with you **receive**...)

From religious groups?

(If you receive food, clothing, or other goods, include their dollar value.)

**(INTERVIEWER: IF "NONE", ENTER "0".)**

- 0 NONE
- 1-9995 \$1 TO \$9,995 DOLLARS PER MONTH
- 9996 MORE THAN \$9,995 DOLLARS PER MONTH
- 9997. DON'T KNOW
- 9998. REFUSED

**Hs14f. [RBACHS14F]**

(On average, about how many dollars per month do you or your family members living with you **receive...**)

From any other non-governmental organization, cause, or charity?

(If you receive food, clothing, or other goods, include their dollar value.)

(INTERVIEWER: IF "NONE", ENTER "0".)

- 0 NONE
- 1-9995 \$1 TO \$9,995 DOLLARS PER MONTH
- 9996 MORE THAN \$9,995 DOLLARS PER MONTH
- 9997. DON'T KNOW
- 9998. REFUSED

**Hs14g. [RBACHS14G]**

(On average, about how many dollars per month do you or your family members living with you **receive...**)

From any governmental group or agency, Federal, state or local?

(If you receive food, clothing, or other goods, include their dollar value.)

(INTERVIEWER: IF "NONE", ENTER "0".)

- 0 NONE
- 1-9995 \$1 TO \$9,995 DOLLARS PER MONTH
- 9996 MORE THAN \$9,995 DOLLARS PER MONTH
- 9997. DON'T KNOW
- 9998. REFUSED

**If Hs9b, Hs10b, Hs11a, Hs12a, Hs13a, or Hs14a eq DOES NOT APPLY, skip Hs15a**

**Hs15a. [RBACHS15A]**

During the **past 12 months**, have you had any of the following people live with you? By "live with you" we mean living in your home as their place of residence. Visiting overnight does not count as living with you.

One or more of your aging parents?

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

**If children eq <0>, skip Hs15b**



**Hs15b. [RBACHS15B]**

(During the **past 12 months**, have you had any of the following people live with you? By "live with you" we mean living in your home as their place of residence. Visiting overnight does not count as living with you. )

One or more of your adult children, age 18 or older?

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

**If D20 ne <1>, skip Hs15c****Hs15c. [RBACHS15C]**

(During the **past 12 months**, have you had any of the following people live with you? By "live with you" we mean living in your home as their place of residence. Visiting overnight does not count as living with you. )

One or more of your grandchildren?

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

**Hs15d. [RBACHS15D]**

(During the **past 12 months**, have you had any of the following people live with you? By "live with you" we mean living in your home as their place of residence. Visiting overnight does not count as living with you. )

Any other friend or family member?

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

**Is1. [RBACIS1]**

How often do you have any contact, even something as simple as saying "hello", with any of your neighbors?

Would you say almost every day, several times a week, about once a week, 1-3 times a month, less than once a month, or never or hardly ever?

1. ALMOST EVERY DAY
2. SEVERAL TIMES A WEEK
3. ABOUT ONCE A WEEK
4. 1-3 TIMES A MONTH
5. LESS THAN ONCE A MONTH
6. NEVER OR HARDLY EVER
7. DON'T KNOW
8. REFUSED

**Is2. [RBACIS2]**

How often do you have a real conversation or get together socially with any of your neighbors?

(Would you say almost every day, several times a week, about once a week, 1-3 times a month, less than once a month, or never or hardly ever?)

1. ALMOST EVERY DAY
2. SEVERAL TIMES A WEEK
3. ABOUT ONCE A WEEK
4. 1-3 TIMES A MONTH
5. LESS THAN ONCE A MONTH
6. NEVER OR HARDLY EVER
7. DON'T KNOW
8. REFUSED

**Is3. [RBACIS3]**

How many years have you lived in your current neighborhood, or if you live in a rural area, in your current township?

**(INTERVIEWER: IF LESS THAN 1 YEAR, ENTER "0".)**

0. LESS THAN 1 YEAR
- \_\_\_. 1 TO 95 YEARS
97. DON'T KNOW
98. REFUSED

Is4. **[RBACIS4]**  
How long have you lived in this state?

(INTERVIEWER: IF LESS THAN 1 YEAR, ENTER "0".)

- 0. LESS THAN 1 YEAR
- 1-95. 1 TO 95 YEARS
- 97. DON'T KNOW
- 98. REFUSED

Is6a. **[RBACIS6A]**  
The next few questions are about your home and the neighborhood you live in. Please indicate how much each of the following statements describes your situation.

I feel safe being out alone in my neighborhood during the daytime.

