

MIDUS REFRESHER 2 Telephone Interview

Items in RED: new COVID items introduced for MR2 CATI

Items in BLUE: repurposed items for MR2 CATI (i.e., replacing the Great Recession with COVID pandemic, M2 with MR1, and range of valid years/ages).

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

***=New or revised item introduced for M3/Refresher cohort.**

SECTION CV: COVID-19 PANDEMIC EXPERIENCE

CV1. We would like to begin by asking you about your experiences since the COVID-19
[RB1PCV1] 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. The first questions are about your experience with the COVID-19 pandemic. For each of
[RB1PCV2] 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, 9=INAPP)
- 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. [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>

95. WORKED FROM HOME SINCE BEFORE THE PANDEMIC

96. R STILL WORKS FROM HOME

UNIT:

1. WEEKS

2. MONTHS

3. YEARS

7. DON'T KNOW

8. REFUSED

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?

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

i. Sold a home for more than it cost you?

[IF R SAYS NEVER OWNED A HOME, GO TO CV2Q]

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

j. Sold a home for **less than it cost you?**

[IF R SAYS NEVER OWNED A HOME, GO TO CV2Q]

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

k. lost a home due to foreclosure?

[IF R SAYS NEVER OWNED A HOME, GO TO CV2Q]

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

l. Lost a home due to something other than foreclosure?

[IF R SAYS NEVER OWNED A HOME, DK, OR REFUSED, GO TO CV2Q]

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 CV2o=YES:] Who moved in?

INTERVIEWER: CODE ALL THAT APPLY.

a. CHILD

b. PARENT

c. GRANDPARENT

d. GRANDCHILD

e. SIBLING

f. OTHER FAMILY MEMBER (SPECIFY)

- g. FRIEND
- h. CO-WORKER
- i. OTHER (SPECIFY)

p. Moved in with family or friends?

p1. [IF CV2q=YES:] To whose home did you move in?

INTERVIEWER: CODE ALL THAT APPLY.

- a. CHILD
- b. PARENT
- c. GRANDPARENT
- d. GRANDCHILD
- e. SIBLING
- f. OTHER FAMILY MEMBER (SPECIFY)
- g. FRIEND
- h. CO-WORKER
- i. OTHER (SPECIFY)

- 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?

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

- 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?
- x. Increased credit card debt?

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

- 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?

CVVEE1.

[RB1PCVVEE1] The next few questions are about your expectations about future economic condition 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

CVVEE2.

[RB1PCVVEE2] 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

CVVEE3.

[RB1PCVVEE3] 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.

[RB1PCV3] 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 or partner receive any of these payments?

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

CV4.

[RB1PCV4] Compared to before the COVID-19 pandemic began in early 2020, would you say that overall, you and your household are doing worse now, better now, or about the same as before the pandemic?

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

CV4a.

[RB1PCV4A] 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 A: HEALTH

A100.

[RB1PA100] 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.

[RB1PA101] 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] |
| 9. | INAPP | |

A102.

[RB1PA102] 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] |
| 9. | INAPP | |

A102a.

[RB1PA102A] Were those physical effects, mental effects, or both?

- | | |
|----|------------|
| 1. | PHYSICAL |
| 2. | MENTAL |
| 3. | BOTH |
| 7. | DON'T KNOW |
| 8. | REFUSED |
| 9. | INAPP |

A103.

[RB1PA103] 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.

[RB1PA103A] Who do you know that has or had long COVID?

INTERVIEWER: CODE ALL THAT APPLY

- | | | |
|----|-------------------------------|-----------------------------------|
| A. | SPOUSE | |
| B. | CHILD | [IF YES: How many children?] |
| C. | PARENT | [IF YES: How many parents?] |
| D. | GRANDPARENT | [IF YES: How many grandparents?] |
| E. | GRANDCHILD | [IF YES: How many grandchildren?] |
| F. | SIBLING | [IF YES: How many siblings?] |
| G. | OTHER FAMILY MEMBER (SPECIFY) | [IF YES: How many?] |
| H. | FRIEND | [IF YES: How many friends?] |
| I. | CO-WORKER | [IF YES: How many co-workers?] |
| J. | OTHER (SPECIFY) | [IF YES: How many?] |
| 7. | DON'T KNOW | |
| 8. | REFUSED | |
| 9. | INAPP | |

A104.

[RB1PA104] 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.

[RB1PA104A] Who do you know that has died from COVID-19?

INTERVIEWER: CODE ALL THAT APPLY

- | | | |
|----|-------------------------------|-----------------------------------|
| A. | SPOUSE | |
| B. | CHILD | [IF YES: How many children?] |
| C. | PARENT | [IF YES: How many parents?] |
| D. | GRANDPARENT | [IF YES: How many grandparents?] |
| E. | GRANDCHILD | [IF YES: How many grandchildren?] |
| F. | SIBLING | [IF YES: How many siblings?] |
| G. | OTHER FAMILY MEMBER (SPECIFY) | [IF YES: How many?] |
| H. | FRIEND | [IF YES: How many friends?] |
| I. | CO-WORKER | [IF YES: How many co-workers?] |
| J. | OTHER (SPECIFY) | [IF YES: How many?] |
| 7. | DON'T KNOW | |
| 8. | REFUSED | |
| 9. | INAPP | |

A105.

[RB1PA105] 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.

[RB1PA105A] 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] |
| 9. | INAPP | |

A106.

[RB1PA106] Do you plan to get a COVID vaccine within the next 12 months?

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

A107.

[RB1PA107] 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.

[RB1PA107A] 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.

[RB1PA108A] 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.

[RB1PA108B] 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.

[RB1PA108C] 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.

[RB1PA108D] (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.

[RB1PA108E] (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.

[RB1PA108F] (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.

[RB1PA108G] (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.

[RB1PA108H] (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.

[RB1PA108I] (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
9. INAPP

A108j.

[RB1PA108J] (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
9. INAPP

A1.

[RB1PA1] Now I would like to ask you about your health. In general, would you say your PHYSICAL HEALTH is excellent, very good, good, fair, or poor?

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

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

A2.

[RB1PA2] What about your MENTAL OR EMOTIONAL HEALTH?
Would you say your MENTAL OR EMOTIONAL HEALTH 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.

[RB1PA2A] 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.

[RB1PA2A1] Do you feel that your memory has become worse over time?

- | | |
|---------------|--------------|
| 1. YES | [GO TO A2a2] |
| 2. NO | [GO TO AD1] |
| 7. DON'T KNOW | [GO TO AD1] |
| 8. REFUSED | [GO TO AD1] |

A2a2.

[RB1PA2A2] Does this worry you?

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

AD1.

[RB1PAD1] 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.

[RB1PAD2] 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.

[RB1PAD3] 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.

[RB1PAD4] 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.

[RB1PAD5] 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.

[RB1PAD6] 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.

[RB1PAD7] 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.

[RB1PAD8] 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

A2b.

[RB1PA2B] 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.

[RB1PA2C] 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.

[RB1PA3] 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

A4.

[RB1PA4] In the past 30 days, how many days were you COMPLETELY UNABLE to go to work or carry out your normal household work activities because of your physical health or mental health?

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

- | | | |
|-----|----------------|-------------|
| 0. | NONE | [GO TO A5] |
| — | NUMBER OF DAYS | [GO TO A4a] |
| 97. | DON'T KNOW | [GO TO A5] |
| 98. | REFUSED | [GO TO A5] |

A4a.

[RB1PA4A] 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

[GO TO A5]

[IF A4 = 30, GO TO A6]

A5.

[RB1PA5] (Aside from (that day/those [fill A4] days) when you were totally unable to go to work or carry out your normal household work activities, how many of the other [fill A5pre] days out of the past 30)/In the past 30 days), did you have to CUT BACK on work, or how much you got done, because of your physical health or mental health?

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

- | | | |
|-----|----------------|-------------|
| 0. | NONE | [GO TO A6] |
| — | NUMBER OF DAYS | [GO TO A5a] |
| 97. | DON'T KNOW | [GO TO A6] |
| 98. | REFUSED | [GO TO A6] |
| 99. | INAPP | |

[IF SUM OF THE RESPONSES TO A4 AND A5 EXCEEDS 30 DAYS, THE INTERVIEWER WILL PROBE TO GET THEM TO BE LESS THAN 30 DAYS]

A5a.

[RB1PA5A] 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 RB
9. INAPP

[GO TO A6]

The next set of questions is about your physical health.

A6.

[RB1PA6] Do you have history of any of the following medical conditions:

(Do you have a personal history of...)	YES	NO	DON'T KNOW/ NOT SURE	REFUSED
A6a. Stroke	1	2	7	8
A6b. Serious head injury	1	2	7	8
A6c. Parkinson's disease	1	2	7	8
A6e. Alzheimer's disease or other types of dementia	1	2	7	8
A6d. Other neurological disorder such as MS or epilepsy	1	2	7	8

A7.

[RB1PA7] 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.

[RB1PA7B] What was the diagnosis?

