

ICPSR 36346

**National Survey of Midlife  
Development in the United States  
(MIDUS 3), 2013-2014**

MIDUS 3 Self-Administered Questionnaire  
(SAQ)

Inter-university Consortium for  
Political and Social Research  
P.O. Box 1248  
Ann Arbor, Michigan 48106  
[www.icpsr.umich.edu](http://www.icpsr.umich.edu)

**National Survey of Midlife Development in the United States (MIDUS 3),  
2013-2014**

Carol Ryff

*University of Wisconsin-Madison*

David Almeida

*Pennsylvania State University*

John Ayanian

*University of Michigan*

Neil Binkley

*University of Wisconsin-Madison*

Deborah Carr

*Rutgers University*

Christopher Coe

*University of Wisconsin-Madison*

Richard Davidson

*University of Wisconsin-Madison*

Joseph Grzywacz

*Florida State University*

Arun Karlamangla

*University of California-Los Angeles*

Robert Krueger

*University of Minnesota*

Margie Lachman

*Brandeis University*

Gayle Love

*University of Wisconsin-Madison*

Marsha Mailick

*University of Wisconsin-Madison*

Daniel Mroczek

*Northwestern University*

Barry Radler

*University of Wisconsin-Madison*

Teresa Seeman

*University of California-Los Angeles*

Richard Sloan

*Columbia University*

Duncan Thomas

*Duke University*

Maxine Weinstein

*Georgetown University*

David Williams

*Harvard University*

## Terms of Use

The terms of use for this study can be found at:  
<http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/36346/terms>

## Information about Copyrighted Content

Some instruments administered as part of this study may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

### NOTICE

#### WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

**Original P.I. Documentation:**  
**National Survey of Midlife Development in the**  
**United States (MIDUS 3), 2013-2014**

## Section A: Your Health

**\*=New Refresher Item**

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

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**A2. Looking back ten years ago, how would you rate your health at that time using the same 0 to 10 scale?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**A3. Looking ahead ten years into the future, what do you expect your health will be like at that time?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**A4. Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control,” how would you rate the amount of control you have over your health these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**A5. Using a 0 to 10 scale where 0 means “no thought or effort” and 10 means “very much thought and effort,” how much thought and effort do you put into your health these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**A6. Compared to five years ago, how would you rate yourself today on...**

	Improved a lot	Improved a little	Stayed the same	Gotten a little worse	Gotten a lot worse
<b>a. ...energy level?</b>	1	2	3	4	5
<b>b. ...physical fitness?</b>	1	2	3	4	5
<b>c. ...physique/figure?</b>	1	2	3	4	5
<b>d. ...weight?</b>	1	2	3	4	5
<b>e. ...memory?</b>	1	2	3	4	5

**A7. Compared to other people your age, how would you rate...**

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Fair</b>	<b>Poor</b>
<b>a.</b> ...your overall health?	1	2	3	4	5
<b>b.</b> ...your memory?	1	2	3	4	5
<b>c.</b> ...your overall vision?	1	2	3	4	5
<b>d.</b> ...your overall hearing?	1	2	3	4	5

**A8. How much do you agree or disagree with the following statements?**

	<b>Agree strongly</b>	<b>Agree somewhat</b>	<b>Agree a little</b>	<b>Neither agree nor disagree</b>	<b>Disagree a little</b>	<b>Disagree somewhat</b>	<b>Disagree strongly</b>
<b>a.</b> Keeping healthy depends on things that I can do.	1	2	3	4	5	6	7
<b>b.</b> There are certain things I can do for myself to reduce the risk of a heart attack.	1	2	3	4	5	6	7
<b>c.</b> There are certain things I can do for myself to reduce the risk of getting cancer.	1	2	3	4	5	6	7
<b>d.</b> I work hard at trying to stay healthy.	1	2	3	4	5	6	7
<b>e.</b> When I am sick, getting better is in the doctor's hands.	1	2	3	4	5	6	7
<b>f.</b> It is difficult for me to get good medical care.	1	2	3	4	5	6	7

**A9. In general, how true of you is each of the following statements?**

	<b>Not at all true</b>	<b>A little true</b>	<b>Moderately true</b>	<b>Extremely true</b>
<b>a.</b> I am often aware of various things happening within my body.	1	2	3	4
<b>b.</b> Sudden loud noises really bother me.	1	2	3	4
<b>c.</b> I hate to be too hot or too cold.	1	2	3	4
<b>d.</b> I am quick to sense hunger contractions in my stomach.	1	2	3	4
<b>e.</b> I have a low tolerance for pain.	1	2	3	4

**A10. During the past 30 days, how often have you experienced...**

	Almost every day	Several times a week	Once a week	Several times a month	Once a month	Not at all
<b>a.</b> ...headaches?	1	2	3	4	5	6
<b>b.</b> ...backaches?	1	2	3	4	5	6
<b>c.</b> ...sweating a lot?	1	2	3	4	5	6
<b>d.</b> ...irritability?	1	2	3	4	5	6
<b>e.</b> ...hot flushes or flashes?	1	2	3	4	5	6
<b>f.</b> ...aches or stiffness in joints?	1	2	3	4	5	6
<b>g.</b> ...trouble getting to sleep or staying asleep?	1	2	3	4	5	6
<b>h.</b> ...leaking urine?	1	2	3	4	5	6
<b>i.</b> ...pain or discomfort during intercourse?	1	2	3	4	5	6
<b>j.</b> ...pain or aches in extremities (arms/hands/legs/feet)?	1	2	3	4	5	6

**A11. In the past twelve months, have you experienced or been treated for any of the following?  
(Check all that apply.)**

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



**A12. During the past 30 days, how often have you taken prescription medicine for...**

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

**A13. During the past 30 days, how often have you used any of the following non-prescription (over the counter) medicines?**

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

**A14. Please check below any of the following vitamin, mineral, or herbal supplements you take regularly—that is, at least a couple of times a week.**

- |  |   |
|--|---|
| <input type="checkbox"/> Multi-vitamins  | <input type="checkbox"/> Feverfew   |
| <input type="checkbox"/> Vitamin C       | <input type="checkbox"/> Ephedra or Ma Huang                              |
| <input type="checkbox"/> Iron            | <input type="checkbox"/> Saw Palmetto                                     |
| <input type="checkbox"/> Calcium         | <input type="checkbox"/> Glucosamine/Chondroitin                          |
| <input type="checkbox"/> St. John's Wort | <input type="checkbox"/> Fish Oil (Omega 3 Fatty Acids)                   |
| <input type="checkbox"/> Ginkgo Biloba   | <input type="checkbox"/> Flaxseed   |
| <input type="checkbox"/> Echinacea       | <input type="checkbox"/> Any others, please specify: <input type="text"/> |
| <input type="checkbox"/> Garlic          | <input type="checkbox"/> None of the above                                |

**A15. Do you have chronic pain, that is do you have pain that persists beyond the time of normal healing and has lasted anywhere from a few months to many years?**

- ☐ Yes  
☐ No → Go to question A20

**A16. During the past week, how much did your pain interfere with...**

	Not at all										Completely	
	0	1	2	3	4	5	6	7	8	9	10	
a. ...your general activity?												
b. ...your mood?												
c. ...your relations with other people?												
d. ...your sleep?												
e. ...your enjoyment of life?												

**A17. Where is your pain primarily located? (*Check all that apply.*)**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Head       | <input type="checkbox"/> Shoulders                                   |
| <input type="checkbox"/> Neck       | <input type="checkbox"/> Hips  |
| <input type="checkbox"/> Back       | <input type="checkbox"/> Knees                                       |
| <input type="checkbox"/> Arms/Hands | <input type="checkbox"/> Other, please specify: <input type="text"/> |
| <input type="checkbox"/> Legs/Feet  |  |

**A18. Have you seen a physician or other health care professional about this?**

- ☐ Yes  
☐ No → Go to question A20

**A19. What was the diagnosis?**

☐ Don't know

**A20. During the past 30 days, how much of the time did you feel...**

	All the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...so sad nothing could cheer you up?	1	2	3	4	5
b. ...nervous?	1	2	3	4	5
c. ...restless or fidgety?	1	2	3	4	5
d. ...hopeless?	1	2	3	4	5
e. ...that everything was an effort?	1	2	3	4	5
f. ...worthless?	1	2	3	4	5
g. ...lonely?	1	2	3	4	5
h. ...afraid?	1	2	3	4	5
i. ...jittery?	1	2	3	4	5
j. ...irritable?	1	2	3	4	5
k. ...ashamed?	1	2	3	4	5
l. ...upset?	1	2	3	4	5
m. ...angry?	1	2	3	4	5
n. ...frustrated?	1	2	3	4	5

**A21. Overall, were the negative feelings you reported over the last 30 days more or less negative than you usually feel or about the same as usual? (If you never have any of these feelings, check "About the same as usual".)**

- ☐ A lot more negative than usual  
☐ Somewhat more negative than usual  
☐ A little more negative than usual  
☐ About the same as usual  
☐ A little less negative than usual  
☐ Somewhat less negative than usual  
☐ A lot less negative than usual

**A22. During the past 30 days, how much of the time did you feel...**

	All the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...cheerful?	1	2	3	4	5
b. ...in good spirits?	1	2	3	4	5
c. ...extremely happy?	1	2	3	4	5
d. ...calm and peaceful?	1	2	3	4	5
e. ...satisfied?	1	2	3	4	5
f. ...full of life?	1	2	3	4	5
g. ...close to others?	1	2	3	4	5
h. ...like you belong?	1	2	3	4	5
i. ...enthusiastic?	1	2	3	4	5
j. ...attentive?	1	2	3	4	5
k. ...proud?	1	2	3	4	5
l. ...active?	1	2	3	4	5
m. ...confident?	1	2	3	4	5

**A23. Overall, were the positive feelings you reported over the last 30 days more or less positive than you usually feel or about the same as usual? (If you never have any of these feelings, check “About the same as usual”).**

- ☐ A lot more positive than usual
- ☐ Somewhat more positive than usual
- ☐ A little more positive than usual
- ☐ About the same as usual
- ☐ A little less positive than usual
- ☐ Somewhat less positive than usual
- ☐ A lot less positive than usual

**A24. How much does your health limit you in...**

	<b>A lot</b>	<b>Some</b>	<b>A little</b>	<b>Not at all</b>
<b>a.</b> ...lifting or carrying groceries?	1	2	3	4
<b>b.</b> ...bathing or dressing yourself?	1	2	3	4
<b>c.</b> ...climbing several flights of stairs?	1	2	3	4
<b>d.</b> ...climbing one flight of stairs?	1	2	3	4
<b>e.</b> ...bending, kneeling, or stooping?	1	2	3	4
<b>f.</b> ...walking more than a mile?	1	2	3	4
<b>g.</b> ...walking several blocks?	1	2	3	4
<b>h.</b> ...walking one block?	1	2	3	4
<b>i.</b> ...doing vigorous activity (e.g., running, lifting heavy objects)?	1	2	3	4
<b>j.</b> ...doing moderate activity (e.g., bowling, vacuuming)?	1	2	3	4

**A25. Do you get short of breath when...**

	Yes	No
a. ...hurrying on ground level or walking up a slight hill?	<input type="radio"/>	<input type="radio"/>
b. ...walking with other people your age on level ground?	<input type="radio"/>	<input type="radio"/>
c. ...walking at your own pace on level ground?	<input type="radio"/>	<input type="radio"/>
d. ...washing or dressing?	<input type="radio"/>	<input type="radio"/>

*The next section asks about various “levels” of physical activity (vigorous, moderate, light) - while at your job, while at home, and during your leisure/free time. Please answer each question thinking first about summertime, and then about wintertime. (If the question does not apply to you, for example, because you do not have a paid job or are retired, please circle 6 for “Never”).*

**A26. Vigorous physical activity causes your heart to beat so rapidly that you can feel it in your chest and you perform the activity long enough to work up a good sweat and are breathing heavily. Examples include: competitive sports like running, vigorous swimming, or high intensity aerobics; digging in the garden, and lifting heavy objects.**

**How often do you engage in vigorous physical activity...**

	Several times a week	Once a week	Several times a month	Once a month	Less than once a month	Never
<b>...while at your paid job...</b>						
a. ...during the Summer?	1	2	3	4	5	6
b. ...during the Winter?	1	2	3	4	5	6
<b>...while performing chores in and around your home...</b>						
c. ...during the Summer?	1	2	3	4	5	6
d. ...during the Winter?	1	2	3	4	5	6
<b>...during your leisure or free time...</b>						
e. ...during the Summer?	1	2	3	4	5	6
f. ...during the Winter?	1	2	3	4	5	6

**A27. Moderate physical activity is not physically exhausting, but causes your heart rate to increase slightly and you typically work up a sweat. Examples include: leisurely sports like light tennis, slow or light swimming, low impact aerobics, or golfing without a power cart, brisk walking and mowing the lawn with a walking lawnmower.**

**How often do you engage in moderate physical activity...**

	Several times a week	Once a week	Several times a month	Once a month	Less than once a month	Never
<b>...while at your paid job...</b>						
a. ...during the Summer?	1	2	3	4	5	6
b. ...during the Winter?	1	2	3	4	5	6
<b>...while performing chores in and around your home...</b>						
c. ...during the Summer?	1	2	3	4	5	6
d. ...during the Winter?	1	2	3	4	5	6
<b>...during your leisure or free time...</b>						
e. ...during the Summer?	1	2	3	4	5	6
f. ...during the Winter?	1	2	3	4	5	6

**A28. Light physical activity requires little physical effort. Examples include: light housekeeping like dusting or laundry; bowling, archery, easy walking, golfing with a power cart and fishing.**

**How often do you engage in light physical activity...**

	Several times a week	Once a week	Several times a month	Once a month	Less than once a month	Never
<b>...while at your paid job...</b>						
a. ...during the Summer?	1	2	3	4	5	6
b. ...during the Winter?	1	2	3	4	5	6
<b>...while performing chores in and around your home...</b>						
c. ...during the Summer?	1	2	3	4	5	6
d. ...during the Winter?	1	2	3	4	5	6
<b>...during your leisure or free time...</b>						
e. ...during the Summer?	1	2	3	4	5	6
f. ...during the Winter?	1	2	3	4	5	6

**A29. How often do you...**

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

**A30. How strongly do you agree or disagree with each of the following statements?**

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

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

- ♦ *Make measurements while standing.*
- ♦ *Avoid measuring over clothing (even thin clothing can add a ¼ inch).*
- ♦ *Try to record answers to the nearest quarter (¼) inch.*

**A31. What is your waist size—that is, how many inches around is your waist? Please measure at the level of your navel.**

