

ICPSR 4652

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

Phone Questionnaire

Inter-university Consortium for
Political and Social Research
P.O. Box 1248
Ann Arbor, Michigan 48106
www.icpsr.umich.edu

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

Carol Ryff

University of Wisconsin-Madison

David M. Almeida

Pennsylvania State University

John S. Ayanian

Harvard University

Deborah S. Carr

University of Wisconsin-Madison

Paul D. Cleary

Harvard University

Christopher Coe

University of Wisconsin-Madison

Richard Davidson

University of Wisconsin-Madison

Robert F. Krueger

University of Minnesota

Marge E Lachman

Brandeis University

Nadine F. Marks

University of Wisconsin-Madison

Daniel K. Mroczek

Purdue University

Teresa Seeman

University of California-Los Angeles

Marsha Mailick Seltzer

University of Wisconsin-Madison

Burton H. Singer

Princeton University

Richard P. Sloan

Columbia University

Patricia A. Tun

Brandeis University

Maxine Weinstein

Georgetown University

David Williams

University of Michigan

Terms of Use

The terms of use for this study can be found at:
<http://www.icpsr.umich.edu/cocoon/ICPSR/TERMS/4652.xml>

Information about Copyrighted Content

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

NOTICE

WARNING CONCERNING COPYRIGHT RESTRICTIONS

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

MIDUS 2 PHONE INTERVIEW

For Longitudinal Sample

INTRODUCTION

INTERVIEWER: READ, IF APPROPRIATE.

Hello, I'm calling from the University of Wisconsin Survey Center. We would like to speak with [Respondent Name], regarding the Midlife in the United States National Study of Health and Wellbeing. We will call you back at another time. You can also call us toll-free at 1-866-271-2378 to schedule an interview. Thanks.

Hello, my name is [Interviewer Name]. I'm calling from the University of Wisconsin Survey Center at the University of Wisconsin-Madison. May I please speak to [Respondent Name]?

(IF NECESSARY: We're not advertising or selling anything.)

(Hello. My name is [Interviewer Name]. I'm calling from the University of Wisconsin Survey Center.)

As you probably recall from our recent letter, we are conducting the second wave of the Midlife in the United States National Study of Midlife in the United States National Study of Health and Wellbeing, Health and Wellbeing, on behalf of the National Institute on Aging. We'd like to interview you now for this important study.

(This is a survey designed to help us learn more about how adults in the US are coping with the challenges of adult life and aging and the factors that contribute to a healthy adult life.)

During this interview, please keep in mind that your participation is completely voluntary. If you prefer not to answer any question, just tell me so, and I will go on to the next question. All of your answers will be kept completely confidential. They are saved in computer code, and at no time will your name or other identifying information be attached to the survey results. *[Also, we are applying for a certificate of confidentiality from the Federal Government.]* This certificate will protect your privacy: No one can require us to disclose any information about you without your written consent. Do you have any questions before we begin?

Index of Question Identifiers (Survey Instrument) and Short Variable Names (Dataset)

Question Identifier	Short Variable Name	Page
a1	B1PA1	1
a2	B1PA2	1
a3	B1PA3	1
a4	B1PA4	2
a4a	B1PA4A	2
a4b@a	B1PA4BA	2
a4b@b	B1PA4BB	2
a4b@c	B1PA4BC	2
a5	B1PA5	3
a5a	B1PA5A	3
a5b@a	B1PA5BA	3
a5b@b	B1PA5BB	3
a5b@c	B1PA5BC	3
a6a	B1PA6A	4
a6b	B1PA6B	4
a6c	B1PA6C	4
a6d	B1PA6D	4
a7	B1PA7	4
a7a	B1PA7A	4
a7b@a	B1PA7BA	5
a7b@b	B1PA7BB	5
a7b@c	B1PA7BC	5
a7b@d	B1PA7BD	6
a7b@e	B1PA7BE	6
a7b@f	B1PA7BF	6
a7b@g	B1PA7BG	6
a7b@h	B1PA7BH	6
a7b@i	B1PA7BI	6
a7b@j	B1PA7BJ	6
a7c	B1PA7C	6
a7d	B1PA7D	6
a8	B1PA8	6
a8a	B1PA8A	6
a9	B1PA9	6
a9a	B1PA9A	7
a9b	B1PA9B	7
a10@a	B1PA10A	7
a10@b	B1PA10B	7
a10@c	B1PA10C	7
a10@d	B1PA10D	7
a10@e	B1PA10E	7