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

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

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

- A. HEART ATTACK
- B. ANGINA
- C. HIGH BLOOD PRESSURE
- D. VALVE DISEASE, MITROVALVE PROLAPSE, AORTIC INSUFFICIENCY,
BICUSPID AORTIC VALVE
- E. HOLE IN HEART, ATRIAL SEPTAL DEFECT (ASD), VENTRICULAR SEPTAL
DEFECT (VSD)
- F. BLOCKED/CLOSED ARTERY, CORONARY ARTERY DISEASE (CAD),
CORONARY HEART DISEASE (CHD), ISCHEMIA
- G. IRREGULAR/FAST HEART BEAT, ARRHYTHMIA
- H. HEART MURMUR
- I. HEART FAILURE, CONGESTIVE HEART FAILURE (CHF), ENLARGED
HEART
- J. OTHER _____ (SPECIFY)
- K. NONE
- 97. DON'T KNOW
- 98. REFUSED
- 99. INAPP

A8.

[RB1PA8] Have you ever had a heart attack?

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

A10.

[RB1PA10] Who in your immediate biological family -- that is, your biological parents, brothers, sisters, or children -- have ever had a heart attack?

INTERVIEWER: ENTER ALL THAT APPLY.

INTERVIEWER: COUNT BLOOD RELATIVES ONLY, NOT SPOUSE OR ADOPTIVE/STEP RELATIVES [THE SAME MEMBER CAN'T BE LISTED TWICE].

- A. NO ONE
- B. MOTHER
- C. FATHER
- D. BROTHER
- E. HALF BROTHER
- F. SISTER
- G. HALF SISTER
- H. CHILD
- 97. DON'T KNOW
- 98. REFUSED

A24.

[RB1PA24] Has a doctor ever told you that you have or had high blood pressure?

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

A24b.

[RB1PA24B] 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]
- 9. INAPP

A24c.

[RB1PA24C] Are you CURRENTLY taking any prescription medications for your high blood pressure?

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

A24d.

[RB1PA24D] (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] |
| 9. | INAPP | |

A24e.

[RB1PA24E] What is that treatment or therapy?

INTERVIEWER: ENTER ALL THAT APPLY.
[THE SAME TREATMENT CAN'T BE LISTED TWICE]

- | | | |
|----|-------------------------|-------|
| A. | DIET | |
| B. | VITAMINS/MINERALS | |
| C. | EXERCISE | |
| D. | HERBAL THERAPY | |
| E. | MEDITATION/ RELAXATION | |
| F. | OTHER (ENTER TREATMENT) | _____ |
| 7. | DON'T KNOW | |
| 8. | REFUSED | |
| 9. | INAPP | |

A26.

[RB1PA26] Have you ever had cancer?

- | | | |
|----|------------|-------------|
| 1. | YES | [GO TO A28] |
| 2. | NO | [GO TO A30] |
| 7. | DON'T KNOW | [GO TO A30] |
| 8. | REFUSED | |

[ONLY MEN WILL GET PROSTATE CANCER AS A RESPONSE OPTION]

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

A28.

[RB1PA28] What type of cancer have you had?

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

(IF R HAD A PARTICULAR TYPE OF CANCER, FOLLOW UP AT A28aa-jj)

What type of cancer have you had?			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=

7. DON'T KNOW

8. REFUSED

9. INAPP

A29.

[RB1PA29] 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]

9. INAPP

A29a.

[RB1PA29AA] to **[RB1PA29AI]**

What type of treatment or therapy are you currently using?

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

- A. SURGERY
- B. CHEMOTHERAPY
- C. RADIATION THERAPY
- D. DIET
- E. VITAMINS/MINERALS
- F. EXERCISE
- G. HERBAL THERAPY
- H. MEDITATION/ RELAXATION
- I. OTHER (SPECIFY TREATMENT) _____
- 97. DON'T KNOW
- 98. REFUSED
- 99. INAPP

A30.

[RB1PA30] Who in your immediate biological family -- that is, your biological parents, brothers, sisters, or children-- have ever had cancer?

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

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

- A. NO ONE
- B. MOTHER
- C. FATHER
- D. BROTHER
- E. SISTER
- F. CHILD
- 7. DON'T KNOW
- 8. REFUSED

A301.

[RB1PA301] 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.

[RB1PA301A] 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.

- A. MOTHER
- B. FATHER
- C. BROTHER
- D. SISTER
- E. CHILD
- F. GRANDPARENTS
- G. OTHER (Specify : _____)
- 97. DON'T KNOW
- 98. REFUSED
- 99. INAPP

A35a.

IF RSEX = 1 (MALE) GO TO A36 [FOLLOWING QUESTIONS ARE FOR **WOMEN ONLY**].

A35b.

[RB1PA35B] 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] |
| 9. INAPP | |

A35c.

[RB1PA35C] What was your age when you had the hysterectomy?

YEARS OLD [ALLOWABLE RANGE: 18-99]

- 997. DON'T KNOW
- 998. REFUSED
- 999. INAPP

A35d.

[RB1PA35D] 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 A36] |
| 7. | DON'T KNOW | [GO TO A36] |
| 8. | REFUSED | [GO TO A36] |
| 9. | INAPP | |

A35e.

[RB1PA35E] Did you have both ovaries removed at the same time?

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

A35f.

[RB1PA35F] At what age did you have [one or both of your ovaries/the first one/them] removed?

YEARS OLD [ALLOWABLE RANGE: 18-99]

- | | |
|------|------------|
| 997. | DON'T KNOW |
| 998. | REFUSED |
| 999. | INAPP |

A36.

[RB1PA36] 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?

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

- | | | |
|-------|-----------------------|-------------------------|
| _____ | YEARS OLD | [ALLOWABLE RANGE: 1-95] |
| 96. | NEVER HAD A CIGARETTE | [GO TO A44] |
| 97. | DON'T KNOW | |
| 98. | REFUSED | |

A37.

[RB1PA37] Have you ever smoked cigarettes regularly -- that is, at least a few cigarettes every day?

- | | | |
|----|------------|-------------|
| 1. | YES | [GO TO A38] |
| 2. | NO | [GO TO A44] |
| 7. | DON'T KNOW | [GO TO A44] |
| 8. | REFUSED | [GO TO A44] |
| 9. | INAPP | |

A38.

[RB1PA38] At what age did you begin to smoke REGULARLY?

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

- | | | |
|-------|------------|-------------------------|
| _____ | YEARS OLD | [ALLOWABLE RANGE: 1-95] |
| 97. | DON'T KNOW | |
| 98. | REFUSED | |
| 99. | INAPP | |

[IF THE RESPONSE TO A36 IS GREATER THAN A38, INTERVIEWER WILL PROBE SO A36 IS LESS THAN A38]

A39.

[RB1PA39] Do you smoke cigarettes regularly NOW?

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

- | | | |
|----|------------|-------------|
| 1. | YES | [GO TO A40] |
| 2. | NO | [GO TO A42] |
| 7. | DON'T KNOW | [GO TO A42] |
| 8. | REFUSED | [GO TO A42] |
| 9. | INAPP | |

A40.

[RB1PA40] 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 CIGARETTES

97. DON'T KNOW

98. REFUSED

99. INAPP

A41.

[RB1PA41] Since we last interviewed you in [MR1PhoneMO], [MR1PhoneYR] have you tried to quit smoking?

1. YES

2. NO

7. DON'T KNOW

8. REFUSED

9. INAPP

[GO TO A44]

A42.

[RB1PA42] How old were you the last time you smoked regularly?

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

____ YEARS OLD

[ALLOWABLE RANGE: 1-95]

97. DON'T KNOW

98. REFUSED

99. INAPP

A43.

[RB1PA43] 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, PROBE: '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

97. DON'T KNOW

98. REFUSED

99. INAPP

A44.

[RB1PA44] 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

A45. SKIPPED – Childhood question

A400.

[RB1PA400] 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.

[RB1PA401] How old were you when you first vaped regularly?

_____	YEARS OLD	[ALLOWABLE RANGE: 1-95]
97.	DON'T KNOW	
98.	REFUSED	

A402.

[RB1PA402] During the past 30 days, on how many days have you vaped?

_____	DAYS	[ALLOWABLE RANGE: 0-30]
97.	DON'T KNOW	
98.	REFUSED	
99.	INAPP	

A46.

[RB1PA46] 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/A48 order reversed]

A48.

[RB1PA48] Currently, at your job, does 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.]

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

A47.

[RB1PA47] In the **past** at either your current or previous jobs, 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.]

1. YES
2. NO
3. NEVER HAD A JOB
7. DON'T KNOW
8. REFUSED

A49.

[RB1PA49] The next questions are about alcoholic beverages. How old were you when you had your first drink, not counting a sip of someone else's drink?

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

- | | | |
|-------|-------------------|-------------------------|
| _____ | YEARS OLD | [ALLOWABLE RANGE: 1-95] |
| 96. | NEVER HAD A DRINK | [GO TO A59] |
| 97. | DON'T KNOW | |
| 98. | REFUSED | |

A50.

[RB1PA50] 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 | [GO TO A51] |
| 2. | NO | [GO TO A54] |
| 7. | DON'T KNOW | [GO TO A54] |
| 8. | REFUSED | [GO TO A54] |
| 9. | INAPP | |

A51.