Would you say 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
- 8. REFUSED

Is6b. **[RBACIS6B]**  
(Please indicate how much each of the following statements describes your situation.)

I feel safe being out alone in my neighborhood at night.

(Would you say 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
- 8. REFUSED

**Is6c. [RBACIS6C]**

(Please indicate how much each of the following statements describes your situation.)

I live in as nice a home as most people.

(Would you say 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
8. REFUSED

**Is6d. [RBACIS6D]**

(Please indicate how much each of the following statements describes your situation.)

I'm proud of my home.

(Would you say 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
8. REFUSED

**Is6e. [RBACIS6E]**

(Please indicate how much each of the following statements describes your situation.)

I could call on a neighbor for help if I needed it.

(Would you say 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
8. REFUSED

**Is6f. [RBACIS6F]**

(Please indicate how much each of the following statements describes your situation.)

Most people live in a better neighborhood than I do.

(Would you say 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
8. REFUSED

**Is6g. [RBACIS6G]**

(Please indicate how much each of the following statements describes your situation.)

People in my neighborhood trust each other.

(Would you say 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
8. REFUSED

**Is6h. [RBACIS6H]**

(Please indicate how much each of the following statements describes your situation.)

I don't like to invite people to my home because I do not live in a very nice place.

(Would you say 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
8. REFUSED

**Is6i. [RBACIS6I]**

(Please indicate how much each of the following statements describes your situation.)

Buildings and streets in my neighborhood are kept in very good repair.

(Would you say 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
8. REFUSED

**Is6j. [RBACIS6J]**

(Please indicate how much each of the following statements describes your situation.)

I feel very good about my home and neighborhood.

(Would you say 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
8. REFUSED

**Is6k. [RBACIS6K]**

(Please indicate how much each of the following statements describes your situation.)

My neighborhood is kept clean.

(Would you say 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
8. REFUSED

**Is61. [RBACIS6L]**

(Please indicate how much each of the following statements describes your situation.)

It feels hopeless to try to improve my home and neighborhood situation.

(Would you say 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
8. REFUSED

## SECTION 13: RACE AND ETHNICITY

The next questions are about your ethnic background or origins.

**F1. [RBACF1]**

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
98. REFUSED

**F2. [RBACF2A] to [RBACF2C]**

When we talk about ethnicity, we think about the countries from which our ancestors came. (In addition to being American) What is your main ethnic background or origin?

**INTERVIEWER: YOU MAY ENTER UP TO 3 GROUPS.**

- |                    |                 |                 |
|--------------------|-----------------|-----------------|
| 66. Africa         | 10. Honduras    | 41. Russia/USSR |
| 1. Am. Ind./N. Am. | 35. Hungary     | 73. S. Arabia   |
| 20. Argentina      | 51. India       | 42. Scotland    |
| 58. Asia           | 68. Iran        | 55. Singapore   |
| 2. Bahamas         | 69. Iraq        | 63. S. Africa   |
| 21. Bolivia        | 36. Ireland     | 28. S. America  |
| 22. Brazil         | 70. Israel      | 43. Spain       |
| 3. Canada          | 37. Italy       | 16. St. Vincent |
| 18. C.Am/Carib     | 11. Jamaica     | 44. Sweden      |
| 23. Chile          | 52. Japan       | 56. Taiwan      |
| 50. China          | 61. Kenya       | 57. Thailand    |
| 24. Colombia       | 53. Korea       | 17. Trinidad    |
| 4. CostaRica       | 71. Lebanon     | 41. USSR/Russia |
| 5. Cuba            | 12. Mexico      | 27. Venezuela   |
| 30. Czech          | 74. Mid. East   | 48. W. Europe   |
| 6. DomRep          | 45. Netherland  | 46. Yugoslav    |
| 47. E. Europe      | 13. Nicaragua   | 64. Zaire       |
| 25. Ecuador        | 62. Nigeria     | 65. Zimbabwe    |
| 60. Egypt          | 38. Norway      | 96. OTHER       |
| 7. El Salvador     | 72. Pakistan    | (SPECIFY)       |
| 31. England        | 14. Panama      | 97. DON'T KNOW  |
| 32. France         | 26. Peru        | [GO TO F4]      |
| 33. Germany        | 54. Philippine  | 98. REFUSED     |
| 34. Greece         | 39. Poland      | [GO TO F4]      |
| 8. Guatemala       | 40. Portugal    | 99. INAPP       |
| 9. Haiti           | 15. Puerto Rico |                 |



F3. **[RBACF3]**

(IF MULTIPLE MENTIONS) Which group best describes your background or origins?

