

ICPSR 2760

## **National Survey of Midlife Development in the United States (MIDUS), 1995-1996**

Documentation of Scales and Constructed  
Variables in MIDUS 1

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# **National Survey of Midlife Development in the United States (MIDUS), 1995-1996**

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**DOCUMENTATION**  
  
**Of**  
  
**SCALES**  
  
**and**  
  
**CONSTRUCTED VARIABLES**  
  
**in**  
  
**MIDUS 1**

University of Wisconsin ♦ Institute on Aging  
June, 2009

## INTRODUCTION

This document is intended as a basic reference for psychosocial scales in the MIDUS 1 data set. The document provides comprehensive information regarding scale construction and usage of the scales. It combines, updates, and extends two earlier documents regarding MIDUS 1 data: “*Source and Psychometric Information on Key Psychosocial Constructs*” and “*Additional Scales Constructed from The Midlife Development Inventory*.” In addition, this new document incorporates information from the „Scales.txt” file which describes the SAS program codes for constructed variables.

For each scale, items used to construct the scale, coding, and methods of scale construction are described. Information regarding psychometric properties, source articles, published studies that use the scale, and other important notes are also included. For discussion on how missing data was dealt with, refer to the „Scales.txt” file.

For each scale included in this document, the variable name used for that scale is presented in brackets with uppercase letters (e.g., [A1PDEPRE] for depression). Scales that are not in the data set, but have been constructed by users of the data, are referred to in accompanying notation. Cronbach’s alpha reliability coefficient is reported for most scales. Alpha reliability coefficients are based on the Main RDD sample (N=3,032) from the „Main\_mg Revised 030104.por” file, unless otherwise specified. Note that alpha reliability coefficients are not reported when scale construction involved categorical responses.

For most scales, an item with a missing value was replaced with the Respondent’s mean value of the items with valid values. When there were no valid items, the scale score was coded as „missing.” Other ways of handling missing data may include (1) imputing a mean value for items with missing values only if the number of missing items is smaller than a pre-determined criterion (e.g., 25% of all items), or (2) calculating scale scores only for cases with no missing data. Preliminary analyses of a few selected scale scores indicated that statistical properties of the scale scores such as mean,

standard deviation, range, and/or skewness were not different among these three different methods of handling missing data.

“Sources” refer to articles, or other published studies that originally discussed the scale. There are a few scales for which sources could not be identified. In these cases, names of scholars who were listed under the “source of code” in the „Scales.txt“ file are listed. Additional information regarding the scales has been added in the “Notes” sections. This document will be periodically revised and updated as more information is gathered, and researchers continue to work with the MIDUS 1 data. If there are suggestions or comments, please contact Barry Radler ([bradler@wisc.edu](mailto:bradler@wisc.edu)). Moreover, if additional scales are constructed using these data, please contact us, so the work can be shared.

## TABLE OF CONTENTS

Depression (Phone, A60 – A77) .....	1
Generalized Anxiety Disorder (Phone, A85a – A85j) .....	5
Panic Attack [Panic Disorder] (Phone, A90a – A90f) .....	8
Life Satisfaction (SAQ, A1, I2, N1, P1, T1) .....	10
Somatic Amplification Scale (SAQ, A8a – A8e) .....	12
Positive and Negative Affect (SAQ, A13a – A13f, A15a – A15f) .....	14
Alcohol Screening Test (SAQ, A44a – A44e) .....	17
Parental Affection in Childhood (SAQ, E13 – E16m) .....	19
Conflict Tactics Inventory (SAQ, E17a – E17o) .....	24
Psychological Well-Being (SAQ, F1a – F1r) .....	26
Sense of Control (SAQ, F1s – F1dd) .....	31
Belief on Marriage and Family (SAQ, F2a – F2g) .....	35
Primary and Secondary Control (SAQ, F3a – F3n) .....	36
Planning and Making Sense of Past (SAQ, F3o – F3dd) .....	38
Seeking Social Support (SAQ, F3ee – F3kk) .....	40
Personality Traits (SAQ, F4a – F4dd) .....	42
Work to Family / Family to Work Spillover (SAQ, I27a – I27p) .....	46
Job Characteristics (SAQ, I28a – I30e) .....	49
Perceived Inequality in Work (SAQ, I31a – I31f) .....	53
Generativity Scale (SAQ, K6a – K6f) .....	54
Family Obligation (SAQ, K7a – K7h) .....	56
Social Responsibility [Community / Work] (SAQ, K7i – K7s) .....	58
Social Support (SAQ, K10a – K16d) .....	61
Social Well-being (SAQ, K17a – K17o) .....	66
Personal Beliefs on Neighborhood (SAQ, L5a – L5g) .....	69
Perceived Inequality in Home (SAQ, L5c – L5l) .....	70
Family Support and Strain (SAQ, M2 – M9) .....	71
Friend Support and Strain (SAQ, M11 – M18) .....	74
Perceived Inequality in Family (SAQ, N6a – N6f) .....	76
Marital Risk (SAQ, P7 – P9c) .....	78
Spouse/Partner Disagreement (SAQ, P9a – P9c) .....	79
Spouse/Partner Support and Strain (SAQ, P11 – P22) .....	80
Spouse/Partner Joint Decision making (SAQ, P28a – P28d) .....	83
Religiosity (SAQ, R2a – R2i, R5 – R6) .....	84
Perceived Discrimination (SAQ, S13a – S14i) .....	87
Prescription Medicine (SAQ, A10a – k).....	91



Vitamins and Supplements (SAQ, A11a -- e).....	92
Activity of Daily Living (SAQ, A17 b, g, a, c, d, e, f, h, i) .....	93
Dyspnea (SAQ, A22a -- d) .....	94
Body Indices (SAQ, A23, A24, A25, A27).....	95
Seeing Doctors and Mental Health Professionals (SAQ, A37a – d, A36a, c, d).....	96

## DEPRESSION

### Scales/Items:

#### Depressed Affect

**[A1PDEPAF]:** (continuous variable based on 7 items)

Items: - Telephone Questionnaire, Section A, Question A60-A66.

(During two weeks in past 12 months, when you felt sad, blue, or depressed, did you)

A60. "lose interest in most things?"

A61. "feel more tired out or low on energy than is usual?"

A62. "lose your appetite?"

A63. "have more trouble falling asleep than usual?"

A64. "have a lot more trouble concentrating than usual?"

A65. "feel down on yourself, no good, or worthless?"

A66. "think a lot about death?"

Coding: 1 Yes; 2 No

Scaling: [A1PDEPAF] was constructed by taking the number of "Yes" responses to the items.

**[A1PDEPAD]:** (dummy variable based on QA58, QA59, and [A1PDEPAF])

= 1 if : The feeling of being sad, blue, or depressed lasted "All day long" or "Most of the day" (A58), AND

: You feel this way "Everyday" or "Almost every day" (A59), AND

: [A1PDEPAF] is greater than or equal to "4."

= 0, otherwise.

## Anhedonia

**[A1PANHED]:** (continuous variable based on 7 items)

Items: 7 items - Telephone Questionnaire, Section A, Question A72 to A77.

(During two weeks in past 12 months, when you lost interest in most things, did you)

A72. “feel more tired out or low on energy than is usual”

A73. “lose your appetite”

A74. “have more trouble falling asleep than usual”

A75. “have a lot more trouble concentrating than usual”

A76. “feel down on yourself, no good, or worthless”

A77, “think a lot about death”.

Coding: 1 Yes; 2 No

Scaling: [A1PANHED] was constructed by taking the number of “Yes” responses to the items.

**[A1PANHDX]:** (dummy variable based on QA70, QA71, and [A1PANHED])

= 1 if : The loss of interest in most things lasted “All day long” or “Most of the day”

(A70), AND

: You feel this way “Everyday” or “Almost every day” (A71), AND

: [A1PANHED] is greater than or equal to “4.”

= 0 otherwise.

## Depression

**[A1PDEPRE]:** (continuous variable based on [A1PDEPAF] and [A1PANHED])

: ranging from 0 to 7

: = 0, if a respondent was diagnosed as negative for both depressed affect and

anhedonia: i.e., A1PDEPAD=0 and A1PANHDX=0.

**[A1PDEPDX]:** (dummy variable for depression)

= 1 if A1PDEPAD=1 or A1PANHDX=1

= 0 otherwise.

**Source(s):**

Wang, P. S., Berglund, P., & Kessler, R. C. (2000). Recent care of common mental disorder in the United States: Prevalence and conformance with evidence-based recommendations. *Journal of General Internal Medicine*, 15: 284-292.

**Studies using the scales:**

Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior*, 40, 208-230.

Kessler, R. C., Mickelson, K. D., Walters, E. E., Zhao, S., & Hamilton, L. (2004). Age and Depression in the MIDUS survey. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 227 - 251). Chicago: Univ. of Chicago Press.

Marmot, M. G., & Fuhrer, R. (2004). Socioeconomic position and health across midlife. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 64 - 89). Chicago: Univ. of Chicago Press.

**Additional References:**

American Psychiatric Association (1987). *Diagnostic and Statistical Manual of Mental Disorders*, 3<sup>rd</sup> edition. Washington, DC: American Psychiatric Association.

Blazer, D. G., Kessler, R. C., McGonagle, K. A., & Swartz, M. S. (1994). The prevalence and distribution of major depression in a national community sample: The National Comorbidity Survey. *American Journal of Psychiatry*, 151, 979-986.

Kessler, R. C., Andrews, A., Mroczek, D., Ustun, B., & Wittchen, H. U. (1998). The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, 7, 171-185.

Wittchen, H. U. (1994). Reliability and validity studies of the WHO Composite International Diagnostic Interview (CIDI): A critical review. *Psychiatric Research*, 28, 57-84.

World Health Organization (1990). *Composite International Diagnostic Interview, CIDI, Version 10*. Geneva: World Health Organization.

\* The above information is from: Kessler et al. (1999).

**Notes:**

- The disorder is based on the definitions and criteria specified in the third edition-revised of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R; 1987). A diagnosis of Major Depression requires of period of at least two weeks of either depressed mood or anhedonia most of the day, nearly every day, and a series of at least four other associated symptoms typically found to accompany depression, including problems with eating, sleeping, energy, concentration, feelings of self-worth, and suicidal thoughts or actions.
- Major Depression was operationalized in screening versions of the World Health Organization's (WHO) "Composite International Diagnostic Interview", Version 10 (CIDI) (WHO, 1990; Kessler et al., 1998).
- WHO Field Trials (Wittchen, 1994) and other methodological studies (Blazer et al., 1994) have documented good test-retest reliability and clinical validity of these CIDI diagnoses.

## GENERALIZED ANXIETY DISORDER

### Scales/Items:

#### Anxiety Disorder

**[A1PANXIE]:** (continuous variable based on 10 items)

Items: 10 items - Telephone Questionnaire, Section A, Question A85 (a - j).

(How often - over the past 12 months-, you)

- a. “were restless because of your worry”
- b. “were keyed up, on edge, or had a lot of nervous energy”
- c. “were irritable because of your worry”
- d. “had trouble falling asleep”
- e. “had trouble staying asleep because of your worry”
- f. “had trouble keeping your mind on what you were doing”
- g. “had trouble remembering things because of your worry”
- h. “were low on energy”
- i. “tired easily because of your worry”
- j. “had sore or arching muscles because of tension”

(pre-condition)

- A respondent answered s/he

: worries “A lot more” than most people (A80a), AND

: worried “Every day, Just about every day, or Most days” (A81), AND

: worries about “More than one thing” (A82), OR has different worries “At the same time”

(A82a)

Coding: 1 most days; 2 about half the days; 3 less than half the days; 4 never

Scaling: [A1PANXIE] was constructed by taking the number of “Most days” responses to the items.

**[A1PANXTD]:** (dummy variable based on [A1PANXIE])

= 1 if [A1PANXIE] greater than or equal to "3."

= 0 otherwise.

**Source(s):**

Wang, P. S., Berglund, P., & Kessler, R. C. (2000). Recent care of common mental disorder in the United States: Prevalence and conformance with evidence-based recommendations. *Journal of General Internal Medicine*, 15: 284-292.

**Studies using the scales:**

Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior*, 40, 208-230.

**Additional References:**

American Psychiatric Association (1987). *Diagnostic and Statistical Manual of Mental Disorders*, 3<sup>rd</sup> edition. Washington, DC: American Psychiatric Association.

Blazer, D. G., Kessler, R. C., McGonagle, K. A., & Swartz, M. S. (1994). The prevalence and distribution of major depression in a national community sample: The National Comorbidity Survey. *American Journal of Psychiatry*, 151, 979-986.

Kessler, R. C., Andrews, A., Mroczek, D., Ustun, B., & Wittchen, H. U. (1998). The World Health Organization Composite International Diagnostic Interview Short-Form (CIDI-SF). *International Journal of Methods in Psychiatric Research*, 7, 171-185.

Wittchen, H. U. (1994). Reliability and validity studies of the WHO Composite International Diagnostic Interview (CIDI): A critical review. *Psychiatric Research*, 28, 57-84.