[RB1PA51] 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) | [GO TO A54] |
| 7. | DON'T KNOW | [GO TO A54] |
| 8. | REFUSED | [GO TO A54] |
| 9. | INAPP | |

A51a.

[RB1PA51A] 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]
9. INAPP

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.”

A52.

[RB1PA52] 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
 99. INAPP

A53.

[RB1PA53] 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
 99. INAPP

A54.

[RB1PA54] 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) | [GO TO A59] |
| 7. | DON'T KNOW | [GO TO A59] |
| 8. | REFUSED | [GO TO A59] |
| 9. | INAPP | |

A54a.

[RB1PA54A] 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 | |
| 9. | INAPP | |

A55.

[RB1PA55] 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 |
| 99. | INAPP |

A56.

[RB1PA56] How old were you when you started to drink that much?

- _____ AGE IN YEARS [ALLOWABLE RANGE: 1-95]
97. DON'T KNOW
98. REFUSED
99. INAPP

A57.

[RB1PA57] For how many years did you drink that much?

0. LESS THAN 1 YEAR
_____ NUMBER OF YEARS
97. DON'T KNOW
98. REFUSED
99. INAPP

A59.

[RB1PA59] 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

A600a.

[RB1PA600A] Have you ever felt you should cut down on your drinking?

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

A600b.

[RB1PA600B] Have people annoyed you by criticizing your drinking?

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

A600c.

[RB1PA600C] Have you ever felt bad or guilty about your drinking?

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

A600d.

[RB1PA600D] Have you ever had a drink first in the morning to steady your nerves or get rid of a hangover?

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

A60.

[RB1PA60] 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 | [GO TO A61] |
| 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.

[RB1PA61] 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] |
| 9. | INAPP | |

A62.

[RB1PA62] 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]
9. INAPP

A63.

[RB1PA63] 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
9. INAPP

A64.

[RB1PA64] 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
9. INAPP

A65.

[RB1PA65] During those same two weeks, did you lose your appetite?

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

A65a.

[RB1PA65A] Did your appetite INCREASE during those same two weeks?

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

A66.

[RB1PA66] 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]
- 9. INAPP

A66a.

[RB1PA66A] 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
- 9. INAPP

A67.

[RB1PA67] 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
- 9. INAPP

A68.

[RB1PA68] 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
- 9. INAPP

A69.

[RB1PA69] 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
9. INAPP

[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.

[RB1PA70] 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:
[INTERVIEWER READS 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. ____ 1 WEEK
- ____ 2 TO 51 WEEKS [GO TO A71MO]
52. 52 WEEKS/THE ENTIRE YEAR [GO TO A83]
97. DON'T KNOW [GO TO A71MO]
98. REFUSED [GO TO A71MO]
99. INAPP [GO TO A71MO]

A71MO.

[RB1PA71MO] Think about the MOST RECENT time when you had two weeks in a row when you felt this way. In what month was this?

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

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

(MONTH)

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

[IF A71MO = CURRENT MONTH, ENTER YEAR. OTHERWISE GO TO A83]

INTERVIEWER: IF THE MONTH R FELT THIS WAY IS THE SAME AS THE CURRENT MONTH, WE ASK YEAR TO CLARIFY IF R MEANS THIS MONTH OR THIS MONTH A YEAR AGO.

A71YR.

[RB1PA71YR] (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 [ALLOWABLE RANGE: 2022-2024]

9997. DON'T KNOW

9998. REFUSED

9999. INAPP

[GO TO A83]

A72.

[RB1PA72] 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 [GO TO A73]

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]

9. INAPP

A73.

[RB1PA73] 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]

9. INAPP

A74.

[RB1PA74] 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]
9. INAPP

A75.

[RB1PA75] 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
9. INAPP

A76.

[RB1PA76] During those same two weeks, did you lose your appetite?

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

A76a.

[RB1PA76A] Did your appetite INCREASE during those same two weeks?

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

A77.

[RB1PA77] Did you have more trouble falling asleep than you usually do during those two weeks?

1. YES [GO TO A77a]
2. NO [GO TO A78]
7. DON'T KNOW [GO TO A78]
8. REFUSED [GO TO A78]
9. INAPP

A77a.

[RB1PA77A] Did that happen every night, nearly every night, or less often than that during those two weeks?

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

A78.

[RB1PA78] 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
9. INAPP

A79.

[RB1PA79] 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
9. INAPP

A80.

[RB1PA80] 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
9. INAPP

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

A81.

[RB1PA81] 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
[INTERVIEWER READS 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. ____ | 1 WEEK | |
| ____ | 2 TO 51 WEEKS | [GO TO A82MO] |
| 52. | 52 WEEKS/THE ENTIRE YEAR | [GO TO A83] |
| 97. | DON'T KNOW | [GO TO A82MO] |
| 98. | REFUSED | [GO TO A82MO] |
| 99. | INAPP | [GO TO A82MO] |

A82MO.

[RB1PA82MO] Think about the MOST RECENT time when you had two weeks in a row when you felt this way. In what month was this?

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

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

(MONTH)

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

[IF A82MO = CURRENT MONTH, ENTER YEAR, OTHERWISE GO TO A83]

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

A82YR.

[RB1PA82YR] (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 [ALLOWABLE RANGE: 2022-2024]

9997. DON'T KNOW

9998. REFUSED

9999. INAPP

A83.

[RB1PA83] 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 | [GO TO A83a] |
| 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.

[RB1PA83A] Would you say A LOT MORE than most people, SOMEWHAT, or only A LITTLE?

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

A84.

[RB1PA84] 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 [GO TO A90]
8. REFUSED [GO TO A90]
9. INAPP

A84a.

[RB1PA84A] 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
9. INAPP

A85.

[RB1PA85] 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
9. INAPP

A85a.

[RB1PA85A] Do you ever have different worries on your mind AT THE SAME TIME?

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

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

A86.

[RB1PA86] Do you worry about things that are not likely to happen?

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

A86a.

[RB1PA86A] Do you worry about things that are not really serious?

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

A87.

[RB1PA87] 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
9. INAPP

A87a.

[RB1PA87A] 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
9. INAPP

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

A88.

[RB1PA88A] First, (how/How) often (**over the PAST 12 MONTHS**)

- A. "were you restless because of your worry?"
- B. "were you keyed up, on edge, or had a lot of nervous energy?"
- C. "were you irritable because of your worry?"
- D. "did you have trouble falling asleep?"
- E. "did you have trouble staying asleep because of your worry?"
- F. "did you have trouble keeping your mind on what you were doing?"
- G. "did you have trouble remembering things because of your worry?"
- H. "were you low on energy?"
- I. "did you tire easily because of your worry?"
- J. "did you have sore or aching muscles because of tension?"

(Would you say MOST DAYS, ABOUT HALF THE DAYS, LESS THAN HALF THE DAYS or NEVER?) A30

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
- 9. INAPP

A89.

[RB1PA89] 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
- 9. INAPP

A90.

[RB1PA90] During the past 12 months, did you ever have a spell or an attack when **all of a sudden** you felt frightened, anxious, or very uneasy, in a situation when most people would not be afraid or anxious?

INTERVIEWER: IF R IS NOT SURE WHETHER A SITUATION COUNTS,

PROBE: "In your opinion, was this a situation where most people would NOT be afraid or anxious?" AND REREAD QUESTION IF NECESSARY.

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

- | | | |
|----|------------|-------------|
| 1. | YES | [GO TO A91] |
| 2. | NO | |
| 7. | DON'T KNOW | |
| 8. | REFUSED | |

A90a.

[RB1PA90A] 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 | [GO TO A91] |
| 2. | NO | [GO TO B1] |
| 7. | DON'T KNOW | [GO TO B1] |
| 8. | REFUSED | [GO TO B1] |
| 9. | INAPP | |

A91.

[RB1PA91] About how many attacks did you have in the past 12 months?

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

- | | |
|-----|------------------------------------|
| | # OF ATTACKS IN THE PAST 12 MONTHS |
| 97. | DON'T KNOW |
| 98. | REFUSED |
| 99. | INAPP |

A92.

[RB1PA92] Did (this attack happen in a situation/ALL of these attacks happen in situations) when you were in danger or were the center of attention?

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

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

A92a.

[RB1PA92A] When you have attacks, does your heart pound?

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

A92b.

[RB1PA92B] (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
9. INAPP

A92c.

[RB1PA92C] (When you have attacks,) do you sweat?

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

A92d.

[RB1PA92D] (When you have attacks,) do you tremble or shake?

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

A92e.

[RB1PA92E] (When you have attacks,) do you have hot flashes or chills?

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

A92f.

[RB1PA92F] (When you have attacks,) do you, or things around you, seem unreal?

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

SECTION B: EDUCATION, OCCUPATION, AND MARITAL STATUS

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

B1.

[RB1PB1] What is the highest grade of school or year of college you completed?

INTERVIEWER: PROBES: “Did you receive a degree?” “How many years did you attend?”

