

ICPSR 4652

**National Survey of Midlife  
Development in the United States  
(MIDUS II), 2004-2006**

SAQ Questionnaires 1 and 2

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# **National Survey of Midlife Development in the United States (MIDUS II), 2004-2006**

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## MIDUS 2 Self-Administered Questionnaire

### Questionnaire 1

This is the first of two booklets we would like you to complete. It includes several categories of questions that will help us understand aspects about your life, like your health and your general feelings about life. There are no right or wrong answers to any of these questions.

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

Circle the appropriate number.

1      2      3      4      5

Check one.

☒ Yes  
☐ No

OR

☒ Yes  
☐ No

We realize that there are many questions to answer. If at any time you find yourself getting tired, we recommend that you take a break for a while and then come back to it. Please be sure that you choose the response that comes closest to how you feel. Be sure to look at the different answer choices before answering.

Some of the questions may seem redundant to you. There are other questions that may require you to look up information. Please bear with us through these questions and answer them as best you can. We need all of the information to best understand differences among the many people in our study.

Finally, we prefer that you answer this questionnaire on your own, without input from anyone else.

Thank you so much for contributing your time to complete this booklet! It is because of people like you that this national study has been possible.

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## SECTION A: YOUR HEALTH

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

Worst											Best
	0	1	2	3	4	5	6	7	8	9	10

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

Worst											Best
	0	1	2	3	4	5	6	7	8	9	10

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

Worst											Best
	0	1	2	3	4	5	6	7	8	9	10

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

None											Very Much
	0	1	2	3	4	5	6	7	8	9	10

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

None											Very Much
	0	1	2	3	4	5	6	7	8	9	10

- A6. How would you rate yourself today compared to five years ago on the following:

	Improved a lot	Improved a little	Stayed the same	Gotten a little worse	Gotten a lot worse
a. Energy level	1	2	3	4	5
b. Physical fitness	1	2	3	4	5
c. Physique/figure	1	2	3	4	5
d. Weight	1	2	3	4	5
e. Memory	1	2	3	4	5

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

*(Circle the appropriate number.)*

	Excellent	Good	Average	Fair	Poor
a. Your overall health	1	2	3	4	5
b. Your memory	1	2	3	4	5
c. Your overall vision	1	2	3	4	5
d. Your overall hearing	1	2	3	4	5

A8. Please indicate how much you agree or disagree with the following statements by circling the appropriate number.

	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
a. Keeping healthy depends on things that I can do.	1	2	3	4	5	6	7
b. There are certain things I can do for myself to reduce the risk of a heart attack.	1	2	3	4	5	6	7
c. There are certain things I can do for myself to reduce the risk of getting cancer.	1	2	3	4	5	6	7
d. I work hard at trying to stay healthy.	1	2	3	4	5	6	7
e. When I am sick, getting better is in the doctor's hands.	1	2	3	4	5	6	7
f. It is difficult for me to get good medical care.	1	2	3	4	5	6	7



A9. Please indicate the degree to which each of the following statements is true of you in general.

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

A10. During the past 30 days, how often have you experienced each of the following?

	Almost every day	Several times a week	Once a week	Several times a month	Once a month	Not at all
a. Headaches	1	2	3	4	5	6
b. Backaches	1	2	3	4	5	6
c. Sweating a lot	1	2	3	4	5	6
d. Irritability	1	2	3	4	5	6
e. Hot flushes or flashes	1	2	3	4	5	6
f. Aches or stiffness in joints	1	2	3	4	5	6
g. Trouble getting to sleep or staying asleep	1	2	3	4	5	6
h. Leaking urine	1	2	3	4	5	6
i. Pain or discomfort during intercourse	1	2	3	4	5	6
j. Pain or aches in extremities (arms/hands/legs/feet)	1	2	3	4	5	6

A11. In the past twelve months, have you experienced or been treated for any of the following?

*(Check all that apply.)*

<input type="checkbox"/> a. Asthma, bronchitis, or emphysema	<input type="checkbox"/> p. Lupus or other autoimmune disorders
<input type="checkbox"/> b. Tuberculosis	<input type="checkbox"/> q. Persistent trouble with your gums or mouth
<input type="checkbox"/> c. Other lung problems	<input type="checkbox"/> r. Persistent trouble with your teeth
<input type="checkbox"/> d. Arthritis, rheumatism, or other bone or joint diseases	<input type="checkbox"/> s. High blood pressure or hypertension
<input type="checkbox"/> e. Sciatica, lumbago, or recurring backache	<input type="checkbox"/> t. Anxiety, depression, or some other emotional disorder
<input type="checkbox"/> f. Persistent skin trouble (e.g. eczema)	<input type="checkbox"/> u. Alcohol or drug problems
<input type="checkbox"/> g. Thyroid disease	<input type="checkbox"/> v. Migraine headaches
<input type="checkbox"/> h. Hay fever	<input type="checkbox"/> w. Chronic sleeping problems
<input type="checkbox"/> i. Recurring stomach trouble, indigestion, or diarrhea	<input type="checkbox"/> x. Diabetes or high blood sugar
<input type="checkbox"/> j. Urinary or bladder problems	<input type="checkbox"/> y. Multiple sclerosis, epilepsy, or other neurological disorders
<input type="checkbox"/> k. Being constipated all or most of the time	<input type="checkbox"/> z. Stroke
<input type="checkbox"/> l. Gall bladder trouble	<input type="checkbox"/> aa. Ulcer
<input type="checkbox"/> m. Persistent foot trouble (e.g. bunions, ingrown toenails)	<input type="checkbox"/> bb. Hernia or rupture
<input type="checkbox"/> n. Trouble with varicose veins requiring medical treatment	<input type="checkbox"/> cc. Piles or hemorrhoids
<input type="checkbox"/> o. AIDS or HIV infection	<input type="checkbox"/> dd. Swallowing Problems

A12. During the past 30 days have you taken prescription medicine for any of the following conditions?

<p><i>Check “Yes” or “No” for each of the items below. If you check “Yes” please indicate how often by circling the appropriate number.</i></p>			IF YES, HOW OFTEN?				
			Daily	A few times a week	Once a week	A few times a month	Once this month
a.	Hypertension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
b.	Diabetes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
c.	High cholesterol	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
d.	A heart condition	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
e.	Lung problems	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
f.	Ulcers	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
g.	Arthritis	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
h.	Hormone replacement, such as estrogen	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
i.	Birth control	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
j.	Headaches	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
k.	Nerves, anxiety, or depression	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
l.	Pain	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5

A13. During the past 30 days have you used any of the following nonprescription (over-the-counter) medicines?

<p><i>If you check “Yes” to any of the items below, please indicate how often.</i></p>			IF YES, HOW OFTEN?				
			Daily	A few times a week	Once a week	A few times a month	Once this month
a.	Aspirin (e.g. Anacin, Ascriptin, BC Powder, Bufferin, Ecotrin, Pain-relief Tablets, Stanbach Powder, Vanquish)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
b.	Acetaminophen (e.g. Aspirin-free Excedrin, No Aspirin, Non-aspirin, Pergogetic, Tylenol)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
c.	Ibuprofen (e.g. Advil, Motrin, Nuprin)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5
d.	Naproxen sodium (e.g. Aleve, Naprosyn, Naprelan, Anaprox)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	1	2	3	4	5

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

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

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

- ☐ Yes → **Go to A16.**  
☐ No → **Go to A24 on page 8.**

A16. On a scale of 0 to 10, circle the number below that best describes how much, during the past week, your pain interfered with your general activity.

Did Not Interfere												Completely Interfered
0	1	2	3	4	5	6	7	8	9	10		

A17. On a scale of 0 to 10, circle the number below that best describes how much, during the past week, your pain interfered with your mood.

Did Not Interfere												Completely Interfered
0	1	2	3	4	5	6	7	8	9	10		

A18. On a scale of 0 to 10, circle the number below that best describes how much, during the past week, your pain interfered with your relations with other people.

Did Not Interfere												Completely Interfered
0	1	2	3	4	5	6	7	8	9	10		

A19. On a scale of 0 to 10, circle the number below that best describes how much, during the past week, your pain interfered with your sleep.

Did Not  
Interfere

Completely  
Interfered

0 1 2 3 4 5 6 7 8 9 10

A20. On a scale of 0 to 10, circle the number below that best describes how much, during the past week, your pain interfered with your enjoyment of life.

Did Not  
Interfere

Completely  
Interfered

0 1 2 3 4 5 6 7 8 9 10

A21. Where is your pain primarily located?

*(Check all that apply.)*

☐ Head

☐ Hips

☐ Neck

☐ Legs/Feet

☐ Back

☐ Knees

☐ Shoulders

☐ Other

☐ Arms/Hands

Please Specify:

\_\_\_\_\_

A22. Have you seen a physician or other health care professional about this?

☐ Yes

☐ No

A23. What was the diagnosis?

\_\_\_\_\_

☐ Don't Know

A24. During the past 30 days, how much of the time did you feel...

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

A25. Overall, were the negative feelings you reported over the last 30 days more or less negative than you usually feel or about the same as usual? (If you never have any of these feelings, check “About the same as usual”.)

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

A26. During the past 30 days, how much of the time did you feel...

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

A27. Overall, were the positive feelings you reported over the last 30 days more or less positive than you usually feel, or about the same as usual? (If you never have any of these feelings, check “About the same as usual”.)

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

A28. How much does your health limit you in doing each of the following?

	A lot	Some	A little	Not at all
a. Lifting or carrying groceries	1	2	3	4
b. Bathing or dressing yourself	1	2	3	4
c. Climbing several flights of stairs	1	2	3	4
d. Climbing one flight of stairs	1	2	3	4
e. Bending, kneeling, or stooping	1	2	3	4
f. Walking more than a mile	1	2	3	4
g. Walking several blocks	1	2	3	4
h. Walking one block	1	2	3	4
i. Vigorous activity (e.g., running, lifting heavy objects)	1	2	3	4
j. Moderate activity (e.g., bowling, vacuuming)	1	2	3	4

A29. Do you get short of breath in the following situations?

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



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

- A30. How often do you engage in **vigorous** physical activity that causes your heart to beat so rapidly that you can feel it in your chest **and** you perform the activity long enough to work up a good sweat **and** are breathing heavily? (Examples: competitive sports like running, vigorous swimming, or high intensity aerobics; digging in the garden, or lifting heavy objects)

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

- A31. How often do you engage in **moderate** physical activity, that is not physically exhausting, **but** it causes your heart rate to increase slightly **and** you typically work up a sweat?  
(Examples: leisurely sports like light tennis, slow or light swimming, low impact aerobics, or golfing without a power cart; brisk walking, mowing the lawn with a walking lawnmower)

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

- A32. How often do you engage in **light** physical activity that requires little physical effort?  
(Examples: light house keeping like dusting or laundry; bowling, archery, easy walking, golfing with a power cart or fishing)

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

A33. How often do you...