Inches

**A32. What is your hip size—that is, how many inches do your hips measure at the widest point? Measure at the widest point between your waist and your thighs.**

Inches

**A33. How tall are you?**

Feet  Inches

**A34. Which of the following do you consider yourself?**

- ☐ Very overweight
- ☐ Somewhat overweight
- ☐ About the right weight
- ☐ Somewhat underweight
- ☐ Very underweight

**A35. How much do you currently weigh?**

Pounds

**A36. How much did you weigh one year ago? (*Your best estimate is fine.*)**

Pounds

**A37. How much did you weigh ten years ago? (*Your best estimate is fine.*)**

Pounds

**A38. Over the past ten years, how many times have you lost 10 pounds or more (excluding women after childbirth)?**

Times



**A39. During the past 12 months, did you lose 10 pounds or more?**

☐ Yes

☐ No → Go to question A40

**A39a. Why did you lose 10 pounds or more during the past 12 months? (*Check all that apply.*)**

☐ Illness or health problems

☐ Diet, exercise, or change of lifestyle

☐ Some other reason. Please specify:

**A40. Have you ever in your life had an operation or major procedure that required any type of anesthesia, including local anesthesia, general anesthesia, dental anesthesia, etc.?**

☐ Yes

☐ No → Go to question A42

**A41. In what year did this happen (most recently)?**

Year

**A42. In the past 12 months, how many separate times have you been hospitalized overnight?**

Times

*If you answered one or more times in A42 please answer A43.*

**A43. In the past 12 months, how many nights did you stay in a hospital altogether?**

Nights

**A44. Where do you usually go if you are sick or need advice about your health? (Check all that apply.)**

- ☐ Private clinic or doctor's office (not an HMO)
- ☐ HMO clinic
- ☐ Public health clinic or community health center
- ☐ Hospital outpatient department
- ☐ Hospital emergency room
- ☐ Urgent care center
- ☐ Some other kind of place. Please specify:
- ☐ No usual place

**A45. Of those you selected above, which place do you go most often? (Check one.)**

- ☐ Private clinic or doctor's office (not an HMO)
- ☐ HMO clinic
- ☐ Public health clinic or community health center
- ☐ Hospital outpatient department
- ☐ Hospital emergency room
- ☐ Urgent care center
- ☐ Some other kind of place. Please specify:
- ☐ No usual place

**A46. Who do you see for health care? (Check all that apply.)**

- ☐ Family Doctor/Generalist
- ☐ Obstetrician/Gynecologist
- ☐ Internist
- ☐ Chiropractor
- ☐ Physicians Assistant/Nurse Practitioner
- ☐ Other Healthcare Professional
- ☐ Homeopathic, Alternative, Complementary or other nontraditional health practitioner  
Please specify:
- ☐ No one in particular. Please specify:

**A47. Of those you selected above, which one do you see most often? (Check one.)**

- ☐ Family Doctor/Generalist
- ☐ Obstetrician/Gynecologist
- ☐ Internist
- ☐ Chiropractor
- ☐ Physicians Assistant/Nurse Practitioner
- ☐ Other Healthcare Professional
- ☐ Homeopathic, Alternative, Complementary or other nontraditional health practitioner  
Please specify:
- ☐ No one in particular. Please specify:

**A48. In the past 12 months, was there a time when you needed medical care but could not get it?**

- ☐ Yes  
☐ No

**A49. In the past 12 months, how many times did you see each of the following doctors about your physical health? (If none, please enter "0".) Do not include visits when you took someone else to be examined.**

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

**A50. In the past 12 months, how many times did you see each of the following professionals about your emotional or mental health or about personal problems, such as problems with marriage, alcohol or drugs, or job stress? Include both individual visits and group sessions regarding your problems, but not visits when you took someone else regarding their problems. (If none, please enter "0".)**

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

**A51. Self-help groups are groups organized and run by people who get together on the basis of a common experience or goal to mutually help or support one another. Please check whether you ever attended one of these meetings and if so, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12 months, please enter "0".)**

	<i>Ever attended?</i>		<i>If yes, age you first attended</i>	<i># of times attended in the past 12 months</i>
	<i>No</i>	<i>Yes</i>		
<b>a.</b> Groups for people with substance problems (such as Alcoholics Anonymous or Rational Recovery)?	<input type="radio"/>	<input type="radio"/> →		
<b>b.</b> Groups for people with emotional problems (such as GROW, the Manic Depressive and Depressive Association, or Emotions Anonymous)?	<input type="radio"/>	<input type="radio"/> →		
<b>c.</b> Groups for people with eating problems?	<input type="radio"/>	<input type="radio"/> →		
<b>d.</b> Groups for dealing with the death of a loved one (such as the Compassionate Friends or Widow to Widow)?	<input type="radio"/>	<input type="radio"/> →		
<b>e.</b> Groups for people making other life transitions (such as Parents without Partners or the Empty Nesters)?	<input type="radio"/>	<input type="radio"/> →		
<b>f.</b> Groups for survivors (such as Adult Children of Alcoholics or Survivors of Childhood Sexual Abuse)?	<input type="radio"/>	<input type="radio"/> →		
<b>g.</b> Groups for people with physical disabilities or illnesses (such as Living With Cancer or Living With AIDS)?	<input type="radio"/>	<input type="radio"/> →		
<b>h.</b> Parent support groups (such as Toughlove or Parents Anonymous)?	<input type="radio"/>	<input type="radio"/> →		
<b>i.</b> Groups for the families of people with a physical illness (such as the Candlelighters or Families of Children with Cancer)?	<input type="radio"/>	<input type="radio"/> →		
<b>j.</b> Groups for the families of people with emotional or substance problems (such as the National Alliance for the Mentally Ill or Al Anon)?	<input type="radio"/>	<input type="radio"/> →		
<b>k.</b> Any other self-help group, mutual help group, or support group? Please enter the name(s) of the group(s): <input type="text"/>	<input type="radio"/>	<input type="radio"/> →		

**A52. In the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness, how often did you use...**

	A lot	Often	Sometimes	Rarely	Never
a. ...acupuncture?	1	2	3	4	5
b. ...biofeedback?	1	2	3	4	5
c. ...chiropractic?	1	2	3	4	5
d. ...energy healing?	1	2	3	4	5
e. ...physical or occupational therapy?	1	2	3	4	5
f. ...exercise or movement therapy (yoga, pilates, tai chi, feldenkrais, etc.)?	1	2	3	4	5
g. ...herbal therapy?	1	2	3	4	5
h. ...high dose mega-vitamins?	1	2	3	4	5
i. ...homeopathy?	1	2	3	4	5
j. ...hypnosis?	1	2	3	4	5
k. ...imagery techniques?	1	2	3	4	5
l. ...massage therapy?	1	2	3	4	5
m. ...prayer or other spiritual practices?	1	2	3	4	5
n. ...relaxation or meditation techniques?	1	2	3	4	5
o. ...physician prescribed diet (low salt, diabetes, etc.)?	1	2	3	4	5
p. ...weight control diet (Atkins, Weight Watchers, Pritkin, Zone, etc.)?	1	2	3	4	5
q. ...special diet such as Vegetarian, Macrobiotic, Ayurvedic, etc.?	1	2	3	4	5
r. ...spiritual healing by others?	1	2	3	4	5
s. ...any other non-traditional remedy or therapy? Please specify:	1	2	3	4	5

**A53. On weekdays or workdays, how much sleep do you usually get at night (or in your main sleep period)?**

Hours

Minutes

**A54. On weekends or your non-workdays, how much sleep do you usually get at night (or in your main sleep period)?**

Hours

Minutes

**A55. How long does it usually take you to fall asleep at bedtime?**

Hours

Minutes

**A56. During a usual week, how many times do you nap for 5 minutes or more? (If none, please enter "0".)**

Times

**A57. How often do you...**

	Never (0 times)	Rarely (Once a month or less)	Sometimes (2-4 times per month)	Often (2-3 times per week)	Almost always (4 or more times per week)
a. ...have trouble falling asleep?	1	2	3	4	5
b. ...wake up during the night and have difficulty going back to sleep?	1	2	3	4	5
c. ...wake up too early in the morning and be unable to get back to sleep?	1	2	3	4	5
d. ...feel unrested during the day, no matter how many hours of sleep you had?	1	2	3	4	5

**A58. The next questions are about the use of drugs or medications on your own. By “on your own” we mean either without a doctor’s prescription, in larger amounts than prescribed, or for a longer period than prescribed. During the past 12 months did you ever use any of the following substances on your own?**

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

**A59. Did you check “yes” for any of the substances listed in Question A58?**

☐ Yes

☐ No → Go to question A63

**A60. During the past 12 months, how many times did you use much larger amounts of any of these substances than you intended to when you began, or used them for a longer period of time than you intended to?**

☐ Never

☐ Once or twice

☐ 3 to 5 times

☐ 6 to 10 times

☐ 11 to 20 times

☐ More than 20 times

**A61. In the past 12 months, how many times have you been under the effects of any of these substances or suffering their after effects while at work or school, or while taking care of children?**

☐ Never

☐ Once or twice

☐ 3 to 5 times

☐ 6 to 10 times

☐ 11 to 20 times

☐ More than 20 times

**A62. When answering these questions, please keep in mind all of the substances listed in Question A58 that you have used in the past 12 months. Please check “Yes” even if your answer is for only one of the substances and not all of them.**

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

**A63. During the past 12 months, did you ever drink any alcohol?**

☐ Yes

☐ No → **Go to Section B**

**A64. During the past 12 months, did you have any of the following problems while drinking or because of drinking alcohol?**

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

**A65. During the past 12 months, how many times did you use much larger amounts of alcohol than you intended to when you began, or used them for a longer period of time than you intended to?**

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

**A66. In the past 12 months, how many times have you been under the effects of alcohol or suffering its after effects while at work or school, or while taking care of children?**

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



## Section B: Health Questions for Women

*This section is for women only. Male respondents, please turn to page 24 and continue with Section C.*

**B1. Have you had a menstrual period in the last year?**

- ☐ Yes, all of the year → Go to question B4  
☐ Yes, part of the year → Go to question B4  
☐ No

**B2. Did your menstrual period(s) stop because of...**

	Yes	No
a. ...medication, chemotherapy, or radiation?	<input type="radio"/>	<input type="radio"/>
b. ...pregnancy or breastfeeding?	<input type="radio"/>	<input type="radio"/>
c. ...severe weight loss, or other clear reason except menopause?	<input type="radio"/>	<input type="radio"/>
d. ...menopause?	<input type="radio"/>	<input type="radio"/>
e. ...hysterectomy?	<input type="radio"/>	<input type="radio"/>

**B3. Approximately what was the year of your last menstrual period? (If you cannot remember the exact year, please answer with your best estimate.)**

Year → Go to question B8

**B4. Have you had a menstrual period in the last 3 months?**

- ☐ Yes  
☐ No

**B5. What was the date of your last menstrual period?**

Month  Day  Year

**B6. Compared to a year ago, has the number of days between the start of one menstrual period and the start of your next menstrual period become less predictable?**

- ☐ Yes  
☐ No  
☐ Don't know

**B7. Compared to a year ago, is your menstrual flow now lighter, heavier, or about the same?**

- ☐ Lighter  
☐ Heavier  
☐ About the same

**B8. Please answer whether or not you are currently taking, or have ever taken, the following medications. If you are, or have, please indicate the total number of years you have taken them and list the name(s) of the medication(s) and their dosage(s).**

	<b>Taking currently</b>	<b>Taken in the past</b>	<b>Total number of years you have taken this type of medication</b>
<b>a. Birth control medication (e.g. the Pill, the Patch, the Ring, the Shot)</b>  Name(s) of the medication(s) and the dosage(s) starting with the most recent: <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>b. Fertility Drugs</b>  Name(s) of the medication(s) and the dosage(s) starting with the most recent: <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<b>c. Female Hormones (e.g. estrogens, progesterins, hormone patches or creams, injections, or post-menopausal hormones) Do not include birth control pills or fertility drugs.</b>  Name(s) of the medication(s) and the dosage(s) starting with the most recent: <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

**B9. Did you indicate taking female hormones other than birth control pills or fertility drugs for any reason, either currently or in the past, in question B8 above?**

☐ Yes

☐ No → **Go to question B19**



**B10. What was the specialty of the doctor that prescribed the female hormones? (e.g., Generalist, Obstetrician/Gynecologist, Internist)**

**B11. Was the doctor that prescribed the female hormones male or female?**

- ☐ Male  
☐ Female

**B12. Did you begin taking hormones...**

	Yes	No
a. ...because of hot flashes or night sweats?	<input type="radio"/>	<input type="radio"/>
b. ...because of vaginal dryness?	<input type="radio"/>	<input type="radio"/>
c. ...to regulate periods?	<input type="radio"/>	<input type="radio"/>
d. ...to prevent osteoporosis?	<input type="radio"/>	<input type="radio"/>
e. ...because of endometriosis?	<input type="radio"/>	<input type="radio"/>
f. ...because of removal of ovaries?	<input type="radio"/>	<input type="radio"/>
g. ...because of some other reason? Please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>

**B13. When did you start taking female hormones?**

Month  Year

**B14. Have you stopped taking female hormones?**

- ☐ Yes  
☐ No → Go to question B19

**B15. When did you stop taking female hormones?**

Month  Year

**B16. Did you stop taking female hormones because you...**

	Yes	No
a. ...no longer had symptoms?	<input type="radio"/>	<input type="radio"/>
b. ...were concerned about risks?	<input type="radio"/>	<input type="radio"/>
c. ...decided to try something else?	<input type="radio"/>	<input type="radio"/>
d. ...had another reason? Please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>

**B17. Did you discuss stopping with your health care provider?**

- ☐ Yes  
☐ No

**B18. Did your health care provider recommend that you stop?**

- ☐ Yes  
☐ No

**B19. Are you experiencing any symptoms of menopause?**

☐ Yes

☐ No → Go to question B21

**B20. Over the past month, have you regularly taken (at least a couple of times a week) any of the following for menopausal symptoms?**

	Yes	No
a. Aspirin, Tylenol, Advil or other pain relievers	<input type="radio"/>	<input type="radio"/>
b. Sleeping pills	<input type="radio"/>	<input type="radio"/>
c. Cream/Jellies for vaginal dryness	<input type="radio"/>	<input type="radio"/>
d. Soy supplements or Flaxseed	<input type="radio"/>	<input type="radio"/>
e. Black Cohosh, Red Clover, Dong Quai	<input type="radio"/>	<input type="radio"/>
f. Ginkgo Biloba	<input type="radio"/>	<input type="radio"/>
g. Other nutritional or herbal supplements.	<input type="radio"/>	<input type="radio"/>
Please specify: <input type="text"/>		