Question Identifier	Short Variable Name	Page
a10@f	B1PA10F	7
a10@g	B1PA10G	7
a10@h	B1PA10H	7
a11	B1PA11	8
a12	B1PA12	8
a13	B1PA13	8
a14	B1PA14	8
a15	B1PA15	9
a16	B1PA16	9
a17	B1PA17	9
a18	B1PA18	9
a19	B1PA19	10
a20	B1PA20	10
a21	B1PA21	10
a22	B1PA22	10
a23	B1PA23	11
a23a	B1PA23A	11
a23b	B1PA23B	11
a23c@a	B1PA23CA	12
a23c@b	B1PA23CB	12
a23c@c	B1PA23CC	12
a23c@d	B1PA23CD	12
a23c@e	B1PA23CE	12
a23c@f	B1PA23CF	12
a23c@g	B1PA23CG	12
a23c@h	B1PA23CH	12
a23c@i	B1PA23CI	12
a23c@j	B1PA23CJ	12
a24	B1PA24	12
a24a	B1PA24A	12
a24b	B1PA24B	13
a24c	B1PA24C	13
a24d	B1PA24D	13
a24e@a	B1PA24EA	13
a24e@b	B1PA24EB	13
a24e@c	B1PA24EC	13
a24e@d	B1PA24ED	13
a24e@e	B1PA24EE	13
a24e@f	B1PA24EF	13
a25@num	B1PA25NM	14
a25@int	B1PA25IN	14
a25a	B1PA25A	14

Question Identifier	Short Variable Name	Page
a25b@s	B1PA25BS	14
a25b@d	B1PA25BD	14
a26	B1PA26	14
a27	B1PA27	15
a27a	B1PA27A	15
a27b	B1PA27B	15
a28@a	B1PA28A	16
a28@b	B1PA28B	16
a28@c	B1PA28C	16
a28@d	B1PA28D	16
a28@e	B1PA28E	16
a28@f	B1PA28F	16
a28@g	B1PA28G	16
a28@h	B1PA28H	16
a28@i	B1PA28I	16
a28@j	B1PA28J	16
a28aa	B1PA28AA	16
a28bb	B1PA28BB	16
a28cc	B1PA28CC	16
a28dd	B1PA28DD	16
a28ee	B1PA28EE	16
a28ff	B1PA28FF	16
a28gg	B1PA28GG	16
a28hh	B1PA28HH	16
a28ii	B1PA28II	16
a28jj	B1PA28JJ	16
a29	B1PA29	16
a29a@a	B1PA29AA	17
a29a@b	B1PA29AB	17
a29a@c	B1PA29AC	17
a29a@d	B1PA29AD	17
a29a@e	B1PA29AE	17
a29a@f	B1PA29AF	17
a29a@g	B1PA29AG	17
a29a@h	B1PA29AH	17
a29a@i	B1PA29AI	17
a30@a	B1PA30A	17
a30@b	B1PA30B	17
a30@c	B1PA30C	17
a30@d	B1PA30D	17
a30@e	B1PA30E	17
a30@f	B1PA30F	17
a31@a	B1PA31A	18
a31@b	B1PA31B	18