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

A34. Please indicate how strongly you agree or disagree with each of the following statements.

	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
a. If I forgot my friend's zip code, I'd be able to learn it again.	1	2	3	4	5	6	7
b. It's inevitable that my intellectual functioning will decline as I get older.	1	2	3	4	5	6	7
c. I would have to ask a sales person to figure out how much I'd save with a 20% discount.	1	2	3	4	5	6	7
d. The older I get, the harder it is to think clearly.	1	2	3	4	5	6	7
e. As long as I exercise my mind, I will always be on top of things.	1	2	3	4	5	6	7
f. My mental acuity (sharpness) is bound to decline.	1	2	3	4	5	6	7
g. I can understand instructions only after someone explains them to me.	1	2	3	4	5	6	7
h. I don't remember things as well as I used to.	1	2	3	4	5	6	7
i. There's not much I can do to keep my memory from going down hill.	1	2	3	4	5	6	7

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

- ♦ *Make measurements while standing.*
- ♦ *Avoid measuring over clothing (even thin clothing can add a 1/4 inch).*
- ♦ *Try to record answers to the nearest quarter (1/4) inch.*

A35. What is your waist size-that is, how many inches around is your waist? Please measure at the level of your navel.

\_\_\_\_\_ # Inches

A36. What is your hip size-that is, how many inches do your hips measure at the widest point? Measure at the widest point between your waist and your thighs.

\_\_\_\_\_ # Inches

A37. How tall are you?

\_\_\_\_\_ # Feet \_\_\_\_\_ # Inches

A38. Which of the following do you consider yourself?

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

A39. How much do you currently weigh?

\_\_\_\_\_ # Pounds

A40. How much did you weigh one year ago? (Your best estimate is fine.)

\_\_\_\_\_ # Pounds

A41. How much did you weigh ten years ago? (Your best estimate is fine.)

\_\_\_\_\_ # Pounds

A42. Over the past ten years, how many times have you lost 10 pounds or more (excluding women after childbirth)?

\_\_\_\_\_ # Times

A43. During the past 12 months, did you ...

*(Check all that apply.)*

- ☐ lose 10 pounds or more because of illness or health problems?
- ☐ lose 10 pounds or more by diet, exercise or change of lifestyle?
- ☐ lose 10 pounds or more for other reasons?

Please specify:

- \_\_\_\_\_
- ☐ None of the above

A44. Have you ever in your life had an operation or major procedure that required any type of anesthesia (including local anesthesia, general anesthesia, dental anesthesia, etc.)?

- ☐ Yes → **Go to A45.**
- ☐ No → **Go to A46.**

A45. In what year did this happen (most recently)?

\_\_\_\_\_ Year

A46. How many separate times in the past 12 months have you been hospitalized overnight?

\_\_\_\_\_ # Times

***If you answered one or more times in A46 please answer A47.***

A47. How many nights did you stay in a hospital altogether in the past 12 months?

\_\_\_\_\_ # Nights

A48. Where do you usually go if you are sick or need advice about your health?

*(Check all that apply.)*

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

A49. Of those you selected above, which place do you go most often?

*(Check one.)*

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

A50. Who do you see for health care?

*(Check all that apply.)*

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

A51. Of those you selected above, which one do you see most often?

*(Check one.)*

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

A52. Was there a time in the past 12 months when you needed medical care but couldn't get it?

- ☐ Yes  
☐ No

A53. Please indicate how many times you saw each of the following doctors in the past 12 months about your physical health. Include only visits regarding your own physical health, not visits when you took someone else to be examined. (If none, please enter "0".)

	# Times (If none, enter "0".)
a. A doctor, hospital or clinic for a routine physical check-up or gynecological exam	
b. A dentist for a routine check-up or exam	
c. An optician for a routine check-up or exam	
d. A doctor, emergency room, or clinic for urgent care treatment (for example, because of new symptoms, an accident, or something else unexpected)	
e. A doctor, hospital, clinic, dentist or ophthalmologist for scheduled treatment or surgery	

A54. Please indicate how many times you saw each of the following professionals in the past 12 months about a problem with your emotional or mental health or about personal problems, such as problems with marriage, alcohol or drugs, or job stress. Include both individual visits and group sessions regarding your own problems, but not visits when you took someone else regarding their problems. (If none, enter "0".)

	# Times (If none, enter "0".)
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	



A55. Self-help groups are groups organized and run by people who get together on the basis of a common experience or goal to mutually help or support one another. Please check whether you ever attended one of these meetings and if so, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12 months, enter "0".)

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

A56. Please indicate how often you used each of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness?

	A lot	Often	Some	A little	Never
a. Acupuncture	1	2	3	4	5
b. Biofeedback	1	2	3	4	5
c. Chiropractic	1	2	3	4	5
d. Energy healing	1	2	3	4	5
e. Physical or occupational therapy	1	2	3	4	5
f. Exercise or movement therapy (yoga, pilates, tai chi, feldenkrais, etc.)	1	2	3	4	5
g. Herbal therapy	1	2	3	4	5
h. High dose mega-vitamins	1	2	3	4	5
i. Homeopathy	1	2	3	4	5
j. Hypnosis	1	2	3	4	5
k. Imagery techniques	1	2	3	4	5
l. Massage therapy	1	2	3	4	5
m. Prayer or other spiritual practices	1	2	3	4	5
n. Relaxation or meditation techniques	1	2	3	4	5
o. Physician prescribed diet (low salt, diabetes, etc.)	1	2	3	4	5
p. Weight Control Diet (Atkins, Weight Watchers, Pritkin, Zone, etc.)	1	2	3	4	5
q. Special diet such as Vegetarian, Macrobiotic, Ayurvedic, etc.	1	2	3	4	5
r. Spiritual healing by others	1	2	3	4	5
s. Any other non-traditional remedy or therapy Please specify: _____	1	2	3	4	5

A57. How much sleep do you usually get at night (or in your main sleep period) on weekdays or workdays?

\_\_\_\_\_Hours\_\_\_\_\_Minutes

A58. How much sleep do you get at night (or in your main sleep period) on weekends or your non-workdays?

\_\_\_\_\_Hours\_\_\_\_\_Minutes

A59. How long does it usually take you to fall asleep at bedtime?

\_\_\_\_\_Hours\_\_\_\_\_Minutes

A60. During a usual week, how many times do you nap for 5 minutes or more? If none, enter "0".

\_\_\_\_\_ # Times

A61. Please indicate how often you experience each of the following:

*(Circle the appropriate number for each item.)*

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

A62. The next questions are about the use of drugs or medications on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use any of the following substances on your own during the past 12 months?  
(Check all that apply.)

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

***If you checked "Yes" to any of the above substances, please answer A63 – A65. If you checked "No" to all of them, go to A66 on page 24.***

A63. During the past 12 months, how many times did you use much larger amounts of any of these substances than you intended to when you began, or used them for a longer period of time than you intended to?

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

A64. In the past 12 months, how many times have you been under the effects of any of these substances or suffering their after effects while at work or school, or while taking care of children?

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

A65. When answering these questions, please keep in mind all of the substances listed in Question A62 that you have used in the past 12 months. Please check “Yes” even if your answer is for only one of the substances and not all of them.

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

A66. During the past 12 months, did you have any of the following problems while drinking or because of drinking alcohol?

	Yes	No
a. Did you have any emotional or psychological problems from using alcohol, such as feeling depressed, being suspicious of people, or having strange ideas?	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you have such a strong desire or urge to use alcohol that you could not resist it or could not think of anything else?	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you have a period of a month or more when you spent a great deal of time using alcohol or getting over its effects?	<input type="checkbox"/>	<input type="checkbox"/>
d. Did you find that you had to use more alcohol than usual to get the same effect or that the same amount had less effect on you than before?	<input type="checkbox"/>	<input type="checkbox"/>

A67. During the past 12 months, how many times did you use much larger amounts of alcohol than you intended to when you began, or used them for a longer period of time than you intended to?

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

A68. In the past 12 months, how many times have you been under the effects of alcohol or suffering its after effects while at work or school, or while taking care of children?

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

## SECTION B: HEALTH QUESTIONS FOR WOMEN

*This section is for women only. Male respondents, please turn to page 30 and continue with Section C.*

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

- ☐ Yes, all of the year → **Go to B4.**
- ☐ Yes, part of the year → **Go to B2.**
- ☐ No, none of the year → **Go to B2.**

B2. Do you know if your menstrual period(s) stopped for any of the following reasons?

	Yes	No
a. Medication, chemotherapy, or radiation	<input type="checkbox"/>	<input type="checkbox"/>
b. Pregnancy or breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
c. Severe weight loss, or other clear reason except menopause	<input type="checkbox"/>	<input type="checkbox"/>
d. Menopause	<input type="checkbox"/>	<input type="checkbox"/>
e. Hysterectomy	<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_Year → **Go to B8.**

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

- ☐ Yes
- ☐ No

B5. What is the date of your last menstrual period?

\_\_\_\_\_Month\_\_\_\_\_Day\_\_\_\_\_Year

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

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Lighter
- ☐ Heavier
- ☐ About the same

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

	Taking Currently	Taken in the past	Total number of years you have taken this type of medication
<p>a. Birth control medication (e.g. the Pill, the Patch, the Ring, the Shot)</p> <p>Name(s) of the medication(s) and the dosage(s) starting with the most recent.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes   <input type="checkbox"/> No	<input type="checkbox"/> Yes   <input type="checkbox"/> No	<p>_____# Years</p>
<p>b. Fertility Drugs</p> <p>Name(s) of the medication(s) and the dosage(s) starting with the most recent.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes   <input type="checkbox"/> No	<input type="checkbox"/> Yes   <input type="checkbox"/> No	<p>_____# Years</p>
<p>c. Female Hormones (e.g. estrogens, progesterins, hormone patches or creams, injections, or post- menopausal hormones) <u>Do not include birth control pills or fertility drugs.</u></p> <p>Name(s) of the medication(s) and the dosage(s) starting with the most recent.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes   <input type="checkbox"/> No	<input type="checkbox"/> Yes   <input type="checkbox"/> No	<p>_____# Years</p>



***If you checked “Yes” to taking female hormones other than birth control pills or fertility drugs for any reason (either currently or in the past), please answer the following questions – if you checked “No”, go to B17.***

B9. What was the specialty of the doctor that prescribed the female hormones?  
(e.g., Generalist, Obstetrician/Gynecologist, Internist)

\_\_\_\_\_

B10. Was the doctor that prescribed the female hormones male or female?

