

ID \_\_\_\_\_

Date \_\_\_\_\_

## 01. Demographics

**01: What is your date of birth?**

Month:

Date:

Year:

**02: What is your height?**

feet:

inches:

**03: What is your weight (in pounds - rounded to nearest pound)?**

**04: What sex are you?**

☐ Male

☐ Female

**05: Are you still in school?**

☐ Yes

☐ No

**06: Are you currently employed?**

☐ Yes

☐ No

[Only answer this question if you answered 'Yes' to question '06 ']

**07: How many hours do you work weekly?**

☐ 10 or less

☐ 11 - 29

☐ 30 or more

**08: For your current job, or your last job if not currently employed: Type of business (for example, construction)**

**09: Job Title?**

**010: Mark the category for your job.**

- ☐ Top executive; proprietor of major business; professional requiring advanced degree
  - ☐ Manager; proprietor of medium business; professional requiring college degree
  - ☐ Administrative personnel; small business owner; semiprofessional
  - ☐ Sales & clerical worker; technician
  - ☐ Skilled manual worker
  - ☐ Machine operator and semiskilled worker
  - ☐ Unskilled worker
  - ☐ Homemaker
  - ☐ Never employed
- 

**011: What is your total household income?**

- ☐ Less than \$15,000
  - ☐ \$15,000-\$30,000
  - ☐ \$30,000-\$45,000
  - ☐ \$45,000-\$60,000
  - ☐ \$60,000-\$75,000
  - ☐ More than \$75,000
- 

**012: What is the main source of this income?**

- ☐ Self
  - ☐ Spouse
  - ☐ Parents
  - ☐ Other family
  - ☐ Government (welfare, AFDC, disability, SSI, VA)
- 

**013: Do you have children?**

- ☐ Yes
  - ☐ No
- 

**014: What is your current marital status?**

- ☐ Never Married (*skip to section 2*)
  - ☐ Married, living together
  - ☐ Separated, divorced (*skip to section 2*)
  - ☐ Widow/widower (*skip to section 2*)
- 

**015: What is the highest level of education of your spouse?**

Please choose all that apply:

- ☐ Less than 9 years (how many years?)
- ☐ Some High School (how many years?)
- ☐ High School GED
- ☐ High School Diploma
- ☐ Technical/Trade School
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Advanced Degree ( what is the degree? - please abbreviate)

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**018: Is your spouse employed?**

- ☐ Yes  
☐ No
- 

**019: How many hours does he/she work WEEKLY?**

- ☐ 10 or less  
☐ 11 - 29  
☐ 30 or more
- 

**020: For your spouse's current job, or your spouse's last job if not currently employed: Type of business (for example, construction)**

**021: Spouse's job title?**

**022: Mark the category for your spouse's job.**

- ☐ Top executive; proprietor of major business; professional requiring advanced degree  
☐ Manager; proprietor of medium business; professional requiring college degree  
☐ Administrative personnel; small business owner; semiprofessional  
☐ Sales & clerical worker; technician  
☐ Skilled manual worker  
☐ Machine operator and semiskilled worker  
☐ Unskilled worker  
☐ Homemaker  
☐ Never employed
-

## SECTION 02. Health

023: How important is it to you...

	Not Important At All	Somewhat Important	Important	Very Important	Would Rather Not Answer
To feel in good shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To feel like you have plenty of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To know that your weight is right about what it should be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be able to play active games and sports without getting tired too quickly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To keep yourself in good health all year long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not to get sick when something like the flu is going around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To get better quickly whenever you're sick?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To keep yourself healthy even if it takes some extra effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To know that you are in excellent health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To have good health habits about eating and exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

024: In general, how is your health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
  
- ☐ *Would Rather Not Answer*

025: Do you have to avoid hard physical exercise or games because of your health?

- ☐ No
- ☐ Yes
  
- ☐ *Would Rather Not Answer*

026: If "Yes," why?

**027: How often in the past year have you been sick enough that you had to stay home from work or school?**

- ☐ Never
- ☐ Once or twice
- ☐ 3-6 times
- ☐ 7 or more times

☐ *Would Rather Not Answer*

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**028: How often in the past year did you go to see a doctor because you were sick?**

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ 3 or more times

☐ *Would Rather Not Answer*

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### 03. Sleeping Habits

**029: About how many hours of sleep do you usually get each week night?**

- ☐ 5 or less
  - ☐ 6
  - ☐ 7
  - ☐ 8
  - ☐ 9
  - ☐ 10
  - ☐ 11 or more
  - ☐ *Would Rather Not Answer*
- 

**030: How about on weekend nights?**

- ☐ 5 or less
  - ☐ 6
  - ☐ 7
  - ☐ 8
  - ☐ 9
  - ☐ 10
  - ☐ 11 or more
  - ☐ *Would Rather Not Answer*
- 

**031: How often do you feel tired or sleepy when you get up in the morning?**

- ☐ Nearly every day
  - ☐ 2 or 3 times a week
  - ☐ Once a week or so
  - ☐ Almost Never
  - ☐ *Would Rather Not Answer*
- 

**032: How often do you feel tired or just low in energy during the day?**

- ☐ Nearly every day
  - ☐ 2 or 3 times a week
  - ☐ Once a week or so
  - ☐ Almost Never
  - ☐ *Would Rather Not Answer*
- 

**033: How often do you take a nap during the daytime?**

- ☐ Nearly every day
  - ☐ 2 or 3 times a week
  - ☐ Once a week or so
  - ☐ Almost Never
  - ☐ *Would Rather Not Answer*
-

## 04. Religious Beliefs

### 034: HOW IMPORTANT IS IT TO YOU...

	Not Important At All	Somewhat Important	Important	Very Important	<i>Would Rather Not Answer</i>
To be able to rely on religious counsel or teaching when you have a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To believe in God?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To rely on your religious beliefs as a guide for day-to-day living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be able to turn to prayer when you're facing a personal problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To attend religious services regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 035: How many times have you attended religious services during the past year?

- ☐ More than once a week
- ☐ About once a week
- ☐ 2-3 times a month
- ☐ About once a month
- ☐ About every other month
- ☐ Once or twice
- ☐ None in past year
- ☐ *Would Rather Not Answer*

## 05. Activities

**036: About how many hours do you usually spend each week:**

[illegible]