- |                    |                 |                 |
|--------------------|-----------------|-----------------|
| 66. Africa         | 10. Honduras    | 41. Russia/USSR |
| 1. Am. Ind./N. Am. | 35. Hungary     | 73. S. Arabia   |
| 20. Argentina      | 51. India       | 42. Scotland    |
| 58. Asia           | 68. Iran        | 55. Singapore   |
| 2. Bahamas         | 69. Iraq        | 63. S. Africa   |
| 21. Bolivia        | 36. Ireland     | 28. S. America  |
| 22. Brazil         | 70. Israel      | 43. Spain       |
| 3. Canada          | 37. Italy       | 16. St. Vincent |
| 18. C.Am/Carib     | 11. Jamaica     | 44. Sweden      |
| 23. Chile          | 52. Japan       | 56. Taiwan      |
| 50. China          | 61. Kenya       | 57. Thailand    |
| 24. Colombia       | 53. Korea       | 17. Trinidad    |
| 4. CostaRica       | 71. Lebanon     | 41. USSR/Russia |
| 5. Cuba            | 12. Mexico      | 27. Venezuela   |
| 30. Czech          | 74. Mid. East   | 48. W. Europe   |
| 6. DomRep          | 45. Netherland  | 46. Yugoslav    |
| 47. E. Europe      | 13. Nicaragua   | 64. Zaire       |
| 25. Ecuador        | 62. Nigeria     | 65. Zimbabwe    |
| 60. Egypt          | 38. Norway      | 96. OTHER       |
| 7. El Salvador     | 72. Pakistan    | (SPECIFY)       |
| 31. England        | 14. Panama      | 97. DON'T KNOW  |
| 32. France         | 26. Peru        | [GO TO F4]      |
| 33. Germany        | 54. Philippine  | 98. REFUSED     |
| 34. Greece         | 39. Poland      | [GO TO F4]      |
| 8. Guatemala       | 40. Portugal    | 99. INAPP       |
| 9. Haiti           | 15. Puerto Rico |                 |

F4. **[RBACF4]**

How closely do you identify with other people who are of the same ethnic descent as yourself? Would you say very closely, somewhat closely, not very closely, or not at all closely?

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

F5. **[RBACF5]**

How much do you prefer to be with other people who are of this same ethnic group? Would you say a lot, some, a little, or not at all?

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

F6. **[RBACF6]**

How important do you think it is for people who are from this ethnic group to marry other people who are also from this ethnic group? Would you say very important, somewhat important, not very important, or not at all important?

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

**F7. [RBACF7A] to [RBACF7D]**

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
8. REFUSED

**F8. [RBACF8A] to [RBACF8B]**

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
8. REFUSED

[IF MULTIPLE ANSWERS TO F8, GO TO F8a, ELSE F9]

**F8a. [RBACF8AX]**

(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
8. REFUSED

**F9. [RBACF9]**

How closely do you identify with being a member of this racial group? Would you say very closely, somewhat closely, not very closely, or not at all closely?

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

**F10. [RBACF10]**

How much do you prefer to be with other people who are the same race as yourself? Would you say a lot, some, a little, or not at all?

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

**F11. [RBACF11]**

How important do you think it is for people who are in your racial group to marry other people who are the same race? Would you say very important, somewhat important, not very important, or not at all important?

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

**F12. [RBACF12]**

Are you a citizen of the United States?

- 1. YES
- 2. NO [GO TO F12b]
- 7. DON'T KNOW [GO TO F12b]
- 8. REFUSED [GO TO F12b]

**F12a. [RBACF12A]**

How closely do you identify with being an American, in the sense of being a U.S. citizen? Would you say very closely, somewhat closely, not very closely, or not at all closely?

- 1. VERY CLOSELY
- 2. SOMEWHAT CLOSELY
- 3. NOT VERY CLOSELY
- 4. NOT AT ALL CLOSELY
- 7. DON'T KNOW
- 8. REFUSED
- 9. INAPP

**F12b. [RBACF12B]**

In what country do you have citizenship?

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

## SECTION 14: DISCRIMINATION

[For this next section of questions, I'm going to hand the laptop over to you so that you can enter your answers yourself. I have headphones for you to use so that you can listen to questions being read to you. You can keep the headphones as a gift. I will not be able to hear the questions or see the answers you type into the laptop. Some of the questions might be sensitive, so this way, you can listen and answer privately.]

Disc1 to Disc11.