- ☐ Male  
☐ Female

B11. What were the reasons you began taking hormones?

***(Check all that apply.)***

- ☐ Hot flashes/night sweats  
☐ Vaginal dryness  
☐ To regulate periods  
☐ To prevent osteoporosis  
☐ To prevent heart disease  
☐ To improve memory  
☐ Endometriosis  
☐ Removal of ovaries  
☐ Some other reason  
Please Specify:

\_\_\_\_\_

B12. When did you start taking female hormones?

***(Give month and year.)***

\_\_\_\_\_Month\_\_\_\_\_Year

***If you have stopped taking female hormones → Go to B13.***

***If you are still taking female hormones → Go to B17.***

B13. When did you stop taking female hormones?

***(Give month and year.)***

\_\_\_\_\_Month\_\_\_\_\_Year

B14. What were the reasons for stopping?

- ☐ No longer had symptoms
- ☐ Concern about risks
- ☐ Decided to try something else
- ☐ Some other reason

Please Specify:

\_\_\_\_\_

B15. Did you discuss stopping with your health care provider?

- ☐ Yes
- ☐ No

B16. Did your health care provider recommend your stopping?

- ☐ Yes
- ☐ No

B17. Over the past month, have you regularly taken (at least a couple of times a week) any of the following for menopausal symptoms?

***If you are not experiencing menopausal symptoms, go to B18 on the next page.***

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

B18. Women have different feelings about the time when their menstrual periods stop altogether. Which one of the statements below best describes your feelings about this? Please answer, whether or not your periods have already stopped.

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

B19. Women sometimes worry about the future and getting older. How much do you worry about each of the following?

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

## SECTION C: HEALTH INSURANCE

C1. Are you currently covered by any healthcare insurance?

- ☐ Yes → *Go to C3.*
- ☐ No → *Go to C2.*

C2. What is/are the main reason(s) you are without healthcare coverage?

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

Please Specify: \_\_\_\_\_

- ☐ Don't Know/Not sure

C3. Are you currently covered by any of the following health insurance plans? Do not include accident (e.g., car insurance) or disability insurance. (If you have no spouse, partner, or union, check “No”.)

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

C4. Do you have insurance for dental health care?

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Yes
- ☐ No
- ☐ Don't know

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

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

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

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

*If you are married, or living with a partner in a marriage-like relationship, please continue with C9 below. Otherwise, continue with Section D on the next page.*

- C9. Is your spouse or partner currently covered by any of the following health insurance plans?  
Again, do not include those which pay only for accidents (such as through your car insurance) or disability (such as disability insurance).

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

- C10. Does your spouse or partner have insurance for dental health care?

- ☐ Yes  
☐ No  
☐ Don't know

- C11. Does your spouse or partner have health insurance that covers the cost of any prescription drugs?

- ☐ Yes  
☐ No  
☐ Don't know

- C12. Does your spouse or partner have health insurance that covers the cost of any mental health visits, that is, that would help to pay for visits for him or her such as psychological or emotional counseling, or alcohol or drug abuse treatment programs?

- ☐ Yes  
☐ No  
☐ Don't know

## SECTION D: PARENTS' HEALTH

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

D1. Is your biological mother still alive?

- ☐ Yes → *Go to BOX A.*
- ☐ No → *Go to BOX B.*
- ☐ Don't Know → *Go to D2 on the next page.*

**BOX A** (If your biological mother is alive)

D1a. How old is she? (Your best estimate is fine.)

\_\_\_\_\_ # Years old

D1b. How would you rate your biological mother's current physical health?

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

→ *Go to D2.*

**BOX B** (If your biological mother is deceased)

D1c. In what year did she die? (Your best estimate is fine.)

\_\_\_\_\_ Year

D1d. How old was she when she died? (Your best estimate is fine.)

\_\_\_\_\_ # Years old

→ *Go to D2.*



D2. Is your biological father still alive?

- ☐ Yes → *Go to BOX C.*
- ☐ No → *Go to BOX D.*
- ☐ Don't Know → *Go to the next page, Section E.*

**BOX C** (If your biological father is alive)

D2a. How old is he? (Your best estimate is fine.)

\_\_\_\_\_ # Years old

D2b. How would you rate your biological father's current physical health?

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

→ *Go to Section E.*

**BOX D** (If your biological father is deceased)

D2c. In what year did he die? (Your best estimate is fine.)

\_\_\_\_\_ Year

D2d. How old was he when he died? (Your best estimate is fine.)

\_\_\_\_\_ # Years old

→ *Go to Section E.*

## SECTION E: PERSONAL BELIEFS

E1. The next set of items explore your well-being. Please indicate how strongly you agree or disagree with each of the following statements.

	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
a. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6	7
b. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6	7
c. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6	7
d. Most people see me as loving and affectionate.	1	2	3	4	5	6	7
e. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6	7
f. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6	7
g. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6	7
h. The demands of everyday life often get me down.	1	2	3	4	5	6	7
i. I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6	7
j. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6	7
k. I have a sense of direction and purpose in life.	1	2	3	4	5	6	7
l. In general, I feel confident and positive about myself.	1	2	3	4	5	6	7

	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
m. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6	7
n. I do not fit very well with the people and the community around me.	1	2	3	4	5	6	7
o. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6	7
p. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6	7
q. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6	7
r. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6	7
s. I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6	7
t. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6	7
u. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6	7
v. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6	7
w. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6	7
x. I like most aspects of my personality.	1	2	3	4	5	6	7

	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
y. It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6	7
z. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6	7
aa. For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6	7
bb. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6	7
cc. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6	7
dd. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6	7
ee. I tend to worry about what other people think of me.	1	2	3	4	5	6	7
ff. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6	7
gg. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6	7
hh. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6	7
ii. I am an active person in carrying out the plans I set for myself.	1	2	3	4	5	6	7
jj. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6	7

	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
kk. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6	7
ll. I have been able to build a living environment and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6	7
mm. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6	7
nn. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6	7
oo. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6	7
pp. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6	7
qq. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6	7

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

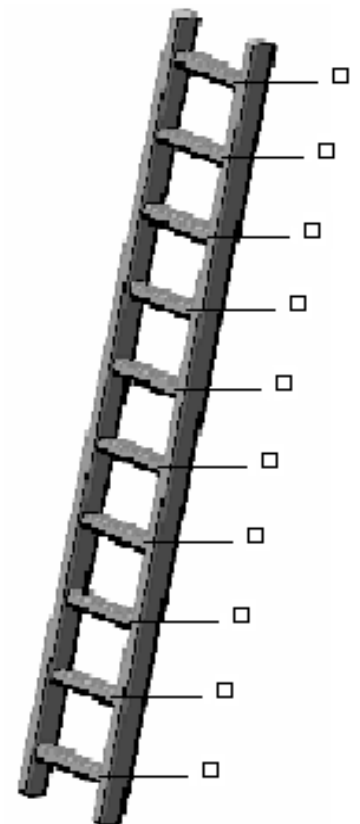
<input type="checkbox"/> Autonomy, being self reliant	<input type="checkbox"/> Physical fitness and strength
<input type="checkbox"/> Having a good job	<input type="checkbox"/> Positive attitude
<input type="checkbox"/> Continual learning and growth	<input type="checkbox"/> Positive relationships with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

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

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

Where would you place yourself on this ladder?

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



E4. The next set of questions deal with your views of yourself. Please indicate how strongly you agree or disagree with each of the following statements.

	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
a. There is little I can do to change the important things in my life.	1	2	3	4	5	6	7
b. I often feel helpless in dealing with the problems of life.	1	2	3	4	5	6	7
c. I can do just about anything I really set my mind to.	1	2	3	4	5	6	7
d. Other people determine most of what I can and cannot do.	1	2	3	4	5	6	7
e. What happens in my life is often beyond my control.	1	2	3	4	5	6	7
f. When I really want to do something, I usually find a way to succeed at it.	1	2	3	4	5	6	7
g. There are many things that interfere with what I want to do.	1	2	3	4	5	6	7
h. Whether or not I am able to get what I want is in my own hands.	1	2	3	4	5	6	7
i. I have little control over the things that happen to me.	1	2	3	4	5	6	7
j. There is really no way I can solve the problems I have.	1	2	3	4	5	6	7
k. I sometimes feel I am being pushed around in my life.	1	2	3	4	5	6	7
l. What happens to me in the future mostly depends on me.	1	2	3	4	5	6	7

	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
m. I am no better and no worse than others.	1	2	3	4	5	6	7
n. I take a positive attitude toward myself.	1	2	3	4	5	6	7
o. At times I feel that I am no good at all.	1	2	3	4	5	6	7
p. I am able to do things as well as most people.	1	2	3	4	5	6	7
q. I wish I could have more respect for myself.	1	2	3	4	5	6	7
r. On the whole, I am satisfied with myself.	1	2	3	4	5	6	7
s. I certainly feel useless at times.	1	2	3	4	5	6	7
t. I act in the same way no matter who I am with.	1	2	3	4	5	6	7
u. I enjoy being unique and different from others in many respects.	1	2	3	4	5	6	7
v. My happiness depends on the happiness of those around me.	1	2	3	4	5	6	7
w. I often have the feeling that my relationships with others are more important than my own accomplishments.	1	2	3	4	5	6	7
x. Being able to take care of myself is a primary concern for me.	1	2	3	4	5	6	7
y. It is important to listen to others' opinions.	1	2	3	4	5	6	7



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

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

E6. Please indicate how well each of the following describes you.

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

E7. Please indicate how well each of the following statements describes you.