**B21. Women have different feelings about the time when their menstrual periods stop altogether. Whether or not your periods have already stopped, which one of the following statements best describes your feelings about having your menstrual period stop altogether?**

- ☐ Great relief
- ☐ Some relief
- ☐ Mixed feelings - both relief and regret
- ☐ Some regret
- ☐ Great regret
- ☐ No particular feeling one way or the other

**B22. Women sometimes worry about the future and getting older. How much do you worry about...**

	A lot	Some	A little	Not at all
a. ...being too old to have children?	1	2	3	4
b. ...being less attractive as a woman?	1	2	3	4
c. ...having more illness as you get older?	1	2	3	4

## Section C: Health Insurance

**C1. Are you currently covered by any healthcare insurance?**

☐ Yes → **Go to question C3**

☐ No



**C2. What is/are the main reason(s) you are without healthcare coverage? (Check all that apply.)**

- ☐ Can't afford to pay the premiums
- ☐ Lost your job
- ☐ Spouse or parent lost their job or changed employers
- ☐ Became divorced or separated
- ☐ Spouse or parent died
- ☐ Became ineligible because of age or because left school
- ☐ Employer doesn't offer or stopped offering coverage
- ☐ Cut back to part-time or became a temporary employee
- ☐ Benefits from employer or former employer ran out
- ☐ Insurance company refused coverage
- ☐ Lost Medicaid or Medical Assistance eligibility
- ☐ Other, please specify:
- ☐ Don't Know/Not sure

**Go to question C4 →**

**C3. Not including accident (e.g., car insurance) or disability insurance, are you currently covered by any of the following health insurance plans? (If you have no spouse, partner, or union, check "No".)**

	Yes	No	Don't know
<b>Private health insurance through...</b>			
a. ...the insurer directly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...your own current/former employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...your spouse or partner's current/former employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...your own current or former union?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...your spouse or partner's current/former union?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Government health insurance through...</b>			
f. ...Medicare?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ...Medicaid, or other government health insurance based on financial need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. ...CHAMPUS, CHAMPVA, or other government health insurance for military personnel or veterans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C4. Do you have insurance for dental health care?**

- ☐ Yes  
☐ No  
☐ Don't know

**C5. Do you have health insurance that covers the cost of any prescription drugs?**

- ☐ Yes  
☐ No  
☐ Don't know

**C6. Do you have health insurance that covers the cost of any mental health visits, that is, that would help to pay for visits such as psychological or emotional counseling, or alcohol or drug abuse treatment programs?**

- ☐ Yes  
☐ No  
☐ Don't know

**C7. We are also interested in what sources of private health insurance are available to you, whether or not you are currently covered through them. Do not consider whether you could afford the insurance, only whether insurance would be available to you. Could you apply for health insurance from any of the following sources? (If you have no spouse or partner, or no union, check "No".)**

	Yes	No	Don't know
a. Through your own current or former employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Through your spouse or partner's current or former employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Through your own current or former union	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Through your spouse or partner's current or former union	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C8. Would you be eligible for the following government health insurance plans—that is, could you get this kind of insurance if you applied?**

	Eligible	Not eligible	Don't know
a. Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Medicaid, or other government health insurance based on financial need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. CHAMPUS, CHAMPVA, or other government health insurance for military personnel or veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C9. Are you currently married, or living with a partner in a marriage-like relationship?**

☐ Yes

☐ No → **Go to Section D**

**C10. Not including accident (e.g., car insurance) or disability insurance, is your spouse/partner currently covered by any of the following health insurance plans?**

	Yes	No	Don't know
<b>Private health insurance through...</b>			
a. ...the insurer directly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...your own current/former employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...your spouse or partner's current/former employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ...your own current or former union?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ...your spouse or partner's current/former union?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Government health insurance through...</b>			
f. ...Medicare?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ...Medicaid, or other government health insurance based on financial need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. ...CHAMPUS, CHAMPVA, or other government health insurance for military personnel or veterans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C11. Does your spouse or partner have insurance for dental health care?**

☐ Yes

☐ No

☐ Don't know

**C12. Does your spouse or partner have health insurance that covers the cost of any prescription drugs?**

☐ Yes

☐ No

☐ Don't know

**C13. Does your spouse or partner have health insurance that covers the cost of any mental health visits, that is, that would help to pay for visits for him or her, such as psychological or emotional counseling, or alcohol or drug abuse treatment programs?**

☐ Yes

☐ No

☐ Don't know

## Section D: Parent's Health

*This section is about your biological parent's health. If you were raised by someone else, such as step-parents or adoptive parents, please answer these questions about your biological parents as best you can.*

### Biological Mother

**D1. Is your biological mother still alive?**

☐ Yes

☐ No

☐ Don't know

→ Go to question D3

→ Go to question D4

**D2. How old is she? (Your best estimate is fine.)**

Years old

**D2a. How would you rate your biological mother's current physical health?**

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

Go to question D4 →

**D3. In what year did she die? (Your best estimate is fine.)**

Year

**D3a. How old was she when she died? (Your best estimate is fine.)**

Years old



*Biological Father*

**D4. Is your biological father still alive?**

☐ Yes

☐ No

☐ Don't know

→ **Go to question D6**

→ **Go to Section E**

**D5. How old is he? (*Your best estimate is fine.*)**

Years old

**D5a. How would you rate your biological father's current physical health?**

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

**Go to Section E** →

**D6. In what year did he die? (*Your best estimate is fine.*)**

Year

**D6a. How old was he when he died? (*Your best estimate is fine.*)**

Years old

## Section E: Personal Beliefs

**E1. The next set of items explores your well-being. How strongly do you agree or disagree with each of the following statements?**

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

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

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

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

**E2. Please check only five of the following items that you feel are the most important for living a good life.**

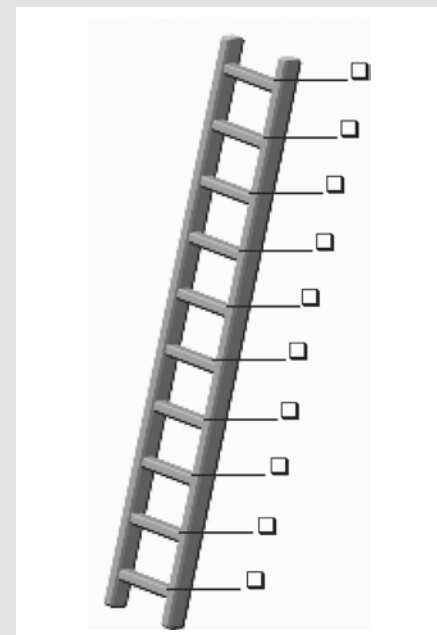
- |   |  |
|---|--|
| <input type="checkbox"/> Autonomy, being self reliant     | <input type="checkbox"/> Physical fitness and strength         |
| <input type="checkbox"/> Having a good job                | <input type="checkbox"/> Positive attitude                     |
| <input type="checkbox"/> Continual learning and growth    | <input type="checkbox"/> Positive relationships with family    |
| <input type="checkbox"/> Enjoyment of life's pleasures    | <input type="checkbox"/> Positive relationships with friends   |
| <input type="checkbox"/> Enough money to meet basic needs | <input type="checkbox"/> Relaxation, peacefulness, contentment |
| <input type="checkbox"/> Extra money/disposable income    | <input type="checkbox"/> The absence of illness                |
| <input type="checkbox"/> Faith                            | <input type="checkbox"/> Sense of accomplishment               |
| <input type="checkbox"/> Giving back to my community      | <input type="checkbox"/> Sense of purpose                      |
| <input type="checkbox"/> Loving and caring for myself     |  |

**E3. Think of this ladder as representing where people stand in their communities.**

People define community in different ways; please define it in whatever way is most meaningful to you. At the top of the ladder are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community.

Where would you place yourself on this ladder?

Please check the box next to the rung on the ladder where you think you stand at this time in your life, relative to other people in the community with which you most identify.



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

**E4. How strongly do you agree or disagree with each of the following statements?**

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
a. There is little I can do to change the important things in my life.	1	2	3	4	5	6	7
b. I often feel helpless in dealing with the problems of life.	1	2	3	4	5	6	7
c. I can do just about anything I really set my mind to.	1	2	3	4	5	6	7
d. Other people determine most of what I can and cannot do.	1	2	3	4	5	6	7
e. What happens in my life is often beyond my control.	1	2	3	4	5	6	7
f. When I really want to do something, I usually find a way to succeed at it.	1	2	3	4	5	6	7
g. There are many things that interfere with what I want to do.	1	2	3	4	5	6	7
h. Whether or not I am able to get what I want is in my own hands.	1	2	3	4	5	6	7
i. I have little control over the things that happen to me.	1	2	3	4	5	6	7
j. There is really no way I can solve the problems I have.	1	2	3	4	5	6	7
k. I sometimes feel I am being pushed around in my life.	1	2	3	4	5	6	7
l. What happens to me in the future mostly depends on me.	1	2	3	4	5	6	7
m. I am no better and no worse than others.	1	2	3	4	5	6	7
n. I take a positive attitude toward myself.	1	2	3	4	5	6	7
o. At times I feel that I am no good at all.	1	2	3	4	5	6	7
p. I am able to do things as well as most people.	1	2	3	4	5	6	7
q. I wish I could have more respect for myself.	1	2	3	4	5	6	7
r. On the whole, I am satisfied with myself.	1	2	3	4	5	6	7
s. I certainly feel useless at times.	1	2	3	4	5	6	7
t. I act in the same way no matter who I am with.	1	2	3	4	5	6	7

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

**E5.** *The next few questions are about the way you decide what you want out of life and how you go about trying to achieve your goals. For each situation below, two different strategies are listed. Please indicate whether your own strategy is more like the one listed in column A **OR** the one listed in column B.*

My own strategy is...							
Strategy A	More like A			More like B			Strategy B
	A lot	Some	A little	A little	Some	A lot	
a. When choosing my goals...							
I prefer to choose one or two important goals and really focus on achieving them.	1	2	3	4	5	6	I prefer not to limit myself—I keep my options open so I can take advantage of anything that comes up.
b. To reach my goals...							
I work hard at practicing and learning the necessary skills.	1	2	3	4	5	6	I do best by seizing on opportunities that I find.
c. If I don't seem to have a particular skill or resource that I need to reach my goal...							
I look for other things I could do to reach my goal—to make up for what I don't have or can't do.	1	2	3	4	5	6	I keep trying my best, and if that doesn't work, I think again about whether that goal is right for me.
d. When difficult circumstances arise...							
I try to make changes to those circumstances.	1	2	3	4	5	6	I try to hang tough through the difficult times.
e. My typical approach to physical health is...							
I work at staying strong and fit as I get older.	1	2	3	4	5	6	I avoid worrying about my health and fitness, unless there is a problem.

**E6. How well does each of the following describe you?**

	<b>A lot</b>	<b>Some</b>	<b>A little</b>	<b>Not at all</b>
<b>a.</b> Outgoing	1	2	3	4
<b>b.</b> Helpful	1	2	3	4
<b>c.</b> Moody	1	2	3	4
<b>d.</b> Organized	1	2	3	4
<b>e.</b> Self-confident	1	2	3	4
<b>f.</b> Friendly	1	2	3	4
<b>g.</b> Warm	1	2	3	4
<b>h.</b> Worrying	1	2	3	4
<b>i.</b> Responsible	1	2	3	4
<b>j.</b> Forceful	1	2	3	4
<b>k.</b> Lively	1	2	3	4
<b>l.</b> Caring	1	2	3	4
<b>m.</b> Nervous	1	2	3	4
<b>n.</b> Creative	1	2	3	4
<b>o.</b> Assertive	1	2	3	4
<b>p.</b> Hardworking	1	2	3	4
<b>q.</b> Imaginative	1	2	3	4
<b>r.</b> Softhearted	1	2	3	4
<b>s.</b> Calm	1	2	3	4
<b>t.</b> Outspoken	1	2	3	4
<b>u.</b> Intelligent	1	2	3	4
<b>v.</b> Curious	1	2	3	4
<b>w.</b> Active	1	2	3	4
<b>x.</b> Careless	1	2	3	4
<b>y.</b> Broad-minded	1	2	3	4
<b>z.</b> Sympathetic	1	2	3	4
<b>aa.</b> Talkative	1	2	3	4
<b>bb.</b> Sophisticated	1	2	3	4
<b>cc.</b> Adventurous	1	2	3	4
<b>dd.</b> Dominant	1	2	3	4
<b>ee.</b> Thorough	1	2	3	4



**E7. How well does each of the following statements describe you?**

	<b>True of you</b>	<b>Somewhat true</b>	<b>Somewhat false</b>	<b>False</b>
<b>a.</b> I usually like to spend my free time with friends rather than alone.	1	2	3	4
<b>b.</b> When faced with a decision, I usually take time to consider and weigh all possibilities.	1	2	3	4
<b>c.</b> When I am unhappy about something, I tend to seek the company of a friend rather than remaining alone.	1	2	3	4
<b>d.</b> It might be fun and exciting to be in an earthquake.	1	2	3	4
<b>e.</b> In most social situations I like to have someone else take the lead.	1	2	3	4
<b>f.</b> I like to stop and think things over before I do them.	1	2	3	4
<b>g.</b> People often try to take advantage of me.	1	2	3	4
<b>h.</b> I am a warm person rather than cool and distant.	1	2	3	4
<b>i.</b> Often when I get angry I am ready to hit someone.	1	2	3	4
<b>j.</b> I am quite effective at talking people into things.	1	2	3	4
<b>k.</b> My mood often goes up and down.	1	2	3	4
<b>l.</b> I often keep working on a problem long after others would have given up.	1	2	3	4
<b>m.</b> I am opposed to more censorship of books and movies because it would go against free speech.	1	2	3	4
<b>n.</b> I am very good at influencing people.	1	2	3	4
<b>o.</b> I like to try difficult things.	1	2	3	4
<b>p.</b> I would be more successful if people did not make things difficult for me.	1	2	3	4
<b>q.</b> I usually find ways to liven up my day.	1	2	3	4
<b>r.</b> I like hard work.	1	2	3	4
<b>s.</b> People often say mean things about me.	1	2	3	4
<b>t.</b> Sometimes I seem to enjoy hurting people by saying mean things.	1	2	3	4
<b>u.</b> People should obey moral laws more strictly than they do.	1	2	3	4
<b>v.</b> It might be fun learning to walk a tightrope.	1	2	3	4
<b>w.</b> I sometimes get very upset and tense as I think about the day's events.	1	2	3	4
<b>x.</b> Minor setbacks sometimes irritate me too much.	1	2	3	4
<b>y.</b> I am a cautious person.	1	2	3	4
<b>z.</b> I don't like to see religious authority overturned by so-called progress and logical reasoning.	1	2	3	4
<b>aa.</b> For me life is a great adventure.	1	2	3	4