World Health Organization (1990). *Composite International Diagnostic Interview, CIDI, Version 10*.

Geneva: World Health Organization.

\* The above information is from: Kessler et al. (1999).

**Notes:**

- The disorder is based on the definitions and criteria specified in the third edition-revised of the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R; 1987). A diagnosis of Major Depression requires of period of at least two weeks of either depressed mood or anhedonia most of the day, nearly every day, and a series of at least four other associated symptoms typically found to accompany depression, including problems with eating, sleeping, energy, concentration, feelings of self-worth, and suicidal thoughts or actions.
- GAD was operationalized in screening versions of the World Health Organization's (WHO) "Composite International Diagnostic Interview", Version 10 (CIDI) (WHO, 1990; Kessler et al., 1998).
- WHO Field Trials (Wittchen, 1994) and other methodological studies (Blazer et al., 1994) have documented good test-retest reliability and clinical validity of these CIDI diagnoses.



## PANIC ATTACK (PANIC DISORDER)

### Scales/Items:

**[A1PPANIC]:** (continuous variable based on 6 items)

Items: 6 items - Telephone Questionnaire, Section A, Question A90 (a - f).

(When you have attacks)

- a. "your heart pounds"
- b. "you have tightness, pain, or discomfort in your chest or stomach"
- c. "you sweat"
- d. "you tremble or shake"
- e. "you have hot flashes or chills"
- f. "you or things around you seem unreal"

(pre-condition)

: A respondents had a spell or an attack when they felt frightened... (A87 = YES), OR  
had a spell or an attack for no reason... (A87a = YES),

AND

: Attack happened when a respondent was NOT in danger or the center of attention  
(A89 = NO / Don't know)

Coding: 1 Yes; 2 No

Scaling: [A1PPANIC] was constructed by taking the number of "Yes" responses to the items.

**[A1PPANDX]:** (dummy variable based on [A1PPANIC])

= 1 if [A1PPANIC] greater than or equal to "3."

= 0 otherwise.

**Source(s):**

Wang, P. S., Berglund, P., & Kessler, R. C. (2000). Recent care of common mental disorder in the United States: Prevalence and conformance with evidence-based recommendations. *Journal of General Internal Medicine*, 15: 284-292.

**Studies using the scales:**

Ettner, S. L. (2000). The relationship between labor market outcomes and physical and mental health; Exogenous human capital or endogenous health production? *Research in Human Capital and Development*, 13. 1-31.

## **LIFE SATISFACTION (Domain Specific)**

### **Scales/Items:**

#### **Life Satisfaction [A1SSATIS]**

Items: 5 items - Self-Administered Questionnaire.

Section A, Question 1; Section I, Question 2; Section N, Question 1;

Section P, Question 1; Section T, Question 1

: For each item, respondents were asked to rate their life overall, work, health, relationship with spouse/partner, and relationship with children.

Coding: Each item was coded from 0 (the worst possible) to 10 (the best possible).

Scaling: The scores for relationship with spouse/partner and relationship with children were averaged to create one "item". Then, this score was used along with the remaining three items to calculate an overall mean score. Higher scores reflect higher levels of overall life satisfaction.

### **Psychometrics:** (based on the MIDUS RDD sample)

**Life Satisfaction:**  $\alpha = .67$

### **Source(s):**

Prenda, K. M. & Lachman, M. E. (2001). Planning for the future: A life management strategy for increasing control and life satisfaction in adulthood. *Psychology and Aging*, 16, 2, 206-216.

### **Studies using the scales:**

Fleeson, W. (2004). The quality of American life at the end of the century. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 252 - 272). Chicago: Univ. of Chicago Press.

**Note:**

- Life satisfaction (in specific domains) scale was not constructed in the data files, therefore it is not included in the codebook. The scaling method is an example of how other researchers have used the items.
- In Fleeson's study (2004), three additional domains of life satisfaction – finance, sexuality, and contributions to others – were included in the analysis.

## SOMATIC AMPLIFICATION SCALE

### **Scales/Items:**

#### **Somatic Amplification Scale [A1SAMPLI]**

Items: 5 items - Self-Administered Questionnaires, Section A; Question A8 (a – e)

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

Coding: 1 Not at all true; 2 A little bit true; 3 Moderately true; 4 Extremely true

Scaling: [A1SAMPLI] was constructed by calculating the mean of the items. Higher scores indicate greater levels of amplification.

### **Psychometrics:**

**Somatic Amplification Scale:** alpha = .55

### **Source(s):**

Barsky, A. J., Goodson, J. D., Lane, R. S., & Cleary P. D. (1988). The amplification of somatic symptoms. *Psychosomatic Medicine*.50 (5):510-9.

### **Studies using the scales:**

Keating, N. L., Cleary, P. D., Rossi, A. S., Zaslavsky, A. M., & Ayanian, J. Z. (1999). Use of hormone replacement therapy by postmenopausal women in the United States. *Annals of Internal Medicine*, 130, 545-553.

Cleary, P. D., Zaborski, L. B., & Ayanian, J. Z. (2004). Sex differences in health over the course of midlife. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 37 - 63). Chicago: Univ. of Chicago Press.

## POSITIVE AND NEGATIVE AFFECT

### **Scales/Items:**

#### **Positive Affect [A1SPOSAF]:**

Items: 6 items - Self-Administered Questionnaire, Section A, Question 15 (a - f)

(During the past 30 days, how much of the time did you feel...)

- a. "cheerful?"
- b. "in good spirits?"
- c. "extremely happy?"
- d. "calm and peaceful?"
- e. "satisfied?"
- f. "full of life?"

#### **Negative Affect [A1SNEGAF]:**

Items: 6 items - Self-Administered Questionnaire, Section A, Question 13 (a - f)

(During the past 30 days, how much of the time did you feel...)

- a. "so sad nothing could cheer you up?"
- b. "nervous?"
- c. "restless or fidgety?"
- d. "hopeless?"
- e. "that everything was an effort?"
- f. "worthless?"

Coding: 1 All of the time; 2 Most of the time; 3 Some of the time; 4 A little of the time;  
5 none of the time.

Scaling: [A1SPOSAF] and [A1SNEGAF] were constructed by calculating the mean across each set of items. Items were recoded so that higher scores reflect higher levels of positive/negative affect.

: The scales can be constructed by calculating the sum of the reverse-coded values of the items.

**Psychometrics:** (based on the MIDUS RDD sample)

**Positive Affect:**  $\alpha = .91$

**Negative Affect:**  $\alpha = .87$

**Source(s):**

Mroczek, D. K., & Kolarz, C. M. (1998). The effect of age on positive and negative affect: A developmental perspective on happiness. *Journal of Personality and Social Psychology*, 75, 5, 1333-1349.

**Additional References:**

- The Affect Balance Scale.

Bradburn, N. M. (1969). *The structure of psychological well-being*. Chicago: Aldine.

- The General Well-Being Schedule.

Fazio, A. (1977). A concurrent validation study of the NCHS General Well-Being Schedule. In *Vital and health statistics publication* (Series 2, No. 73). Washington, DC: U.S. Government Printing Office.

-The Center for Epidemiological Studies Depression Scale.

Radloff, L. S. (1977). The CES-D scales: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-405.



- The University of Michigan's Composite International Diagnostic Interview.

Kessler, R. C., MacGonagle, K. A., Zhao, S., Nelson, C. B., Hughes, M., Eshleman, S., Wittchen, H. U., & Kendler, K. S. (1994). Lifetime and 12-month prevalence of DSM-II-R psychiatric disorders in the United States. *Archives of General Psychiatry*, 51, 8-19.

- The Health Opinion Survey.

MacMillan, A. M. (1957). The Health Opinion Survey: Techniques for estimating prevalence of psychoneurotic and related types of disorder in communities. *Psychological Reports*, 3, 325-339.

-The Manifest Anxiety Scale.

Taylor, J. A. (1953). A personality scale of manifest anxiety. *Journal of Abnormal and Social Psychology*, 48, 285-290.

### **Studies using the scales:**

Grzywacz, J. G. (2000). Work-family spillover and health during midlife: Is managing conflict everything? *American Journal of Health Promotion*, 14, 236-243.

Keyes, C. L. M (2000). Subjective change and its consequences for emotional well-being. *Motivation and Emotion*, 24, 67-83.

Mroczek, D. K. (2004). Positive and negative affect at midlife. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 205 - 226). Chicago: Univ. of Chicago Press.

Walen, H. R., & Lachman, M. E. (2000). Social support and strain from partner, family, and friends: Costs and benefits for men and women in adulthood. *Journal of Social and Personal Relationships*, 17, 5-30.

## ALCOHOL SCREENING TEST

### Scales/Items:

#### Alcohol Screening Test

Items: 5 items - Self-Administered Questionnaire, Section A; Question 44 (a-e)

- a. "Were you ever, during the past 12 months, under the effects of alcohol or feeling its after-effects in a situation which increased your chances of getting hurt - such as when driving a car or boat, or using knives or guns or machinery?"
- b. "Did you ever, during the past 12 months, have any emotional or psychological problems from using alcohol -- such as feeling depressed, being suspicious of people, or having strange ideas?"
- c. "Did you ever, during the past 12 months, have such a strong desire or urge to use alcohol that you could not resist it or could not think of anything else?"
- d. "Did you have a period of a month or more during the past 12 months when you spent a great deal of time using alcohol or getting over its effects?"
- e. "Did you ever, during the past 12 months, 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?"

Coding: 1 Yes; 2 No

Scaling: A continuous variable of "Alcohol problems" can be constructed by taking the number of "Yes" responses to the items.

: A dichotomous variable of "No alcohol problems" can be constructed such as:

1: No alcohol problems (alcohol problems = 0)

0: Having alcohol problems (alcohol problems > 0)

**Psychometrics:**

**Alcohol Screening Test:**  $\alpha = .68$

**Sources:**

Grzywacz, J. G., & Marks, N. F. (1999). Family solidarity and health behaviors: Evidence from the National Survey of Midlife Development in the United States. *Journal of Family Issues*, 20, 2, 243-268.

**References:**

Selzer, M. L. (1971). The Michigan Alcohol Screening Test: The quest for a new diagnostic instrument. *American Journal of Psychiatry*, 127, 89-94.

**Note:**

- The alcohol screening test scale was not constructed in the data files, therefore it is not included in the codebook.

## PARENTAL AFFECTION IN CHILDHOOD

### Scales/Items

#### **Maternal Affection [A1SEMA]**

Items: 7 items - Self-Administered Questionnaires, Section E; Question E13, E14 (a - e), E14k.

E13. "How would you rate your relationship with your mother during the years you were growing up"\* – 1 Excellent, 2 Very good, 3 Good, 4 Fair, 5 Poor

E14 a. "How much did she understand your problems and worries?"

b. "How much could you confide in her about things that were bothering you?"

c. "How much love and affection did she give you?"

d. "How much time and attention did she give you when you needed it?"

e. "How much effort did she put into watching over you and making sure you had a good upbringing?"

k. "How much did she teach you about life?"

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all

Scaling: [A1SEMA] was constructed by calculating the mean of the seven items. Items were recoded so that higher scores reflect greater levels of maternal affect.

(\* The reverse coded value of this variable (E13) was multiplied by .75 factorial to maintain continuity with other variables – from SCALES.txt, p.101).

: The scale can be constructed by calculating the sum of the reverse coded values of the seven items.

#### **Maternal Discipline [A1SEMD]**

Items: 4 items - Self-Administered Questionnaires, Section E; Question E14 (f - i).

f. "How strict was she with her rules for you?"

g. "How consistent was she about the rules?"

- h. “How harsh was she when she punished you?”
- i. “How much did she stop you from doing things that other kids your age were allowed to do?”

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all

Scaling: [A1SEMD] was constructed by calculating the mean of the four items. Items were recoded so high scores reflect higher levels of maternal discipline.

: The scale can be constructed by calculating the sum of the reverse-coded values of the four items.

### **Maternal Model of Generosity [A1SMMOD]**

Items: 2 items - Self-Administered Questionnaires, Section E; Question E14 (l, m)

- l. “How generous and helpful was she to people outside the family?”
- m. “How sociable and friendly was she to people outside the family?”

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all

Scaling: [A1SMMOD] was constructed by calculating the mean of the two items. Items were recoded so that high scores reflect higher levels of maternal generosity.

: The scale can be constructed by calculating the sum of the reverse-coded values of the two items.

### **Paternal Affection [A1SEFA]**

Items: 7 items - Self-Administered Questionnaires, Section E; Question E15, E16 (a - e), E16k

E15 “How would you rate your relationship with your father during the years you were growing up\*” – 1 Excellent, 2 Very good, 3 Good, 4 Fair, 5 Poor

E16 a. “How much did he understand your problems and worries?”

- b. “How much could you confide in him about things that were bothering you?”
- c. “How much love and affection did he give you?”

- d. "How much time and attention did he give you when you needed it?"
- e. "How much effort did he put into watching over you and making sure you had a good upbringing?"
- k. "How much did he teach you about life?"