1. GRADE SCHOOL OR LESS (6TH GRADE OR LESS)
2. JUNIOR HIGH SCHOOL (7TH OR 8TH GRADE)
3. HIGH SCHOOL, SOME; NO DIPLOMA OR GED (9TH TO 12TH GRADE)
4. GED
5. HIGH SCHOOL, GRADUATED
6. COLLEGE, NO DEGREE, LESS THAN 3 YEARS
7. COLLEGE, NO DEGREE, 3 YEARS OR MORE
8. COLLEGE, GRADUATED, 2-YEAR COLLEGE OR VOCATIONAL SCHOOL (ASSOCIATE’S DEGREE)
9. COLLEGE, GRADUATED, 4-YEAR 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 PROFESSIONAL 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.

[RB1PB1Z] 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]

B1zb.

[RB1PB1ZB] Since [\[MR1month\]](#), [\[MR1year\]](#), have you wanted to work for pay but been unable to find work?

1. Yes [GO TO B16]
2. No [GO TO B16]

B2.

[RB1PB2]

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

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

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

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

B2a.

[RB1PB2A]

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?"

- 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 (IF VOLUNTEERED)
- 10. PERMANENTLY DISABLED (IF VOLUNTEERED)
- 11. OTHER _____ (SPECIFY)
- 97. DON'T KNOW
- 98. REFUSED
- 99. INAPP

B2aa.

[RB1PB2AA] At that time, were you actively looking for another job?

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

[IF B2a = UNEMPLOYED, GO TO B2b]

B2b.

[RB1PB2B] 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]
- 9. INAPP

B100.

[RB1PB100] 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
- 9. INAPP

B101a.

[RB1PB101A] 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
- 9. INAPP

B101b.

[RB1PB101B] 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
- 9. INAPP

B101c.

[RB1PB101C] Did you want to work but were concerned about exposure to COVID-19?

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

B101d.

[RB1PB101D] Was there some other reason you experienced unemployment during the pandemic?

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

B2c.

[RB1PB2C] 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

B2c2.

[RB1PB2C2] Since the COVID-19 pandemic began in early 2020, how many separate times have you been unemployed? [ASK ONLY IF B2c2 >1]

B2d. Since the COVID-19 pandemic began, about how long in total have you been unemployed?

[RB1PB2DN] (MEASURE OF TIME)

- _____ # OF DAYS/WEEKS/MONTHS/YEARS
997. DON'T KNOW
 998. REFUSED
 999. INAPP

[RB1PB2DU] (UNIT OF TIME) _____

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

B3.

[RB1PB3]

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:** "Are you a student full-time or a part-time?"

1. WORKING [GO TO B7]
2. SELF-EMPLOYED [GO TO B7]
3. UNEMPLOYED
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
99. INAPP

B4.

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

[RB1PB4N] (MEASURE OF TIME)

_____ # OF DAYS/WEEKS/MONTHS/YEARS

996. NEVER WORKED [GO TO B19]
997. DON'T KNOW
998. REFUSED
999. INAPP

[RB1PB4U] (UNIT OF TIME)

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

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

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

B5.

[RB1PB5] 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 | [GOTO B102] |
| 2. | LAID OFF | [GOTO B102] |
| 3. | PLANT/COMPANY CLOSED | [GOTO B102] |
| 4. | QUIT | [GOTO B102] |
| 5. | RETIRED | [GOTO B102] |
| 6. | WORK FORCE REDUCTION (VOLUNTEERED) | [GOTO B102] |
| 7. | OTHER _____ (SPECIFY) | [GOTO B102] |
| 97. | DON'T KNOW | [GOTO B5A] |
| 98. | REFUSED | [GOTO B5A] |
| 99. | INAPP | [GOTO B5A] |

B102.

[RB1PB102] Was this a result of or related to the COVID-19 pandemic?

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

B5A. *

[RB1PB5A1] Currently, are you actively looking for a job?

- | | | |
|----|------------|------------|
| 1. | YES | |
| 2. | NO | [GO TO B6] |
| 7. | DON'T KNOW | [GO TO B6] |
| 8. | REFUSED | [GO TO B6] |
| 9. | INAPP | [GO TO B6] |

B5A2.

[RB1PB5A2] What are you doing to find a job? (Open ended)

B6.

[RB1PB6] Are you doing ANY work for pay at the present time?

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

- | | | |
|----|------------|-------------|
| 1. | YES | [GO TO B7] |
| 2. | NO | [GO TO B14] |
| 7. | DON'T KNOW | [GO TO B14] |
| 8. | REFUSED | [GO TO B14] |
| 9. | INAPP | |

B7.

[RB1PB7] 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 | [GO TO B7a] |
| 2. | NO | [GO TO B8a] |
| 7. | DON'T KNOW | [GO TO B8a] |
| 8. | REFUSED | [GO TO B8a] |
| 9. | INAPP | |

B7a.

[RB1PB7A] How many people do you supervise?

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

- | | |
|-------|-------------|
| _____ | # OF PEOPLE |
| 996. | 996 OR MORE |
| 997. | DON'T KNOW |
| 998. | REFUSED |
| 999. | INAPP |

B8a. *

[RB1PB8A] On this job, are you employed by government, by a private company or organization, or are you self-employed or working in your family's business?

- | | |
|---|-------------|
| 1. GOVERNMENT | [GO TO B8b] |
| 2. PRIVATE COMPANY OR ORGANIZATION, INCLUDING NON-PROFITS | [GO TO B8b] |
| 3. SELF-EMPLOYED | |
| 4. WORKING IN THE FAMILY BUSINESS | |
| 5. OTHER (SPECIFY) | [GO TO B8b] |
| 7. DON'T KNOW | [GO TO B8b] |
| 8. REFUSED | [GO TO B8b] |
| 9. INAPP | |

[ASK ONLY IF B8a = SELF-EMPLOYED]

B8a1.

[RB1PB8A1] Is this business incorporated?

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

B8b. *

[RB1PB8B] What kind of business or industry is this? [ALLOW 3]

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

INTERVIEWER PROBE: "What do they make or do?"

B8e. *

[RB1PB8E] 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?)

B8e1.

[RB1PB8BE1] What are your MOST IMPORTANT activities or duties? [ALLOW 3]

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

INTERVIEWER: PROBE IF NECESSARY.

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

B8f.

[RB1PB8F] What is your job title?

1. SPECIFY (Type in exactly what R says)
7. DON'T KNOW
8. REFUSED
9. INAPP

[NOTE: There are no questions B9 through B11]

B12.

[RB1PB12] (When you are working, about/About) how many hours do you work for pay in an **average week** on your **main job**?

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

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

INTERVIEWER: 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
 999. INAPP

B12a.

[RB1PB12A] (When you are working) In an average week, how many hours do you work for pay at **any other jobs?**

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

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

INTERVIEWER: IF R SAYS "I have only one job", ENTER x (x=999).

INTERVIEWER: 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
997. DON'T KNOW
998. REFUSED
999. INAPP

B13.

[RB1PB13] 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 traveling or working a normal night shift.

INTERVIEWER: IF R WORKS NIGHT SHIFTS, ENTER THE NUMBER OF NIGHTS THEY WORKED IN THE PAST YEAR.

____ NUMBER OF NIGHTS (0-365)
997. DON'T KNOW
998. REFUSED
999. INAPP

[GO TO B16]

B14.

[RB1PB14] 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	[GO TO B14a]
2.	NO	[GO TO B15]
7.	DON'T KNOW	[GO TO B15]
8.	REFUSED	[GO TO B15]
9.	INAPP	

B14a.

[RB1PB14A] How many people did you supervise?

INTERVIEWER, IF NECESSARY: “This is not limited to direct supervision.”

- _____ NUMBER OF PEOPLE
997. DON'T KNOW
998. REFUSED
999. INAPP

B15e. *

[RB1PB15E¹] 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?)

B15e1.

[RB1PB15E1] What were your MOST IMPORTANT activities or duties? [ALLOW 3]

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

INTERVIEWER: PROBE IF NECESSARY.

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

B15f.

[RB1PB15F] What was your job title?

1. SPECIFY: (type in exactly what R says)
7. DON'T KNOW
8. REFUSED
9. INAPP

B15a. *

[RB1PB15A] 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) | [GO TO B15b] |
| 7. DON'T KNOW | [GO TO B15b] |
| 8. REFUSED | [GO TO B15b] |

[ASK ONLY IF B15a = SELF-EMPLOYED]

¹ Question number is out of order. This is the actual order used in production.

B15a1. *

[RB1PB15A1] Was this business incorporated?

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

B15b. *

[RB1PB15B] What kind of business or industry was this? [ALLOW 3]

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

PROBE: "What did they make or do?"

B16.

[RB1PB16] 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? \$ _____

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?

B17.

[RB1PB17] 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
9. INAPP

[NOTE – There is no B18]

B19.

[RB1PB19] 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]

B20.

[RB1PB20] How many times have you been married altogether?

- _____ NUMBER OF TIMES MARRIED
7. DON'T KNOW
 8. REFUSED
 9. INAPP

B21MO.

[RB1PB21M] In what month and year were you married (for the first time)?

- | | | |
|----------------|-----------|--------------|
| 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 | | |
| 98. REFUSED | | |
| 99. INAPP | | |

B21YR.