Now you are going to be asked about some experiences you may have had in your life. In answering these questions you should consider if you have been **discriminated** against because of race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics, and if so, how many times.

Due to discrimination, have you ever... [RBACDISC1] to [RBACDISC11]	How many times in your life, due to discrimination, were you.. [RBACPS1A] to [RBACPS1K]
disc1. been discouraged by a teacher or advisor from seeking higher education.	ps1a.
disc2. been denied a scholarship.	ps1b.
disc3. NOT been hired for a job.	ps1c.
disc4. NOT been given a job promotion.	ps1d.
disc5. been fired.	ps1e.
disc6. been prevented from renting or buying a home in the neighborhood you wanted.	ps1f.
disc7. prevented from remaining in a neighborhood because neighbors made life so uncomfortable.	ps1g.
disc8. hassled by the police.	ps1h.
disc9. denied a bank loan.	ps1i.
disc10. denied or provided inferior medical care.	ps1j.
disc11. denied or provided inferior service by a plumber, car mechanic, or other service provider.	ps1k.

*response options for  
disc1 - disc11*

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

*response options for Ps1a – Ps1k*

- |       |                               |
|-------|-------------------------------|
| 0     | NONE/NEVER                    |
| ____. | 1 TO 9,995 TIMES IN YOUR LIFE |
| 9996  | MORE THAN 9,995 TIMES         |
| 9997. | DON'T KNOW                    |
| 9998. | REFUSED                       |

## Disc12 to Disc20

For this next set of questions, please think about your experiences on a **day-to-day basis**.

disc12-disc20. On a day-to-day basis, due to discrimination:

**[RBACDISC12] to [RBACDISC20]**

- a. Are you treated with less courtesy than other people?
- b. Are you treated with less respect than other people?
- c. Do you receive poorer service than other people at restaurants or stores?
- d. Do people act as if they think you are not smart?
- e. Do people act as if they are afraid of you?
- f. Do people act as if they think you are dishonest?
- g. Do people act as if they think you are not as good as they are?
- h. Are you called names or insulted?
- i. Are you threatened or harassed?

ps2a-i. How often...?

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

**[RBACPS2A] to [RBACPS2I]**

Often	Sometimes	Rarely	Never
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

*(response options for disc12 – disc20)*

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

*(response options for Ps2a –Ps2i)*

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW
8. REFUSED

**Ps3. [RBACPS3A] to [RBACPS3M]**

What was the main reason for the discrimination you experienced? Was it your age, your gender, your race, your ethnicity or nationality, your religion, your height or weight, some other aspect of your appearance, a physical disability, your sexual orientation, your occupation, your financial status, your education or some other reason? If it was for more than one main reason, enter **YES** for all that apply.

@a.	Your age
@b.	Your gender
@c.	Your race
@d.	Your ethnicity or nationality
@e.	Your religion
@f.	Your height or weight
@g.	Some other aspect of your appearance
@h.	A physical disability
@i.	Your sexual orientation
@j.	Your occupation
@k.	Your financial status
@l.	Your education
@m.	Some other reason for discrimination (Please specify:)

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

**Ps4. [RBACPS4]**

Overall, how much has discrimination interfered with you having a full and productive life? Would you say a lot, somewhat, a little or not at all?

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

**Ps5. [RBACPS5]**

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

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



**SECTION 15: LIFE SATISFACTION**

And now a few questions about your life.

**G100a. [RBACG100A]**

The next questions are about how things may have changed for you since the COVID-19 pandemic began in 2020.

Compared to before the COVID-19 pandemic, how much time do you physically spend with friends or family now? A lot less, a little less, about the same, a little more or a lot more?

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

**G100b. [RBACG100B]**

Compared to before the COVID-19 pandemic, how often do you feel lonely now? (A lot less, a little less, about the same, a little more or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

**G100c. [RBACG100C]**

Compared to before the COVID-19 pandemic, how often are you isolated from friends or family now?

(A lot less, a little less, about the same, a little more or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

**G100d. [RBACG100D]**

Compared to before the COVID-19 pandemic, how often are you isolated from co-workers now?

(A lot less, a little less, about the same, a little more or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

**G100e. [RBACG100E]**

Compared to before the COVID-19 pandemic, how much care are you receiving from friends or family now?

(A lot less, a little less, about the same, a little more or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

**G100f. [RBACG100F]**

Compared to before the COVID-19 pandemic, how much conflict are you experiencing with friends or family now?

(A lot less, a little less, about the same, a little more or a lot more?)