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all

Scaling: [A1SEFA] was constructed by calculating the mean of the seven items. Items were recoded so that high scores reflect higher levels of paternal affection.

(\*The reverse coded value of this variable (E15) is multiplied by .75 factorial to maintain continuity with other variables – from SCALES.txt, p.105.)

: The scale can be constructed by calculating the sum of the reverse-coded values of the seven items.

### **Paternal Discipline [A1SEFD]**

Items: 4 items - Self-Administered Questionnaires, Section E; Question E16 (f - i)

- f. "How strict was he with his rules for you?"
- g. "How consistent was he about the rules?"
- h. "How harsh was he when he punished you?"
- i. "How much did he stop you from doing things that other kids your age were allowed to do?"

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all

Scaling: [A1SEFD] was constructed by calculating the mean of the four items. Items were recoded so that high scores reflect higher levels of paternal discipline.

: The scale can be constructed by calculating the sum of the reverse-coded values of the four items.

### **Paternal Model of Generosity [A1SEFMOD]**

Items: 2 items from Self-Administered Questionnaires, Section E; Question E16 (l, m)

l. "How generous and helpful was he to people outside the family?"

m. "How sociable and friendly was he to people outside the family?"

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all.

Scaling: [A1SEFMOD] was constructed by calculating the mean of the two items. Items were recoded so that high scores reflect higher levels of paternal generosity.

: The scale can be constructed by calculating the sum of the reverse-coded values of the two items.

### **Parental Affection [A1SEMAPA]**

Scaling: [A1SEMAPA] was constructed from the mean of [A1SEMA] and [A1SEFA].

### **Psychometrics:**

**Maternal affection**: alpha = .91

**Maternal discipline**: alpha = .77

**Maternal mode of generosity**: alpha = .81

**Paternal affection**: alpha = .93

**Paternal discipline**: alpha = .83

**Paternal mode of generosity**: alpha = .87

**Parental affection**: alpha = .92

### **Source(s):**

Rossi, A. S. (2001). *Caring and doing for others: Social responsibility in the domains of family, work, and community*. Chicago: University of Chicago Press.

: Ch. 7. Developmental Roots of Adult Social Responsibility.

**Studies using the scales:**

Ryff, C. D., Singer, B. H., & Palmersheim, K. A. (2004). Social Inequalities in health and well-being: The role of relational and religious protective factors. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 90 - 123). Chicago: Univ. of Chicago Press.



## CONFLICT TACTICS INVENTORY

### **Scales/Items**

#### **Conflict Tactics Inventory:**

Items: 15 items from Self-Administered Questionnaires, Section E; Questions E17 (a – o)

(During your childhood, how often did your [mother / father / brothers / sisters / anybody else] do any of the things on list A, B, and C to you)

List A: / Insulted you or swore at you / Sulked or refused to talk to you

/ Stomped out of the room / Did or said something to spite you

/ Threatened to hit you / Smashed or kicked something in anger

List B: / Pushed, grabbed, or shoved you / Slapped you / Threw something at you

List C: / Kicked, bit, or hit you with a fist / Hit or tried to hit you with something

/ Beat you up / Chocked you / Burned or scalded you

### **Source(s):**

Straus, M. A., (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales.

*Journal of Marriage and Family*, 41, 75-88.

Straus, M. A., Hamby, S. L., Boney-McCoys., & Sugarman D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and Preliminary Psychometric Data. *Journal of family issues*. 17, 283-316

### **Studies using the scales:**

Ryff, C. D., Singer, B. H., & Palmersheim, K. A. (2004). Social Inequalities in health and well-being: The role of relational and religious protective factors. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 90 - 123). Chicago: Univ. of Chicago Press.

**Note:**

- The conflict tactics scale was not constructed in the data files, therefore it is not included in the codebook.
- The conflict tactics scale was developed by Murray Straus to measure strategies for handling conflict within the family (Straus 1979). This scale is widely used in research regarding family conflict. There have been many different versions of the CTS used in various studies.
- More information can be found at Straus's website: <http://www.unh.edu/frl/unpubpap.htm>

## PSYCHOLOGICAL WELL-BEING

### **Scales/Items:**

#### **Positive Relations with Others [A1SPWBR]:**

Items: 3 items - Self-Administered Questionnaire, Section F, Question 1 (f, m, p)

- f. "Maintaining close relationships has been difficult and frustrating for me."
- m. "People would describe me as a giving person, willing to share my time with others."(R)
- p. "I have not experienced many warm and trusting relationships with others."

#### **Self-Acceptance [A1SPWBS]:**

Items: 3 items -Self-Administered Questionnaire, Section F, Question 1 (a, b, e)

- a. "I like most parts of my personality." (R)
- b. "When I look at the story of my life, I am pleased with how things have turned out so far." (R)
- e. "In many ways I feel disappointed about my achievements in life."

#### **Autonomy [A1SPWBA]:**

Items: 3 items - Self-Administered Questionnaire, Section F, Question 1 (o, q, r)

- o. "I tend to be influenced by people with strong opinions."
- q. "I have confidence in my own opinions, even if they are different from the way most other people think." (R)
- r. "I judge myself by what I think is important, not by the values of what others think is important." (R)

### **Personal Growth [A1SPWBG]:**

Items: 3 items - Self-Administered Questionnaire, Section F, Question 1 (k, l, n)

- k. "For me, life has been a continuous process of learning, changing, and growth." (R)
- l. "I think it is important to have new experiences that challenge how I think about myself and the world." (R)
- n. "I gave up trying to make big improvements or changes in my life a long time ago."

### **Environmental Mastery [A1SPWBE]:**

Items: 3 items - Self-Administered Questionnaire, Section F, Question 1 (d, h, i)

- d. "The demands of everyday life often get me down."
- h. "In general, I feel I am in charge of the situation in which I live." (R)
- i. "I am good at managing the responsibilities of daily life." (R)

### **Purpose in Life [A1SPWBU]:**

Items: 3 items - Self-Administered Questionnaire, Section F, Question 1 (c, g, j)

- c. "Some people wander aimlessly through life, but I am not one of them." (R)
- g. "I live life one day at a time and don't really think about the future."
- j. "I sometimes feel as if I've done all there is to do in life."

Coding: 1 Strongly agree; 2 Somewhat agree; 3 A little Agree; 4 Don't know;

5 A little disagree; 6 Somewhat disagree; 7 Strongly disagree.

Scaling: [A1SPWBR], [A1SPWBS], [A1SPWBA], [A1SPWBG], [A1SPWBE], and [A1SPWBU], were constructed by calculating the **sum** of each set of items. When an item was missing, a mean value of the remaining items was imputed in calculating the sum score. Positive items were reverse-recoded, so that higher scores reflect greater levels of well-being.

**Psychometrics:** (based on the MIDUS RDD sample)

**Positive Relations with Others:** alpha = .58

**Self-Acceptance:** alpha = .59

**Autonomy:** alpha = .48

**Personal Growth:** alpha = .55

**Environmental Mastery:** alpha = .52

**Purpose in Life:** alpha = .36

**Source(s):**

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology* 57, 1069-1081.

**Additional References:**

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69, 4, 719-727.

**Studies using the scales:**

Carr, D. (2004). Psychological well-being across three cohorts: A response to shifting work-family opportunities and expectations? In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 452 - 484). Chicago: Univ. of Chicago Press.

Horton, R. & Shweder, R. A. (2004). Ethnic conservatism, psychological well-being, and the downside of mainstreaming: Generational differences. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 373 - 397). Chicago: Univ. of Chicago Press.

- used Chicago and New York oversample of Hispanic population.

- Kessler, R. C., Gilman, S. E., Thornton, L. M., & Kendler, K. S. (2004). Health, well-being, and social responsibility in the MIDUS twin and sibling subsamples. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 124 - 152). Chicago: Univ. of Chicago Press.
- Keyes, C. L. M., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology* 82, 1007-1022.
- Maier, E. H., & Lachman, M. E. (2000). Consequences of early parental loss and separation for health and well-being in midlife. *International Journal of Behavioral Development*, 24, 183-189.
- Marmot, M. G., & Fuhrer, R. (2004). Socioeconomic position and health across midlife. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 64-89). Chicago: Univ. of Chicago Press.
- Ryff, C. D., Keyes, C. L. M., & Hughes, D. L. (2004). Psychological well-being in MIDUS: Profiles of ethnic/racial diversity and life-course uniformity. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 398 - 422). Chicago: Univ. of Chicago Press.
- Ryff, C. D. & Singer, B. (1998). Middle age and well-being. *Encyclopedia of Mental Health*, 2. 707-719.
- Ryff, C. D., Singer, B. H., & Palmersheim, K. A. (2004). Social Inequalities in health and well-being: The role of relational and religious protective factors. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 90 - 123). Chicago: Univ. of Chicago Press.
- Staudinger, U. M., Fleeson, W. & Baltes, P. B. (1999). Predictors of subjective physical health and global well-being: Similarity and differences between the United States and Germany. *Journal of Personality and Social Psychology* 76, 305-319.

**Notes:**

- The six dimensions of psychological well-being were generated from the multiple theoretical accounts of positive functioning. In the initial validation study (Ryff, 1989), each dimension was operationalized with a 20-item scale (that showed high internal consistency and test-retest reliability as well as convergent and discriminant validity with other measures). To accommodate time and cost restrictions of a national survey, only 3 of the original 20 items were chosen to measure each construct. Because all parent scales had multifactorial structures, items were selected from subfactors within each longer scale to maximize the conceptual breadth of the shortened scales. The shortened scales correlated from .70 to .89 with 20-item parent scales (Ryff & Keyes, 1995).

## SENSE OF CONTROL

### **Scales/Items:**

#### **Personal Mastery [A1SMASTE]:**

Items: 4 items - Self-Administered Questionnaire, Section F, Question 1 (u, x, z, dd)

- u. "I can do just about anything I really set my mind to."
- x. "When I really want to do something, I usually find a way to succeed at it."
- z. "Whether or not I am able to get what I want is in my own hands."
- dd. "What happens to me in the future mostly depends on me."

#### **Perceived Constraints [A1SCONST]:**

Items: 8 items - Self-Administered Questionnaire, Section F, Question 1 (s, t, v, w, y, aa, bb, cc)

- s. "There is little I can do to change the important things in my life."
- t. "I often feel helpless in dealing with the problems of life."
- v. "Other people determine most of what I can and cannot do."
- w. "What happens in my life is often beyond my control."
- y. "There are many things that interfere with what I want to do."
- aa. "I have little control over the things that happen to me."
- bb. "There is really no way I can solve the problems I have."
- cc. "I sometimes feel I am being pushed around in my life."

Coding: 1 Strongly agree; 2 Somewhat agree; 3 A little agree; 4 Don't know;

5 A little disagree; 6 Somewhat disagree; 7 Strongly disagree.

Scaling: [A1SMASTE] and [A1SCONST] were constructed by calculating the mean across each set of items. Items were recoded so that high scores reflect higher standing in each dimension.



: The scales can be constructed by calculating the sum of the reverse-coded values of the items.

**Perceived Control (combined scale A1SCTRL):**

Items: 12-item scale combining the 4 “personal mastery” items and the 8 “perceived constraints” items.

Scaling: Scale score can be constructed by calculating the mean of the 12 items. Items from “personal mastery” need to be reverse-coded so that higher scores represent higher levels of the overall perceived control.

**Psychometrics:**

**Personal Mastery:** alpha = .70 (Lachman & Weaver, 1998a)

**Perceived Constraints:** alpha = .86 (Lachman & Weaver, 1998a)

**Perceived Control (combined scale):** alpha = .85 (Prenda & Lachman, 2001)

**Source(s):**

Lachman, M. E., & Weaver, S. L. (1998a). The sense of control as a moderator of social class differences in health and well-being. *Journal of Personality and Social Psychology*, 74, 763-773.

**Additional References:**

Bandura, A. (1977). *Self-efficacy: The exercise of control*. New York: Freeman.

Lachman, M. E. (1986). Locus of control and aging research: A case for multidimensional and domain-specific assessment. *Psychology and Aging*, 1, 34-40.

Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior* 19, 2-21.

Skinner, E. A. (1996). A guide to constructs of control. *Journal of Personality and Social Psychology*, 71, 549-570.

### **Studies using the scales:**

Ettner, S. L. & Gryzwacz, J. S. (2001). Worker's perception of how jobs affect health: A Social ecological perspective. *Journal of Occupational Health Psychology*, 6, 101-113.

Lachman, M. E., & Prenda Firth, K. M. (2004). The adaptive value of feeling in control during midlife. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 320 - 349). Chicago: Univ. of Chicago Press.

Lachman, M. E., & Weaver, S. L. (1998b). Sociodemographic variations in the sense of control by domain: Findings from the MacArthur Studies of Midlife. *Psychology and Aging*, 13, 553-562.

Prenda, K. M., & Lachman, M. E. (2001). Planning for the future: A life management strategy for increasing control and life satisfaction in adulthood. *Psychology and Aging*, 16, 206-216.