	True of you	Somewhat true	Somewhat false	False
<b>bb.</b> When people insult me, I try to get even.	1	2	3	4
<b>cc.</b> I often prefer not to have people around me.	1	2	3	4
<b>dd.</b> When it is time to make decisions, others usually turn to me.	1	2	3	4
<b>ee.</b> Sometimes I just like to hit someone.	1	2	3	4
<b>ff.</b> I set very high standards for myself in my work.	1	2	3	4
<b>gg.</b> I always seem to have something exciting to look forward to.	1	2	3	4

**E8. Of these two situations, I would dislike more:**

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

**E8a. How much would you dislike the situation you selected above?**

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

**E9. Of these two situations, I would dislike more:**

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

**E9a. How much would you dislike the situation you selected above?**

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

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

**E10. How much do you agree or disagree with each of the following statements?**

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

**E11. The following questions are about experiences you may have had as a CHILD or TEENAGER.**

**Check the appropriate boxes next to any of the following experiences you have had.**

**For those you checked, indicate how old you were, and if it affected you, positively or negatively, both initially, and in the long run.**

		How did this affect you?				
		Very negatively		Not at all		Very positively
<input type="checkbox"/> a. Repeated year of school	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> b. Sent away from home because you did something wrong	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> c. Father or mother did not have a job when they wanted to be working	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> d. One or both parents drank so often it caused problems	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> e. One or both parents used drugs so often it regularly caused problems	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> f. Dropped out of school	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> g. Expelled or suspended from school	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						

**E12. The following questions are about experiences you may have had at ANYTIME.**

**Check the appropriate boxes next to any of the following experiences you have had.**

**For those you checked, indicate how old you were, and if it affected you, positively or negatively, both initially, and in the long run.**

		How did this affect you?				
		Very negatively		Not at all		Very positively
<input type="checkbox"/> a. Flunked out of school	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> b. Fired from a job	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> c. Did not have a job for a long time when you wanted to be working	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> d. A parent died	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> e. Parents divorced	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> f. Spouse/partner engaged in (marital) infidelity	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> g. Significant difficulties with in-laws	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> h. Brother or sister died	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						

		How did this affect you?				
		Very negatively		Not at all	Very positively	
<input type="checkbox"/> i. Child died	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> j. Child experienced life threatening accident or injury	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> k. Lost your home to fire, flood, natural disaster, etc.	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> l. Physically assaulted or attacked	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> m. Sexually assaulted (e.g. forced sexual intercourse or other unwanted sexual contact)	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> n. Serious legal difficulties/prison	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> o. Detention in jail or comparable institution	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> p. Declared bankruptcy	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						
<input type="checkbox"/> q. Suffered a financial or property loss unrelated to work	Initially?	-2	-1	0	1	2
At what age(s) did this happen to you?	In the long run?	-2	-1	0	1	2
<input type="text"/>						

		How did this affect you?				
		Very negatively	Not at all	Very positively		
<input type="checkbox"/> r.	Went on welfare	Initially?	-2	-1	0	1 2
	At what age(s) did this happen to you?	In the long run?	-2	-1	0	1 2
<input type="checkbox"/> s.	Entered the armed forces	Initially?	-2	-1	0	1 2
	At what age(s) did this happen to you?	In the long run?	-2	-1	0	1 2
<input type="checkbox"/> t.	Experienced combat	Initially?	-2	-1	0	1 2
	At what age(s) did this happen to you?	In the long run?	-2	-1	0	1 2

**\*E13 How strongly do you agree or disagree with each of the following statements?**

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
<b>a.</b> Women can have full and happy lives without marrying.	1	2	3	4	5	6	7
<b>b.</b> Employed mothers can have just as good a relationship with their children as mothers who are not employed.	1	2	3	4	5	6	7
<b>c.</b> To grow up emotionally healthy, children need to be raised in an intact family with both parents.	1	2	3	4	5	6	7
<b>d.</b> Men should share equally with their wives in the work around the house.	1	2	3	4	5	6	7
<b>e.</b> Men can have full and happy lives without marrying.	1	2	3	4	5	6	7
<b>f.</b> Women can have full and happy lives without having any children.	1	2	3	4	5	6	7
<b>g.</b> Men can have full and happy lives without having any children.	1	2	3	4	5	6	7

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
<b>h.</b> The partner in a marriage who puts in the fewest hours at work should do the most household chores.	1	2	3	4	5	6	7
<b>i.</b> The partner in a marriage who earns the least money should do the most household chores.	1	2	3	4	5	6	7
<b>j.</b> Single parents can rear children just as well as married adults.	1	2	3	4	5	6	7
<b>k.</b> Men should share equally with their wives in taking care of young children.	1	2	3	4	5	6	7

*The following statements are designed to help us understand how you approach managing your life.*

**E14. How well does each of the following statements describe you?**

	A lot	Some	A little	Not at all
<b>a.</b> When things don't go according to my plans, my motto is, "Where there's a will, there's a way."	1	2	3	4
<b>b.</b> When faced with a bad situation, I do what I can to change it for the better.	1	2	3	4
<b>c.</b> When my expectations are not being met, I lower my expectations.	1	2	3	4
<b>d.</b> To avoid disappointments, I don't set my goals too high.	1	2	3	4
<b>e.</b> I find I usually learn something meaningful from a difficult situation.	1	2	3	4
<b>f.</b> I feel relieved when I let go of some of my responsibilities.	1	2	3	4
<b>g.</b> Even when I feel I have too much to do, I find a way to get it all done.	1	2	3	4
<b>h.</b> When I am faced with a bad situation, it helps to find a different way of looking at things.	1	2	3	4
<b>i.</b> I often remind myself that I can't do everything.	1	2	3	4
<b>j.</b> When I encounter problems, I don't give up until I solve them.	1	2	3	4
<b>k.</b> I rarely give up on something I am doing, even when things get tough.	1	2	3	4

		<b>A lot</b>	<b>Some</b>	<b>A little</b>	<b>Not at all</b>
<b>l.</b>	When I can't get what I want, I assume my goals must be unrealistic.	1	2	3	4
<b>m.</b>	Even when everything seems to be going wrong, I can usually find a bright side to the situation.	1	2	3	4
<b>n.</b>	I can find something positive even in the worst situations.	1	2	3	4
<b>o.</b>	I like to make plans for the future.	1	2	3	4
<b>p.</b>	I know what I want out of life.	1	2	3	4
<b>q.</b>	I live one day at a time.	1	2	3	4
<b>r.</b>	I find it helpful to set goals for the near future.	1	2	3	4
<b>s.</b>	I have too many things to think about today to think about tomorrow.	1	2	3	4
<b>t.</b>	Making sense of my past helps me to figure out what to do in the present.	1	2	3	4
<b>u.</b>	There is no use in thinking about the past because there is nothing you can do about it.	1	2	3	4
<b>v.</b>	After something bad happens, I think about how I could have prevented it.	1	2	3	4
<b>w.</b>	I am good at figuring out how things will turn out.	1	2	3	4
<b>x.</b>	I believe there is no sense planning too far ahead because so many things can change.	1	2	3	4
<b>y.</b>	I don't like to ask others for help unless I have to.	1	2	3	4
<b>z.</b>	Asking others for help comes naturally to me.	1	2	3	4
<b>aa.</b>	When I have decided on a goal, I always keep in mind its benefits.	1	2	3	4
<b>bb.</b>	When I cannot solve a problem by myself, I ask others for help.	1	2	3	4
<b>cc.</b>	When it turns out that I cannot attain a goal in any way, I let go of it.	1	2	3	4
<b>dd.</b>	When I find it impossible to attain a goal, I try not to blame myself.	1	2	3	4
<b>ee.</b>	When I have decided on something, I avoid anything that could distract me.	1	2	3	4
<b>ff.</b>	When obstacles get in my way, I try to get help from others.	1	2	3	4
<b>gg.</b>	I stop thinking about a goal that has become unattainable and let it go.	1	2	3	4
<b>hh.</b>	When something I wanted did not work out, I try not to think about it too much.	1	2	3	4
<b>ii.</b>	For goals that are difficult to achieve, I keep in mind how good I will feel when I have reached them.	1	2	3	4
<b>jj.</b>	When difficulties become too great, I ask others for advice.	1	2	3	4



	<b>A lot</b>	<b>Some</b>	<b>A little</b>	<b>Not at all</b>
<b>kk.</b> If I cannot attain a goal in my life, I think about other new goals to pursue.	1	2	3	4
<b>ll.</b> I worry a lot when expecting an important event.	1	2	3	4
<b>mm.</b> I can keep in harmony with other people and my surroundings.	1	2	3	4

***This set of questions is about how you respond when you are confronted with difficult or stressful events in your life.***

**E15. We are interested in what you generally do and feel when you experience stressful situations.**

	<b>A lot</b>	<b>A medium amount</b>	<b>Only a little</b>	<b>Not at all</b>
<b>a.</b> I try to grow as a person as a result of the experience.	1	2	3	4
<b>b.</b> I concentrate my efforts on doing something about it.	1	2	3	4
<b>c.</b> I make a plan of action.	1	2	3	4
<b>d.</b> I get upset and let my emotions out.	1	2	3	4
<b>e.</b> I say to myself “this isn’t real”.	1	2	3	4
<b>f.</b> I admit to myself that I can’t deal with it, and quit trying.	1	2	3	4
<b>g.</b> I eat more than I usually do.	1	2	3	4
<b>h.</b> I try to see it in a different light, to make it seem more positive.	1	2	3	4
<b>i.</b> I take additional action to try to get rid of the problem.	1	2	3	4
<b>j.</b> I try to come up with a strategy about what to do.	1	2	3	4
<b>k.</b> I get upset, and am really aware of it.	1	2	3	4
<b>l.</b> I refuse to believe that it has happened.	1	2	3	4
<b>m.</b> I give up trying to reach my goal.	1	2	3	4
<b>n.</b> I eat more of my favorite foods to make myself feel better.	1	2	3	4
<b>o.</b> I look for something good in what is happening.	1	2	3	4
<b>p.</b> I take direct action to get around the problem.	1	2	3	4
<b>q.</b> I think about how I might best handle the problem.	1	2	3	4
<b>r.</b> I let my feelings out.	1	2	3	4
<b>s.</b> I pretend that it hasn’t really happened.	1	2	3	4
<b>t.</b> I give up the attempt to get what I want.	1	2	3	4
<b>u.</b> I learn something from the experience.	1	2	3	4

	A lot	A medium amount	Only a little	Not at all
v. I do what has to be done, one step at a time.	1	2	3	4
w. I think hard about what steps to take.	1	2	3	4
x. I feel a lot of emotional distress and find myself expressing those feelings a lot.	1	2	3	4
y. I act as though it hasn't even happened.	1	2	3	4
z. I reduce the amount of effort I'm putting into solving the problem.	1	2	3	4

**E16. Many people feel older or younger than they actually are. What age do you feel most of the time?**

Years old

**E17. Now imagine you could be any age. What age would you like to be?**

Years old

**E18. In your opinion, at what age do most men enter middle age?**

Years old

**E19. And at what age are most men no longer middle aged?**

Years old

**E20. In your opinion, at what age do most women enter middle age?**

Years old

**E21. And at what age are most women no longer middle aged?**

Years old

**E22. What is the month, day, and year of your birth?**

Month  Day  Year

**E23. What is your sex?**

- ☐ Male  
☐ Female

## Section F: Work

**F1. Please think of the work situation you are in now, whether part-time or full-time, paid or unpaid, at home or at a job. Using a scale from 0 to 10 where 0 means “the worst possible work situation” and 10 means “the best possible work situation,” how would you rate your work situation these days?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**\*F2. Looking back to just before the recession began in 2008, how would you rate your work situation at that time using the same 0 to 10 scale?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**F3. Looking back ten years ago, how would you rate your work situation at that time using the same 0 to 10 scale?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**F4. Looking ahead ten years into the future, what do you expect your work situation will be like at that time?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**F5. Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control,” how would you rate the amount of control you have over your work situation these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**F6. Using a 0 to 10 scale where 0 means “no thought or effort” and 10 means “very much thought and effort,” how much thought and effort do you put into your work situation these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

*The next questions are about your work history.*

**F7. Have you ever worked at a paid job for six months or more, whether full-time or part-time?**

☐ Yes

☐ No → Go to question F43

**F8. Please think about the first year you worked for six months or more at a paid job, whether it was full-time or part-time. How old were you at that time? (*Your best estimate is fine.*)**

Years old

**F9. Starting from the year you first worked for six months or more, and continuing up to the present, how many years were you employed at least six months out of the year? Count all years when you worked part-time or full-time at least half the year. (*Your best estimate is fine.*)**

Years

**F10. Of those years when you were employed for at least half the year, how many years was your employment full-time (that is, 35 hours or more per week) for six months or more? (*Your best estimate is fine.*)**

Years

**F11. Think of the year that you first worked at least six months. Since that time, excluding retirement, has there ever been a period of time when you were not working for pay at all?**

☐ Yes

☐ No → Go to question F15

**F12. Excluding retirement, how long was the single longest period of time that you were not working for pay at all?**

Weeks / Months / Years (*Please circle one.*)

**\*F13 In what month and year did that longest period begin?**

Month  Year

**F14. What was the main reason you were not working during that longest period? (Please check one.)**

- ☐ Could not find a job
- ☐ Physical injury or illness
- ☐ Mental or emotional problems
- ☐ Alcohol or substance abuse problems
- ☐ Family responsibilities—caring for children, spouse, or parents
- ☐ Attending school part-time or full-time
- ☐ Chose not to work to pursue personal interests

**F15. Since January of 2003 have you been a full-time student at any point?**

- ☐ Yes  
☐ No → **Go to question F17**

**F16. Were you a full-time student at any point during...**

	Yes	No
a. ...2012?	<input type="radio"/>	<input type="radio"/>
b. ...2011?	<input type="radio"/>	<input type="radio"/>
c. ...2010?	<input type="radio"/>	<input type="radio"/>
d. ...2009?	<input type="radio"/>	<input type="radio"/>
e. ...2008?	<input type="radio"/>	<input type="radio"/>
f. ...2007?	<input type="radio"/>	<input type="radio"/>
g. ...2006?	<input type="radio"/>	<input type="radio"/>
h. ...2005?	<input type="radio"/>	<input type="radio"/>
i. ...2004?	<input type="radio"/>	<input type="radio"/>
j. ...2003?	<input type="radio"/>	<input type="radio"/>