[RB1PB21Y] (In what month and year were you married (for the first time)?)

- _____ YEAR [ALLOWABLE RANGE: 1950-2024]
9997. DON'T KNOW
 9998. REFUSED
 9999. INAPP

[IF B20 = 1 TIME AND B19 = MARRIED, GO TO B32a]

[IF B20 = 1 TIME AND B19 = SEPARATED, GO TO B30]

[IF B20=1 TIME AND B19= DIVORCED, GO TO B28MO]

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

B22.

[RB1PB22] Did your first marriage end in widowhood or divorce?

- | | | |
|----|------------|---------------|
| 1. | WIDOWHOOD | [GO TO B23MO] |
| 2. | DIVORCE | [GO TO B25MO] |
| 7. | DON'T KNOW | [GO TO B25MO] |
| 8. | REFUSED | [GO TO B25MO] |
| 9. | INAPP | |

B23MO.

[RB1PB23M] In what month and year did your first spouse die?

- | | | | | | |
|-----|------------|----|--------|-----|-----------|
| 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 | | | | |
| 98. | REFUSED | | | | |
| 99. | INAPP | | | | |

B23YR.

[RB1PB23Y] (In what month and year did your first spouse die?)

- ____ YEAR [ALLOWABLE RANGE: 1950-2024]
9997. DON'T KNOW
9998. REFUSED
9999. INAPP

[GO TO B26MO]

B25MO.

[RB1PB25M] In what month and year was your divorce final?

- | | | | | | |
|-----|------------|----|--------|-----|-----------|
| 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 | | | | |
| 98. | REFUSED | | | | |
| 99. | INAPP | | | | |

B25YR.

[RB1PB25Y] (And in what month and year was your divorce final?)

- ____ YEAR [ALLOWABLE RANGE: 1950-2024]
9997. DON'T KNOW
9998. REFUSED
9999. INAPP

B26MO.

[RB1PB26M] And in what month and year did your most recent marriage begin?

- | | | |
|----------------|-----------|--------------|
| 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 | | |
| 98. REFUSED | | |
| 99. INAPP | | |

B26YR.

[RB1PB26Y] (And in what month and year did your most recent marriage begin?)

- _____ YEAR [ALLOWABLE RANGE: 1950-2024]
 9997. DON'T KNOW
 9998. REFUSED
 9999. INAPP

[IF B19 = MARRIED, GO TO B32]

[IF B19 = DIVORCED, GO TO B28MO]

[IF B19 = WIDOWED, GO TO B29MO]

[IF B19 = SEPARATED, GO TO B30]

B28MO.

[RB1PB28M] In what month and year was your most recent divorce final?

- | | | |
|----------------|-----------|--------------|
| 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 | | |
| 98. REFUSED | | |
| 99. INAPP | | |

B28YR.

[RB1PB28Y] (And in what month and year was your recent divorce final?)

- _____ YEAR [ALLOWABLE RANGE: 1950-2024]
 9997. DON'T KNOW
 9998. REFUSED
 9999. INAPP

[GO TO B30]

B29MO.

[RB1PB29M] In what month and year did your (most recent) spouse die?

- | | | |
|----------------|-----------|--------------|
| 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 | | |
| 98. REFUSED | | |
| 99. INAPP | | |

B29YR.

[RB1PB29Y] (In what month and year did your (most recent) spouse die?)

- ____ YEAR [ALLOWABLE RANGE: 1950-2024]
7. DON'T KNOW
8. REFUSED
9. INAPP

B30.

[RB1PB30] Are you currently living with someone in a steady, marriage-like relationship?

- | | |
|---------------|-------------------|
| 1. YES | [GO TO B31] |
| 2. NO | [GO TO SECTION C] |
| 7. DON'T KNOW | [GO TO SECTION C] |
| 8. REFUSED | [GO TO SECTION C] |
| 9. INAPP | |

B31. How long have you been living together?

[RB1PB31N] (MEASURE OF TIME)

- ____ # OF DAYS/WEEKS/MONTHS/YEARS
996. NEVER LIVED TOGETHER [GO TO B32a]
997. DON'T KNOW
998. REFUSED
999. INAPP

[RB1PB31M] (UNIT OF TIME)

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

B32a.

[RB1PB32A] Is this partner or spouse male or female?

INTERVIEWER, IF NECESSARY: “We have to ask this of everyone to phrase the following set of questions properly.”

1. MALE
2. FEMALE
7. DON’T KNOW
8. REFUSED
9. INAPP

B32.

[RB1PB32Y] In what year was your spouse or partner born?

_____ YEAR [ALLOWABLE RANGE: 1920-2005]

9997. DON’T KNOW
9998. REFUSED
9999. INAPP

[IF YEAR MARRIED TO SPOUSE (B26YR) IS BEFORE SPOUSE WAS 12 YEARS OLD (B32), INTERVIEWER WILL PROBE AND CORRECT THE DISCREPANCY.]

B33.

[RB1PB33] What is the highest grade of school or year of college your spouse or partner completed? (PROBES: Did (he/she) receive a degree? How many years did (he/she) attend?)

1. GRADE SCHOOL OR LESS (6TH GRADE OR LESS)
2. JUNIOR HIGH SCHOOL (7TH OR 8TH GRADE)
3. HIGH SCHOOL, SOME; NO DIPLOMA OR GED (9TH TO 12TH GRADE)
4. GED
5. HIGH SCHOOL, GRADUATED
6. COLLEGE, NO DEGREE, LESS THAN 3 YEARS
7. COLLEGE, NO DEGREE, 3 YEARS OR MORE
8. COLLEGE, GRADUATED, 2-YEAR COLLEGE OR VOCATIONAL SCHOOL (ASSOCIATE’S DEGREE)
9. COLLEGE, GRADUATED, 4-YEAR 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 PROFESSIONAL DEGREE, SUCH AS PH.D., ED.D., MD, DDS, LLB, LLD, JD
97. DON’T KNOW
98. REFUSED
99. INAPP

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. 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

B33zb. 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]
3. R indicates current spouse was working at MR1 [GO TO B33a]

B33a.

[RB1PB33A] 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?

INTERVIEWER: SELECT ALL THAT APPLY. IF R SAYS "student", **PROBE:** "Was (he/she) a student full-time or a part-time?"

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 (IF VOLUNTEERED)
10. PERMANENTLY DISABLED (IF VOLUNTEERED)
11. OTHER_____ (SPECIFY)
97. DON'T KNOW
98. REFUSED
99. INAPP

B33aa.

[RB1PB33A1] At that time, was your spouse or partner (he/she) actively looking for another job?

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

B33b.

[RB1PB33B] Since the COVID-19 pandemic began in early 2020, has your spouse or partner 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]
9. INAPP

B33c.

[RB1PB33C] 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
7. DON'T KNOW
8. REFUSED
9. INAPP

B33c2.

[RB1PB33C2] Since the COVID-19 pandemic began in early 2020, how many separate times has your spouse or partner been unemployed?

[ASK ONLY IF B33c2 >1]

B33d. Since the COVID-19 pandemic began, about how long in total has (he/she) been unemployed?

[RB1PB33DN] (MEASURE OF TIME)

_____ # OF DAYS/WEEKS/MONTHS/YEARS
997. DON'T KNOW
998. REFUSED
999. INAPP

[RB1PB33DU] (UNIT OF TIME)

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

B34.

[RB1PB34] What is your spouse or 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: SELECT ALL THAT APPLY. IF R SAYS "student", **PROBE:** "Is (he/she) a student full-time or a part-time?"

1. WORKING [GO TO B38]
2. SELF-EMPLOYED [GO TO B38]
3. UNEMPLOYED
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
99. INAPP

B35. How long has it been since (he/she) (was laid off/went on leave/retired/had a paid job)?

[RB1PB35N] (MEASURE OF TIME)

_____ # OF DAYS/WEEKS/MONTHS/YEARS

996. NEVER WORKED

[GO TO SECTION C]

997. DON'T KNOW

998. REFUSED

999. INAPP

[RB1PB35U] (UNIT OF TIME)

1. DAYS

2. WEEKS

3. MONTHS

4. YEARS

[IF B34 = TEMPORARILY LAID OFF ONLY, GO TO B38]

[IF B34 = MATERNITY OR SICK LEAVE ONLY, GO TO B38]

B36.

[RB1PB36] 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 (IF VOLUNTEERED)

7. OTHER _____ (SPECIFY)

97. DON'T KNOW

98. REFUSED

99. INAPP

B36A. *

[RB1PB36A1] Currently, is (he/she) actively looking for a job?

1. YES > **B36A1.** What is (he/she) doing to find a job?

2. NO

7. DON'T KNOW

8. REFUSED

9. INAPP

B37.

[RB1PB37] 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
7. DON'T KNOW
8. REFUSED
9. INAPP

B38. *

[RB1PB38] Please think about the main job your spouse or 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
9. INAPP

B39e. *

[RB1PB39E²] 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?)

B39e1.

[RB1PB39E1] What (are/were) (his/her) MOST IMPORTANT activities or duties? [ALLOW 3]
(For example, kept account books, filed, sold cars, operated printing press, finished concrete.)