Soederberg Miller, L. M. & Lachman, M. E. (2000). Cognitive performance and the role of control beliefs in midlife. *Aging, Neuropsychology, and Cognition*, 7: 69-85.

### **Notes:**

- The mastery items consist of 2 items (z, and dd) from Pearlin and Schooler's (1978) Mastery Scale, and 2 items (u, and x) created by Lachman and Weaver (1998).
- The perceived constraints scale consists of 5 items (s, t, aa, bb, and cc) from Pearlin and Schooler's Mastery Scale, and 3 items (v, w, and y) created by Lachman and Weaver (1998).
- The sense of control was operationalized with two dimensions: personal mastery and perceived constraints. Personal mastery refers to one's sense of efficacy or effectiveness in carrying out goals. Perceived constraints indicates to what extent one believes there are obstacles or factors beyond one's control that interfere with reaching goals. These dimensions are consistent with Skinner's (1996) two-fold conceptualization of control as comprised of competence and

contingency. Some researchers have advocated the use of domain-specific measures of control to maximize the likelihood of finding relationships in a given domain (e.g., Bandura, 1997; Lachman, 1986), however, because there were multiple domains in the study (health and psychological well-being), the use of generalized control measures was deemed more appropriate. Moreover, if the relationships with health and well-being were found by using the generalized measures, this would be even more compelling than with domain-specific measures.

## **BELIEF ON MARRIAGE AND FAMILY**

### **Scales/Items**

#### **Values on Marriage and Family [A1SFAM]:**

Items: 4 items - Self-Administered Questionnaires, Section F; Questions F2a, F2 (e – g)

- a. “Women can have full and happy lives without marrying”
- e. “Men can have full and happy lives without marrying”
- f. “Women can have full and happy lives without having any children”
- g. “Men can have full and happy lives without having any children”

Coding: 1 Strongly agree; 2 Somewhat agree; 3 A little agree; 4 Don’t know;  
5 A little disagree; 6 Somewhat disagree; 7 Strongly disagree.

Scaling: [A1SFAM] was constructed by calculating the mean of four items. Items were recoded so that high scores reflect higher value placed on not being married and not having children.

### **Psychometrics**

**Values on Marriage and Family:**  $\alpha = .88$

### **Source(s)**

Rossi, A.

## PRIMARY AND SECONDARY CONTROL

### **Scales/Items:**

#### **Primary Control (Persistence in Goal Striving) [A1SPERSI]:**

Items: 5 items - Self-Administered Questionnaire, Section F, Question 3 (a, b, g, j, k)

- a. "When things don't go according to my plans, my motto is, „Where there's a will, there's a way"."
- b. "When faced with a bad situation, I do what I can do to change it for the better."
- g. "Even when I feel I have too much to do, I find a way to get it all done."
- j. "When I encounter problems, I don't give up until I solve them."
- k. "I rarely give up on something I am doing, even when things get tough."

#### **Secondary Control (Positive Reappraisals) [A1SREAPP]:**

Items: 4 items - Self-Administered Questionnaire, Section F, Question 3 (e, h, m, n)

- e. "I find I usually learn something meaningful from a difficult situation."
- h. "When I am faced with a bad situation, it helps to find a different way of looking at things."
- m. "Even when everything seems to be going wrong, I can usually find a bright side to the situation."
- n. "I can find something positive, even in the worst situations."

#### **Secondary Control (Lowering Aspirations) [A1SCHANG]:**

Items: 5 items - Self-Administered Questionnaire, Section F, Question 3 (c, d, f, i, l)

- c. "When my expectations are not being met, I lower my expectations."
- d. "To avoid disappointments, I don't set my goals too high."
- f. "I feel relieved when I let go of some of my responsibilities."

i. "I often remind myself that I can't do everything."

l. "When I can't get what I want, I assume my goals must be unrealistic."

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all.

Scaling: [A1SPERSI], [A1SREAPP], and [A1SCHANG] were constructed by calculating the mean across each set of items. Items were recoded so that high scores reflect higher standing in each dimension.

: The scales can be constructed by calculating the sum of the reverse-coded values of the items.

**Psychometrics:** (based on the MIDUS RDD sample)

**Persistence in Goal Striving:**  $\alpha = .77$

**Positive Reappraisals:**  $\alpha = .78$

**Lowering Aspirations:**  $\alpha = .63$

**Source(s):**

Wrosch, C., Heckhausen, J., & Lachman, M. E. (2000). Primary and secondary control strategies for managing health and financial stress across adulthood. *Psychology and Aging, 15*, 3, 1-13.

## PLANNING AND MAKING SENSE OF PAST

### Scales/Items

#### **Self Directedness and Planning [A1SDIREC]:**

Items: 3 items - Self-Administered Questionnaires, Section F; Questions F3 (o, p, t)

- o. "I like to make plans for the future."
- p. "I know what I want out of life."
- t. "I find it helpful to set goals for the near future."

#### **Live for Today [A1STODAY]:**

Items: 5 items - Self-Administered Questionnaires, Section F; Questions F3 (q, u, w, y, bb)

- q. "I live one day at a time."
- u. "I have too many things to think about today to think about tomorrow."
- w. "There is no use in thinking about the past because there is nothing you can do about it."
- y. "I have too many things to think about today to think about yesterday."
- bb. "I believe there is no sense planning too far ahead because so many things can change."

#### **Foresight and Anticipation [A1SFORSG]:**

Items: 4 items - Self-Administered Questionnaires, Section F; Questions F3 (r, s, z, aa)

- r. "I can head off a bad situation before it happens."
- s. "I can sense when an opportunity is coming my way."
- z. "I am good at predicting what is going to happen to me."
- aa. "I am good at figuring out how things will turn out."

### **Insight into Past [A1SINSGH]:**

Items 4 items - Self-Administered Questionnaires, Section F; Questions F3 (v, x, cc, dd)

v. "Making sense of my past helps me figure out what to do in the present."

x. "After something bad happens, I think about how I could have prevented it."

cc. "I try to make sense of things that have happened to me."

dd. "I have had new insights into the way things have turned out."

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all.

Scaling: [A1SDIREC], [A1STODAY], [A1SFORSG], and [A1SINSGH] were constructed by calculating the mean across each set of items. Items were recoded so that high scores reflect higher standing in each dimension.

: The scales can be constructed by calculating the sum of the reverse-coded values of the items.

### **Psychometrics:**

**Self Directedness and Planning:**  $\alpha = .74$

**Live for Today:**  $\alpha = .73$

**Foresight and Anticipation:**  $\alpha = .79$

**Insight into Past:**  $\alpha = .70$

### **Source(s):**

Prenda, K. M. & Lachman, M. E. (2001). Planning for the future: A life management strategy for increasing control and life satisfaction in adulthood. *Psychology and Aging*, 16, 206-216.



## SEEKING SOCIAL SUPPORT

### **Scales/Items**

#### **Self-Sufficiency [A1SSUFFI]:**

Items: 4 items - Self-Administered Questionnaires, Section F; Questions F3 (ee – hh).

ee. “I don’t like to ask others for help unless I have to.”

ff. “I would rather deal with my problems by myself.”

gg. “Asking others for help comes naturally for me.”

hh. “I don’t let others know when things aren’t going well for me.”

#### **Advice seeking [A1SADVIC]:**

Items: 3 items - Self-Administered Questionnaires, Section F; Questions F3 (ii – kk).

ii. “I like to get advice from others before making a decision.”

jj. “When I’m upset about something, I feel better after I talk it over with others.”

kk. “I prefer to make decisions without input from others.”

Coding: 1 A lot, 2 Some, 3 A little, 4 Not at all

Scaling: [A1SSUFFI] and [A1SADVIC] were constructed by the mean across each set of items. Positive items (ee, ff, hh, ii, jj) were recoded so that higher scores reflect higher standing in each dimension.

: The scale can be constructed by calculating the sum of values of the items. Positive items need to be reverse-coded.

**Psychometrics:**

**Self-Sufficiency:**  $\alpha = .68$

**Advice seeking:**  $\alpha = .61$

**Source(s):**

Lachman, M. E., & Weaver, S. L.

## PERSONALITY TRAITS

### **Scales/Items:**

Respondents were asked how much each of 30 self-descriptive adjectives described them (Section F, Question 4, a - dd). The adjectives measure six personality traits as follows:

#### **Neuroticism [A1SNEURO]:**

4 items; Self-Administered Questionnaire, Section F, Question 4 (c, h, m, s)

Adjectives: Moody, Worrying, Nervous, Calm

#### **Extraversion [A1SEXTRA]:**

5 items; Self-Administered Questionnaire, Section F, Question 4 (a, f, k, w, aa)

Adjectives: Outgoing, Friendly, Lively, Active, Talkative

#### **Openness to Experience [A1SOPEN]:**

7 items; Self-Administered Questionnaire, Section F, Question 4 (n, q, u, v, y, bb, cc)

Adjectives: Creative, Imaginative, Intelligent, Curious, Broad-minded, Sophisticated,  
Adventurous

#### **Conscientiousness [A1SCONS]:**

4 items; Self-Administered Questionnaire, Section F, Question 4 (d, i, p, x)

Adjectives: Organized, Responsible, Hardworking, Careless

#### **Agreeableness (communion) [A1SAGREE]:**

5 items; Self-Administered Questionnaire, Section F, Question 4 (b, g, l, r, z)

Adjectives: Helpful, Warm, Caring, Softhearted, Sympathetic

**Agency [A1SAGENC]:**

5 items; Self-Administered Questionnaire, Section F, Question 4 (e, j, o, t, dd)

Adjectives: Self-confident, Forceful, Assertive, Outspoken, Dominant

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all.

Scaling: [A1SNEURO], [A1SEXTRA], [A1SOPEN], [A1SCONS], [A1SAGREE] and [A1SAGENC] were constructed by calculating the mean across each set of items. Items were recoded so that high scores reflect higher standings in each dimension.

: Scale scores can be constructed by calculating the sum of the reverse-coded values of the items in each scale.

**Psychometrics:** (based on the MIDUS RDD sample)

**Neuroticism:** alpha = .74

**Extraversion:** alpha = .78

**Openness:** alpha = .77

**Conscientiousness:** alpha = .58

**Agreeableness:** alpha = .80

**Agency:** alpha = .79

**Source(s):**

Rossi, A.S. (2001). *Caring and doing for others: Social responsibility in the domains of family, work, and community*. Chicago: University of Chicago Press.

: Ch. 7. Developmental Roots of Adult Social Responsibility.

### **Studies using the scales:**

- Keyes, C. L. M., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology*, 82, 1007-1022.
- Lachman, M. E., & Weaver S. L. (1997). The Midlife Development Inventory (MIDI) Personality Scales: Scale construction and scoring. Technical report.
- Staudinger, U. M., Fleeson, W. & Baltes, P. B. (1999). Predictors of subjective physical health and global well-being: Similarity and differences between the United States and Germany. *Journal of Personality and Social Psychology* 76, 305-319.

### **Additional References:**

- Bem, S. L. (1981). *Bem Sex-Role Inventory Manual*. Palo Alto, CA: Consulting Psychologists Press.
- Goldberg, L. R. (1992). The development of markers for the Big-Five factor structure. *Psychological Assessment*, 4, 26-42.
- John, O. P. (1990). The "Big Five" factor taxonomy: Dimensions of personality in the natural language and in questionnaires. In L. A. Pervin (Ed.), *Handbook of personality theory and research*, (pp. 66-100). New York: Guilford.
- Trapnell, P. D., & Wiggins, J. S. (1990). Extension of the Interpersonal Adjective Scales to include the Big Five dimensions of personality. *Journal of Personality and Social Psychology*, 59, 781-790.

### **Notes:**

- Adjectives were selected from existing trait lists and inventories (Bem, 1981; Goldberg, 1992; John, 1990; Trapness & Wiggins, 1990). Also, some items were generated by Margie Lachman and Alice Rossi.
- A Pilot Study was conducted in 1994 with a probability sample of 1000 men and women, age 30-70 (574 valid cases were usable for item analysis). Items with the highest item to total correlations and factor loadings were selected for MIDI. Forward regressions were also run to determine the

smallest number of items needed to account for over 90% of the total scale variance. Many of the negatively worded items (unemotional, unreliable, unsophisticated, unsympathetic, shy, unsociable) were dropped due to low variance. New items were added to increase reliabilities on some scales.

## WORK TO FAMILY AND FAMILY TO WORK SPILLOVER

### **Scales/Items:**

#### **Positive Work to Family Spillover [A1SPOSWF]:**

Items: 4 items - Self-Administered Questionnaire, Section I, Question 27 (e-h)

- e. "The things you do at work help you deal with personal and practical issues at home?"
- f. "The things you do at work make you a more interesting person at home."
- g. "Having a good day on your job makes you a better companion when you get home."
- h. "The skills you use on your job are useful for things you have to do at home."

#### **Negative Work to Family Spillover [A1SNEGWF]:**

Items: 4 items - Self-Administered Questionnaire, Section I, Question 27 (a-d)

- a. "Your job reduces the effort you can give to activities at home."
- b. "Stress at work makes you irritable at home."
- c. "Your job makes you feel too tired to do the things that need attention at home."
- d. "Job worries or problems distract you when you are at home."