	True of you	Somewhat true	Somewhat false	False
a. I usually like to spend my free time with friends rather than alone.	1	2	3	4
b. When faced with a decision, I usually take time to consider and weigh all possibilities.	1	2	3	4
c. When I am unhappy about something, I tend to seek the company of a friend rather than remaining alone.	1	2	3	4
d. It might be fun and exciting to be in an earthquake.	1	2	3	4
e. In most social situations I like to have someone else take the lead.	1	2	3	4
f. I like to stop and think things over before I do them.	1	2	3	4
g. People often try to take advantage of me.	1	2	3	4
h. I am a warm person rather than cool and distant.	1	2	3	4
i. Often when I get angry I am ready to hit someone.	1	2	3	4
j. I am quite effective at talking people into things.	1	2	3	4
k. My mood often goes up and down.	1	2	3	4
l. I often keep working on a problem long after others would have given up.	1	2	3	4
m. I am opposed to more censorship of books and movies because it would go against free speech.	1	2	3	4
n. I am very good at influencing people.	1	2	3	4
o. I like to try difficult things.	1	2	3	4
p. I would be more successful if people did not make things difficult for me.	1	2	3	4
q. I usually find ways to liven up my day.	1	2	3	4
r. I like hard work.	1	2	3	4
s. People often say mean things about me.	1	2	3	4

**\*See page 57**

		True of you	Somewhat true	Somewhat false	False
t.	Sometimes I seem to enjoy hurting people by saying mean things.	1	2	3	4
u.	People should obey moral laws more strictly than they do.	1	2	3	4
v.	It might be fun learning to walk a tightrope.	1	2	3	4
w.	I sometimes get very upset and tense as I think about the day's events.	1	2	3	4
x.	Minor setbacks sometimes irritate me too much.	1	2	3	4
y.	I am a cautious person.	1	2	3	4
z.	I don't like to see religious authority overturned by so-called progress and logical reasoning.	1	2	3	4
aa.	For me life is a great adventure.	1	2	3	4
bb.	When people insult me, I try to get even.	1	2	3	4
cc.	I often prefer not to have people around me.	1	2	3	4
dd.	When it is time to make decisions, others usually turn to me.	1	2	3	4
ee.	Sometimes I just like to hit someone.	1	2	3	4
ff.	I set very high standards for myself in my work.	1	2	3	4
gg.	I always seem to have something exciting to look forward to.	1	2	3	4

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

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

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

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

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

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

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

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

E10. The next set of questions asks about your outlook on life. Answer according to your own feelings, rather than how you think "most people" would answer.

	AGREE		Neither agree or disagree	DISAGREE	
	A lot	A little		A little	A lot
a. In uncertain times, I usually expect the best.	1	2	3	4	5
b. If something can go wrong for me, it will.	1	2	3	4	5
c. I'm always optimistic about my future.	1	2	3	4	5
d. I hardly ever expect things to go my way.	1	2	3	4	5
e. I rarely count on good things happening to me.	1	2	3	4	5
f. I expect more good things to happen to me than bad.	1	2	3	4	5

- E11. The following questions are about experiences you may have had as CHILD or TEEN-AGER. Check the appropriate boxes next to any of the following experiences you have had. For those you checked, indicate how old you were, and if it affected you, positively or negatively, both initially, and in the long run.

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

The following questions are about experiences you may have had at ANYTIME. Check the appropriate boxes next to any of the following experiences you have had. For those you checked, indicate how old you were, and if it affected you positively or negatively, both initially, and in the long run.

		How did this affect you?				
			Very Negatively	Not at all	Very Positively	
<input type="checkbox"/> h. Flunked out of school	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> i. Fired from a job	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> j. Did not have a job for a long time when you wanted to be working	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> k. A parent died	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> l. Parents divorced	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> m. Spouse/partner engaged in (marital) infidelity	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> n. Significant difficulties with in-laws	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> o. Brother or sister died	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2

		How did this affect you?				
			Very Negatively	Not at all	Very Positively	
<input type="checkbox"/> p. Child died	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> q. Child experienced life threatening accident or injury	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> r. Lost your home to fire, flood, natural disaster, etc.	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> s. Physically assaulted or attacked	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> t. Sexually assaulted (e.g. forced sexual intercourse or other unwanted sexual contact)	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> u. Serious legal difficulties/prison	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> v. Detention in jail or comparable institution	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2



		How did this affect you?				
			Very Negatively	Not at all	Very Positively	
<input type="checkbox"/> w. Declared bankruptcy	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> x. Suffered a financial or property loss unrelated to work	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> y. Went on welfare	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> z. Entered the armed forces	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2
<input type="checkbox"/> aa. Experienced combat	Initially?	-2	-1	0	1	2
At what age(s) did this happen? _____	In the long run?	-2	-1	0	1	2

E12. The following statements are designed to help us understand how you approach managing your life. Please indicate how well the following statements describe you.

	A lot	Some	A little	Not at all
a. When things don't go according to my plans, my motto is, "Where there's a will, there's a way."	1	2	3	4
b. When faced with a bad situation, I do what I can to change it for the better.	1	2	3	4
c. When my expectations are not being met, I lower my expectations.	1	2	3	4
d. To avoid disappointments, I don't set my goals too high.	1	2	3	4
e. I find I usually learn something meaningful from a difficult situation.	1	2	3	4
f. I feel relieved when I let go of some of my responsibilities.	1	2	3	4
g. Even when I feel I have too much to do, I find a way to get it all done.	1	2	3	4
h. When I am faced with a bad situation, it helps to find a different way of looking at things.	1	2	3	4
i. I often remind myself that I can't do everything.	1	2	3	4
j. When I encounter problems, I don't give up until I solve them.	1	2	3	4
k. I rarely give up on something I am doing, even when things get tough.	1	2	3	4
l. When I can't get what I want, I assume my goals must be unrealistic.	1	2	3	4
m. Even when everything seems to be going wrong, I can usually find a bright side to the situation.	1	2	3	4
n. I can find something positive even in the worst situations.	1	2	3	4
o. I like to make plans for the future.	1	2	3	4
p. I know what I want out of life.	1	2	3	4
q. I live one day at a time.	1	2	3	4

	A lot	Some	A little	Not at all
r. I find it helpful to set goals for the near future.	1	2	3	4
s. I have too many things to think about today to think about tomorrow.	1	2	3	4
t. Making sense of my past helps me to figure out what to do in the present.	1	2	3	4
u. There is no use in thinking about the past because there is nothing you can do about it.	1	2	3	4
v. After something bad happens, I think about how I could have prevented it.	1	2	3	4
w. I am good at figuring out how things will turn out.	1	2	3	4
x. I believe there is no sense planning too far ahead because so many things can change.	1	2	3	4
y. I don't like to ask others for help unless I have to.	1	2	3	4
z. Asking others for help comes naturally to me.	1	2	3	4
aa. When I have decided on a goal, I always keep in mind its benefits.	1	2	3	4
bb. When I cannot solve a problem by myself, I ask others for help.	1	2	3	4
cc. When it turns out that I cannot attain a goal in any way, I let go of it.	1	2	3	4
dd. When I find it impossible to attain a goal, I try not to blame myself.	1	2	3	4
ee. When I have decided on something, I avoid anything that could distract me.	1	2	3	4
ff. When obstacles get in my way, I try to get help from others.	1	2	3	4
gg. I stop thinking about a goal that has become unattainable and let it go.	1	2	3	4
hh. When something I wanted did not work out, I try not to think about it too much.	1	2	3	4

		A lot	Some	A little	Not at all
ii.	For goals that are difficult to achieve, I keep in mind how good I will feel when I have reached them.	1	2	3	4
jj.	When difficulties become too great, I ask others for advice.	1	2	3	4
kk.	If I cannot attain a goal in my life, I think about other new goals to pursue.	1	2	3	4
ll.	I worry a lot when expecting an important event.	1	2	3	4
mm.	I can keep in harmony with other people and my surroundings.	1	2	3	4

E13. This set of questions is about how you respond when you are confronted with difficult or stressful events in your life. We are interested in what you generally do and feel when you experience stressful situations. Please circle the number that best describes how you usually experience a stressful event.

		A lot	A medium amount	Only a little	Not at all
a.	I try to grow as a person as a result of the experience.	1	2	3	4
b.	I concentrate my efforts on doing something about it.	1	2	3	4
c.	I make a plan of action.	1	2	3	4
d.	I get upset and let my emotions out.	1	2	3	4
e.	I say to myself "this isn't real".	1	2	3	4
f.	I admit to myself that I can't deal with it, and quit trying.	1	2	3	4
g.	I eat more than I usually do.	1	2	3	4
h.	I try to see it in a different light, to make it seem more positive.	1	2	3	4
i.	I take additional action to try to get rid of the problem.	1	2	3	4
j.	I try to come up with a strategy about what to do.	1	2	3	4

	A lot	A medium amount	Only a little	Not at all
k. I get upset, and am really aware of it.	1	2	3	4
l. I refuse to believe that it has happened.	1	2	3	4
m. I give up trying to reach my goal.	1	2	3	4
n. I eat more of my favorite foods to make myself feel better.	1	2	3	4
o. I look for something good in what is happening.	1	2	3	4
p. I take direct action to get around the problem.	1	2	3	4
q. I think about how I might best handle the problem.	1	2	3	4
r. I let my feelings out.	1	2	3	4
s. I pretend that it hasn't really happened.	1	2	3	4
t. I give up the attempt to get what I want.	1	2	3	4
u. I learn something from the experience.	1	2	3	4
v. I do what has to be done, one step at a time.	1	2	3	4
w. I think hard about what steps to take.	1	2	3	4
x. I feel a lot of emotional distress and find myself expressing those feelings a lot.	1	2	3	4
y. I act as though it hasn't even happened.	1	2	3	4
z. I reduce the amount of effort I'm putting into solving the problem.	1	2	3	4

E14. Many people feel older or younger than they actually are. What age do you feel most of the time?

\_\_\_\_\_ Years old

E15. Now imagine you could be any age. What age would you like to be?

\_\_\_\_\_ Years old

E16. In your opinion, at what age do most men enter middle age?

\_\_\_\_\_ Years old

E17. And at what age are most men no longer middle aged?

\_\_\_\_\_ Years old

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

\_\_\_\_\_ Years old

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

\_\_\_\_\_ Years old

**Please use this space to tell us anything else you would like us to know, or to make suggestions about this portion of the survey.**

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**Thank you for completing this portion of the survey.  
Please go on to complete the second booklet when you are ready.**

*\*Items E7 through E9a are from the Multidimensional Personality Questionnaire-35 (MPQ-35).  
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## MIDUS 2 Self-Administered Questionnaire

### Questionnaire 2

**This is the second booklet we would like you to complete. It includes several categories of questions that will help us understand aspects about your life, like your work and your relationships. There are no right or wrong answers to any of these questions.**

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

**Circle the appropriate number.**

1      2      3      **4**      5

**Check one.**

☒ Yes  
☐ No

**OR**

☒ Yes  
☐ No

**We realize that there are many questions to answer. If at any time you find yourself getting tired, we recommend that you take a break for a while and then come back to it. Please be sure that you choose the response that comes closest to how you feel. Be sure to look at the different answer choices before answering.**

**Some of the questions may seem redundant to you. There are other questions that may require you to look up information. Please bear with us through these questions and answer them as best you can. We need all of the information to best understand differences among the many people in our study.**

**Finally, we prefer that you answer this questionnaire on your own, without input from anyone else.**

**Thank you so much for contributing your time to complete this booklet! It is because of people like you that this national study has been possible.**



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q5	B1SQ5	60
q6	B1SQ6	60

## SECTION F: WORK

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

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

F2. Looking back ten years ago, how would you rate your work situation at that time using the same 0 to 10 scale?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

F3. Looking ahead ten years into the future, what do you expect your work situation will be like at that time?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

F4. Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your work situation these days?