INTERVIEWER: PROBE IF NECESSARY.

1. SPECIFY
7. DON'T KNOW
8. REFUSED
9. INAPP

B39f.

[RB1PB39F] What (is/was) (his/her) job title?

1. SPECIFY (type in exactly what R says)
7. DON'T KNOW
8. REFUSED
9. INAPP

² Question number is out of order here. This is the actual order used in production.

B39a. *

[RB1PB39A] 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 B39b] |
| 2. | PRIVATE COMPANY OR ORGANIZATION, INCLUDING NON-PROFITS | [GO TO B39b] |
| 3. | SELF-EMPLOYED | |
| 4. | WORKING IN THE FAMILY BUSINESS | |
| 5. | OTHER (SPECIFY) | [GO TO B39b] |
| 7. | DON'T KNOW | [GO TO B39b] |
| 8. | REFUSED | [GO TO B39b] |
| 9. | INAPP | |

B39a1. *

[RB1PB39A1] (Is/Was) this business incorporated?

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

B39b. *

[RB1PB39B] What kind of business or industry (is/was) this? [ALLOW 3]

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

PROBE: "What (do/did) they make or do?"

B40.

[RB1PB40] 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?

\$ _____

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?

B41.

[RB1PB41] 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
9. INAPP

SECTION C: HOUSEHOLD ROSTER & CHILDREN

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

[IF 'RSEX' = FEMALE AND 'RAGE' IS LESS THAN 60, AND 'A35d (RB1PA35D)' DOES NOT EQUAL BOTH OVARIES REMOVED, ASK 'C110']

[OTHERWISE, GO TO 'CHIDLREN']

C110.

[RB1PC1] Are you currently pregnant?

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

CHILDREN.

[RB1PC2] 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 only include living children.)

0. NONE [GO TO 'DEADKID']
- NUMBER OF CHILDREN

CHILDREN2.

[RB1PC2A] How many of your children do you have contact with at least once a month?

0. NONE
- NUMBER OF CHILDREN

DEADKID.

[RB1PC3] Do you have any children we have not talked about who are no longer living?

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

HHMEMBER.

[RB1PC4] Besides (your child/any of your children) who might be living with you, How/how many other people live in your household not including yourself? Include your spouse if (she/he) lives with you. Include everyone who stays here half the time or more. Also include members of this household who are temporarily in a hospital or other institution.

0. NONE
— NUMBER OF HOUSEHOLD MEMBERS

*****ROSTER QUESTIONS BEGIN HERE*****

[‘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.

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

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

INTERVIEWER: IF R 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

8. REFUSED
9. INAPP

Now I would like to ask you some more details about each of the people you just mentioned.

[‘KHSEX’ THROUGH ‘NONNORM’ ASKED OF EVERY CHILD/HOUSEHOLD MEMBER (IF APPROPRIATE)]

KHSEX.

[RB1PCHX] Is (KHNAME) a male or female?

ROSTER

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

RELATION.

[RB1PCHR] How is (KHNAME) related to you?

ROSTER

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.

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** [GO TO AGEOLD]
8. OTHER CHILD (SPECIFY) [GO TO AGENEW_m]
9. SON/DAUGHTER/CHILD-IN-LAW
10. FATHER/MOTHER/PARENT
11. STEP- FATHER/MOTHER/PARENT
12. FATHER/MOTHER/PARENT -IN-LAW OR PARTNER'S FATHER/MOTHER/PARENT
13. GRAND FATHER/MOTHER/PARENT
14. BROTHER/SISTER/SIBLING
15. STEP- BROTHER/SISTER/SIBLING
16. HALF- BROTHER/SISTER/SIBLING
17. BROTHER/SISTER/SIBLING -IN-LAW
19. OTHER RELATIVE
20. ROOMMATE
21. FRIEND
22. OTHER NON-RELATIVE
97. DON'T KNOW
98. REFUSED
99. INAPP

AGENEW_m.

[RB1PCMB] In what month and year (did you adopt (KHNAME)/was(KHNAME)born)?

ROSTER (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 | | |
| 98. REFUSED | | |
| 99. INAPP | | |

AGENEW_y.

[RB1PCYB] In what month and year [(did you adopt (KHNAME)/was(KHNAME)born)]?

ROSTER (YEAR)

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

[IF 'RELATION' = ADOPTED CHILD, GO TO 'AGEOLD']

[IF 'RELATION' = FOSTER OR PARTNER'S CHILD, AND 'KHAGE' IS 5 OR GREATER, GO TO 'CARE5YR']

[OTHERWISE, GO TO 'KIDINHH']

AGEOLD.

[RB1PHHA] How old was (KHNAME) [(when you adopted him/her)/(on his/her last birthday)]?

ROSTER

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

- ____ 0 TO 120 YEARS OLD
997. DON'T KNOW
998. REFUSED
999. INAPP

CARE5YR.

[RB1PCHC] Has (KHNAME) been in your care for at least 5 years?

ROSTER

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

KIDINHH.

[RB1PCHH] Does (KNAME) currently live in your household? (Answer "NO" if (child's name is away attending college, in the armed forces, or temporarily home on vacation.)
ROSTER **INTERVIEWER:** IF R SAYS THAT THEY HAVE CHILDREN THAT DON'T LIVE IN THE HOUSEHOLD ALL THE TIME, (FOR INSTANCE IF THEY ARE A NON-CUSTODIAL OR **JOINT CUSTODIAL** PARENT), AND WANT TO KNOW IF THEY SHOULD SAY "YES" OR "NO" TO THIS QUESTION, TELL THE R "It is up to you to decide; if you feel the child lives in your household, you should say yes."

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

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

NONNORM.

[RB1PCDD] **INTERVIEWER:** Only ask the first paragraph for the first nonnorm child.
ROSTER

Parents face many challenges today raising their children. One goal of the study is to learn about the unique challenges faced by parents who have a son or a daughter with a long-term physical or mental health problem, or developmental disability.

Does (child's name) have a developmental disability, such as autism, cerebral palsy, epilepsy or mental retardation, or has (he/she) ever had a LONG TERM SERIOUS mental health problem?

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 'OTHRINHH']

OTHRINHH.

[RB1PC6] In the last 12 months, has anyone you haven't already mentioned lived in your household?

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

[IF 'NONNORM' = YES, GO TO 'C420']
[OTHERWISE, GO TO 'D1']

Earlier you told me that (KHNAME) has/had a developmental disability or LONG TERM SERIOUS mental health problem.

C420.

[RB1PC420] What type of developmental disability or serious mental health
ROSTER problem does (KHNAME) have?

INTERVIEWER: IF RESPONSE IS MORE THAN ONE CONDITION, ASK: "I'll record all the conditions in a few moments, but tell me, which of these do you consider to be the primary condition?"

AND IF NECESSARY, ASK: "What was the specific condition requiring group home/special education/etc...?"

- | | |
|--|--|
| 644. AGORAPHOBIA | 653. DRUG ABUSE |
| 645. ALCOHOLISM | 663. DYSTHYMIA |
| 646. ALZHEIMER'S | 649. EATING DISORDER |
| 647. ANOREXIA or ANOREXIA NERVOSA | 766. EMOTIONAL PROBLEM / DISORDER |
| 650. ANXIETY or ANXIETY DISORDER | 331. EPILEPSY |
| 101. ASPERGER'S SYNDROME | 107. FETAL ALCOHOL SYNDROME |
| 222. ATTENTION DEFICIT DISORDER
(ADD) | 108. FRAGILE X SYNDROME |
| 223. ATTENTION DEFICIT
HYPERACTIVITY DISORDER
(ADHD) | 654. GAMBLING PROBLEM or
PATHOLOGICAL GAMBLING |
| 102. AUTISM | 224. HANDICAPPED |
| 764. BREAKDOWN | 436. HEAD INJURY |
| 762. BIOCHEMICAL PROBLEM | 109. HYDROCEPHALUS |
| 538. BIPOLAR DISORDER (MANIC
DEPRESSIVE DISORDER) | 225. HYPERACTIVITY |
| 651. BORDERLINE PERSONALITY
DISORDER | 110. INTELLECTUAL DISABILITY |
| 433. BRAIN DAMAGE | 111. INTELLECTUAL IMPAIRMENT |
| 763. BRAIN DISORDER | 226. LEARNING DISABILITY/PROBLEMS
(LD) |
| 434. BRAIN INJURY/ BRAIN INJURED | 587. MAJOR DEPRESSION |
| 648. BULIMIA | 767. MANIC |
| 103. CEREBRAL PALSY (CP) | 538. MANIC DEPRESSIVE DISORDER
(BIPOLAR DISORDER) |
| 765. CHEMICAL IMBALANCE | 768. MENTAL BREAKDOWN |
| 586. CLINICAL DEPRESSION | 114. MENTAL DISABILITY |
| 435. CLOSED HEAD INJURY | 112. MENTAL HANDICAP |
| 104. COGNITIVE DISABILITY | 771. MENTAL HEALTH PROBLEMS |
| 539. CYCLOTHYMIA | 115. MENTAL IMPAIRMENT |
| 540. DELUSIONAL DISORDER | 227. MENTAL PROBLEMS |
| 652. DEMENTIA | 113. MENTAL RETARDATION (MR) |
| 875. DEPRESSION | 770. MENTALLY ILL |
| 662. DEPRESSION (IF VOLUNTEERED
THAT THIS IS MILD DEPRESSION) | 116. MICROCEPHALY |
| 105. DEVELOPMENTAL DISABILITY (DD) | 769. MOOD PROBLEM/DISORDER |
| 106. DOWN SYNDROME | 117. MUSCULAR DYSTROPHY |
| | 772. NERVES / NERVOUS CONDITION |
| | 655. OBSSIVE 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 'D1']
 999. INAPP

[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 'D1']

C440.