#### **Positive Family to Work Spillover [A1SPOSFW]:**

Items: 4 items - Self-Administered Questionnaire, Section I, Question 27 (m-p)

- m. "Talking with someone at home helps you deal with problems at work."
- n. "Providing for what is needed at home makes you work harder at your job."
- o. "The love and respect you get at home makes you feel confident about yourself at work."
- p. "Your home life helps you relax and feel ready for the next day's work."

**Negative Family to Work Spillover [A1SNEGFW]:**

Items: 4 items; Self-Administered Questionnaire, Section I, Question 27 (i-l)

- i. "Responsibilities at home reduce the effort you can devote to your job."
- j. "Personal or family worries and problems distract you when you are at work."
- k. "Activities and chores at home prevent you from getting the amount of sleep you need to do your job well."
- l. "Stress at home makes you irritable at work."

Coding: 1 All the time; 2 Most of the time; 3 Sometimes; 4 Rarely; 5 Never.

Scaling: The scales were constructed by calculating the sum of the reverse-coded values of the items in each scale.

**Psychometrics:** (based on the MIDUS RDD sample)

**Positive Work to Family Spillover:** alpha = .74

**Negative Work to Family Spillover:** alpha = .84

**Positive Family to Work Spillover:** alpha = .73

**Negative Family to Work Spillover:** alpha = .81

**Source(s):**

**Studies using the scales:**

Grzywacz, J. G. (2000). Work-family spillover and health during midlife: Is managing conflict everything? *American Journal of Health Promotion*, 14, 236-243.

Grzywacz, J. G., & Marks, N. F. (2001). Social inequalities and exercise during adulthood: Toward an ecological perspective. *Journal of Health and Social Behavior*, 42, 202-220.



Grzywacz, J. G., & Marks, N. F. (2000). Family, work, work-family spillover, and problem drinking during midlife. *Journal of Marriage and Family*, 62, 336-348.

Grzywacz, J. G., & Marks, N. F. (2000). Reconceptualizing the work-family interface: An Ecological perspective on the correlates of positive and negative spillover between work and family. *Journal of Occupational Health Psychology*, 5, 111-126.

**Note:**

- The work to family and family to work spillover scales were not constructed in the data file, therefore they are not included in the codebook.

## JOB CHARACTERISTICS

### **Scales/Items:**

#### **Skill Discretion [A1SJCS D]:**

Items: 3 items - Self-Administered Questionnaire, Section I, Question 28 (b, c, i).

- b. "How often do you learn new things at work?"
- c. "How often does your work demand a high level of skill or expertise?"
- i. "How often does your job provide you with a variety of things that interest you?"

#### **Decision Authority [A1SJCDA]:**

Items: 6 items - Self-Administered Questionnaire, Section I, Question 28 (d, e, f, g, h) and Question 29 (b).

- d. "On your job, how often 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?"
- e. "How often do you have a choice in deciding how you do your tasks at work?"
- f. "How often do you have a choice in deciding what tasks you do at work?"
- g. "How often do you have a say in decisions about your work?"
- h. "How often do you have a say in planning your work environment -- that is, how your workplace is arranged or how things are organized?"
- I29b. "(How often) you control the amount of time you spend on tasks."

#### **Demands Scale [A1SJCDS]:**

Items: 5 items - Self-Administered Questionnaire, Section I, Question 28 (a, j) and Question 29 (a, c, d).

- I28a. "How often do you have to work very intensively -- that is, you are very busy trying to get things done?"

I28j. “How often do different people or groups at work demand things from you that you think are hard to combine?”

I29a. “(How often) you have too many demands made on you.”

I29c. “(How often) you have enough time to get everything done.”

I29d. “(How often) you have a lot of interruption.”

#### **Coworker Support [A1SJCCS]:**

Items: 2 items - Self-Administered Questionnaire, Section I, Question 30 (a, b).

a. “How often do you get help and support from your coworkers?”

b. “How often are your coworkers willing to listen to your work-related problems?”

#### **Supervisor Support [A1SJCSS]:**

Items: 3 items - Self-Administered Questionnaire, Section I, Question 30 (c, d, e).

c. “How often do you get the information you need from your supervisor or superiors?”

d. “How often do you get help and support from your immediate supervisor?”

e. “How often is your immediate supervisor willing to listen to your work-related problems?”

Coding: 1 All the time; 2 Most of the time; 3 Sometimes; 4 Rarely; 5 Never.

Scaling: The scales were constructed by calculating the sum of the reverse-coded values of the items in each scale.

**Psychometrics:** (based on the MIDUS RDD sample)

**Skill Discretion:** alpha = .68

**Decision Authority:** alpha = .85

**Demands Scale:** alpha = .74

**Coworker Support:** alpha = .74

**Supervisor Support:** alpha = .87

**Source(s):**

Bosma, H. & Marmot, M. G. (1997). Low job control and risk of coronary heart disease in Whitehall ii (prospective cohort) study. *British Medical Journal*, 314,:7080,

Karasek, R. A., & Theorell, T. (1990). *Healthy work: Stress, productivity, and the reconstruction of working life*. New York: Basic Books.

Karasek, R. A., Baker, D., Marxer, F., Ahlbom, A., & Theorell, T. (1981). Job decision latitude, job demands and cardiovascular disease: a prospective study of Swedish men. *American Journal of Public Health* ,71: 694-705.

Schwartz, J., Pieper, C., & Karasek, R. A. (1988). A procedure for linking job characteristics to health surveys. *American Journal of Public Health*. 78, 904-909.

**Studies using the scales:**

Earle, A., & Heymann, S. J. (2004). Work, family, and social class. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 485 - 513). Chicago: Univ. of Chicago Press.

Ettner, S. L. (2000). The relationship between labor market outcomes and physical and mental health; Exogenous human capital or endogenous health production? *Research in Human Capital and Development*, 13. 1-31.

- Ettner, S. L., & Gryzwacz, J. S. (2001). Worker's perception of how jobs affect health: A Social ecological perspective. *Journal of Occupational Health Psychology*, 6, 101-113.
- Grzywacz, J. G., & Marks, N. F. (2000). Reconceptualizing the work-family interface: An Ecological perspective on the correlates of positive and negative spillover between work and family. *Journal of Occupational Health Psychology*, 5, 111-126.
- Grzywacz, J. G., & Marks, N. F. (2000). Family, work, work-family spillover, and problem drinking during midlife. *Journal of Marriage and Family*, 62, 336-348.
- Lachman, M. E., & Prenda Firth, K. M. (2004). The adaptive value of feeling in control during midlife. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 320 - 349). Chicago: Univ. of Chicago Press.
- Lachman, M. E., & Weaver, S. L. (1998). Sociodemographic variations in the sense of control by domain: Findings from the MacArthur Studies of Midlife. *Psychology and Aging*, 13, 4, 553-562.
- Rossi, A. S. (2004). The menopausal transition and aging processes. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 153 - 201). Chicago: Univ. of Chicago Press.

**Note:**

- The job characteristics scales were not constructed in the data file, therefore they are not included in the codebook.

## PERCEIVED INEQUALITY IN WORK

### **Scales/Items**

#### **Perceived inequality in work [A1SPIWOR]:**

Items: 6 items - Self-Administered Questionnaires, Section I; Questions I 31 (a – f).

- a. “I feel cheated about the chances I have had to work at good jobs.”
- b. “When I think about the work I do on my job, I feel a good deal of pride.”
- c. “I feel that others respect the work I do on my job.”
- d. “Most people have more rewarding jobs than I do.”
- e. “When it comes to my work life, I’ve had opportunities that are as good as most people’s.”
- f. “It makes me discouraged that other people have much better jobs than I do.”

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all

Scaling: [A1SPIWOR] was constructed by calculating the mean of six items. Negative items were recoded so that high scores reflect higher levels of perceived inequality in work.  
: The scale can be constructed by summing across items. Negative items need to be reverse coded.

### **Psychometrics**:

**Perceived inequality in work:**  $\alpha = .78$

### **Source(s)**:

Corey L. M. Keyes.

### **Studies using the scales**:

Ryff, C. D., Magee, W. J., Kling, K. C., & Wing, E. H. (1999). Forging macro-micro linkages in the study of psychological well-being. In C.D. Ryff & V.W. Marshall (Eds.), *The self and society in aging processes* (pp.247-278). New York: Springer Publishing.

## GENERATIVITY

### **Scales/Items:**

#### **Loyola Generativity Scale (LGS: Contributions domain measures) [A1SGENER]:**

Items: 6 items - Self-Administered Questionnaire, Section K, Question 6 (a-f)

- a. "Others would say that you have made unique contributions to society."
- b. "You have important skills you can pass along to others."
- c. "Many people come to you for advice."
- d. "You feel that other people need you."
- e. "You have had a good influence on the lives of many people."
- f. "You like to teach things to people."

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all.

Scaling: The generativity scale was constructed by calculating the sum of the reverse-coded values of the items.

### **Psychometrics:** (based on the MIDUS RDD sample)

**Generativity:** alpha = .84

### **Source(s):**

McAdams, D. P., & de St. Aubin, E. (1992). A theory of generativity and its assessment through self-report, behavioral acts, and narrative themes in autobiography. *Journal of Personality and Social Psychology*, 62, 1003-1015.

Rossi, A. S. (2001). *Caring and doing for others: Social responsibility in the domains of family, work, and community*. Chicago: University of Chicago Press.

: Ch. 7. Developmental Roots of Adult Social Responsibility.

**Studies using the scales:**

- Lachman, M. E., & Weaver, S. L. (1998). Sociodemographic variations in the sense of control by domain: Findings from the MacArthur Studies of Midlife. *Psychology and Aging*, 13, 4, 553-562.
- Marks, N. F., Bumpass, L. L., & Jun, H. J. (2004). Family roles and well-being during the middle life courses. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 514 – 549). Chicago: Univ. of Chicago Press.

**Note:**

- The generativity scale was not constructed in the data file, therefore it is not included in the codebook.



## FAMILY OBLIGATION

### **Scales/Items:**

#### **Normative Primary Obligation [A1SPRIOB]:**

Items: 8 items - Self-Administered Questionnaire, Section K, Question K7 (a-h)

(Please rate how much obligation you would feel if the following hypothetical situations happened to you.)

- a. "To drop your plans when your children seem very troubled"
- b. "To call, write, or visit your adult children on a regular basis"
- c. "To raise the child of a close friend if the friend died"
- d. "To drop your plans when your spouse seems very trouble"
- e. "To take your divorced or unemployed adult child back into your home"
- f. "To take a friend into your home who could not afford to live alone"
- g. "To call your parents on a regular basis"
- h. "To give money to a friend in need, even if this made it hard to meet your own needs"

Coding: Each item is coded from 0 (no obligation) to 10 (very great obligation).

Scaling: [A1SPRIOB] was constructed by calculating the **sum** of 8 items, with high scores signifying high levels of primary obligation. When an item was missing, a mean value of the remaining items was imputed in calculating the sum score.

**Psychometrics:** (based on the MIDUS RDD sample)

**Family Obligation:** alpha = .82

**Source(s):**

Rossi, A. S. (2001). Caring and doing for others: Social responsibility in the domains of family, work, and community. Chicago: University of Chicago Press.

: Ch. 3. Domains and Dimensions of Social Responsibility: A sociodemographic profile.

**Studies using the scales:**

Grzywacz, J. G., & Marks, N. F. (1999). Family solidarity and health behavior: Evidence from the National survey of Midlife Development in the United State. *Journal of Family Issues*, 20, 243-268

Kessler, R. C., Gilman, S. E., Thornton, L. M., & Kendler, K. S. (2004). Health, well-being, and social responsibility in the MIDUS twin and sibling subsamples. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 124 - 152). Chicago: Univ. of Chicago Press.

Rossi, A. S. (2004). Social responsibility to family and community. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 550 - 585). Chicago: Univ. of Chicago Press.

## COMMUNITY / WORK SOCIAL RESPONSIBILITY

### **Scales/Items:**

#### **Civic Obligation [A1SCVOB5]:**

Items: 4 items - Self-Administered Questionnaire, Section K, Question K7 (i - l)

(Please rate how much obligation you would feel if the following hypothetical situations happened to you.)

- i. "To serve on a jury if called"
- j. "To keep fully informed about national news and public issues"
- k. "To testify in court about an accident you witnessed"
- l. "To vote in local and national elections"

#### **Work Obligation [A1SWKOB]:**

Items: 3 items - Self-Administered Questionnaire, Section K, Question K7 (m - o)

(Please rate how much obligation you would feel if the following hypothetical situations happened to you.)

- m. "To do more than most people would do on your kind of job"
- n. "To work hard even if you didn't like or respect your employer or supervisor"
- o. "To cancel plans to visit friends if you were asked, but not required, to work overtime"

#### **Altruism [A1SALTRU]:**

Items: 4 items - Self-Administered Questionnaire, Section K, Question K7 (p - s)

(Please rate how much obligation you would feel if the following hypothetical situations happened to you.)