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	

F5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your work situation these days?

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	



***The next questions are about your work history. If you have never worked at a paid job for six months or more, whether full-time or part-time, please skip to page 12 and continue with F33. Otherwise, continue with F6.***

- F6. Please think about the first year you worked for six months or more at a paid job, whether it was full-time or part-time. How old were you at that time? (Your best estimate is fine.)

\_\_\_\_\_ Years old

- F7. Starting from the year you first worked for six months or more, and continuing up to the present, how many years were you employed at least six months out of the year? Count all years when you worked part-time or full-time at least half the year. (Your best estimate is fine.)

\_\_\_\_\_ # Years

- F8. Of those years when you were employed for at least half the year, how many years was your employment full-time (that is, 35 hours or more per week) for six months or more? (Your best estimate is fine.)

\_\_\_\_\_ # Years

- F9. From the year you first worked at least six months, counting up to the present time, what was the single longest period of time you were not working for pay at all, excluding any time you were retired? (If none, enter "0".)

\_\_\_\_\_ # Weeks/Months/Years  
(Circle One)

***If you answered "0" for F9, please go to F11, otherwise go to F10 below.***

- F10. What was the main reason you were not working during that longest period?

***(Check one)***

- ☐ Wanted to work but could not find a job
- ☐ Physical injury or illness kept you from working
- ☐ Mental or emotional problems kept you from working
- ☐ Alcohol or substance abuse problems kept you from working
- ☐ Did not work because of family responsibilities; caring for children, spouse, or parents
- ☐ Attended school part-time/full-time
- ☐ Chose not to work to pursue personal interests

***For the next set of questions please circle one number for each year listed.***

F11. Which of these situations best describes your employment status from January to December of each year? If you were working while you were a full-time student, feel free to circle more than one response.

	Worked full-time (35+ hrs/wk for 6+ mos)	Worked part-time (less than 35 hrs/ wk for 6+ mos)	No work or worked less than 6 months	Full-time student
a. 2003	1	2	3	4
b. 2002	1	2	3	4
c. 2001	1	2	3	4
d. 2000	1	2	3	4
e. 1999	1	2	3	4
f. 1998	1	2	3	4
g. 1997	1	2	3	4
h. 1996	1	2	3	4
i. 1995	1	2	3	4
j. 1994	1	2	3	4

***Please think about your work experience over the past 12 months. In the spaces provided below, please write in the number of weeks you spent in the following work situations. The total should add up to 52 weeks. (Your best estimate is fine.)***

F12. In the past 12 months, how many weeks...

- a. did you work at a paid job, whether part-time or full-time, including time spent on paid vacation, paid sick time, or other paid leave?

\_\_\_\_\_ # Weeks

- b. were you unemployed, that is, weeks that you were not working at all, but were looking for a job?

\_\_\_\_\_ # Weeks

- c. were you not working because you were on unpaid leave, such as unpaid sick leave, disability leave, maternity leave, or something else?

\_\_\_\_\_ # Weeks

- d. were you not working at a paid job and not actively looking for work (for example, you were retired, at home caring for children, or a student)?

\_\_\_\_\_ # Weeks

F13. Are you currently doing any work for pay? This includes self-employment as well as being employed by someone else, and any job for pay from which you are temporarily on leave or laid off.

- ☐ Yes → *Go to F14.*  
☐ No → *Go to F23 on page 6.*

*For the next set of questions, unless it is otherwise specified, consider all of the work that you do for pay.*

F14. Now think about your current job(s). In an average week, how often do you work during the day, in the evening, at night (including being away overnight for work-related travel), or on the weekend? Answer these questions even if you are temporarily on leave or laid off from your main job and think about that job when answering the questions.

<i>In an average week, how often do you work...</i>	4 or more times/ week	2 to 3 times/ week	Once a week	1 to 3 times/ month	Less than once a month or never
a. days, any time between 7:00 am and 5:00pm?	1	2	3	4	5
b. evenings, any time between 7:30 pm and 9:30 pm?	1	2	3	4	5
c. nights, any time between 9:30 pm and 4:30 am, or overnight?	1	2	3	4	5
d. weekends, any time Saturday or Sunday? (working both days counts as twice a week)	1	2	3	4	5

F15. At what time of day do you usually begin work at your main job? Answer the question even if you are temporarily on leave or laid off from your main job.

\_\_\_\_\_ A.M./P.M./Midnight/Noon  
 (time) (circle one)

F16. At what time do you usually end work at your main job? Answer the question even if you are temporarily on leave or laid off from your main job.

\_\_\_\_\_ A.M./P.M./Midnight/Noon  
 (time) (circle one)

F17. How long does it usually take you, round-trip, to get to and from work? (If you work at home, enter "0".)

\_\_\_\_\_ # Hours      \_\_\_\_\_ # Minutes

F18. In the past 12 months, did you have any serious ongoing problems getting along with someone at work?

- ☐ Yes
- ☐ No

F19. Have you had any other serious ongoing stress at work — things like consistently extreme work demands, major changes, or uncertainties that most people would consider highly stressful?

- ☐ Yes
- ☐ No

F20. If you wanted to stay in your present job, what are the chances that you could keep it for the next two years?

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

F21. Overall, what kind of effect does your job have on your physical health? If you have more than one job, please give your best judgment of the combined effect of your jobs.

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

F22. Overall, what kind of effect does your job have on your emotional or mental health? Again, if you have more than one job, please give your best judgment of the combined effect of your jobs.

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

*If it has been more than 10 years since you were employed, go to F33 on page 12.*

F23. The following items ask about the types of physical activities you engage in while at your job. Please indicate how often, during your work-shift, you do each of the following. If you are not currently working, but were employed over the past 10 years, please tell us about your most recent job.

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

F24. To what extent, over the past ten years, have you been exposed to the risk of accidents or injuries on your job?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

F25. During the past ten years, how many times did you suffer an accident or injury at a place you worked? (If none, enter "0".)

\_\_\_\_\_ # Times

***If you answered "1 or more times" for F25 go to F26, otherwise go to F27.***

F26. How serious was the injury? If there was more than one accident or injury, describe the most serious one.

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

***If you are not currently working for pay, go to F33 on page 12.***

***If you are currently working for pay, go to F27 on the next page.***

F27. The next questions are about how your job may affect your family and personal life, and how your family and personal life may affect your job. How often have you experienced each of the following in the past year?

	All of the time	Most of the time	Some of the time	Rarely	Never
a. Your job reduces the effort you can give to activities at home.	1	2	3	4	5
b. Stress at work makes you irritable at home.	1	2	3	4	5
c. Your job makes you feel too tired to do the things that need attention at home.	1	2	3	4	5
d. Job worries or problems distract you when you are at home.	1	2	3	4	5
e. The things you do at work help you deal with personal and practical issues at home.	1	2	3	4	5
f. The things you do at work make you a more interesting person at home.	1	2	3	4	5
g. Having a good day on your job makes you a better companion when you get home.	1	2	3	4	5
h. The skills you use on your job are useful for things you have to do at home.	1	2	3	4	5
i. Responsibilities at home reduce the effort you can devote to your job.	1	2	3	4	5
j. Personal or family worries and problems distract you when you are at work.	1	2	3	4	5
k. Activities and chores at home prevent you from getting the amount of sleep you need to do your job well.	1	2	3	4	5
l. Stress at home makes you irritable at work.	1	2	3	4	5
m. Talking with someone at home helps you deal with problems at work.	1	2	3	4	5
n. Providing for what is needed at home makes you work harder at your job.	1	2	3	4	5
o. The love and respect you get at home makes you feel confident about yourself at work.	1	2	3	4	5
p. Your home life helps you relax and feel ready for the next day's work.	1	2	3	4	5

F28. Please indicate how often each of the following is true of your job.

	All of the time	Most of the time	Some of the time	Rarely	Never
a. How often do you have to work very intensively, that is, you are very busy trying to get things done?	1	2	3	4	5
b. How often do you learn new things at work?	1	2	3	4	5
c. How often does your work demand a high level of skill or expertise?	1	2	3	4	5
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?	1	2	3	4	5
e. How often do you have a choice in deciding how you do your tasks at work?	1	2	3	4	5
f. How often do you have a choice in deciding what tasks you do at work?	1	2	3	4	5
g. How often do you have a say in decisions about your work?	1	2	3	4	5
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?	1	2	3	4	5
i. How often does your job provide you with a variety of things that interest you?	1	2	3	4	5
j. How often do different people or groups at work demand things from you that you think are hard to combine?	1	2	3	4	5
k. How often do you get so involved in your work that you forget about everything else, even the time?	1	2	3	4	5



F29. In the past year, how often has each of the following occurred at your job?

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

F30. Please indicate how often each of the following is true of your job. (If you do not have a supervisor, or do not have any coworkers or colleagues, circle “6” for those questions.)

	All of the time	Most of the time	Some of the time	Rarely	Never	Does not apply
a. How often do you get help and support from your coworkers?	1	2	3	4	5	6
b. How often are your coworkers willing to listen to your work-related problems?	1	2	3	4	5	6
c. How often do you get the information you need from your supervisor or superiors?	1	2	3	4	5	6
d. How often do you get help and support from your immediate supervisor?	1	2	3	4	5	6
e. How often is your immediate supervisor willing to listen to your work-related problems?	1	2	3	4	5	6

F31. Please indicate how often you have experienced the following.

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

F32. To what extent do the following statements describe the way you feel about your current job?

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

F33. In the past year, how often has each of the following occurred at home?

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

F34. Please think about the unpaid work you do at home, separate from any job you may have. To what extent do the following statements describe the way you feel about your work situation at home?

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

F35. Now think about the unpaid work you do in your community, still separate from any job you may have. To what extent do the following statements describe the way you feel about your volunteer work? (If you do no volunteer work in your community, circle "5".)