**F17. Which of these situations best describes your employment status from January to December of each year listed below? (Please circle one number for each year.)**

	Worked full-time (35+ hrs/wk for 6+ mos)	Worked part-time (less than 35 hrs/wk for 6+ mos)	No work or worked less than 6 months
a. 2012	1	2	3
b. 2011	1	2	3
c. 2010	1	2	3
d. 2009	1	2	3
e. 2008	1	2	3
f. 2007	1	2	3
g. 2006	1	2	3
h. 2005	1	2	3
i. 2004	1	2	3
j. 2003	1	2	3

**F18. In the past 10 years, have you done any work for pay?**

☐ Yes

☐ No → Go to question F24

*The following items ask about the types of physical activities you engage in while at your job. If you are not currently working, but were employed over the past 10 years, please tell us about your most recent job.*

**F19. How often, during your work-shift, does your job require you to...**

	All of the time	Most of the time	Some of the time	Little of the time	Never
a. ...use a lot of physical effort?	1	2	3	4	5
b. ...lift loads weighing 50 pounds or greater?	1	2	3	4	5
c. ...lift loads weighing less than 50 pounds, but greater than 10 pounds?	1	2	3	4	5
d. ...lift loads weighing up to 10 pounds?	1	2	3	4	5
e. ...crouch, stoop, or kneel?	1	2	3	4	5
f. ...stand for long periods of time?	1	2	3	4	5
g. ...use stairs or inclines?	1	2	3	4	5
h. ...walk?	1	2	3	4	5
i. ...sit for long periods of time?	1	2	3	4	5
j. ...reach?	1	2	3	4	5
k. ...use your fingers to grasp or handle things?	1	2	3	4	5
l. ...work on a computer?	1	2	3	4	5
m. ...use your eyes for inspection of things?	1	2	3	4	5
n. ...use your eyes for reading?	1	2	3	4	5

**F20. Over the past ten years, to what extent have you been exposed to the risk of accidents or injuries on your job?**

☐ A lot

☐ Some

☐ A little

☐ Not at all

**F21. During the past ten years, did you suffer any accidents or injuries at a place you worked?**

☐ Yes

☐ No → Go to question F24

**F22. During the past ten years, how many times did you suffer an accident or injury at a place you worked?**

Times

**F23. How serious was the injury? If there was more than one accident or injury, describe the most serious one.**

- ☐ Very serious
- ☐ Moderately serious
- ☐ Somewhat serious
- ☐ A little serious
- ☐ Not very serious at all

**F24. Are you currently doing any work for pay? This could include self-employment or work for someone else, or any job for pay from which you are temporarily on leave or laid off.**

- ☐ Yes
- ☐ No → Go to question F43

**F25. In what month and year did you start working at this job?**

Month  Year

**F26. At this current job, do you feel you are overqualified, underqualified, or have the right qualifications and experience?**

- ☐ Overqualified
- ☐ Underqualified
- ☐ Just right

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

**F27. In an average week at your current job, how often do you work...**

	4 or more times/ week	2 to 3 times/ week	Once a week	1 to 3 times/ month	Less than once a month or never
a. ...days, any time between 7:00 am and 5:00 pm?	1	2	3	4	5
b. ...evenings, any time between 7:30 pm and 9:30 pm?	1	2	3	4	5
c. ...nights, any time between 9:30 pm and 4:30 am, or overnight, including being away overnight for work-related travel?	1	2	3	4	5
d. ...weekends, any time Saturday or Sunday? (working both days counts as twice a week)	1	2	3	4	5

**F28. At what time of day do you usually begin work at your main job? Answer the question even if you are temporarily on leave or laid off from your main job.**

A.M. / P.M. / Midnight / Noon *(Please circle one.)*

**F29. At what time of day do you usually end work at your main job? Answer the question even if you are temporarily on leave or laid off from your main job.**

A.M. / P.M. / Midnight / Noon *(Please circle one.)*

**F30. How long does it usually take you, round-trip, to get to and from work? (If you work at home, enter "0".)**

Hours

Minutes

**F31. In the past 12 months, did you have any serious ongoing problems getting along with someone at work?**

☐ Yes

☐ No

**F32. Have you had any other serious ongoing stress at work—things like consistently extreme work demands, major changes, or uncertainties that most people would consider highly stressful?**

☐ Yes

☐ No

**F33. If you wanted to stay in your present job, what are the chances that you could keep it for the next two years?**

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

**F34. Overall, what kind of effect does your job have on your physical health? If you have more than one job, please give your best judgment of the combined effect of your jobs.**

☐ Very positive

☐ Somewhat positive

☐ Neither positive nor negative/balances out

☐ Somewhat negative

☐ Very negative



**F35. Overall, what kind of effect does your job have on your emotional or mental health? Again, if you have more than one job, please give your best judgment of the combined effect of your jobs.**

- ☐ Very positive
- ☐ Somewhat positive
- ☐ Neither positive nor negative/balances out
- ☐ Somewhat negative
- ☐ Very negative

**F36. Thinking about your current job, how often...**

	All of the time	Most of the time	Some of the time	Rarely	Never
<b>a.</b> ...do you have to work very intensively, that is, you are very busy trying to get things done?	1	2	3	4	5
<b>b.</b> ...do you learn new things at work?	1	2	3	4	5
<b>c.</b> ...does your work demand a high level of skill or expertise?	1	2	3	4	5
<b>d.</b> ...do you have to initiate things, such as coming up with your own ideas, or figuring out on your own what needs to be done?	1	2	3	4	5
<b>e.</b> ...do you have a choice in deciding how you do your tasks at work?	1	2	3	4	5
<b>f.</b> ...do you have a choice in deciding what tasks you do at work?	1	2	3	4	5
<b>g.</b> ...do you have a say in decisions about your work?	1	2	3	4	5
<b>h.</b> ...do you have a say in planning your work environment, that is, how your workplace is arranged or how things are organized?	1	2	3	4	5
<b>i.</b> ...does your job provide you with a variety of things that interest you?	1	2	3	4	5
<b>j.</b> ...do different people or groups at work demand things from you that you think are hard to combine?	1	2	3	4	5
<b>k.</b> ...do you get so involved in your work that you forget about everything else, even the time?	1	2	3	4	5

**F37. Please indicate how often each of the following is true of your job. (If you do not have a supervisor, or do not have any coworkers or colleagues, check “Does not apply” for those questions.)**

	All of the time	Most of the time	Some of the time	Rarely	Never	Does not apply
a. How often do you get help and support from your coworkers?	1	2	3	4	5	<input type="checkbox"/>
b. How often are your coworkers willing to listen to your work-related problems?	1	2	3	4	5	<input type="checkbox"/>
c. How often do you get the information you need from your supervisor or superiors?	1	2	3	4	5	<input type="checkbox"/>
d. How often do you get help and support from your immediate supervisor?	1	2	3	4	5	<input type="checkbox"/>
e. How often is your immediate supervisor willing to listen to your work-related problems?	1	2	3	4	5	<input type="checkbox"/>

**F38. Please indicate how often you have experienced the following.**

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

**F39. To what extent do the following statements describe the way you feel about your current job?**

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

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

**F40. In the past year, how often...**

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

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

F41. Thinking about your work experience over the past <u>12 months</u> , how many weeks...		Number of weeks
a. ...did you work at a paid job, whether part-time or full-time, including time spent on paid vacation, paid sick time, or other paid leave?		
b. ...were you unemployed, that is, weeks that you were not working at all, but were looking for a job?		
c. ...were you not working because you were on unpaid leave, such as unpaid sick leave, disability leave, maternity leave, or something else?		
d. ...were you not working at a paid job and not actively looking for work (for example, you were retired, at home caring for children, or a student)?		
TOTAL		52 Weeks

F42. In the <u>past year</u> , while at your job, how often did you...		All of the time	Most of the time	Some of the time	Rarely	Never
a. ...have too many demands made on you?		1	2	3	4	5
b. ...control the amount of time you spend on tasks?		1	2	3	4	5
c. ...have enough time to get everything done?		1	2	3	4	5
d. ...have a lot of interruptions?		1	2	3	4	5

**F43. In the past year, how often has each of the following occurred at home?**

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

**F44. Please think about the unpaid work you do at home, separate from any job you may have. To what extent do the following statements describe the way you feel about your work situation at home?**

	A lot	Some	A little	Not at all
a. When I think about the work I do at home, I feel a good deal of pride.	1	2	3	4
b. I feel that others respect the work I do at home.	1	2	3	4
c. Working for pay is more rewarding than the work I do at home.	1	2	3	4

**F45. Now think about the unpaid work you do in your community, still separate from any job you may have. To what extent do the following statements describe the way you feel about your volunteer work? (If you do no volunteer work in your community, check “Does not apply”).**

	A lot	Some	A little	Not at all	Does not apply
a. When I think about the work I do in the community, I feel a good deal of pride.	1	2	3	4	<input type="checkbox"/>
b. I feel that others respect the work I do in the community.	1	2	3	4	<input type="checkbox"/>
c. Working for pay is more rewarding than the work I do as a volunteer.	1	2	3	4	<input type="checkbox"/>

## Section G: Finances

**G1. Using a scale from 0 to 10 where 0 means “the worst possible financial situation” and 10 means “the best possible financial situation,” how would you rate your financial situation these days?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**\*G2. Looking back to just before the recession began in 2008, how would you rate your financial situation at that time using the same 0 to 10 scale?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**G3. Looking back ten years ago, how would you rate your financial situation at that time using the same 0 to 10 scale?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**G4. Looking ahead ten years into the future, what do you expect your financial situation will be like at that time?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**G5. Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control,” how would you rate the amount of control you have over your financial situation these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**G6. Using a 0 to 10 scale where 0 means “no thought or effort” and 10 means “very much thought and effort,” how much thought and effort do you put into your financial situation these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**G7. In general, would you say you (and your family living with you) have more money than you need, just enough for your needs, or not enough to meet your needs?**

- ☐ More money than you need
- ☐ Just enough money
- ☐ Not enough money

**\*G8. Thinking about the recession that began in 2008, which best describes the way you and your household have been affected by it?**

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

**G9. How difficult is it for you (and your family) to pay your monthly bills?**

- ☐ Very difficult
- ☐ Somewhat difficult
- ☐ Not very difficult
- ☐ Not at all difficult

**\* G10. Compared to just before the recession began in 2008, how difficult is it now for you and your family to pay your monthly bills?**

- ☐ Much more difficult now
- ☐ Somewhat more difficult now
- ☐ A little more difficult now
- ☐ About the same
- ☐ A little less difficult now
- ☐ Somewhat less difficult now
- ☐ Much less difficult now

*The next several questions ask about the different sources of income you, your spouse and other family members in your household may have had over the last calendar year. You may need to consult your records to answer some of these questions. Please take the time to do that. Refer to the table below and fill in the letter that represents the correct range of income for each item listed.*

**G11. Think about the income you earned in the last calendar year from each source listed below. Please fill in the letter representing the amount of pre-tax income you earned from that source. If you have earned no income from a source, enter letter “B” in the space provided.**

**In the last calendar year, what was your income from...**

**Amount  
(Enter a letter from  
the table below)**

**a.** ...wages, salaries and other stipends from all your jobs, including self-employment? Do not include pensions, investments, or any other financial assistance or non-wage income.

**b.** ...pension accounts, retirement accounts and the like?

**c.** ...Social Security?

**\*d.** ...any other source not listed above, including tips and commissions, military reserves, financial assistance, etc.?

**\* Think about your income from pension accounts, retirement accounts and the like reported in G12. Item b in the table above. Did any of this income come from an early withdrawal?**

☐ Yes

☐ No

☐ Not applicable—no income from pension or retirement accounts

**A.** Less than \$0 (Loss)

**B.** \$0 (None)

**C.** \$1 - \$1,999

**D.** \$2,000 - \$3,999

**E.** \$4,000 - \$5,999

**F.** \$6,000 - \$7,999

**G.** \$8,000 - \$9,999

**H.** \$10,000 - \$11,999

**I.** \$12,000 - \$13,999

**J.** \$14,000 - \$15,999

**K.** \$16,000 - \$17,999

**L.** \$18,000 - \$19,999

**M.** \$20,000 - \$22,499

**N.** \$22,500 - \$24,999

**P.** \$25,000 - \$27,499

**Q.** \$27,500 - \$29,999

**R.** \$30,000 - \$32,499

**S.** \$32,500 - \$34,999

**T.** \$35,000 - \$37,499

**U.** \$37,500 - \$39,999

**V.** \$40,000 - \$42,499

**W.** \$42,500 - \$44,999

**X.** \$45,000 - \$47,499

**Y.** \$47,500 - \$49,999

**Z.** \$50,000 - \$54,999

**AA.** \$55,000 - \$59,999

**BB.** \$60,000 - \$64,999

**CC.** \$65,000 - \$69,999

**DD.** \$70,000 - \$74,999

**EE.** \$75,000 - \$79,999

**FF.** \$80,000 - \$84,999

**GG.** \$85,000 - \$89,999

**HH.** \$90,000 - \$94,999

**II.** \$95,000 - \$99,999

**JJ.** \$100,000 - \$109,999

**KK.** \$110,000 - \$119,999

**LL.** \$120,000 - \$129,999

**MM.** \$130,000 - \$139,999

**NN.** \$140,000 - \$149,999

**PP.** \$150,000 - \$174,999

**QQ.** \$175,000 - \$199,999

**RR.** \$200,000 - \$249,999

**SS.** \$250,000 - \$299,999

**TT.** \$300,000 - \$399,999

**UU.** \$400,000 - \$499,999

**VV.** \$500,000 - \$999,999

**WW.** \$1,000,000 or more



**G13. Do you have a spouse or partner who earned any income in the last calendar year?**

☐ Yes

☐ No → Go to question G16

**G14. Think about the income your spouse or partner earned in the last calendar year from each source listed below. Please fill in the letter representing the amount of pre-tax income your spouse/partner earned from that source. If your spouse/partner earned no income from a source, enter letter “B” in the space provided.**

**In the last calendar year, what was your spouse/partner’s income from...**

**Amount  
(Enter a letter from  
the table below)**

**a. ...wages, salaries and other stipends from all your jobs, including self-employment? Do not include pensions, investments, or any other financial assistance or non-wage income.**

**b. ...pension accounts, retirement accounts and the like?**

**c. ...Social Security?**

**\*d...any other source not listed above, including tips and commissions,  
military reserves, financial assistance, etc.?**

**\* Think about your spouse or partner’s income from pension accounts, retirement accounts and the like reported in Item b in the table above. Did any of this income come from an early withdrawal?**