- p. "To pay more for your health care so that everyone had access to health care"
- q. "To volunteer time or money to social causes you support"

r. "To collect contributions for heart or cancer research if asked to do so"

s. "To vote for a law that would help others worse off than you but would increase your taxes"

**Coding:** Each item was coded on a 10-point scale ranging from 0 (no obligation at all) to 10 (a very great obligation).

**Scaling:** [A1SCVOB5], [A1SWKOB], and [A1SALTRU] were constructed by calculating the **sum** of each set of items. Higher scores reflect higher sense of obligation/altruism. When an item was missing, a mean value of the remaining items was imputed in calculating the sum score.

**Psychometrics:** (based on the MIDUS RDD sample)

**Civic Obligation:** alpha = .78

**Work Obligation:** alpha = .68

**Altruism:** alpha = .80

**Source(s):**

Rossi, A. S. (2001). *Caring and doing for others: Social responsibility in the domains of family, work, and community*. Chicago: University of Chicago Press.

: Ch. 3. Domains and Dimensions of Social Responsibility: A Sociodemographic profile.

**Studies using the scales:**

Kessler, R. C., Gilman, S. E., Thornton, L. M., & Kendler, K. S. (2004). Health, well-being, and social responsibility in the MIDUS twin and sibling subsamples. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 124 - 152). Chicago: Univ. of Chicago Press.

Rossi, A. S. (2004). Social responsibility to family and community. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 550 - 585). Chicago: Univ. of Chicago Press.

**Notes:**

- The community social responsibility items are new to MIDUS 1. The items were constructed by Alice Rossi. A pilot study was conducted to test initial items, and revisions were made based upon analyses of the pilot data.
- The question from SAQ, K1 – “How would you rate your contribution to the welfare and well-being of other people these days?” (from 0 “the worst” to 10 “the best”) – was included in the Kessler et al. (2004) publication as the fourth dimension of social responsibility.

## SOCIAL SUPPORT

### **Scales/Items:**

#### **Provide Emotional Support [A1SPSUPE]:**

Items: 6 items - Self-Administered Questionnaire, Section K, Question K10 (a – f)

(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?)

: your spouse or partner / your parents or the people who raised you / your in-laws /  
your children or grandchildren / any other family members or close friends /  
anyone else (such as neighbors or people at church).

Scaling: [A1SPSUPE] was constructed by calculating the **sum** of first five items (sk10a to sk10e), excluding “to anyone else.” [see Rossi (2001, p. 104)]. When an item was missing, a mean value of the remaining items was imputed in calculating the sum score.

#### **Receive Emotional Support [A1SRSUPE]:**

Items: 6 items - Self-Administered Questionnaire, Section K, Question K11 (a – f)

(On average, how many hours per month do you receives informal emotional support, such as getting comfort, having someone listen to you, or getting advice, from each of the following people?)

: your spouse or partner / your parents or the people who raised you / your in-laws /  
your children or grandchildren / any other family members or close friends /  
anyone else (such as neighbors or people at church).

Scaling: [A1SRSUPE] was constructed by calculating the **sum** of first five items (sk11a to sk11e), excluding “to anyone else.” [see Rossi (2001, p. 104)]. When an item was missing, a mean value of the remaining items was imputed in calculating the sum score.

**Provide Instrumental Support [A1SPSUPI]:**

Items: 5 items - Self-Administered Questionnaire, Section K, Question K12 (a – e)

(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?)

: your parents or the people who raised you / your in-laws /

your grandchildren or grown children / any other family members or close friends /

anyone else (such as neighbors or people at church).

Scaling: [A1SPSUPI] was constructed by calculating the mean of first four items (sk12a to sk12d), excluding “to anyone else.” [see Rossi (2001, p. 104)].

Note: This scale is called “Hands-on Caregiving” in Rossi 2001.

**Receive Instrumental Support from Family/Friends [A1SRSUIF]:**

Items: 4 items - Self-Administered Questionnaire, Section K, Question K13 (a – d).

(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?)

: your parents or the people who raised you / your in-laws /

your grandchildren or grown children / any other family members or close friends.

Scaling: [A1SRSUIF] was constructed by calculating the mean of four items.

**Receive Instrumental Support from other sources [A1SRSUIO]:**

Items: 4 items - Self-Administered Questionnaire, Section K, Question K13 (e – h)

(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?)

: community volunteers / religious groups /

other non-government organization, cause, or charity / government group or agency.

Scaling: [A1SRSUIO] was constructed by calculating the mean of four items.

### **Provide Financial Support:**

Items: 8 items - Self-Administered Questionnaire, Section K, Question K14 (a – h)

(On average, about how many dollars per month do you or any family living with you contribute to each of the following people or organizations?)

: your parents or the people who raised you / your in-laws /

your grandchildren or grown children / any other family members or close friends /

any other individuals /

religious groups / political organization or causes /

other organizations, causes, or charities

Scaling: The “providing financial support” scale can be constructed by calculating the mean of eight items.

Note: The “providing financial support” scale was not constructed in the data file, therefore it is not included in the codebook.

### **Receive Financial Support:**

Items: 7 items - Self-Administered Questionnaire, Section K, Question K15 (a – g)

(On average, about how many dollars per month do you or any family member living with you receive from each of the following sources?)

: your parents or the people who raised you / your in-laws /

your grandchildren or grown children / any other family members or close friends /

religious groups / other organization, cause, or charity/

government group or agency.



Scaling: The “receiving financial support” scale can be constructed by calculating the mean of seven items.

Note: The “receiving financial support” scale was not constructed in the data file, therefore it is not included in the codebook.

### **Provide Residential Support:**

Items: 4 items - Self-Administered Questionnaire, Section K, Question K16 (a – d)

(During the past 12 months, have you had any of the following people live with you?)

- your aging parents / adult children / grandchildren / other friend/family member.

Scaling: The “providing residential support” scale can be constructed by calculating the mean of four items.

Note: The “providing residential support” scale was not constructed in the data file, therefore it is not included in the codebook.

### **Source(s):**

Rossi, A.S. (2001). *Caring and doing for others: Social responsibility in the domains of family, work, and community*. Chicago: University of Chicago Press.

: Ch. 3. Domains and Dimensions of Social Responsibility: A sociodemographic profile.

### **Studies using the scales:**

Grzywacz, J.G., & Marks, N.F. (1999). Family solidarity and health behaviors: Evidence from the National Survey of Midlife Development in the United States. *Journal of Family Issues*, 20, 2, 243-268.

Rossi, A. S. (2004). Social responsibility to family and community. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 550 - 585). Chicago: Univ. of Chicago Press.

**Notes:**

- The social support items are new to MIDUS 1. The items were constructed by Alice Rossi. A pilot study was conducted to test initial items, and revisions were made based upon analyses of the pilot data.
- Various researchers have applied these items in a variety of ways. For example, Grzywacz and Marks (1999) have used the social support items to develop a series of five “functional solidarity” scales: 1) exchange of emotional support (emotional support given + emotional support received), 2) give instrumental assistance, 3) receive instrumental assistance, 4) give financial assistance, and 5) receive financial assistance. However, they do not mention any findings regarding internal consistency of these scales.

## **SOCIAL WELL-BEING**

### **Scales/Items**

#### **Meaningfulness of Society (Social Coherence) [A1SSWBMS]:**

Items: 3 items - Self-Administered Questionnaires, Section K; Questions K17 (a, h, l)

- a. "The world is too complex for me."
- h. "I cannot make sense of what's going on in the world."
- l. "I find it easy to predict what will happen next in society"\*

#### **Social Integration [A1SSWBSI]:**

Items: 3 items - Self-Administered Questionnaires, Section K; Questions K17 (b, f, k)

- b. "I don't feel I belong to anything I'd call a community."
- f. "I feel close to other people in my community."
- k. "My community is a source of comfort."

#### **Acceptance of Others (Social Acceptance) [A1SSWBAO]:**

Items: 3 items - Self-Administered Questionnaires, Section K; Questions K17 (c, j, n)

- c. "People who do a favor expect nothing in return."
- j. "People do not care about other people's problems."
- n. "I believe that people are kind."

#### **Social Contribution [A1SSWBSC]:**

Items: 3 items - Self-Administered Questionnaires, Section k; Questions K17 (d, g, o)

- d. "I have something valuable to give to the world."
- g. "My daily activities do not create anything worthwhile for my community."
- o. "I have nothing important to contribute to society."

### **Social Actualization [A1SSWBSA]:**

Items: 3 items - Self-Administered Questionnaires, Section k; Questions K17 (e, i, m)

e. "The world is becoming a better place for everyone."

i. "Society has stopped making progress."

m. "society isn't improving for people like me."

Coding: 1 Strongly agree; 2 Somewhat agree; 3 A little agree; 4 Don't know;

5 A little disagree; 6 Somewhat disagree; 7 Strongly disagree.

Scaling: [A1SSWBMS] was constructed by calculating the sum of first **two** items (sk17a and sk17h).

(\* This is done probably because of low correlations of sk17L with other two items ( $r < .1$ ).)

: [A1SSWBSI], [A1SSWBAO], [A1SSWBSC], and [A1SSWBSA] were constructed by calculating the **sum** across each set of responses. When an item was missing, a mean value of the remaining items was imputed in calculating the sum score. Positive items were reverse-coded so that higher scores reflect a higher sense of social well-being.

### **Psychometrics:**

**Meaningfulness of Society:** alpha = .65 (with two items)

**Social Integration:** alpha = .73

**Acceptance of Others:** alpha = .42

**Social Contribution:** alpha = .67

**Social Actualization:** alpha = .64

### **Source(s):**

Keyes, C. L. M (1995). The social side of psychological well-being. *Ph. D. Dissertation*, Department of Sociology, University of Wisconsin, Madison.

Keyes, C. L. M (1998). Social well-being. *Social Psychology Quarterly*, 61. 121-140.

**Studies using the scales:**

Keyes, C. L. M., & Shapiro, A. D. (2004). Social well-being in the United States: A descriptive epidemiology. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 350 - 372). Chicago: Univ. of Chicago Press.

## PERSONAL BELIEFS ON NEIGHBORHOOD

### **Scales/Items**

#### **Perceived Neighborhood Quality/Health [A1SHOMET]:**

Items: 4 items- Self-Administered Questionnaires, Section L; Questions L5 (a, b, e, g)

(Please indicate how much each of the following statements describes your situation.

- a. "I feel safe being out alone in my neighborhood during the daytime."
- b. "I feel safe being out alone in my neighborhood at night."
- e. "I could call on a neighbor for help if I needed it."
- g. "People in my neighborhood trust each other."

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all.

Scaling: [A1SHOMET] was constructed from the mean across each set of items. Positive items were recoded so that high scores reflect positive perception about home and neighborhood.

: Scale can be constructed by summing across the items in each set of scales. Positive items need to be reverse coded.

### **Psychometrics**

**Perceived neighborhood quality:**  $\alpha = .68$

### **Source(s)**

Keyes, C. L. M (1998). Social well-being. *Social Psychology Quarterly*, 61. 121-137.

## PERCEIVED INEQUALITY IN HOME

### **Scales/Items**

#### **Perceived Inequality In Home [A1SPIHOM]:**

Items: 6 items - Self-Administered Questionnaires, Section L; Questions L5 (c, d, f, h, j, l)

(Please indicate how much each of the following statements describes your situation.

c. "I live in as nice a home as most people."

d. "I'm proud of my home."

f. "Most people live in a better neighborhood than I do."

h. "I don't like to invite people to my home because I do not live in a very nice place."

j. "I feel very good about my home and neighborhood."

l. "It feels hopeless to try to improve my home and neighborhood situation."

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all.

Scaling: [A1SPIHOM] was constructed from the mean across each set of items. Positive items were recoded so that high scores reflect positive perception about home and neighborhood.

: Scales can be constructed by summing across the items in each set of scales. Positive items need to be reverse coded.

### **Psychometrics**

**Perceived inequality in home:** alpha = .80

### **Source(s)**

Ryff, C. D., Magee, W. J., Kling, K. C., & Wing, E. H. (1999). Forging macro-micro linkages in the study of psychological well-being. In C.D. Ryff & V.W. Marshall (Eds.), *The self and society in aging processes* (pp.247-278). New York: Springer Publishing.

## FAMILY SUPPORT AND STRAIN

### Scales/Items:

#### **Family Support [A1SKINPO]:**

Items: 4 items - Self-Administered Questionnaire, Section M, Questions 2-5.

M2. "Not including your spouse or partner, how much do members of your family really care about you?"

M3. "How much do they understand the way you feel about things?"

M4. "How much can you rely on them for help if you have a serious problem?"

M5. "How much can you open up to them if you need to talk about your worries?"

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all.

Scaling: [A1SKINPO] was constructed by calculating the mean of four items. Items were recoded so that higher scores reflect higher support.

: The scale can be constructed by calculating the sum of reverse-coded values of the items.

#### **Family Strain [A1SKINNE]:**

Items: 4 items - Self-Administered Questionnaire, Section M, Questions 6-9.