1. A LOT LESS
2. A LITTLE LESS
3. ABOUT THE SAME
4. A LITTLE MORE
5. A LOT MORE
7. DON'T KNOW
8. REFUSED

**G101a. [RBACG101A]**

Since the COVID-19 pandemic began in 2020, how often have you had access to reliable internet? Never, rarely, sometimes, very often, or extremely often?

1. NEVER
2. RARELY
3. SOMETIMES
4. VERY OFTEN
5. EXTREMELY OFTEN
7. DON'T KNOW
8. REFUSED

**G101b. [RBACG101B]**

Since the COVID-19 pandemic began in 2020, how often have you communicated with family or friends using social media, such as Facebook, Instagram, or Twitter?  
(Never, rarely, sometimes, very often, or extremely often?)

1. NEVER
2. RARELY
3. SOMETIMES
4. VERY OFTEN
5. EXTREMELY OFTEN
7. DON'T KNOW
8. REFUSED

**G101c. [RBACG101C]**

Since the COVID-19 pandemic began in 2020, how often have you communicated with family or friends using online conference call applications such as Zoom, Teams, Skype, or WebEx?  
(Never, rarely, sometimes, very often, or extremely often?)

1. NEVER
2. RARELY
3. SOMETIMES
4. VERY OFTEN
5. EXTREMELY OFTEN
7. DON'T KNOW
8. REFUSED

**G101d. [RBACG101D]**

Since the COVID-19 pandemic began in 2020, how often have you worked remotely using online conference call applications such as Zoom, Teams, Skype, or WebEx?  
(Never, rarely, sometimes, very often, or extremely often?)

1. NEVER
2. RARELY
3. SOMETIMES
4. VERY OFTEN
5. EXTREMELY OFTEN
7. DON'T KNOW
8. REFUSED

**G102. [RBACG102]**

Since the COVID-19 pandemic began in 2020, what have been the most difficult aspects of life?

1. SPECIFY
7. DON'T KNOW
8. REFUSED

**G1. [RBACG1]**

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
8. REFUSED

**G1a. [RBACG1A]**

Just before the COVID-19 pandemic began in early 2020, how satisfied were you with your life then? Very, somewhat, a little, or not at all?

1. VERY
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW
8. REFUSED

**G2. [RBACG2]**

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
8. REFUSED

**G3. [RBACG3]**

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

(Would you say: a lot, 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
8. REFUSED

**G4. [RBACG4]**

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
8. REFUSED

**G5. [RBACG5]**

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 [GO TO G6]
8. REFUSED [GO TO G6]

**G5a. [RBACG5A]**

Do you (DIS)AGREE strongly, somewhat, or only a little?

1. STRONGLY
2. SOMEWHAT
3. ONLY A LITTLE
7. DON'T KNOW
8. REFUSED

For the next set of questions, please tell me how much each of the following words describes you.

**G6. [RBACG6]**

(The first word is:) Outgoing?

(By OUTGOING we mean sociable and interested in meeting people.)

Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW
8. REFUSED

**G7. [RBACG7]**

(The next word is:) worrying?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW
8. REFUSED

**G8. [RBACG8]**

(The next word is:) curious?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW
8. REFUSED

**G9. [RBACG9]**

(The next word is:) optimistic?

(By OPTIMISTIC we mean hopeful about how things will turn out.)

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW
8. REFUSED

**Es14. [RBACES14]**

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

- \_\_\_\_. 0 TO 995 YEARS OLD
996. MORE THAN 995 YEARS OLD
997. DON'T KNOW
998. REFUSED

**Es15. [RBACES15]**

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

- \_\_\_\_. 0 TO 995 YEARS OLD
- 996. MORE THAN 995 YEARS OLD
- 997. DON'T KNOW
- 998. REFUSED

**Es16. [RBACES16]**

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

- 0-995. 0 TO 995 YEARS OLD
- 996. MORE THAN 995 YEARS OLD
- 997. DON'T KNOW
- 998. REFUSED

**Es17. [RBACES17]**

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

- 0-995. 0 TO 995 YEARS OLD
- 996. MORE THAN 995 YEARS OLD
- 997. DON'T KNOW
- 998. REFUSED

**Es18. [RBACES18]**

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

- 0-995. 0 TO 995 YEARS OLD
- 996. MORE THAN 995 YEARS OLD
- 997. DON'T KNOW
- 998. REFUSED

**Es19. [RBACES19]**

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

- 0-995. 0 TO 995 YEARS OLD
- 996. MORE THAN 995 YEARS OLD
- 997. DON'T KNOW
- 998. REFUSED