**G15.**

☐ Yes

☐ No

☐ Not applicable—no income from pension or retirement accounts

**A. Less than \$0 (Loss)**

**B. \$0 (None)**

**C. \$1 - \$1,999**

**D. \$2,000 - \$3,999**

**E. \$4,000 - \$5,999**

**F. \$6,000 - \$7,999**

**G. \$8,000 - \$9,999**

**H. \$10,000 - \$11,999**

**I. \$12,000 - \$13,999**

**J. \$14,000 - \$15,999**

**K. \$16,000 - \$17,999**

**L. \$18,000 - \$19,999**

**M. \$20,000 - \$22,499**

**N. \$22,500 - \$24,999**

**P. \$25,000 - \$27,499**

**Q. \$27,500 - \$29,999**

**R. \$30,000 - \$32,499**

**S. \$32,500 - \$34,999**

**T. \$35,000 - \$37,499**

**U. \$37,500 - \$39,999**

**V. \$40,000 - \$42,499**

**W. \$42,500 - \$44,999**

**X. \$45,000 - \$47,499**

**Y. \$47,500 - \$49,999**

**Z. \$50,000 - \$54,999**

**AA. \$55,000 - \$59,999**

**BB. \$60,000 - \$64,999**

**CC. \$65,000 - \$69,999**

**DD. \$70,000 - \$74,999**

**EE. \$75,000 - \$79,999**

**FF. \$80,000 - \$84,999**

**GG. \$85,000 - \$89,999**

**HH. \$90,000 - \$94,999**

**II. \$95,000 - \$99,999**

**JJ. \$100,000 - \$109,999**

**KK. \$110,000 - \$119,999**

**LL. \$120,000 - \$129,999**

**MM. \$130,000 - \$139,999**

**NN. \$140,000 - \$149,999**

**PP. \$150,000 - \$174,999**

**QQ. \$175,000 - \$199,999**

**RR. \$200,000 - \$249,999**

**SS. \$250,000 - \$299,999**

**TT. \$300,000 - \$399,999**

**UU. \$400,000 - \$499,999**

**VV. \$500,000 - \$999,999**

**WW. \$1,000,000 or more**

**G16. Do you have any other family members in your household who earned income in the last calendar year?**

☐ Yes

☐ No → Go to question G19

**G17. Think about the income any other family members in your household earned in the last calendar year from each source listed below. Please fill in the letter representing the amount of pre-tax income he/she earned from that source. If the other family members in your household have earned no income from a source, enter letter “B” in the space provided.**

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

**Amount  
(Enter a letter from  
the table below)**

**a. ...wages, salaries and other stipends from all your jobs, including self-employment? Do not include pensions, investments, or any other financial assistance or non-wage income.**

**b. ...pension accounts, retirement accounts and the like?**

**c. ...Social Security?**

**\*d...any other source not listed above, including tips and commissions, military reserves, financial assistance, etc.?**

**\* G18. Think about the other family members’ income from pension accounts, retirement accounts and the like reported in Item b in the table above. Did any of this income come from an early withdrawal?**

☐ Yes

☐ No

☐ Not applicable—no income from pension or retirement accounts

**A. Less than \$0 (Loss)**

**B. \$0 (None)**

**C. \$1 - \$1,999**

**D. \$2,000 - \$3,999**

**E. \$4,000 - \$5,999**

**F. \$6,000 - \$7,999**

**G. \$8,000 - \$9,999**

**H. \$10,000 - \$11,999**

**I. \$12,000 - \$13,999**

**J. \$14,000 - \$15,999**

**K. \$16,000 - \$17,999**

**L. \$18,000 - \$19,999**

**M. \$20,000 - \$22,499**

**N. \$22,500 - \$24,999**

**P. \$25,000 - \$27,499**

**Q. \$27,500 - \$29,999**

**R. \$30,000 - \$32,499**

**S. \$32,500 - \$34,999**

**T. \$35,000 - \$37,499**

**U. \$37,500 - \$39,999**

**V. \$40,000 - \$42,499**

**W. \$42,500 - \$44,999**

**X. \$45,000 - \$47,499**

**Y. \$47,500 - \$49,999**

**Z. \$50,000 - \$54,999**

**AA. \$55,000 - \$59,999**

**BB. \$60,000 - \$64,999**

**CC. \$65,000 - \$69,999**

**DD. \$70,000 - \$74,999**

**EE. \$75,000 - \$79,999**

**FF. \$80,000 - \$84,999**

**GG. \$85,000 - \$89,999**

**HH. \$90,000 - \$94,999**

**II. \$95,000 - \$99,999**

**JJ. \$100,000 - \$109,999**

**KK. \$110,000 - \$119,999**

**LL. \$120,000 - \$129,999**

**MM. \$130,000 - \$139,999**

**NN. \$140,000 - \$149,999**

**PP. \$150,000 - \$174,999**

**QQ. \$175,000 - \$199,999**

**RR. \$200,000 - \$249,999**

**SS. \$250,000 - \$299,999**

**TT. \$300,000 - \$399,999**

**UU. \$400,000 - \$499,999**

**VV. \$500,000 - \$999,999**

**WW. \$1,000,000 or more**

**G19. Over the last calendar year, did you or any family member in your household receive any public or government assistance?**

☐ Yes

☐ No → Go to question G22

**G20** Over the last calendar year, from which of the following public or government assistance programs have you or any family member in your household received income? *(Please check all that apply.)*

- ☐ Supplemental Security Income (SSI)
- ☐ Social Security Disability Insurance (SSDI)
- ☐ Other disability benefits
- ☐ General Assistance
- ☐ Food Stamps
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Unemployment benefits
- ☐ Veteran's benefits
- ☐ Workman's Compensation
- ☐ Other state welfare program(s)

**G21. In the last calendar year, not including social security income, what was your combined family household income from all government assistance programs included in Question H20 above?**

\$ \_\_\_\_\_ .00 Household Government Assistance Income

**G22.** In the last calendar year, how much income, before taxes, did you and family members in your household receive from investments, including stocks, mutual funds, bonds, rental properties, real estate, interest on savings, or loans you have made to others, and the like?

\$ \_\_\_\_\_ .00

**G23.** In the last calendar year, how much income, before taxes, did you and family members in your household receive from other sources, such as gifts and transfers from family and friends, assistance from non-government organizations, non-profits, food banks and the like?

\$ \_\_\_\_\_ .00

**G24. Just before the recession began in 2008, what was your total annual household income from all sources?**

\$ \_\_\_\_\_ .00

\* **Think about your total annual household income from all sources now. Compared to just before G25. the recession began, how would you describe your total annual household income now?**

☐ More now      **—————→**      How much more?      \$ .00

☐ About the same now

☐ Less now      **—————→**      How much less?      \$ .00

**G26. Next are some questions about pension and retirement plans. Are you currently included in a pension or retirement plan, such as a 401(K), 403(A), 403(B) or 457(B) plan, offered by your current or former employer or union?**

☐ Yes

☐ No      **————→**      Go to question G28

☐ Don't know      **————→**      Go to question G28

**G27. What is the estimated current worth of your pension and retirement plans?**

\$ .00

**G28. Aside from any employer plan, do you have your own traditional, Keogh, or Roth IRA Account?**

☐ Yes

☐ No      **————→**      Go to question G30

☐ Don't know      **————→**      Go to question G30

**G29. What is the estimated current worth of your traditional, Keogh, or Roth IRA Account?**

\$ .00

**G30. Do you have any other pension or retirement plans not mentioned above, not including any your spouse or partner may have?**

☐ Yes

☐ No      **————→**      Go to question G32

☐ Don't know      **————→**      Go to question G32

**G31. What is the estimated current worth of these other pension or retirement plans?**

\$ .00

**G32. Is your spouse or partner** currently included in a pension or retirement plan, such as a 401(K), 403(A), 403(B) or 457(B) plan, offered by his or her current or former employer or union?

☐ Yes

☐ No → Go to question G34

☐ Don't know → Go to question G34

☐ Do not have a spouse/partner → Go to question G34

**G33. What is the estimated current worth of your spouse/partner's pension and retirement plans?**

\$ \_\_\_\_\_ .00

\* Since the recession began in 2008, have you, your spouse/partner, or any family member in your household taken out any loans against any retirement accounts?

☐ Yes

☐ No → Go to question G37

\* What were those borrowed funds used for?

**G35.**

\* Currently, how much in total is owed on these loans that you, your spouse/partner, or any family member in your household has taken out against retirement accounts?

\$ \_\_\_\_\_ .00

\* Think about all of your and your spouse/partner's retirement accounts; approximately what percentage of these investments are in...

	Percentage of retirement investments
a. ...stocks?	%
b. ...bonds?	%
c. ...cash and certificates of deposit (CDs)?	%
d. ...Other? Please specify: <input type="text"/>	%
<b>Total</b>	<b>100%</b>

**G38. Do you own or rent your home?**

☐ Own

☐ Rent → Go to question G40

**G39. How much do you think your home would sell for?**

\$ \_\_\_\_\_ .00

\* **Which of the following best describes your primary residence?**

**G40.**

☐ House

☐ Apartment

☐ Condominium

☐ Mobile Home

☐ Other, please specify:

**G41. Do you own a business or farm?**

☐ Yes

☐ No → Go to question G44

**G42. How much do you think this business or farm would currently sell for?**

\$ \_\_\_\_\_ .00 Business or farm would sell for

**G43. How much, if anything, do you currently owe on your business or farm?**

\$ \_\_\_\_\_ .00 Owe on business or farm

**G44. Do you have any income from rental property?**

☐ Yes

☐ No → Go to question G46

**G45. What was the income from rental property in the last calendar year?**

\$ \_\_\_\_\_ .00 Income from rental property

**G46. Do you have any money in stocks, bonds, CDs, or mutual funds?**

☐ Yes

☐ No → Go to question G48

**G47. If you sold or cashed in all of your stocks, bonds, CDs, and/or mutual funds, how much would you have?**

\$ \_\_\_\_\_ .00

**\* Excluding retirement accounts, think about all other assets owned by you and your spouse/partner. Approximately what percentage of these non-retirement assets are in...**

	Percentage of retirement investments
a. ...stocks?	%
b. ...bonds?	%
c. ...cash and certificates of deposit (CDs)?	%
d. ...property?	%
e. ...other? Please specify: _____	%
<b>Total</b>	<b>100%</b>

**G49. Has anyone ever left you or your spouse/partner anything, like an inheritance, trust fund, or insurance settlement, worth \$1,000 or more when they died?**

☐ Yes

☐ No → Go to question G52

**G50. In what year did you receive the largest payment of that sort?**

\_\_\_\_\_

**G51. About how much did you or your spouse/partner receive?**

\$ \_\_\_\_\_ .00

**G52. Do you have any life insurance, including individual or group policies?**

☐ Yes

☐ No → Go to question G54

**G53. If you were to die, how much money would your beneficiaries receive from your insurance policy(ies)?**

\$ \_\_\_\_\_ .00

\* **Do you have any annuities that will pay income when you retire?**

**G54.**

☐ Yes

☐ No → Go to question G56

\* **Upon retirement, about how much will your annuities pay per year?**

**G55.**

\$ \_\_\_\_\_ .00

\* **Do you have a college savings fund for one or more children?**

**G56.**

☐ Yes

☐ No → Go to question G58

\* **Currently, about how much do you have in college savings funds?**

**G57.**

\$ \_\_\_\_\_ .00

\* **Do you have long-term care insurance for when you are older?**

**G58.**

☐ Yes

☐ No

**G59. Suppose you and your spouse or partner cashed in all of your checking and savings accounts, and sold your homes, vehicles, stocks and bonds, real estate, and all of your valuable possessions. Then suppose you put that money toward paying off your mortgage and all of your other loans, debts, and credit cards. After paying your debts, would you still be in debt, just break even, or have a positive balance?**

☐ Be in debt → About how much would you owe?

\$ \_\_\_\_\_ .00

☐ Just broke even

☐ Have a positive balance → About how much would you have?

\$ \_\_\_\_\_ .00

\* **Think back to just before the recession began in 2008. At that time, if you had similarly cashed in**  
**G60. all your accounts, sold all your assets, and put money toward paying off all your debts, would you have been in debt, just broke even, or had a positive balance?**

☐ Been in debt → About how much would you have owed?

\$ \_\_\_\_\_ .00

☐ Just broke even

☐ Had a positive balance → About how much would you have had?

\$ \_\_\_\_\_ .00





**G61. How much do you currently owe on...**

	Amount Owed
a. ...Home Mortgage?	\$ .00
b. ...Home Improvement, Home Equity Loans or Lines of Credit?	\$ .00
c. ...Other Real Estate Loans?	\$ .00
d. ...Business or Farm Loans?	\$ .00
e. ...Vehicle Loans (e.g., cars, trucks, campers, boats, other recreational vehicles)?	\$ .00
f. ...Credit Cards or Charge Accounts?	\$ .00
g. ...Installment Loans for major purchases (e.g., furniture or appliances)?	\$ .00
h. ...Educational Loans?	\$ .00
i. ...Other Personal Loans?	\$ .00

\* **Think back to how much you owed before the recession began in 2008. Compared to what you G62. owed before the recession, do you currently owe...**

- ☐ Much less now
- ☐ Somewhat less now
- ☐ Little less now
- ☐ About the same
- ☐ Little more now
- ☐ Somewhat more now
- ☐ Much more now

## Section H: Community Involvement

**H1. Using a scale from 0 to 10 where 0 means “the worst possible contribution to the welfare and well-being of other people” and 10 means “the best possible contribution to the welfare and well-being of other people,” how would you rate your contribution to the welfare and well-being of other people these days? Take into account all that you do, in terms of time, money, or concern, on your job, and for your family, friends, and the community.**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**H2. Looking back ten years ago, how would you rate your contribution to the welfare and well-being of other people at that time using the same 0 to 10 scale?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**H3. Looking ahead ten years into the future, what do you expect your contribution to the welfare and well-being of other people will be like at that time?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**H4. Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control,” how would you rate the amount of control you have over your contribution to the welfare and well-being of other people these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**H5. Using a 0 to 10 scale where 0 means “no thought or effort” and 10 means “very much thought and effort,” how much thought and effort do you put into your contribution to the welfare and well-being of other people these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**H6. To what extent do each of the following statements describe you?**

	A lot	Some	A little	Not at all
a. Others would say that you have made unique contributions to society.	1	2	3	4
b. You have important skills you can pass along to others.	1	2	3	4
c. Many people come to you for advice.	1	2	3	4
d. You feel that other people need you.	1	2	3	4
e. You have had a good influence on the lives of many people.	1	2	3	4
f. You like to teach things to people.	1	2	3	4

**H7. On average, about how many hours per month do you spend doing formal volunteer work of any of the following types? (If none, please enter "0".)**

	Number of hours per month
a. Hospital, nursing home, or other health-care-oriented volunteer work	
b. School or other youth-related volunteer work	
c. Volunteer work for political organizations or causes	
d. Volunteer work for any other organization, cause, or charity	

**H8. In a typical month, about how many times do you attend meetings of...**

	Times per month
a. ...unions or other professional groups?	
b. ...sports or social groups?	
c. ...any other groups (not including any required by your job)?	