M6. "Not including your spouse or partner, how often do members of your family make too many demands on you?"

M7. "How often do they criticize you?"

M8. "How often do they let you down when you are counting on them?"

M9. "How often do they get on your nerves?"

Coding: 1 Often; 2 Sometimes; 3 Rarely; 4 Never.

Scaling: [A1SKINNE] was constructed by calculating the mean of four items. Items were recoded so that higher scores reflect higher strain.



: The scale can be constructed by calculating the sum of reverse-coded values of the items.

**Family Affectual Solidarity (A1SFAMSO):**

items: 8 item scale combining the four “family support” items and four “family strain” items.

Scaling: The “family affectual solidarity” scale was constructed by calculate mean of the eight items. Items for the “family support “scale (M2 to M5) were recoded, so that a high score signifies high levels of family affectual solidarity.

**Psychometrics**: (based on the MIDUS RDD sample)

**Family Support**:  $\alpha = .82$

**Family Strain**:  $\alpha = .80$

**Family Affectual Solidarity**:  $\alpha = .83$

**Source(s)**:

Schuster, T. L., Kessler, R. C., & Aseltine, R. H. (1990). Supportive interactions, negative interactions, and depressive mood. *American Journal of Community Psychology*, 18: 423-438.

: MIDUS scales are revised from this study.

Whalen, H. R., & Lachman, M. E. (2000). Social support and strain from partner, family and friends: Costs and benefits for men and women in adulthood. *Journal of Social and Personal Relationships*, 17, 1, 5-30.

**Studies using the scales:**

- Grzywacz, J. G., & Marks, N. F. (2001). Social inequalities and exercise during adulthood: Toward an ecological perspective. *Journal of Health and Social Behavior*, 42, 202-220.
- Grzywacz, J. G., & Marks, N. F. (2000). Reconceptualizing the work-family interface: An Ecological perspective on the correlates of positive and negative spillover between work and family. *Journal of Occupational Health Psychology*, 5, 111-126.
- Grzywacz, J. G., & Marks, N. F. (1999). Family solidarity and health behavior: Evidence from the National survey of Midlife Development in the United State. *Journal of Family Issues*, 20, 243-268.
- Walen, H. R., & Lachman, M. E. (2000). Social support and strain from partner, family, and friends: Costs and benefits for men and women in adulthood. *Journal of Social and Personal Relationships*, 17, 5-30.

## FRIEND SUPPORT AND STRAIN

### **Scales/Items:**

#### **Friend Support [A1SFDSPO]:**

Items: 4 items - Self-Administered Questionnaire, Section M, Questions 11-14.

M11. "How much do your friends really care about you?"

M12. "How much do they understand the way you feel about things?"

M13. "How much can you rely on them for help if you have a serious problem?"

M14. "How much can you open up to them if you need to talk about your worries?"

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all.

Scaling: [A1SFDSPO] was constructed by calculating the mean of four items. Items were recoded so that higher scores reflect higher support.

: The scale can be constructed by calculating the sum of reverse-coded values of the items.

#### **Friend Strain [A1SFDSNE]:**

Items: 4 items - Self-Administered Questionnaire, Section M, Questions 15-18.

M15. "How often do your friends make too many demands on you?"

M16. "How often do they criticize you?"

M17. "How often do they let you down when you are counting on them?"

M18. "How often do they get on your nerves?"

Coding: 1 Often; 2 Sometimes; 3 Rarely; 4 Never.

Scaling: [KDSNEG] was constructed by calculating the mean of four items. Items were recoded so that higher scores reflect higher strain.

: The scale can be constructed by calculating the sum of reverse-coded values of the items.

**Friend Affectual Solidarity [A1SFDSOL]:**

Items: 8 item scale combining the four “friend support” items and four “friend strain” items.

Scaling: The scale is constructed by calculating the **mean** of the values of the items. Items for the “friend support” scale (J4a to J4d) were recoded, so that a high score signifies high levels of family affectual solidarity. The scale is computed for cases that had valid values for **at least one** item on the scale.

**Psychometrics:** (based on the MIDUS RDD sample)

**Friend Support:** alpha = .88

**Friend Strain:** alpha = .79

**Source(s):**

Schuster, T. L., Kessler, R. C., & Aseltine, R. H. (1990). Supportive interactions, negative interactions, and depressive mood. *American Journal of Community Psychology*, 18: 423-438.  
: MIDUS scales are revised from this study.

Whalen, H. R., & Lachman, M. E. (2000). Social support and strain from partner, family and friends: Costs and benefits for men and women in adulthood. *Journal of Social and Personal Relationships*, 17, 1, 5-30.

## PERCEIVED INEQUALITY IN FAMILY

### **Scales/Items:**

#### **Perceived Inequality in Family (Relationship with Children) [A1SPIFAM]:**

Items: 6 items - Self-Administered Questionnaire, Section N, Question 6 (a-f).

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

Coding: 1 Not at all true; 2 A little true; 3 Moderately true; 4 extremely true.

Scaling: [A1SPIFAM] was constructed by calculating the mean of items. Negative items were recoded so that higher scores reflect greater contribution to one's children.

: The scale can be constructed by calculating the sum of values of the items. Negative items need to be reverse coded.

### **Psychometrics:** (based on the MIDUS RDD sample)

**Perceived Inequality in Family:** alpha = .69

### **Source(s):**

Ryff, C. D., Magee, W. J., Kling, K. C., & Wing, E. H. (1999). Forging macro-micro linkages in the study of psychological well-being. In C.D. Ryff & V.W. Marshall (Eds.), *The self and society in aging processes* (pp.247-278). New York: Springer Publishing.

**Studies using the scales:**

Lachman, M. E., & Weaver, S. L. (1998). Sociodemographic variations in the sense of control by domain: Findings from the MacArthur Studies of Midlife. *Psychology and Aging*, 13, 4, 553-562.

**Notes:**

- The study of perceived inequalities follows from the observation that individuals live in social worlds that are filled with conspicuous symbols of class standing (e.g., occupation, car, clothing, home, leisure activities). MIDUS perceived inequality questions were designed to assess the extent to which individuals have an awareness of an unequal distribution of life resources.
- A set of six questions were asked in each of three life domains: how individuals compare their work opportunities with other, their ability to provide for their children, and their living environments (see Ryff et al., 1999).

## MARITAL RISK

### **Scales/Items:**

#### **Marital risk scale [A1SMARRS]:**

Items: 5 items - Self-Administered Questionnaire, Section P, Question 7, 8, 9 (a-c).

P7. "During the past year, how often have you thought your relationship might be in trouble?"

Coding: 1 Never; 2 Once; 3 A few times; 4 Most of the time; 5 All the time.

P8. "(Realistically) what do you think the chances are that you and your partner will eventually separate?"

Coding: 1 Very likely; 2 Somewhat likely; 3 Not very likely; 4 Not likely at all.

P9. (How much do you and your spouse or partner disagree on the following issues?)

a. "Money matters, such as how much to spend, save or invest"

b. "Household tasks, such as what needs doing and who does it"

c. "Leisure time activities, such as what to do and with whom".

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all.

Scaling: [A1SMARRS] was constructed by calculating the mean of the items. Items P9a, P9b, and P9c were recoded so that higher values indicate higher levels of marital risk.

**Psychometrics:** (based on the MIDUS RDD sample)

**Marital risk:** alpha = .69

### **Source(s):**

Rossi, A.

## SPOUSE/PARTNER DISAGREEMENT

### **Scales/Items:**

#### **Spouse/Partner Disagreement [A1SSPDIS]:**

Items: 3 items - Self-Administered Questionnaire, Section P, Questions 9 (a – c).

(How much do you and your spouse or partner disagree on the following issues?)

- a. “Money matters such as how much to spend, save, or invest.”
- b. “Household tasks, such as what needs doing and who does it.”
- c. “Leisure time activities, such as what to do and with whom.”

Coding: 1 A lot; 2 Some; 3 A little; 4; not at all.

Scaling: The scale was constructed by calculating the sum of the reverse-coded values of the items.

**Psychometrics:** (based on the MIDUS RDD sample)

**Spouse/Partner Disagreement:** alpha = .67

### **Source(s):**

Grzywacz, J. G., & Marks, N. F. (2000). Family, work, work-family spillover, and problem drinking during midlife. *Journal of Marriage and Family*, 62, 336-348.

### **Note:**

- The Spouse/Partner Disagreement scale was not constructed in the data files, therefore it is not included in the codebook.



## **SPOUSE / PARTNER SUPPORT AND STRAIN**

### **Scales/Items:**

#### **Spouse/ Partner Support (Marital Empathy Scale) [A1SSPEMP]:**

Items: 6 items - Self-Administered Questionnaire, Section P, Questions 11-16.

P11. "How much does your spouse or partner really care about you?"

P12. "How much does he or she understand the way you feel about things?"

P13. "How much does he or she appreciate you?"

P14. "How much do you rely on him or her for help if you have a serious problem?"

P15. "How much can you open up to him or her if you need to talk about your worries?"

P16. "How much can you relax and be yourself around him or her?"

Coding: 1 A lot; 2 Some; 3 A little; 4; not at all.

Scaling: [A1SSPEMP] was constructed by calculating the mean of six items. Items were recoded so that higher scores reflect higher support.

: The scale can be constructed by calculating the sum of reverse-coded values of the items.

#### **Spouse/Partner Strain [A1SSPCRI]:**

Items: 6 items -Self-Administered Questionnaire, Section P, Questions 17-22.

P17. "How often does your spouse or partner make too many demands on you?"

P18. "How often does he or she argue with you?"

P19. "How often does he or she make you feel tense?"

P20. "How often does he or she criticize you?"

P21. "How often does he or she let you down when you are counting on him or her?"

P22. "How often does he or she get on your nerves?"

Coding: 1 Often; 2 Sometimes; 3 Rarely; 4 Never.

Scaling: [A1SSPCR1] was constructed by calculating the mean of six items. Items were recoded so that higher scores reflect higher strain.

: The scale can be constructed by calculating the sum of reverse-coded values of the items.

### **Spouse/Partner Affectual Solidarity [A1SSPSOL]:**

Items: 12 item scale combining the six “spouse/partner support” items and six “spouse/partner strain” items.

Scaling: The “spouse/partner affectual solidarity” scale was constructed by calculated mean of 12 items. Items for the “spouse/partner support” scale were recoded, so that a high score signifies high levels of spousal affectual solidarity.

Note: The “spouse/partner affectual solidarity” scale was not constructed in the data file, therefore it is not included in the codebook.

### **Psychometrics:** (based on the MIDUS RDD sample)

**Spouse/Partner Support:** alpha = .86

**Spouse/Partner Strain:** alpha = .81

**Spouse/Partner Affectual Solidarity:** alpha = .92

### **Source(s):**

Grzywacz, J. G., & Marks, N. F. (1999). Family solidarity and health behaviors: Evidence from the National Survey of Midlife Development in the United States. *Journal of Family Issues*, 20, 2, 243-268.

Schuster, T. L., Kessler, R. C., & Aseltine, R. H. (1990). Supportive interactions, negative interactions, and depressive mood. *American Journal of Community Psychology*, 18: 423-438.

: MIDUS scales are revised from this study.

Whalen, H. R., & Lachman, M. E. (2000). Social support and strain from partner, family and friends: Costs and benefits for men and women in adulthood. *Journal of Social and Personal Relationships*, 17, 1, 5-30.

**Studies using the scales:**

Grzywacz, J. G., & Marks, N. F. (2001). Social inequalities and exercise during adulthood: Toward an ecological perspective. *Journal of Health and Social Behavior*, 42, 202-220.

Grzywacz, J. G., & Marks, N. F. (2000). Reconceptualizing the work-family interface: An Ecological perspective on the correlates of positive and negative spillover between work and family. *Journal of Occupational Health Psychology*, 5, 111-126.

Ryff, C. D., Singer, B. H., & Palmersheim, K. A. (2004). Social Inequalities in health and well-being: The role of relational and religious protective factors. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 90 - 123). Chicago: Univ. of Chicago Press.

Ryff, C. D., Singer, B. H., Wing, E. & Love, G. D. (2001). Elective affinities and uninvited agonies: Mapping emotion with significant others onto health. In C. D. Ryff & B. H. Singer (Eds.), *Emotion, Social Relationships, and Health* (pp. 133-175). New York: Oxford Univ. Press.

## **SPOUSE / PARTNER JOINT DECISION MAKING**

### **Scales/Items:**

#### **Spouse/Partner Decision Making [A1SSPDEC]:**

Items: 4 items - Self-Administered Questionnaire, Section P, Questions 28 (a-d).

- a. "My partner and I are a team when it comes to making decisions."
- b. "Things turn out better when I talk things over with my partner."
- c. "I don't make plans for the future without talking it over with my partner."
- d. "When I have to make decisions about medical, financial, or family issues, I ask my partner for advice."

Coding: 1 Strongly agree; 2 Somewhat agree; 3 A little agree; 4 Don't know;

5 A little disagree; 6 Somewhat disagree; 7 Strongly disagree.

Scaling: The scale was constructed by calculating the sum of the reverse-coded values of the items.