[RB1PCDP] Was this a long-term problem or a single episode of depression?
ROSTER

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

C445.

[RB1PCDA] How old was (KHNAME) when this condition began?
ROSTER

INTERVIEWER: MUST NOT BE MORE THAN [fill 'KHAGE'] YEARS OLD.

- ____ 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.

[RB1PCDX] Has a professional ever diagnosed (KHNAME) as having a major depression, schizophrenia, or bipolar disorder, which is also known as manic depression?
ROSTER

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.

[RB1PCXT] Was (KHNAME) diagnosed with major depression, schizophrenia or bipolar disorder?
ROSTER

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.

[RB1PCDO] Now, does (KHNAME) have any other developmental disabilities or serious long term mental health conditions?
ROSTER

INTERVIEWER: IF R LISTED OTHER CONDITIONS IN 'C420', RECORD HERE.

- | | |
|----|--------------------------------|
| 1. | YES, ENTER CONDITION (SPECIFY) |
| 2. | NO |
| 7. | DON'T KNOW |
| 8. | REFUSED |
| 9. | INAPP |

SECTION D: 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.

[RB1PD100] 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.

[RB1PD101] For how many people did you provide such personal care? _

PEOPLE [RANGE: 1-10]__

- | | |
|-----|------------|
| 97. | DON'T KNOW |
| 98. | REFUSED |
| 99. | INAPP |

D102.

[RB1PD102] 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.

[RB1PD103M] When did you start helping (him/her)? **(MONTH)**

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

D103@y.

[RB1PD103Y] (When did you start helping (him/her)?) **(YEAR)**

- | | | |
|-------|------------|------------------------------|
| | YEAR | [ALLOWABLE RANGE: 2020-2024] |
| 9997. | DON'T KNOW | |
| 9998. | REFUSED | |
| 9999. | INAPP | |

D104.

[RB1PD104] Are you still helping (him/her)?

- | | | |
|----|------------|-------------|
| 1. | YES | [GOTO D1] |
| 2. | NO | [GOTO D105] |
| 7. | DON'T KNOW | [GOTO D1] |
| 8. | REFUSED | [GOTO D1] |
| 9. | INAPP | [GOTO D1] |

D105.

[RB1PD105] Why are you no longer helping? Is it because (he/she) no longer needs care, someone else is helping (him/her), (he/she) is deceased, or for some other reason?

INTERVIEWER: ALLOW 2.

- | | |
|----|-----------------------------|
| 1. | HE/SHE NO LONGER NEEDS CARE |
| 2. | SOMEONE ELSE IS HELPING |
| 3. | THIS PERSON IS DECEASED |
| 4. | SOME OTHER REASON (SPECIFY) |
| 7. | DON'T KNOW |
| 8. | REFUSED |
| 9. | INAPP |

D1.

[RB1PD1]

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.

[RB1PD2]

To whom did you give the MOST personal care?

- | | | |
|-----|-----------------|------------|
| 1. | HUSBAND | [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.

[RB1PD3]

Is this a male or a female?

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

D4.

[RB1PD4]

What condition, illness, or disability caused (him/her) to need personal care?

- | | |
|----|-------------------------------|
| 1. | CONDITION(S) GIVEN; (SPECIFY) |
| 2. | NO SPECIFIC CONDITION |
| 7. | DON'T KNOW |
| 8. | REFUSED |
| 9. | INAPP |

D5@m.

[RB1PD5M] When did you start helping (him/her)? **(MONTH)**

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

D5@y.

[RB1PD5Y] (When did you start helping (him/her)?) **(YEAR)**

- ____ YEAR [ALLOWABLE RANGE: 1950-2024]
9997. DON'T KNOW
9998. REFUSED
9999. INAPP

D7.

[RB1PD7] Are you still helping (him/her)?

- | | | |
|----|------------|------------|
| 1. | YES | [GO TO D9] |
| 2. | NO | [GO TO D8] |
| 7. | DON'T KNOW | [GO TO D9] |
| 8. | REFUSED | [GO TO D9] |
| 9. | INAPP | |

D8.

[RB1PD8] Why are you no longer helping? Is it because (he/she) no longer needs care, someone else is helping (him/her), (he/she) is deceased, or for some other reason?
INTERVIEWER: ALLOW 2.

1. HE/SHE NO LONGER NEEDS CARE
2. SOMEONE ELSE IS HELPING
3. THIS PERSON IS DECEASED
4. SOME OTHER REASON; (SPECIFY)
7. DON'T KNOW
8. REFUSED
9. INAPP

D9.

[RB1PD9] 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.

[RB1PD10] 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.

[RB1PD11] (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.

[RB1PD12] (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
9. INAPP

D13.

[RB1PD13] (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.

[RB1PD14] 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 NUMBER OF WEEKS

97. DON'T KNOW
98. REFUSED
99. INAPP

D15.

[RB1PD15] During those weeks, about how many hours per week, on the average, did you help (him/her)?

0-95. HOURS PER WEEK

96. 96 OR MORE HOURS PER WEEK
97. DON'T KNOW
98. REFUSED
99. INAPP

D16.

[RB1PD16] 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

D17.

[RB1PD17] 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.

[RB1PD18] How many different times during your life has this type of personal caregiving for one month or more occurred?

- _____ NUMBER OF TIMES
997. DON'T KNOW
 998. REFUSED
 999. INAPP

D19.

[RB1PD19] 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?
(MEASURE OF TIME)

- _____ NUMBER OF YEARS/MONTHS
97. DON'T KNOW
 98. REFUSED
 99. INAPP

[RB1PD19M] (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?
(UNIT OF TIME)

_____ YEARS/MONTHS

D20.

[RB1PD20] Are you a grandparent? That is, do any of your children have a biological, adopted, step, or foster child?

1. YES [GO TO D21]
2. NO [GO TO E1]
7. DON'T KNOW [GO TO E1]
8. REFUSED [GO TO E1]

D21.

[RB1PD21] For various reasons, grandparents sometimes take on a major responsibility for raising a grandchild. Have you ever had major responsibility for (your grandchild/any of your grandchildren) for six months or more?

- | | | |
|----|------------|------------|
| 1. | YES | |
| 2. | NO | [GO TO E1] |
| 7. | DON'T KNOW | [GO TO E1] |
| 8. | REFUSED | [GO TO E1] |
| 9. | INAPP | |

D22.

[RB1PD22] About how many years altogether have you had major responsibility for (any of) your grandchild(Ren)?

- | | |
|-------|------------------------------|
| _____ | NUMBER OF YEARS (0-70 YEARS) |
| 97. | DON'T KNOW |
| 98. | REFUSED |
| 99. | INAPP |

SECTION E: LIVING ARRANGEMENTS

E1.

[RB1PE1] The next questions are about your living arrangements since we last interviewed you in [[MR1PhoneMO](#)], [[MR1PhoneYR](#)]. 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 | [GO TO E1loc] |
| 2. | NO | [GO TO E2] |
| 7. | DON'T KNOW | [GO TO E2] |
| 8. | REFUSED | [GO TO E2] |

E1loc.

[RB1PE1A] Since we last interviewed you in [[MR1PhoneMO](#)], [[MR1PhoneYR](#)], 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? (SPECIFY)

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

[IF E1 = 1 AND E1loc.1-7. ≠ 1, INTERVIEWER WILL PROBE.]

E1time. Altogether, how much time did you live in any of these institutional settings since we last interviewed you in [[MR1PhoneMO](#)], [[MR1PhoneYR](#)]?

INTERVIEWER: IF R SAYS THEY WERE IN INSTITUTIONS OFF AND ON OVER THE PAST TEN YEARS, PROBE: "About how much time ALTOGETHER did you live in any of these institutional settings?"
(IF NECESSARY: What's your best estimate?)

[RB1PE1BN] [MEASURE OF TIME] _____ # OF DAYS/WEEKS/MONTHS/YEARS

- | | |
|------|------------|
| 997. | DON'T KNOW |
| 998. | REFUSED |
| 999. | INAPP |

[RB1PE1BM] [UNIT OF TIME] _____

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

E2.

[RB1PE2] [Not counting this time in institutional settings, was/Was] there ever a time since we last interviewed you in [MR1PhoneMO], [MR1PhoneYR] 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 | [GO TO E2time] |
| 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 THE PAST 10 YEARS, PROBE: "About how much time ALTOGETHER were you homeless?"
IF NECESSARY: ("What's your best estimate?")