**H9. On average, about how many hours per month do you spend giving informal emotional support (such as comforting, listening to problems, or giving advice) to each of the following people? (If none, or if the question does not apply because, for example, you have no spouse or partner, please enter "0".)**

	Number of hours per month
a. To your spouse or partner	
b. To your parents or the people who raised you	
c. To your in-laws	
d. To your children or grandchildren	
e. To any other family members or close friends	
f. To anyone else (such as neighbors or people at church)	

**H10. On average, about how many hours per month do you receive informal emotional support (such as getting comfort, having someone listen to you, or getting advice) from each of the following people? (If none, please enter "0".)**

	Number of hours per month
a. From your spouse or partner	
b. From your parents or the people who raised you	
c. From your in-laws	
d. From your children or grandchildren	
e. From any other family members or close friends	
f. From anyone else (such as neighbors or people at church)	

**H11. On average, about how many hours per month do you spend providing unpaid assistance (such as help around the house, transportation, or childcare) to each of the following people? (If none, please enter "0".)**

	Number of hours per month
a. To your parents or the people who raised you	
b. To your in-laws	
c. To your grandchildren or grown children	
*d. To any other family members or close friends	
e. To anyone else (such as neighbors or people at church)	

**H12. On average, about how many hours per month do you or any family member living with you receive any unpaid assistance (such as help around the house, transportation, or childcare) from each of the following sources? (If none, please enter "0".)**

	Number of hours per month
a. From your parents or the people who raised you	
b. From your in-laws	
c. From your grandchildren or grown children	
d. From any other family members or close friends	
e. From community volunteers (such as scout leaders)	
f. From religious groups	
g. From any other non-governmental organization, cause, or charity	
h. From any government group or agency (Federal, state, or local)	

**H13. On average, about how many dollars per month do you or your family living with you contribute to each of the following people or organizations? If you contribute food, clothing, or other goods, include their dollar value. (If none, please enter "0".)**

	Dollars per month
a. To your parents or the people who raised you	\$ .00
b. To your in-laws	\$ .00
c. To your grandchildren or grown children	\$ .00
d. To any other family members or close friends	\$ .00
e. To any other individuals (not organized groups), including people on the street asking for money	\$ .00
f. To religious groups	\$ .00
g. To political organizations or causes	\$ .00
h. To any other organizations, causes, or charities (including donations made through monthly payroll deductions)	\$ .00

**H14. On average, about how many dollars per month do you or your family members living with you receive from each of the following sources? If you receive food, clothing, or other goods, include their dollar value. (If none, please enter "0".)**

	Dollars per month
a. From your parents or the people who raised you	\$ .00
b. From your in-laws	\$ .00
c. From your grandchildren or grown children	\$ .00
*d. From any other family members or close friends	\$ .00
e. From religious groups	\$ .00
f. From any other non-governmental organization, cause, or charity	\$ .00
g. From any government group or agency (Federal, state, or local)	\$ .00

**H15. During the past 12 months, have you had any of the following people live with you? By "live with you" we mean living in your home as their place of residence. Visiting overnight does not count as living with you. (If a question does not apply, check "Does not apply".)**

	Yes	No	Does not apply
a. One or more of your aging parents	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
b. One or more of your adult children (age 18 or older)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
c. One or more of your grandchildren	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
d. Any other friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

**H16. How strongly do you agree or disagree with each of the following statements?**

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
<b>a.</b> The world is too complex for me.	1	2	3	4	5	6	7
<b>b.</b> I don't feel I belong to anything I'd call a community.	1	2	3	4	5	6	7
<b>c.</b> People who do a favor expect nothing in return.	1	2	3	4	5	6	7
<b>d.</b> I have something valuable to give to the world.	1	2	3	4	5	6	7
<b>e.</b> The world is becoming a better place for everyone.	1	2	3	4	5	6	7
<b>f.</b> I feel close to other people in my community.	1	2	3	4	5	6	7
<b>g.</b> My daily activities do not create anything worthwhile for my community.	1	2	3	4	5	6	7
<b>h.</b> I cannot make sense of what's going on in the world.	1	2	3	4	5	6	7
<b>i.</b> Society has stopped making progress.	1	2	3	4	5	6	7
<b>j.</b> People do not care about other people's problems.	1	2	3	4	5	6	7
<b>k.</b> My community is a source of comfort.	1	2	3	4	5	6	7
<b>l.</b> I find it easy to predict what will happen next in society.	1	2	3	4	5	6	7
<b>m.</b> Society isn't improving for people like me.	1	2	3	4	5	6	7
<b>n.</b> I believe that people are kind.	1	2	3	4	5	6	7
<b>o.</b> I have nothing important to contribute to society.	1	2	3	4	5	6	7
<b>p.</b> It is important for me to try to help people who I know well.	1	2	3	4	5	6	7
<b>q.</b> Even when things are going well for me, I can't be happy if I have a friend who is in trouble.	1	2	3	4	5	6	7
<b>r.</b> I am moved when I hear of another person's hardship.	1	2	3	4	5	6	7
<b>s.</b> I think nothing is more important than to be sympathetic to others.	1	2	3	4	5	6	7
<b>t.</b> My sympathy has its limits.	1	2	3	4	5	6	7

## Section I: Your Neighborhood

**11. How often do you have any contact, even something as simple as saying “hello”, with any of your neighbors?**

- ☐ Almost every day
- ☐ Several times a week
- ☐ About once a week
- ☐ 1-3 times a month
- ☐ Less than once a month
- ☐ Never or hardly ever

**12. How often do you have a real conversation or get together socially with any of your neighbors?**

- ☐ Almost every day
- ☐ Several times a week
- ☐ About once a week
- ☐ 1-3 times a month
- ☐ Less than once a month
- ☐ Never or hardly ever

**13. How many years have you lived in your current neighborhood, or if you live in a rural area, in your current township? (If less than one year, enter “0”.)**

Years

**14. How long have you lived in this state?**

Years

**15. Do you own your home outright, are you paying on a mortgage, or do you rent? (If you have more than one home, answer for your primary residence.)**

- ☐ Own home outright
- ☐ Paying on a mortgage
- ☐ Rent



*The next few questions are about your home and the neighborhood you live in.*

**16. How much do each of the following statements describe your situation?**

	<b>A lot</b>	<b>Some</b>	<b>A little</b>	<b>Not at all</b>
<b>a.</b> I feel safe being out alone in my neighborhood during the daytime.	1	2	3	4
<b>b.</b> I feel safe being out alone in my neighborhood at night.	1	2	3	4
<b>c.</b> I live in as nice a home as most people.	1	2	3	4
<b>d.</b> I'm proud of my home.	1	2	3	4
<b>e.</b> I could call on a neighbor for help if I needed it.	1	2	3	4
<b>f.</b> Most people live in a better neighborhood than I do.	1	2	3	4
<b>g.</b> People in my neighborhood trust each other.	1	2	3	4
<b>h.</b> I don't like to invite people to my home because I do not live in a very nice place.	1	2	3	4
<b>i.</b> Buildings and streets in my neighborhood are kept in very good repair.	1	2	3	4
<b>j.</b> I feel very good about my home and neighborhood.	1	2	3	4
<b>k.</b> My neighborhood is kept clean.	1	2	3	4
<b>l.</b> It feels hopeless to try to improve my home and neighborhood situation.	1	2	3	4

**17. Thinking back over all the places you've lived during your lifetime, including where you live now, which state would you most like to live in for the next 10 years if you could easily move there now?**

Name or Initials of State

## Section J: Social Networks

**J1. This question asks about contact with family through visits, phone calls, letters, or email. How often are you in contact with any members of your family, that is, any of your brothers, sisters, parents, or children who do not live with you through visits, phone calls, letters, or email?**

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

**\* J2. This question asks about social media, which includes Facebook, Twitter, MySpace, Skype, text messages, chat rooms, etc. How often are you in contact with any members of your family, that is, any of your brothers, sisters, parents, or children who do not live with you using social media?**

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

**J3. Considering only relatives you feel close to, how many relatives do you have contact with at least once a month?**

**J4. Thinking about the members of your family, not including your spouse/partner, how much...**

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

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

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

**J5. This question asks about contact with friends through visits, phone calls, letters, or email. How often are you in contact with any of your friends through visits, phone calls, letters, or email?**

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

**\*J6. This question asks about social media, which includes Facebook, Twitter, MySpace, Skype, text messages, chat rooms, etc. How often are you in contact with any of your friends using social media?**

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

**\*J7. Considering only friends you feel close to, how many friends do you have contact with at least once a month?**

**J8. Now, thinking about your friends, how much...**

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

**Still thinking about your friends, how often...**

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

**J9. How often do any friends, relatives, or coworkers turn to you for advice or help with a personal or practical problem they have?**

- ☐ Never  
☐ Less than once a month  
☐ Once or twice a month  
☐ Three or four times a month  
☐ A couple of times a week  
☐ More often than a couple of times a week

**J10. How often do you turn to a friend, relative, or coworker for advice or help with a personal or practical problem you have?**

- ☐ Never  
☐ Less than once a month  
☐ Once or twice a month  
☐ Three or four times a month  
☐ A couple of times a week  
☐ More often than a couple of times a week

**J11. In the past 12 months, did your spouse/partner, parents, or children have...**

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

## Section K: Children

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

**K1. Do you currently have any living children, whether biological, step, or adopted?**

☐ Yes

☐ No → Go to Section L

**K2. Using a scale from 0 to 10 where 0 means “the worst possible relationship” and 10 means “the best possible relationship,” how would you rate your overall relationship with your children these days?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**K3. Looking back ten years ago, how would you rate your overall relationship with your children at that time using the same 0 to 10 scale?**

☐ Not applicable—no children 10 years ago

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**K4. Looking ahead ten years into the future, what do you expect your overall relationship with your children will be like at that time?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**K5. Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control,” how would you rate the amount of control you have over your overall relationship with your children these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**K6. Using a 0 to 10 scale where 0 means “no thought or effort” and 10 means “very much thought and effort,” how much thought and effort do you put into your overall relationship with your children these days?**

None

Very much

0 1 2 3 4 5 6 7 8 9 10

**K7. In general, to what degree are the following statements true of you?**

	Not at all true	A little bit true	Moderately true	Extremely true
a. I feel good about the opportunities I have been able to provide for my children.	1	2	3	4
b. It seems to me that family life with my children has been more negative than most people's.	1	2	3	4
c. Problems with my children have caused me shame and embarrassment at times.	1	2	3	4
d. As a family, we have not had the resources to do many fun things together with the children.	1	2	3	4
e. I believe I have been able to do as much for my children as most other people.	1	2	3	4
f. I feel a lot of pride about what I have been able to do for my children.	1	2	3	4

**K8. Next, we are interested in how having children may have changed your and/or your spouse's work situation. If you did not have a spouse or partner at any time during the years you raised children, check “No spouse or partner while raising children” for those questions.**

**Since having children did either you or your spouse/partner ...**

	You		Your spouse/partner	
	Yes	No	<input type="checkbox"/> No spouse or partner while raising children	
a. ...stop working at a job to stay home and care for the children?	1	2	1	2
b. ...cut back on the number of hours worked at a job to care for the children?	1	2	1	2
c. ...work longer hours to meet the added expenses of having children?	1	2	1	2
d. ...switch to a different job that was less demanding or more flexible to be more available to the children?	1	2	1	2

**K9. Do you currently have children 13 years old or younger living in your household?**

☐ Yes

☐ No → Go to Section L



**K10. In the past three months, how many days did you change or drop your normal schedule to stay home or to make different arrangements for childcare when a child was ill, or the usual caregiver was not available, or a day care center or school was closed? (Your best estimate is fine. If this did not happen in the past three months, enter "0".)**

Days in the past three months

**K11. In the past three months, how many days did your spouse or partner change or drop his or her normal schedule for the same reason? (If none, or if you have no spouse or partner, please enter "0".)**

Days in the past three months

**K12. During this current or most recent school year, to what extent has providing child care coverage been a serious or stressful problem for you?**

- ☐ Very serious/stressful
- ☐ Somewhat serious/stressful
- ☐ A little serious/stressful
- ☐ Not at all serious/stressful

**K13. Now think about last Summer, to what extent was providing child care coverage a serious or stressful problem for you when your children were not in school?**

- ☐ Very serious/stressful
- ☐ Somewhat serious/stressful
- ☐ A little serious/stressful
- ☐ Not at all serious/stressful

## Section L: Marriage or Close Relationship

**L1. Are you currently married, or living with a partner in a marriage-like relationship?**

☐ Yes

☐ No → Go to Section M

**L2. Using a scale from 0 to 10 where 0 means “the worst possible marriage or close relationship” and 10 means “the best possible marriage or close relationship,” how would you rate your marriage or close relationship these days?**

**Worst**

0      1      2      3      4      5      6      7      8      9      10

**Best**

**L3. Looking back ten years ago, how would you rate your marital or close relationship situation at that time using the same 0 to 10 scale?**

☐ Not applicable—no relationship 10 years ago

**Worst**

0      1      2      3      4      5      6      7      8      9      10

**Best**

**L4. Looking ahead ten years into the future, what do you expect your marriage or close relationship will be like at that time?**

**Worst**

0      1      2      3      4      5      6      7      8      9      10

**Best**

**L5. Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control,” how would you rate the amount of control you have over your marriage or close relationship these days?**

**None**

0      1      2      3      4      5      6      7      8      9      10

**Very much**

**L6. Using a 0 to 10 scale where 0 means “no thought or effort” and 10 means “very much thought and effort,” how much thought and effort do you put into your marriage or close relationship these days?**

**None**

0      1      2      3      4      5      6      7      8      9      10

**Very much**



**L7. How would you describe your relationship?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**L8. During the past year, how often have you thought your relationship might be in trouble?**

- ☐ Never
- ☐ Once
- ☐ A few times
- ☐ Most of the time
- ☐ All of the time

**L9. It is always difficult to predict what will happen in a relationship, but realistically, what do you think the chances are that you and your partner will eventually separate?**

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not very likely
- ☐ Not likely at all

**L10. Couples often disagree about a lot of issues in life. How much do you and your spouse or partner disagree about...**