### **Psychometrics:**

**Spouse/Partner Decision Making:**  $\alpha = .92$

### **Source(s):**

Lachman, M. E.

## RELIGIOSITY

### **Scales/Items:**

#### **Religious/Spiritual Coping:**

Items: 2 items - Self-Administered Questionnaire, Section R, Questions 5-6.

R5. “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?”

R6. “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?”

Coding: 1 Often; 2 Sometimes; 3 Rarely; 4 Never.

Scaling: The religious/spiritual coping scale can be constructed by summing across the two items. Items need to be recoded so that higher scores reflect more frequent coping.

#### **Spirituality:**

Items: 2 items - Self-Administered Questionnaire, Section R, Question 2 (b, e)

b. “How spiritual are you?”

e. “How important is spirituality in your life?”

Coding: 1 Very; 2 Somewhat; 3 Not very; 4 Not at all.

Scaling: The spirituality scale can be constructed by summing across the two items. Items need to be recoded so that higher scores reflect higher levels of spirituality.

#### **Religious Identification:**

Items: 6 items - Self-Administered Questionnaire, Section R, Question 2 (a, d, f-i).

a. “How religious are you?”

- d. "How important is religion in your life?"
- f. "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?"
- g. "How closely do you identify with being a member of your religious group?"
- h. "How much do you prefer to be with other people who are the same religion as you?"
- i. "How important do you think it is for people of your religion to marry other people who are the same religion?"

Coding: 1 Very; 2 Somewhat; 3 Not very; 4 Not at all.

Scaling: The religious identification scale can be constructed by summing across the six items. Items need to be recoded so that higher scores reflect higher levels of spirituality.

**Psychometrics:** (based on the MIDUS RDD sample)

**Religious/Spiritual coping:**  $\alpha = .76$

**Spirituality:**  $\alpha = .82$

**Religious Identification:**  $\alpha = .89$

**Source(s):**

Garfield, A. M., Ryff, C. D., & Singer, B. (2001). Religion and health: Probing the connections. Poster presented at the 13th Annual Conference of the American Psychological Society, June 15, Toronto.

Rossi, A. S. (2001). *Caring and doing for others: Social responsibility in the domains of family, work, and community*. Chicago: University of Chicago Press.

: Ch. 7. Developmental Roots of Adult Social Responsibility.

### **Studies using the scales:**

Ryff, C. D., Singer, B. H., & Palmersheim, K. A. (2004). Social Inequalities in health and well-being: The role of relational and religious protective factors. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 90 - 123). Chicago: Univ. of Chicago Press.

### **Note:**

- The religiosity scales were not constructed in the data file, therefore they are not included in the codebook.
- Other religiosity related questions are:
  - SAQ 1, E6. "How important was religion in your home when you were growing up?"  
1 Very important; 2 Somewhat important; 3 Not very important; 4 Not at all important
  - SAQ 2, R4. "How often do you usually attend religious or spiritual services?"  
1 More than once a week; 2 About once a week; 3 Once to three times a month;  
4 Less than once a month; 5 Never.
- \* In Ryff et al. (2004) these two questions are combined with two questions about religious/spiritual coping (R5 and R6) to construct a variable of religion/spirituality.

## PERCEIVED DISCRIMINATION

### **Scales/Items:**

#### **Lifetime Discrimination:**

Items: 11 items - Self-Administered Questionnaire, Section S, Questions 13 (a-k).

(How many times in your life have you been discriminated against in each of the following ways because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?)

- 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 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, care mechanic, or other service provider."

Coding: Each item is answered by frequency (# of times) of its happening.

Scaling: The scale can be constructed by taking the number of "1 or higher" responses to the items.



**Daily Discrimination:**

Items: 9 items - Self-Administered Questionnaire, Section S, Questions 14 (a-i)

- a. "You are treated with less courtesy than other people."
- b. "You are treated with less respect than other people."
- c. "You receive poorer service than other people at restaurants or stores."
- d. "People act as if they think you are not smart."
- e. "People act as if they are afraid of you."
- f. "People act as if they think you are dishonest."
- g. "People act as if they think you are not as good as they are."
- h. "You are called names or insulted."
- i. "You are threatened or harassed."

Coding: 1 Often; 2 Sometimes; 3 Rarely; 4 Never.

Scaling: The daily discrimination scale can be constructed by calculating the sum of reverse-coded values of the items.

**Psychometrics:**

**Daily Discrimination:**  $\alpha = .97$

**Sources:**

\*The perceived discrimination questions were developed by one of the authors for use in a study of racial discrimination in Detroit (Williams et al., 1997). The questions were based largely on the results of previous qualitative studies of discrimination (Essed, 1991; Feagin, 1991). – from *Kessler et al. (1999) [see below]*

Williams, D. R., YU, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socioeconomic status, stress and discrimination. *Journal of Health Psychology*, 2, 335-351.

### **Studies using the scales:**

- Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior*, 40, 208-230.
- Ryff, C. D., Keyes, C. L. M., & Hughes, D. L. (2004). Psychological well-being in MIDUS: Profiles of ethnic/racial diversity and life-course uniformity. In O. G. Brim, C. D. Ryff & R. C. Kessler (Eds.), *How healthy are we?: A national study of well-being at midlife*. (pp. 398 - 422). Chicago: Univ. of Chicago Press.

### **References:**

- Essed, P. (1991). *Understanding everyday racism*. Newbury Park, California: Sage.
- Feagin, J. R. (1991). The continuing significance of race: Anti-black discrimination in public places. *American Sociological Review*, 56, 101-116.

### **Note:**

- The perceived discrimination scales were not constructed in the data file, therefore they are not included in the codebook.

## CHRONIC CONDITIONS

### Summary Variables:

#### **Number of Chronic Conditions (in past 12 month) [A1SCHRON] :**

- [A1SCHRON] is a continuous variable based on the total number of chronic conditions the respondent check to have experienced in the past 12 months.

- Questions used to construct [A1SCHRON]

: Self-Administered Questionnaire, Section A, Question 9. (a to cc)

Coding: 1 Yes; 2 No.

Scaling: [A1SCHRON] is constructed by taking the **total number** of “Yes” responses to the questions.

Missing Values: [A1SCHRON] is computed for cases that have **at least one** valid response to questions in the summary variable.

#### **Having Chronic Condition [A1SCHROX]:**

: A dummy variable based on [A1SCHRON]

= 1 if [A1SCHRON] is greater than or equal to 1

= 0 if [A1SCHRON] is 0

## PREScription MEDICINE

### Summary Variables:

#### **Number of medicine taking (in past 30 days) [A1SRXMED]:**

- [A1SRXMED] is a continuous variable based on the total kinds of prescription medicines the respondent has taken during the past 30 days.

- Questions used to construct [A1SRXMED]

: Self-Administered Questionnaire, Section A, Question 10 (a to k).

Coding: 1 Yes; 2 No.

Scaling: [A1SRXMED] is constructed by taking the **total number** of “Yes” responses to the questions.

Missing Values: [A1SRXMED] is computed for cases that have **at least one** valid response to questions in the summary variable.

#### **Having Taken medicines [A1SRXMEX]:**

- A dummy variable based on [A1SRXMED]

= 1 if [A1SRXMED] is greater than or equal to 1

= 0 if [A1SRXMED] equals 0

## VITAMINS AND SUPPLEMENTS

### Summary Variables:

#### **Having Taken Vitamin or Mineral regularly [A1SVITAM]:**

- [A1SVITAM] is a dummy variable based on the Vitamin or Mineral supplements the respondent has taken regularly (at least couple of times a week).
- Questions used to construct [A1SVITAM]
  - : Self-Administered Questionnaire, Section A, Question 11 (a to e).

Coding: 1 Yes; 2 No.

Scaling: [A1SVITAM] is constructed by taking any of “Yes” responses to the questions. If respondent answered “YES” to any of the question, [A1SVITAM] equals 1, otherwise, it equals 0.

Missing Values: [B1SSPLMN] is computed for cases that have **at least one** valid response to questions in the summary variable.

## ACTIVITY OF DAILY LIVING

### Summary Variables:

#### **Basic Activity of Daily Living [A1SBADL]:**

- Questions used to construct [A1SBADL]
  - : Self-Administered Questionnaires, Section A; Questions 17 (b, g)
  - (How much does your health limit you in doing each of the following?)
  - b. "Bathing or dressing yourself"
  - g. "Walking one block"

#### **Instrumental Activity of Daily Living [A1SIADL]:**

- Questions used to construct [A1SIADL]
  - : Self-Administered Questionnaires, Section A; Questions 17 (a, c, d, e, f, h, i)
  - (How much does your health limit you in doing each of the following?)
  - a. "Lifting or carrying groceries"
  - c. "Climbing several flights of stairs"
  - d. "Bending, kneeling, or stooping"
  - e. "Walking more than a mile"
  - f. "Walking several blocks"
  - h. "Vigorous activities (e.g., running, lifting heavy objects)"
  - i. "Moderate activities (e.g., bowling, vacuuming)"

Coding: 1 A lot; 2 Some; 3 A little; 4 Not at all.

Scaling: The summary variables are constructed by calculating the mean of all the reverse-coded values of the items in each scale. Higher scores reflect a greater difficulty in performing each activities of daily life.

Missing Values: The summary variables are computed for cases that have **at least one** valid response to questions in the summary variable.

## DYSPNEA

### Summary Variables:

#### **Progressive Levels of Dyspnea [A1SDYSPN]:**

- Questions used to construct [A1SDYSPN]
  - : Self-Administered Questionnaires, Section A; Questions 22 (a to d)
  - (Do you get short of breath in the following situations?)
  - a. "When hurrying on ground level or walking up a slight hill."
  - b. "When walking with other people your age on level ground."
  - c. "When walking at your own pace on level ground."
  - d. "When washing or dressing."

Coding: 1 Yes; 2 No.

Scaling: [A1SDYSPN] is constructed by determining the respondent's consecutive positive responses to the question (A22a through A22d). Higher scores indicates greater progressive levels of Dyspnea.

: [A1SDYSPN]

=1 if the respondent answered "Yes" to only A22a.

= 2 if the respondent answered "Yes" to A22a AND A22b.

= 3 if the respondent answered "Yes" to A22a, A22b, and A22c.

= 4 if the respondent answered "Yes" to A22a, A22b, A22c and A22d.

Missing Values: The scale is computed for cases that had valid responses to **all four questions** used in the summary variable.

## BODY INDICES

### **Summary Variables:**

#### **Waist to Hip Ratio [A1SWSTHI]:**

- Questions used to construct [A1SWSTHI]

: Self-Administered Questionnaires, Section A; Questions 23 (waist size) and Question 24 (hip size)

Scaling: [A1SWSTHI] is calculated by dividing the waist size (in inches) by the hip size (in inches).

: In calculating waist to hip ratio, following rules were applied to handle extreme cases

1. To limit the extremes, any waist measurement below 20 was set to 20, and any hip measurement below 22 was set to 22, and anything above 75 to 75.
2. Any ratio that is beyond 4 standard deviations (above or below) from the mean within gender is coded as "9" to be an extreme case and defined as a missing value.

#### **Body Mass Index [A1SBMI]:**

- Questions used to construct [A1SBMI]

: Self-Administered Questionnaires, Section A; Questions 25 (height), and Q27 (weight).

Scaling: [A1SBMI] is calculated by dividing respondent's weight (mass) in kilograms by heights in meters squared. The height measure (in inches) was multiplied by 0.0254 to get the height in meters, and the weight (in pounds) was multiplied by 0.4536 to get the mass in kilograms.

: To limit the extremes, any heights greater than 84 inches were set to 84 inches

[Scales.rtf, p. 97]



## SEEING DOCTORS & MENTAL HEALTH PROFESSIONALS

### Summary Variables:

#### **Number of Times Seeing Medical Doctors (in the past 12 months) [A1SUSEMD]:**

- [A1SUSEMD] is a continuous variable based on the total number of times the respondent reported seeing doctors for various reasons.
- Questions used to construct [A1SUSEMD]
  - : Self-Administered Questionnaire, Section A, Question 36 (a, c, d).
  - a. A doctor, hospital or clinic for a routine physical check-up or gynecological exam.
  - c. A doctor, emergency room, or clinic for urgent care treatment
  - d. A doctor, hospital, clinic, dentist or ophthalmologist for scheduled treatment or surgery.

#### **Number of Times Seeing Mental Health Professionals (in the past 12 months) [A1SUSEMH]:**

- [A1SUSEMH] is a continuous variable based on the total number of times the respondent reported seeing professionals for emotional or mental health.
- Questions used to construct [A1SUSEMH]
  - : Self-Administered Questionnaire, Section A, Question 37 (a to d).
  - 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.

Coding: number of times the respondent saw the doctors/professionals./

Scaling: [A1SUSEMD] and [A1SUSEMH] are constructed by summing up total number of times the respondent reported seeing doctors/professionals in each question.

Missing Values: [A1SUSEMD] and [A1SUSEMH] are computed for cases that have **at least one** valid response to questions in the summary variable.