	A lot	Some	A little	Not at all	Does not apply
a. When I think about the work I do in the community, I feel a good deal of pride.	1	2	3	4	5
b. I feel that others respect the work I do in the community.	1	2	3	4	5
c. Working for pay is more rewarding than the work I do as a volunteer.	1	2	3	4	5

## SECTION G: FINANCES

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

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

- G2. Looking back ten years ago, how would you rate your financial situation at that time using the same 0 to 10 scale?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

- G3. Looking ahead ten years into the future, what do you expect your financial situation will be like at that time?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

- G4. Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your financial situation these days?

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	

- G5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your financial situation these days?

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	

- G6. In general, would you say you (and your family living with you) have more money than you need, just enough for your needs, or not enough to meet your needs?

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

- G7. How difficult is it for you (and your family) to pay your monthly bills?

- ☐ Very difficult
- ☐ Somewhat difficult
- ☐ Not very difficult

☐ Not at all difficult

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

G8. Please fill in the letter representing the amount of pre-tax income you earned in the last calendar year for each item listed below. If you have not earned any income in the following items, enter letter “B” in the space provided.

	Amount (Enter a letter from the table below)
a. Personal Earnings Income (Count only wages and other stipends from your own employment; Not pensions, investments, or any other financial assistance or income.)	
b. Pension Income	
c. Social Security Income	

A. Less than \$0 (Loss)	R. \$30,000 - \$32,499	HH. \$90,000 - \$94,999
B. \$0 (None)	S. \$32,500 - \$34,999	II. \$95,000 - \$99,999
C. \$1 - \$1,999	T. \$35,000 - \$37,499	JJ. \$100,000 - \$109,999
D. \$2,000 - \$3,999	U. \$37,500 - \$39,999	KK. \$110,000 - \$119,999
E. \$4,000 - \$5,999	V. \$40,000 - \$42,499	LL. \$120,000 - \$129,999
F. \$6,000 - \$7,999	W. \$42,500 - \$44,999	MM. \$130,000 - \$139,999
G. \$8,000 - \$9,999	X. \$45,000 - \$47,499	NN. \$140,000 - \$149,999
H. \$10,000 - \$11,999	Y. \$47,500 - \$49,999	PP. \$150,000 - \$174,999
I. \$12,000 - \$13,999	Z. \$50,000 - \$54,999	QQ. \$175,000 - \$199,999
J. \$14,000 - \$15,999	AA. \$55,000 - \$59,999	RR. \$200,000 - \$249,999
K. \$16,000 - \$17,999	BB. \$60,000 - \$64,999	SS. \$250,000 - \$299,999
L. \$18,000 - \$19,999	CC. \$65,000 - \$69,999	TT. \$300,000 - \$399,999
M. \$20,000 - \$22,499	DD. \$70,000 - \$74,999	UU. \$400,000 - \$499,999
N. \$22,500 - \$24,999	EE. \$75,000 - \$79,999	VV. \$500,000 - \$999,999
P. \$25,000 - \$27,499	FF. \$80,000 - \$84,999	WW. \$1,000,000 or more
Q. \$27,500 - \$29,999	GG. \$85,000 - \$89,999	

- G9. Please fill in the letter representing the amount of income your spouse/partner earned in the last calendar year for each item listed below. If your spouse has not earned any income in the following items, or you do not have a spouse/partner, enter letter “B” in the space provided.

*Please refer to the table on the previous page.*

	Amount (Enter a letter from the table)
a. Spouse’s Personal Earnings Income (Count only wages and other stipends from your spouse’s employment; Not pensions, investments, or any other financial assistance or income.)	
b. Spouse’s Pension Income	
c. Spouse’s Social Security Income	

- G10. Please fill in the letter representing the amount of income other family members in your household earned in the last calendar year for each item listed below. If other family members have not earned any income in the following items, or if you do not have other family members living with you, enter letter “B” in the space provided.

*Please refer to the table on the previous page.*

	Amount (Enter a letter from the table)
a. Other Member’s Personal Earnings Income (Count only wages and other stipends from their employment; Not pensions, investments, or any other financial assistance or income.)	
b. Other Member’s Pension Income	
c. Other Member’s Social Security Income	

- G11. From the list below, please check all of the public/government assistance programs from which you have received income over the last calendar year.

- |                                                                         |                                                    |
|-------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Supplemental Security Income (SSI)             | <input type="checkbox"/> Unemployment benefits     |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI)    | <input type="checkbox"/> Other disability benefits |
| <input type="checkbox"/> General Assistance                             | <input type="checkbox"/> Veteran’s benefits        |
| <input type="checkbox"/> Food Stamps                                    | <input type="checkbox"/> None                      |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |                                                    |
| <input type="checkbox"/> Other state welfare program(s)                 |                                                    |

- G12. What was your combined family household income from government assistance programs? Include income from all the items you checked in Question G11. Do not include social security income. (If none, enter “0”.)

\$\_\_\_\_\_00      Household Government Assistance Income

G13. Next are some questions about pension and retirement plans. First, are you currently included in a pension plan or retirement plan offered by your current or former employer or union?

- ☐ Yes
- ☐ No → ***Go to G14.***
- ☐ Don't know → ***Go to G14.***

G13a. What is the estimated current worth of your pension and retirement savings?

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

G14. Aside from any employer plan, do you have your own traditional, Keogh, or Roth IRA Account?

- ☐ Yes
- ☐ No → ***Go to G15.***
- ☐ Don't know → ***Go to G15.***

G14a. What is the estimated current worth of your traditional, Keogh, or Roth IRA Account?

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

G15. Do you have any other pension or retirement plans not mentioned above? (Do not include any your spouse or partner may have.)

- ☐ Yes
- ☐ No → ***Go to G16.***
- ☐ Don't know → ***Go to G16.***

G15a. What is the estimated worth of these other pension or retirement plans?

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

G16. Does your spouse or partner have a pension or retirement plan from his or her current or former employer or union? (If you do not have a spouse or partner, or if he or she has never had a paid job, check "Does not apply".)

- ☐ Yes
- ☐ No → ***Go to G17.***
- ☐ Don't know → ***Go to G17.***
- ☐ Does not apply → ***Go to G17.***

G16a. What is the estimated worth of your spouse's pension or retirement plan?

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

G17. Do you own your own home, or are you renting?

- ☐ Own my own home
- ☐ Renting → **Go to G18.**

G17a. How much do you think your home would sell for?

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

G17b. Is this a mobile home?

- ☐ Yes
- ☐ No

G18. Do you own a business or farm?

- ☐ Yes
- ☐ No → **Go to G19.**

G18a. How much do you think this business or farm would sell for?

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

G18b. How much, if anything, do you owe on your business or farm?

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

G19. Do you have any money in stocks, bonds, CDs, or mutual funds?

- ☐ Yes
- ☐ No → **Go to G20.**

G19a. If you sold or cashed in all of your stocks, bonds, CDs, and/or mutual funds, how much would you have?

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



G20. Do you have any income from rental property?

- ☐ Yes  
☐ No → **Go to G21.**

G20a. What was the income in the last calendar year?

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

G21. Has anyone ever left you or your spouse anything (inheritance, trust fund, insurance settlement) worth \$1,000 or more when they died?

- ☐ Yes  
☐ No → **Go to G22.**

G21a. In what year did you receive the largest payment of that sort?

\_\_\_\_\_ year

G21b. About how much did you (or your spouse) receive?

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

G22. Do you have any life insurance, including individual or group policies?

- ☐ Yes  
☐ No → **Go to G23.**

G22a. How much money would your beneficiaries receive from this/these policies if you were to die?

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

G23. Suppose you (and your spouse or partner) cashed in all of your checking and savings accounts, stocks and bonds, real estate, and sold your home, your vehicles, and all of your valuable possessions. Then suppose you put that money toward paying off your mortgage and all of your other loans, debts, and credit cards. Would you have any money left over after paying your debts or would you still owe money?

- ☐ Would have money left over
- ☐ Would still owe money
- ☐ Debts would just about equal assets

G24. How much would that be (that you had left over, or would owe)? (Your best estimate is fine. If your debts would just about equal your assets, enter “0”).

\$\_\_\_\_\_00      Money left over/Money Owed

G25. In the following table, please indicate the amount you currently owe for any of the following items. (If none enter “0”).

	Amount Owed
a. Home Mortgage	\$_____00
b. Home Improvement, Home Equity Loans or Lines of Credit	\$_____00
c. Other Real Estate Loans	\$_____00
d. Business or Farm Loans	\$_____00
e. Vehicle Loans (e.g., cars, trucks, campers, boats, other recreational vehicles)	\$_____00
f. Credit Cards or Charge Accounts	\$_____00
g. Installment Loans for major purchases (e.g., furniture or appliances)	\$_____00
h. Educational Loans	\$_____00
i. Other Personal Loans	\$_____00

## SECTION H: COMMUNITY INVOLVEMENT

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

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

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

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

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

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

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

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	

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

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	

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

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

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

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

H8. In a typical month, about how many times do you attend the following? (If none, enter "0".)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

H16. Please indicate how strongly you agree or disagree with each of the following statements.

	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
a. The world is too complex for me.	1	2	3	4	5	6	7
b. I don't feel I belong to anything I'd call a community.	1	2	3	4	5	6	7
c. People who do a favor expect nothing in return.	1	2	3	4	5	6	7
d. I have something valuable to give to the world.	1	2	3	4	5	6	7
e. The world is becoming a better place for everyone.	1	2	3	4	5	6	7
f. I feel close to other people in my community.	1	2	3	4	5	6	7
g. My daily activities do not create anything worthwhile for my community.	1	2	3	4	5	6	7
h. I cannot make sense of what's going on in the world.	1	2	3	4	5	6	7
i. Society has stopped making progress.	1	2	3	4	5	6	7
j. People do not care about other people's problems.	1	2	3	4	5	6	7
k. My community is a source of comfort.	1	2	3	4	5	6	7
l. I find it easy to predict what will happen next in society.	1	2	3	4	5	6	7
m. Society isn't improving for people like me.	1	2	3	4	5	6	7
n. I believe that people are kind.	1	2	3	4	5	6	7
o. I have nothing important to contribute to society.	1	2	3	4	5	6	7
p. It is important for me to try to help people who I know well.	1	2	3	4	5	6	7



	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
q. Even when things are going well for me, I can't be happy if I have a friend who is in trouble.	1	2	3	4	5	6	7
r. I am moved when I hear of another person's hardship.	1	2	3	4	5	6	7
s. I think nothing is more important than to be sympathetic to others.	1	2	3	4	5	6	7
t. My sympathy has its limits.	1	2	3	4	5	6	7

i)

ii)

iii) **SECTION I: YOUR NEIGHBORHOOD**

I1. How often do you have any contact, even something as simple as saying "hello", with any of your neighbors?