	A lot	Some	A little	Not at all
a. ...money matters, such as how much to spend, save or invest?	1	2	3	4
b. ...household tasks, such as what needs doing and who does it?	1	2	3	4
c. ...leisure time activities, such as what to do and with whom?	1	2	3	4

**L11. How often do you and your spouse or partner have a really good talk about something important to you?**

- ☐ At least once a day
- ☐ A few times a week
- ☐ Once a week
- ☐ A few times a month
- ☐ Less often than that

*The next several questions are about your spouse/partner. Please circle the appropriate number for each item.*

**L12. Thinking about your spouse or partner, how much...**

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

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

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

*Running a household involves a lot of chores like cooking, shopping, laundry, cleaning, yard work, repairs, and paying bills. Couples vary in who does these things. The next question asks about how you split these chores. IF you have children, please do not count childrearing tasks such as bathing them, taking them places, or helping them with their homework, but do include chores like doing their laundry, washing their dishes, or cooking for them.*

**L13. Overall, do you do more of such chores, does your spouse or partner do more of them, or do you split them equally?**

- ☐ You do a lot more than your spouse
- ☐ You do somewhat more than your spouse
- ☐ You do a little more than your spouse
- ☐ Chores are split equally
- ☐ Your spouse does a little more than you
- ☐ Your spouse does somewhat more than you
- ☐ Your spouse does a lot more than you

**L14. In a typical week, about how many hours do you generally spend doing household chores? (If none, please enter "0".)**

Hours per week

**L15. In a typical week, about how many hours does your spouse/partner spend doing household chores? (If none, please enter "0".)**

Hours per week

**L16. How fair do you think this arrangement of household chores is to you?**

- ☐ Very fair
- ☐ Somewhat fair
- ☐ Somewhat unfair
- ☐ Very unfair

**L17. How fair do you think this arrangement of household chores is to your spouse or partner?**

- ☐ Very fair
- ☐ Somewhat fair
- ☐ Somewhat unfair
- ☐ Very unfair

**L18. How much do you agree or disagree with the following statements?**

	Agree strongly	Agree somewhat	Agree a little	Neither agree nor disagree	Disagree a little	Disagree somewhat	Disagree strongly
a. My partner and I are a team when it comes to making decisions.	1	2	3	4	5	6	7
b. Things turn out better when I talk things over with my partner.	1	2	3	4	5	6	7
c. I don't make plans for the future without talking it over with my partner.	1	2	3	4	5	6	7
d. When I have to make decisions about medical, financial, or family issues, I ask my partner for advice.	1	2	3	4	5	6	7

**L19. How would you describe your spouse's or partner's overall physical health at the present time?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**L20. How would you describe your spouse's or partner's overall mental or emotional health at the present time?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**L21. Is your spouse or partner currently working for pay, either full-time or part-time?**

- ☐ Yes
- ☐ No → **Go to Section M**

**L22. About how many hours does your spouse or partner work for pay in an average week on his or her main job?**

Hours

**L23. In an average week, about how many hours does your spouse or partner work for pay at any other jobs?**

Hours

**L24. In an average week, how often does your spouse or partner work...**

	4 or more times per week	2 to 3 times per week	Once a week	1 to 3 times per month	Less than once a month or never
a. ...days, any time between 7:00 am and 5:00 pm?	1	2	3	4	5
b. ...evenings, any time between 7:30 pm and 9:30 pm?	1	2	3	4	5
c. ...nights, any time between 9:30 pm and 4:30 am, or overnight, including being away overnight for work-related travel?	1	2	3	4	5
d. ...weekends, any time Saturday or Sunday? (working both days counts as twice a week)	1	2	3	4	5

**L25. At what time of day does he or she usually begin work at his or her main job?**

A.M. / P.M. / Midnight / Noon *(Please circle one.)*

**L26. At what time of day does he or she usually end work at his or her main job?**

A.M. / P.M. / Midnight / Noon *(Please circle one.)*

**L27. How long does it usually take your spouse or partner, round-trip, to get to and from work? (If he or she works at home, enter "0".)**

Hours

Minutes

**L28. If your spouse or partner wanted to stay in his or her present job, what do you think the chances are that he or she could keep it for the next two years?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

## Section M: Sexuality

**M1. Using a scale from 0 to 10 where 0 means “the worst possible situation” and 10 means “the best possible situation,” how would you rate the sexual aspect of your life these days?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**M2. Looking back ten years ago, how would you rate the sexual aspect of your life at that time using the same 0 to 10 scale?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**M3. Looking ahead ten years into the future, what do you expect the sexual aspect of your life will be like at that time?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**M4. Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control,” how would you rate the amount of control you have over the sexual aspect of your life these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**M5. Using a 0 to 10 scale where 0 means “no thought or effort” and 10 means “very much thought and effort,” how much thought and effort do you put into the sexual aspect of your life these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**M6. How would you describe your sexual orientation? Would you say you are primarily heterosexual (sexually attracted only to the opposite sex), homosexual (sexually attracted only to your own sex), or bisexual (sexually attracted to both men and women)?**

- ☐ Heterosexual
- ☐ Homosexual
- ☐ Bisexual

**M7. Over the past year, have you had any sexual partners?**

☐ Yes

☐ No → Go to Section N



**M8. Over the past year, how many sex partners have you had?**

☐ One

☐ Two

☐ Three

☐ Four

☐ Five

☐ Six or more

**M9. Over the past six months, on average, how often have you had sex with someone?**

☐ Two or more times a week

☐ Once a week

☐ Two or three times a month

☐ Once a month

☐ Less often than once a month

☐ Never or not at all

**M10. To what extent would you say that sexual expression is an important part of your relationship(s)?**

☐ A lot

☐ Some

☐ A little

☐ Not at all

**M11. To what extent would you say that your sexual relationship(s) include emotional intimacy?**

☐ A lot

☐ Some

☐ A little

☐ Not at all

**M12. How often do you experience pain or discomfort in your sexual interactions?**

☐ Never

☐ Some of the time

☐ Most of the times

☐ Always

**M13. How often do you experience pleasure in your sexual interactions?**

- ☐ Never
- ☐ Some of the time
- ☐ Most of the times
- ☐ Always



## Section N: Religion and Spirituality

**N1. What is your religious preference?** *(Please check up to three (3) choices.)*

- |   |  |
|---|--|
| <input type="checkbox"/> No religious preference  | <input type="checkbox"/> Catholic, Roman                     |
| <input type="checkbox"/> Agnostic   | <input type="checkbox"/> Catholic, Ukrainian                 |
| <input type="checkbox"/> Atheist  | <input type="checkbox"/> Orthodox (Russian, Greek, Serbian)  |
| <input type="checkbox"/> Protestant, interdenominational (if you go to two or more protestant churches) | <input type="checkbox"/> Catholic (all others)               |
| <input type="checkbox"/> Protestant, no denomination  | <input type="checkbox"/> Jewish Orthodox                     |
| <input type="checkbox"/> Apostolic  | <input type="checkbox"/> Jewish Conservative                 |
| <input type="checkbox"/> Assembly of God  | <input type="checkbox"/> Jewish Reform                       |
| <input type="checkbox"/> Baptist (all types)  | <input type="checkbox"/> Jewish Reconstructionist            |
| <input type="checkbox"/> Born-Again Christian   | <input type="checkbox"/> Jewish (all others)                 |
| <input type="checkbox"/> Brethren   | <input type="checkbox"/> Buddhist (all types, including Zen) |
| <input type="checkbox"/> Disciples of Christ/Christian Church   | <input type="checkbox"/> Hindu                               |
| <input type="checkbox"/> Christian Reformed   | <input type="checkbox"/> Muslim                              |
| <input type="checkbox"/> Church of God  | <input type="checkbox"/> Rastafarian                         |
| <input type="checkbox"/> Congregational   | <input type="checkbox"/> Other, please specify:              |
| <input type="checkbox"/> Episcopalian or Anglican/Church of England                                     | <div></div>  |
| <input type="checkbox"/> Evangelical  |  |
| <input type="checkbox"/> Holiness   |  |
| <input type="checkbox"/> Jehovah's Witness  |  |
| <input type="checkbox"/> Lutheran   |  |
| <input type="checkbox"/> Mennonite  |  |
| <input type="checkbox"/> Methodist (all types, including United Brethren)                               |  |
| <input type="checkbox"/> Mormon, Latter Day Saints  |  |
| <input type="checkbox"/> Nazarene   |  |
| <input type="checkbox"/> Pentecostal  |  |
| <input type="checkbox"/> Presbyterian   |  |
| <input type="checkbox"/> Quaker, Society of Friends   |  |
| <input type="checkbox"/> Salvation Army   |  |
| <input type="checkbox"/> Sanctified   |  |
| <input type="checkbox"/> Seventh Day Adventist  |  |
| <input type="checkbox"/> Spiritual  |  |
| <input type="checkbox"/> Unitarian  |  |
| <input type="checkbox"/> United Church of Christ  |  |
| <input type="checkbox"/> Protestant, other. Please specify:   |  |

*The next questions are about being religious and being spiritual.*

**N2. Please think about what the words “religious” and “spiritual” mean to you and answer these questions with those meanings in mind.**

	Very	Somewhat	Not very	Not at all
a. How religious are you?	1	2	3	4
b. How spiritual are you?	1	2	3	4
c. How important is religion in your life?	1	2	3	4
d. How important is spirituality in your life?	1	2	3	4
e. How important is it for you—or would it be if you had children now—to send your children for religious or spiritual services or instruction?	1	2	3	4
f. How closely do you identify with being a member of your religious group?	1	2	3	4
g. How much do you prefer to be with other people who are the same religion as you?	1	2	3	4
h. How important do you think it is for people of your religion to marry other people who are the same religion?	1	2	3	4
i. How important is it for you to celebrate or practice on religious holidays with your family, friends, or members of your religious community?	1	2	3	4

**N3. Within your religious or spiritual tradition, how often do you...**

	Once a day or more	A few times a week	Once a week	1-3 times per month	Less than once per month	Never
a. ...pray in private?	1	2	3	4	5	6
b. ...meditate or chant?	1	2	3	4	5	6
c. ...read the Bible or other religious literature?	1	2	3	4	5	6
d. ...attend religious or spiritual services?	1	2	3	4	5	6
e. ...attend/participate in church/temple activities? (e.g., dinners, volunteer work, church related organizations)	1	2	3	4	5	6

**N4. Which of the following do you believe: that it is good to explore many different religious or spiritual teachings, or that one should stick to a particular faith?**

- ☐ Explore different teachings
- ☐ Stick to one faith
- ☐ Neither

**N5. Do you consider yourself to be a Christian?**

☐ Yes

☐ No → Go to question N8

**N6. Have you been “born again,” that is, had a turning point in your life when you committed yourself to Jesus Christ?**

☐ Yes

☐ No

**N7. Please tell us how much you agree or disagree with the following statement: “The Bible is the actual Word of God and is to be taken literally, word for word.”**

☐ Strongly agree

☐ Somewhat agree

☐ Neither agree nor disagree

☐ Somewhat disagree

☐ Strongly disagree

**N8. Do you have a religious community or congregation?**

☐ Yes

☐ No → Go to question N10

*The next questions are about your religious community.*

**N9. Thinking about your religious community, how much...**

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

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

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

**N10. Think about how you try to understand and deal with major problems in your life. Please answer the following questions according to the way you cope.**

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

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

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

**N11. On a daily basis, how often do you experience ...**

	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
<b>a.</b> ...a feeling of deep inner peace or harmony?	1	2	3	4
<b>b.</b> ...a feeling of being deeply moved by the beauty of life?	1	2	3	4
<b>c.</b> ...a feeling of strong connection to all life?	1	2	3	4
<b>d.</b> ...a sense of deep appreciation?	1	2	3	4
<b>e.</b> ...a profound sense of caring for others?	1	2	3	4

**N12. In the following items, please indicate how much you agree or disagree.**

<b>Because of your religion or spirituality, do you try to be...</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>a.</b> ...more engaged in the present moment.	1	2	3	4	5
<b>b.</b> ...more sensitive to the feelings of others.	1	2	3	4	5
<b>c.</b> ...more receptive to new ideas.	1	2	3	4	5
<b>d.</b> ...a better listener.	1	2	3	4	5
<b>e.</b> ...a more patient person.	1	2	3	4	5
<b>f.</b> ...more aware of small changes in my environment.	1	2	3	4	5
<b>g.</b> ...more tolerant of differences.	1	2	3	4	5
<b>h.</b> ...more aware of different ways to solve problems.	1	2	3	4	5
<b>i.</b> ...more likely to perceive things in new ways.	1	2	3	4	5

## Section P: Discrimination

**P1. In each of the following, indicate how many times in your life you have been discriminated against because of race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics. (If the experience happened to you, but for some reason other than discrimination, enter "0".)**

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

**P2. How often on a day-to-day basis do you experience each of the following types of discrimination?**

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

**P3. Did you have any of the discriminatory experiences described in the previous questions?**

☐ Yes

☐ No → Go to Section Q

**P4. What was the main reason or reasons for the discrimination you experienced? (*Check all that apply.*)**

☐ Your age

☐ Your gender

☐ Your race

☐ Your ethnicity or nationality

☐ Your religion

☐ Your height or weight

☐ Some other aspect of your appearance

☐ A physical disability

☐ Your sexual orientation

\* ☐ Your occupation

\* ☐ Your financial status

\* ☐ Your education

☐ Some other reason for discrimination. Please specify:

**P5. Overall, how much has discrimination interfered with you having a full and productive life?**

☐ A lot

☐ Some

☐ A little

☐ Not at all

**P6. Overall, how much harder has your life been because of discrimination?**

☐ A lot

☐ Some

☐ A little

☐ Not at all

## Section Q: Life Overall

**Q1. Using a scale from 0 to 10 where 0 means “the worst possible life overall” and 10 means “the best possible life overall,” how would you rate your life overall these days?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**Q2. Looking back ten years ago, how would you rate your life overall at that time using the same 0 to 10 scale?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**Q3. Looking ahead ten years into the future, what do you expect your life overall will be like at that time?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10

**Q4. Using a 0 to 10 scale where 0 means “no control at all” and 10 means “very much control,” how would you rate the amount of control you have over your life overall these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**Q5. Using a 0 to 10 scale where 0 means “no thought or effort” and 10 means “very much thought and effort,” how much thought and effort do you put into your life overall these days?**

**None**

**Very much**

0      1      2      3      4      5      6      7      8      9      10

**Q6. Using a 0 to 10 scale where 0 means “the worst possible day overall” and 10 means “the best possible day overall,” how would you rate your day today?**

**Worst**

**Best**

0      1      2      3      4      5      6      7      8      9      10