

ICPSR 4652

Midlife in the United States (MIDUS 2), 2004-2006

SAQ Questionnaire

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MIDUS 2
SAQ by Phone
Instrument

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	

- 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

- 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
--	---	---	---	---	---	---

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"/> 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"/> v. Migraine headaches
<input type="checkbox"/> g. Thyroid disease	<input type="checkbox"/> w. Chronic sleeping problems
<input type="checkbox"/> h. Hay fever	<input type="checkbox"/> x. Diabetes or high blood sugar
<input type="checkbox"/> i. Recurring stomach trouble, indigestion, or diarrhea	<input type="checkbox"/> cc. Piles or hemorrhoids
<input type="checkbox"/> j. Urinary or bladder problems	
<input type="checkbox"/> m. Persistent foot trouble (e.g. bunions, ingrown toenails)	

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

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

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 questions are about body measurements.

A37. How tall are you?

_____ # Feet _____ # Inches

A39. How much do you currently weigh?

_____ # Pounds

A40. How much did you weigh one year 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

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

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 C: HEALTH INSURANCE

- C3. Are you or your spouse currently covered by any of the following health insurance plans?
Do not include accident (e.g., car insurance) or disability insurance.

	Yes	No	Don't Know
Private health insurance			
a. Private insurance directly from the insurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Private insurance through a current/former employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Private insurance through a current or former union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government health insurance			
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"/>

- 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

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
e. I live life one day at a time and don't really think about the future.	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
m. I tend to be influenced by people with strong opinions.	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 (<i>M2 wording inserts "quite"</i>) good at managing the many responsibilities of my daily life.	1	2	3	4	5	6	7
x. I like most aspects of my personality. (<i>M2 uses "parts" instead of "aspects"</i>)	1	2	3	4	5	6	7

	AGREE				DISAGREE		
	Strongly	Some what	A little	Neither agree or disagree	A little	Some what	Strongly
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
dd. In many ways, I feel disappointed about my achievements in life.	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
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
oo. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6	7

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

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					
p. Hardworking	1	2	3	4					

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	

- 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 F20.**
☐ No → **Go to F24.**

- 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

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 F28.

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 G1.

If you are currently working for pay, go to F28 on the next page.

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

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

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

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	

- 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

- 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

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

- 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

- 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"/>

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

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

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
<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 |

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.

- 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	

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.

- 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	

- 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

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
- ☐ No

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

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

SECTION N: RELIGION AND SPIRITUALITY

N1. What is your religious preference? (Volunteer)

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

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

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, 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	