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

I2. How often do you have a real conversation or get together socially with any of your neighbors?

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

I3. How many years have you lived in your current neighborhood, or if you live in a rural area, in your current township? (If less than one year, enter "0".)

\_\_\_\_\_ # Years

I4. How long have you lived in this state?

\_\_\_\_\_ # Years

I5. Do you own your home outright, are you paying on a mortgage, or do you rent? (If you have more than one home, answer for your primary residence.)

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

16. The next few questions are about your home and the neighborhood you live in. Please indicate how much each of the following statements describes your situation.

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

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

\_\_\_\_\_ (Name or Initials of State)

## SECTION J: SOCIAL NETWORKS

J1. How often are you in contact with any members of your family, that is, any of your brothers, sisters, parents, or children who do not live with you, including visits, phone calls, letters, or electronic mail messages?

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

J2. The next several questions are about your family. Please circle the appropriate number for each item.

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

<i>Answer how often for each of these items.</i>	Often	Sometimes	Rarely	Never
g. Not including your spouse or partner, how often do members of your family make too many demands on you?	1	2	3	4
h. How often do they criticize you?	1	2	3	4
i. How often do they let you down when you are counting on them?	1	2	3	4
j. How often do they get on your nerves?	1	2	3	4

J3. How often are you in contact with any of your friends, including visits, phone calls, letters, or electronic mail messages?

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

J4. The next several questions are about your friends. Please circle the appropriate number for each item.

<i>Answer how much for each of these items.</i>	A lot	Some	A little	Not at all
a. How much do your friends really care about you?	1	2	3	4
b. How much do they understand the way you feel about things?	1	2	3	4
c. How much can you rely on them for help if you have a serious problem?	1	2	3	4
d. How much can you open up to them if you need to talk about your worries?	1	2	3	4
<i>Answer how often for each of these items.</i>	Often	Sometimes	Rarely	Never
e. How often do your friends make too many demands on you?	1	2	3	4
f. How often do they criticize you?	1	2	3	4
g. How often do they let you down when you are counting on them?	1	2	3	4
h. How often do they get on your nerves?	1	2	3	4

J5. How often do any friends, relatives, or coworkers turn to you for advice or help with a personal or practical problem they have?

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

J6. How often do you turn to a friend, relative, or coworker for advice or help with a personal or practical problem you have?

- |                                                 |                                                                   |
|-------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Never                  | <input type="checkbox"/> Three or four times a month              |
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> A couple of times a week                 |
| <input type="checkbox"/> Once or twice a month  | <input type="checkbox"/> More often than a couple of times a week |

J7. Please indicate whether the following problems have happened to anyone close to you (e.g., spouse/partner, parents, children) in the past 12 months. (If a question does not apply because you have no spouse or partner, or no children, or your parents are deceased, check “Does not apply” in the appropriate column.)

	Spouse or partner		Your parents or those who raised you		Any of your children	
	<input type="checkbox"/> Does not apply		<input type="checkbox"/> Does not apply		<input type="checkbox"/> Does not apply	
	Yes	No	Yes	No	Yes	No
a. Chronic disease or disability	1	2	1	2	1	2
b. Frequent minor illnesses	1	2	1	2	1	2
c. Emotional problems (e.g., sadness, anxiety)	1	2	1	2	1	2
d. Alcohol or substance problems	1	2	1	2	1	2
e. Financial problems (e.g., low income or heavy debts)	1	2	1	2	1	2
f. Problems at school or at work (e.g., failing grades, poor job performance)	1	2	1	2	1	2
g. Difficulty finding or keeping a job	1	2	1	2	1	2
h. Marital or partner relationship problems	1	2	1	2	1	2
i. Legal problems (e.g., involved in law suits, police charges, traffic violations)	1	2	1	2	1	2
j. Difficulty getting along with people	1	2	1	2	1	2

## SECTION K: CHILDREN

*This section asks about your relationship with your children, whether they are biological, step, or adopted. If you do not have children, or if your children are deceased, please go to Section L on page 35.*

- K1. Using a scale from 0 to 10 where 0 means "the worst possible relationship" and 10 means "the best possible relationship," how would you rate your overall relationship with your children these days?

Worst										Best									
0	1	2	3	4	5	6	7	8	9	10									

- K2. Looking back ten years ago, how would you rate your overall relationship with your children at that time using the same 0 to 10 scale? (If you had no children ten years ago, check "Does not apply".)

☐ Does not apply

Worst										Best									
0	1	2	3	4	5	6	7	8	9	10									

- K3. Looking ahead ten years into the future, what do you expect your overall relationship with your children will be like at that time?

Worst										Best									
0	1	2	3	4	5	6	7	8	9	10									

- K4. Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your overall relationship with your children these days?

None										Very Much									
0	1	2	3	4	5	6	7	8	9	10									

- K5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your overall relationship with your children these days?

None										Very Much									
0	1	2	3	4	5	6	7	8	9	10									

K6. Please indicate the degree to which each of the following statements is true of you in general.

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

K7. Next, we are interested in how having children may have changed your work situation. Which of the following changes did you and/or your spouse or partner make because you were living with children? (If you did not have a spouse or partner at any time during the years you raised (have been raising) children, circle "3" for those questions.)

	You		Your Spouse		
	Yes	No	Yes	No	Does not apply
<i>Did either of you...</i>					
a. stop working at a job to stay home and care for the children?	1	2	1	2	3
b. cut back on the number of hours worked at a job to care for the children?	1	2	1	2	3
c. work longer hours to meet the added expenses of having children?	1	2	1	2	3
d. switch to a different job that was less demanding or more flexible to be more available to the children?	1	2	1	2	3



***If you have children 13 years old or younger living in your household, continue with Question K8. Otherwise, turn to the next page and begin Section L.***

- K8. In the past three months, how many days did you change or drop your normal schedule to stay home or to make different arrangements for childcare when a child was ill, or the usual caregiver was not available, or a day care center or school was closed? (Your best estimate is fine. If this did not happen in the past three months, enter "0".)

\_\_\_\_\_ # Days in the past three months

- K9. In the past three months, how many days did your spouse or partner change or drop his or her normal schedule for the same reason? (If none, or if you have no spouse or partner, enter "0".)

\_\_\_\_\_ # Days in the past three months

- K10. To what extent has providing child care coverage been a serious or stressful problem for you during this current (or most recent) school year?

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

- K11. What about during last summer—to what extent was providing child care coverage a serious or stressful problem for you when your children were not in school?

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

## SECTION L: MARRIAGE OR CLOSE RELATIONSHIP

*If you are married, or living with a partner in a marriage-like relationship, please answer the questions in this section. If you do not currently have a spouse or partner, please go to Section M on page 42.*

- L1. Using a scale from 0 to 10 where 0 means "the worst possible marriage or close relationship" and 10 means "the best possible marriage or close relationship," how would you rate your marriage or close relationship these days?

Worst										Best
0	1	2	3	4	5	6	7	8	9	10

- L2. Looking back ten years ago, how would you rate your marital or close relationship situation at that time using the same 0 to 10 scale?

Worst										Best
0	1	2	3	4	5	6	7	8	9	10

- L3. Looking ahead ten years into the future, what do you expect your marriage or close relationship will be like at that time?

Worst										Best
0	1	2	3	4	5	6	7	8	9	10

- L4. Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your marriage or close relationship these days?

None										Very Much
0	1	2	3	4	5	6	7	8	9	10

- L5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your marriage or close relationship these days?

None										Very Much
0	1	2	3	4	5	6	7	8	9	10

- L6. Would you describe your relationship as...?

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

L7. During the past year, how often have you thought your relationship might be in trouble?

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

L8. It is always difficult to predict what will happen in a relationship, but realistically, what do you think the chances are that you and your partner will eventually separate?

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

L9. Couples often disagree about a lot of issues in life. How much do you and your spouse or partner disagree on the following issues?

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

L10. How often do you and your spouse or partner have a really good talk about something important to you?

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

L11. The next several questions are about your spouse/partner. Please circle the appropriate number for each item.

<i>Answer how much for each of these items.</i>	A lot	Some	A little	Not at all
a. How much does your spouse or partner really care about you?	1	2	3	4
b. How much does he or she understand the way you feel about things?	1	2	3	4
c. How much does he or she appreciate you?	1	2	3	4
d. How much can you rely on him or her for help if you have a serious problem?	1	2	3	4
e. How much can you open up to him or her if you need to talk about your worries?	1	2	3	4
f. How much can you relax and be yourself around him or her?	1	2	3	4
<i>Answer how often for each of these items.</i>	Often	Sometimes	Rarely	Never
g. How often does your spouse or partner make too many demands on you?	1	2	3	4
h. How often does he or she make you feel tense?	1	2	3	4
i. How often does he or she argue with you?	1	2	3	4
j. How often does he or she criticize you?	1	2	3	4
k. How often does he or she let you down when you are counting on him or her?	1	2	3	4
l. How often does he or she get on your nerves?	1	2	3	4

L12. Running a household involves a lot of chores (like cooking, shopping, laundry, cleaning, yardwork, repairs, and paying bills), and couples vary in who does these things. Overall, do you do more of such chores, does your spouse or partner do more of them, or do you split them equally? If you have children, do not count childrearing tasks such as bathing them, taking them places, or helping them with their homework, but do include chores like doing their laundry, washing their dishes, or cooking for them.

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

L13. In a typical week, about how many hours do you generally spend doing household chores? (If none, enter "0".)

\_\_\_\_\_ # Hours per week

L14. In a typical week, about how many hours does your spouse/partner spend doing household chores? (If none, enter "0".)

\_\_\_\_\_ # Hours per week

L15. How fair do you think this arrangement of household chores is to you?

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

L16. How fair do you think this arrangement of household chores is to your spouse or partner?

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

L17. How much do you agree or disagree with the following statements?

	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
a. My partner and I are a team when it comes to making decisions.	1	2	3	4	5	6	7
b. Things turn out better when I talk things over with my partner.	1	2	3	4	5	6	7
c. I don't make plans for the future without talking it over with my partner.	1	2	3	4	5	6	7
d. When I have to make decisions about medical, financial, or family issues, I ask my partner for advice.	1	2	3	4	5	6	7

L18. How would you describe your spouse's or partner's overall physical health at the present time?

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

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

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

L20. Is your spouse or partner currently working for pay, either full-time or part-time?