[RB1PE2AN] [MEASURE OF TIME]

OF DAYS/WEEKS/MONTHS/YEARS

997. DON'T KNOW
998. REFUSED
999. INAPP

[RB1PE2AM] [UNIT OF TIME]

1. DAYS
2. WEEKS
3. MONTHS
4. YEARS

E3.

[RB1PE3] (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 [fill MR1PhoneMO], [fill MR1PhoneYR] when you did not have a telephone in your home or apartment?

- | | |
|---------------|----------------|
| 1. YES | [GO TO E3time] |
| 2. NO | [GO TO F1] |
| 7. DON'T KNOW | [GO TO F1] |
| 8. REFUSED | [GO TO F1] |

E3time. How much time were you without a phone in your home or apartment since we last interviewed you in [MR1PhoneMO], [MR1PhoneYR]?

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: "What's your best estimate?")

[RB1PE3AN] [MEASURE OF TIME]

_____ # OF DAYS/WEEKS/MONTHS/YEARS

997. DON'T KNOW

998. REFUSED

999. INAPP

[RB1PE3AM] [UNIT OF TIME] _____

1. DAYS

2. WEEKS

3. MONTHS

4. YEARS

SECTION F: RACE AND ETHNICITY

The next questions are about your ethnic background or origins. Most people in the United States have ancestors that come from other parts of the world.

F1.

[RB1PF1] Are you of Spanish, Hispanic or Latino descent, that is, Mexican, Mexican American, Chicano, Puerto Rican, Cuban or some other Spanish origin?

1. NOT SPANISH/ HISPANIC
2. MEXICAN
3. MEXICAN AMERICAN
4. CHICANO
5. PUERTO RICAN
6. CUBAN
7. OTHER SPANISH (Please specify: _____)
97. DON'T KNOW
98. REFUSED

F2.

[RB1PF2] 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 origins?

INTERVIEWER: YOU MAY ENTER UP TO 3 GROUPS.

- | | | | | |
|-----------------|----------------|-----------------|-----------------|-----------------|
| 66. Africa | 6. DomRep | 68. Iran | 38. Norway | 16. St.Vincent |
| 1. AmInd/Nam | 25. Ecuador | 69. Iraq | 72. Pakistan | 44. Sweden |
| 20. Argentina | 60. Egypt | 36. Ireland | 14. Panama | 56. Taiwan |
| 58. Asia | 7. ElSalvador | 70. Israel | 26. Peru | 57. Thailand |
| 2. Bahamas | 31. England | 37. Italy | 54. Philippine | 17. Trinidad |
| 21. Bolivia | 47. EuropeEast | 11. Jamaica | 39. Poland | 41. USSR/Russia |
| 22. Brazil | 48. EuropeWest | 52. Japan | 40. Portugal | 27. Venezuela |
| 3. Canada | 32. France | 61. Kenya | 15. PuertoRico | 46. Yugoslav |
| 18. C. Am/Carib | 33. Germany | 53. Korea | 41. Russia/USSR | 64. Zaire |
| 23. Chile | 34. Greece | 71. Lebanon | 73. S.Arabia | 65. Zimbabwe |
| 50. China | 8. Guatemala | 12. Mexico | 42. Scotland | 96. OTHER |
| 24. Colombia | 9. Haiti | 74. MidEast | 55. Singapore | (SPECIFY) |
| 4. CostaRica | 10. Honduras | 45. Netherlands | 63. S.Africa | |
| 5. Cuba | 35. Hungary | 13. Nicaragua | 28. S.America | |
| 30. Czech | 51. India | 62. Nigeria | 43. Spain | |
| | 97. DON'T KNOW | | [GO TO F4] | |
| | 98. REFUSED | | [GO TO F4] | |

F3.

[RB1PF3] Which group best describes your background or origins?

1. F2A
2. F2B
3. F2C
4. OTHER (PLEASE SPECIFY: _____)
7. DON'T KNOW [GO TO F4]
8. REFUSED [GO TO F4]
9. INAPP

F4.

[RB1PF4] 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.

[RB1PF5] 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.

[RB1PF6] 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.

[RB1PF7A] What are your main racial origins -- that is, what race or races are your parents, grandparents, and other ancestors?

INTERVIEWER: ENTER ALL THAT APPLY.

1. WHITE
2. BLACK AND/OR AFRICAN AMERICAN
3. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
4. ASIAN
5. NATIVE HAWAIIAN OR PACIFIC ISLANDER
6. OTHER (PLEASE SPECIFY: [specify])
7. DON'T KNOW
8. REFUSED [GO TO F9]

[IF MULTIPLE MENTIONS TO 'F7', ASK 'F8'. OTHERWISE, GO TO 'F9']

F8.

[RB1PF8A] Which do you feel best describes your racial background? White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Pacific Islander?

INTERVIEWER: ENTER ALL THAT APPLY.

1. WHITE
2. BLACK AND/OR AFRICAN AMERICAN
3. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
4. ASIAN
5. NATIVE HAWAIIAN OR PACIFIC ISLANDER
6. OTHER (PLEASE SPECIFY: [specify])
7. DON'T KNOW
8. REFUSED
9. INAPP

[IF MULTIPLE MENTIONS TO 'F8', GO TO 'F8a'. OTHERWISE, GO TO 'F9']

F8a.

[RB1PF8A1] Which best describes your race?

1. WHITE
2. BLACK AND/OR AFRICAN AMERICAN
3. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
4. ASIAN
5. NATIVE HAWAIIAN OR PACIFIC ISLANDER
6. OTHER (PLEASE SPECIFY: [specify])
7. DON'T KNOW
8. REFUSED
9. INAPP

F9.

[RB1PF9] How closely do you identify with being a member of your 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.

[RB1PF10] 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.

[RB1PF11] 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.

[RB1PF12] Are you a citizen of the United States?

- | | | |
|----|------------|--------------|
| 1. | YES | [GO TO F12A] |
| 2. | NO | [GO TO F12B] |
| 7. | DON'T KNOW | [GO TO F12B] |
| 8. | REFUSED | [GO TO F12B] |

F12a.

[RB1PF12A] 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.

[RB1PF12B] In what country do you have citizenship?

- _____ Country (SPECIFY)
7. DON'T KNOW
 8. REFUSED
 9. INAPP

SECTION G: LIFE SATISFACTION

And now a few questions about your life.

G100a.

[RB1PG100A] 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.

[RB1PG100B] Compared to before the COVID-19 pandemic how often do you feel lonely now?

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.

[RB1PG100C] Compared to before the COVID-19 pandemic how often are you isolated from friends or family now?

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.

[RB1PG100D] (Compared to before the COVID-19 pandemic...)
...how often are you isolated from co-workers now?

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.

[RB1PG100E] (Compared to before the COVID-19 pandemic...)
...how much care are you receiving from friends or family now?

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.

[RB1PG100F] (Compared to before the COVID-19 pandemic...)
...how much conflict are you experiencing with friends or family now?

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.

[RB1PG101A] 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.

[RB1PG101B] 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?

1. NEVER
2. RARELY
3. SOMETIMES
4. VERY OFTEN
5. EXTREMELY OFTEN
7. DON'T KNOW
8. REFUSED

G101c.

[RB1PG101C] 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?

1. NEVER
2. RARELY
3. SOMETIMES
4. VERY OFTEN
5. EXTREMELY OFTEN
7. DON'T KNOW
8. REFUSED

G101d.

[RB1PG101D] (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?

1. NEVER
2. RARELY
3. SOMETIMES
4. VERY OFTEN
5. EXTREMELY OFTEN
7. DON'T KNOW
8. REFUSED

G102.

[RB1PG102] 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.

[RB1PG1] At present, how satisfied are you with your LIFE?
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

G1a.

[RB1PG1A] Just before the COVID-19 pandemic began in 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.

[RB1PG2] At present, how much control do you have over your LIFE IN GENERAL?
A lot, some, a little, or none at all?

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

G3.

[RB1PG3] Overall, how satisfied are you with YOURSELF?
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

G4.

[RB1PG4] 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 has been 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.

[RB1PG5] And would you AGREE or DISAGREE with the following statement: "In many ways, I feel disappointed about my achievements in life"?
(Do you agree or disagree with this statement?)

1. AGREE
2. DISAGREE
7. DON'T KNOW [GO TO INTRO G6]
8. REFUSED [GO TO INTRO G6]

G5a.

[RB1PG5A] Do you (AGREE/DISAGREE) strongly, somewhat, or only a little?

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

G6.

[RB1PG6] For the final set of questions, please tell me how much each of the following describes you. First, OUTGOING? Does this describe you a lot, somewhat, a little, or not at all?

INTERVIEWER: IF NECESSARY CLARIFY: "By OUTGOING we mean sociable and interested in meeting people."

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW
8. REFUSED

G7.

[RB1PG7]

What about 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.

[RB1PG8]

What about 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.

[RB1PG9]

(What about) OPTIMISTIC?

(Does this describe you a lot, somewhat, a little, or not at all?)

INTERVIEWER: IF NECESSARY CLARIFY: "By OPTIMISTIC we mean hopeful about how things will turn out."

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW
8. REFUSED