- ☐ Yes → *Go to L21.*
- ☐ No → *Go to Section M on page 42.*

L21. About how many hours does your spouse or partner work for pay in an average week on his or her main job?

\_\_\_\_\_ # Hours

L22. In an average week, about how many hours does your spouse or partner work for pay at any other jobs?

\_\_\_\_\_ # Hours

L23. In an average week, how often does your spouse or partner work during the day, in the evening, at night (including being away overnight for work-related travel), or on the weekend?

<i>In an average week, how often does he or she work...</i>	4 or more times/ week	2 to 3 times/ week	Once a week	1 to 3 times/ month	Less than once a month or never
a. days—any time between 7:00am and 5:00pm?	1	2	3	4	5
b. evenings—any time between 7:30pm and 9:30pm?	1	2	3	4	5
c. nights—any time between 9:30pm and 4:30am, or overnight?	1	2	3	4	5
d. weekends—any time Saturday or Sunday? (working both days counts as twice a week)	1	2	3	4	5

L24. At what time of day does he or she usually begin work at his or her main job?

\_\_\_\_\_ A.M./P.M./Midnight/Noon  
(time) (circle one)

L25. At what time does he or she usually end work at his or her main job?

\_\_\_\_\_ A.M./P.M./Midnight/Noon  
(time) (circle one)

L26. How long does it usually take your spouse or partner, round-trip, to get to and from work? (If he or she works at home, enter "0".)

\_\_\_\_\_ # Hours      \_\_\_\_\_ # Minutes

L27. If your spouse or partner wanted to stay in his or her present job, what do you think the chances are that he or she could keep it for the next two years?

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



## SECTION M: SEXUALITY

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

Worst										Best
0	1	2	3	4	5	6	7	8	9	10

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

Worst										Best
0	1	2	3	4	5	6	7	8	9	10

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

Worst										Best
0	1	2	3	4	5	6	7	8	9	10

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

None										Very Much
0	1	2	3	4	5	6	7	8	9	10

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

None										Very Much
0	1	2	3	4	5	6	7	8	9	10

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

- ☐ Heterosexual
- ☐ Homosexual
- ☐ Bisexual

- M7. Over the past year, how many sex partners have you had?

- |                                                                    |                                      |
|--------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> None → <i>Go to Section N on page 44.</i> | <input type="checkbox"/> Four        |
| <input type="checkbox"/> One                                       | <input type="checkbox"/> Five        |
| <input type="checkbox"/> Two                                       | <input type="checkbox"/> Six or more |
| <input type="checkbox"/> Three                                     |                                      |

M8. Over the past six months, on average, how often have you had sex with someone?

- ☐ Two or more times a week
- ☐ Once a week
- ☐ Two or three times a month
- ☐ Once a month
- ☐ Less often than once a month
- ☐ Never or not at all

M9. To what extent would you say that sexual expression is an important part of your relationship(s)?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

M10. To what extent would you say that your sexual relationship(s) include emotional intimacy?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

M11. How often do you experience pain or discomfort in your sexual interactions?

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

M12. How often do you experience pleasure in your sexual interactions?

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

## SECTION N: RELIGION AND SPIRITUALITY

N1. What is your religious preference?

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No religious preference<br><input type="checkbox"/> Agnostic<br><input type="checkbox"/> Atheist<br><input type="checkbox"/> Protestant, interdenominational (if you go to two or more Protestant churches)<br><input type="checkbox"/> Protestant, no denomination<br><input type="checkbox"/> Apostolic<br><input type="checkbox"/> Assembly of God<br><input type="checkbox"/> Baptist (all types)<br><input type="checkbox"/> Born-Again Christian<br><input type="checkbox"/> Brethren<br><input type="checkbox"/> Disciples of Christ/Christian Church<br><input type="checkbox"/> Christian Reformed<br><input type="checkbox"/> Church of God<br><input type="checkbox"/> Congregational<br><input type="checkbox"/> Episcopal or Anglican/Church of England<br><input type="checkbox"/> Evangelical<br><input type="checkbox"/> Holiness<br><input type="checkbox"/> Jehovah's Witness<br><input type="checkbox"/> Lutheran<br><input type="checkbox"/> Mennonite<br><input type="checkbox"/> Methodist (all types, including United Brethren)<br><input type="checkbox"/> Mormon, Latter Day Saints<br><input type="checkbox"/> Nazarene<br><input type="checkbox"/> Pentecostal<br><input type="checkbox"/> Presbyterian<br><input type="checkbox"/> Quaker, Society of Friends<br><input type="checkbox"/> Salvation Army<br><input type="checkbox"/> Sanctified<br><input type="checkbox"/> Seventh Day Adventist<br><input type="checkbox"/> Spiritual<br><input type="checkbox"/> Unitarian<br><input type="checkbox"/> United Church of Christ<br><input type="checkbox"/> Protestant, other (Please specify:)<br><hr style="width: 25%; margin-left: 0;"/> | <input type="checkbox"/> Catholic, Roman<br><input type="checkbox"/> Catholic, Ukrainian<br><input type="checkbox"/> Orthodox (Russian, Greek, Serbian)<br><input type="checkbox"/> Catholic (all others)<br><input type="checkbox"/> Jewish Orthodox<br><input type="checkbox"/> Jewish Conservative<br><input type="checkbox"/> Jewish Reform<br><input type="checkbox"/> Jewish Reconstructionist<br><input type="checkbox"/> Jewish (all others)<br><input type="checkbox"/> Buddhist (all types, including Zen)<br><input type="checkbox"/> Hindu<br><input type="checkbox"/> Muslim<br><input type="checkbox"/> Rastafarian<br><br><input type="checkbox"/> Other<br>(Please specify:)<br><hr style="width: 100%;"/> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

N1a. Is this a Christian religion?

- |                          |     |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No  |

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

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

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

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

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

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

***The next two questions are specifically for Christian respondents. If you marked a Christian religion in Question N1, please answer N5 and N6. If not, please go to N7.***

N5. Have you been “born again,” that is, had a turning point in your life when you committed yourself to Jesus Christ?

- ☐ Yes
- ☐ No

N6. Please tell us how much you agree or disagree with the following statement: “The Bible is the actual Word of God and is to be taken literally, word for word.”

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree

N7. Do you have a religious community or congregation?

- ☐ Yes → ***Continue with the next question.***
- ☐ No → ***Go to N9.***

N8. The next questions are about your religious community.

	A great deal	Some	A little	None
a. If you were ill, how much would people in your congregation help you out?	1	2	3	4
b. If you had a problem or were faced with a difficult situation, how much comfort would people in your congregation be willing to give you?	1	2	3	4
c. How often do people in your congregation or spiritual community make too many demands on you?	1	2	3	4
d. How often do people in your congregation or spiritual	1	2	3	4

community criticize you and the things you do?

N9. Think about how you try to understand and deal with major problems in your life. Please answer the following questions according to the way you cope.

<i>Answer how often for each of these items.</i>	Often	Sometimes	Rarely	Never
a. When you have problems or difficulties in your family, work, or personal life, how often do you seek comfort through religious or spiritual means such as praying, meditating, attending a religious or spiritual service, or talking to a religious or spiritual advisor?	1	2	3	4
b. When you have decisions to make in your daily life, how often do you ask yourself what your religious or spiritual beliefs suggest you should do?	1	2	3	4
<i>Answer how much for each of these items.</i>	A great deal	Some	A little	None
c. I try to make sense of the situation and decide what to do without relying on God.	1	2	3	4
d. I wonder whether God has abandoned me.	1	2	3	4
e. I feel God is punishing me for my sins or lack of spirituality.	1	2	3	4
f. I look to God for strength, support and guidance.	1	2	3	4
g. I work together with God as partners.	1	2	3	4
h. I think about how my life is part of a larger spiritual force.	1	2	3	4

N10. On a daily basis, how often do you experience the following:

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

N11. In the following items, please indicate how much you agree or disagree.

<i>Because of your religion or spirituality, do you try to be...</i>	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
a. more engaged in the present moment.	1	2	3	4	5
b. more sensitive to the feelings of others.	1	2	3	4	5
c. more receptive to new ideas.	1	2	3	4	5
d. a better listener.	1	2	3	4	5
e. a more patient person.	1	2	3	4	5
f. more aware of small changes in my environment.	1	2	3	4	5
g. more tolerant of differences.	1	2	3	4	5
h. more aware of different ways to solve problems.	1	2	3	4	5
i. more likely to perceive things in new ways.	1	2	3	4	5

## SECTION P: DISCRIMINATION

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

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



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

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

*If you never in your life had any of the discriminatory experiences described in the previous questions, go to Section Q on page 52, otherwise, continue with Question P3.*

P3. What was the main reason for the discrimination you experienced? (If more than one main reason, check all that apply.)

- ☐ Your age
- ☐ Your gender
- ☐ Your race
- ☐ Your ethnicity or nationality
- ☐ Your religion
- ☐ Your height or weight
- ☐ Some other aspect of your appearance
- ☐ A physical disability
- ☐ Your sexual orientation
- ☐ Some other reason for discrimination

(Please specify:)

---



---

P4. Overall, how much has discrimination interfered with you having a full and productive life?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

P5. Overall, how much harder has your life been because of discrimination?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

## SECTION Q: LIFE OVERALL

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

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

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

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

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

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

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

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	

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

None											Very Much
0	1	2	3	4	5	6	7	8	9	10	

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

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

## SECTION R: RESPONDENT RECONTACT INFORMATION

***Please detach this page and return it in the enclosed, postage paid envelope. This information will not be connected to your survey answers in any way, and is used only by Professor Ryff and her staff as part of their respondent recontact file.***

- R1. As your telephone interviewer told you, we will be mailing you reports about the study results as they become available. In addition, we may need to recontact you at some time in the future either to clarify some of your answers or to ask for additional information. In case we have difficulty locating you, we would greatly appreciate you giving us the names, addresses, and telephone numbers of two close friends or relatives who do not live with you and who will know how to get in touch with you if you move.

**Name:** \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

- R2. In case we are unable to reach these friends or relatives, we will still be able to recontact you in most cases if we have your Social Security number. This number can be linked to public files such as motor vehicle registration records to obtain your most recent mailing address so we can send you study reports. As always, we will keep this information confidential and will not release it to anyone else.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



**Please use this space to tell us anything else you would like us to know, or to make suggestions about this portion of the survey.**

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**Thank you for completing this survey!**

***Please return both questionnaires in the envelope provided to:***

**MIDUS: Midlife in the US  
UW Survey Center  
630 W. Mifflin St. Room B174  
Madison, WI 53703-2636**