Question Identifier	Short Variable Name	Page
a31@c	B1PA31C	18
a31@d	B1PA31D	18
a31@e	B1PA31E	18
a31@f	B1PA31F	18
a31@h	B1PA31H	18
a31@i	B1PA31I	18
a31@j	B1PA31J	18
a32@a	B1PA32A	18
a32@c	B1PA32C	18
a32@d	B1PA32D	18
a32@e	B1PA32E	18
a32@g	B1PA32G	18
a32@h	B1PA32H	18
a32@j	B1PA32J	18
a33@a	B1PA33A	19
a33@c	B1PA33C	19
a33@d	B1PA33D	19
a33@e	B1PA33E	19
a33@g	B1PA33G	19
a33@h	B1PA33H	19
a33@j	B1PA33J	19
a34@a	B1PA34A	19
a34@b	B1PA34B	19
a34@c	B1PA34C	19
a34@d	B1PA34D	19
a34@e	B1PA34E	19
a34@f	B1PA34F	19
a34@h	B1PA34H	19
a34@i	B1PA34I	19
a34@j	B1PA34J	19
a35@a	B1PA35A	20
a35@b	B1PA35B	20
a35@c	B1PA35C	20
a35@d	B1PA35D	20
a35@e	B1PA35E	20
a35@f	B1PA35F	20
a35@g	B1PA35G	20
a35@h	B1PA35H	20
a35@i	B1PA35I	20
a35@j	B1PA35J	20
a35b	B1PA36A	20
a35c@m	B1PA36AM	20
a35c@y	B1PA36AY	21
a35d	B1PA36B	21

Question Identifier	Short Variable Name	Page
a35e	B1PA36C	21
a35f@m	B1PA36DM	21
a35f@y	B1PA36DY	22
a35h@m	B1PA36EM	22
a35h@y	B1PA36EY	22
a36	B1PA37	22
a37	B1PA38A	23
a38	B1PA38B	23
a39	B1PA39	23
a40	B1PA40	24
a41	B1PA41	24
a42	B1PA42	24
a43	B1PA43	25
a44	B1PA44	25
a45@a	B1PA45A	25
a45@b	B1PA45B	25
a45@c	B1PA45C	25
a46	B1PA46	26
a47	B1PA47	26
a48	B1PA48	26
a49	B1PA49	26
a50	B1PA50	27
a51	B1PA51	27
a51a	B1PA51A	27
a52	B1PA52	27
a53	B1PA53	28
a54	B1PA54	28
a54a	B1PA54A	28
a55	B1PA55	29
a56	B1PA56	29
a57	B1PA57	29
a58	B1PA58	29
a59	B1PA59	30
a60	B1PA60	30
a61	B1PA61	30
a62	B1PA62	30
a63	B1PA63	31
a64	B1PA64	31
a65	B1PA65	31
a65a	B1PA65A	31
a66	B1PA66	32
a66a	B1PA66A	32
a67	B1PA67	32
a68	B1PA68	32

Question Identifier	Short Variable Name	Page
a69	B1PA69	33
a70	B1PA70	33
a71mo	B1PA71MO	34
a71yr	B1PA71YR	34
a72	B1PA72	35
a73	B1PA73	35
a74	B1PA74	35
a75	B1PA75	35
a76	B1PA76	36
a76a	B1PA76A	36
a77	B1PA77	36
a77a	B1PA77A	36
a78	B1PA78	36
a79	B1PA79	37
a80	B1PA80	37
a81	B1PA81	37
a82mo	B1PA82MO	38
a82yr	B1PA82YR	38
a83	B1PA83	39
a83a	B1PA83A	39
a84	B1PA84	39
a84a	B1PA84A	40
a85	B1PA85	40
a85a	B1PA85A	40
a86	B1PA86	40
a86a	B1PA86A	41
a87	B1PA87	41
a87a	B1PA87A	41
a88a	B1PA88A	42
a88b	B1PA88B	42
a88c	B1PA88C	42
a88d	B1PA88D	42
a88e	B1PA88E	42
a88f	B1PA88F	42
a88g	B1PA88G	42
a88h	B1PA88H	42
a88i	B1PA88I	42
a88j	B1PA88J	42
a89	B1PA89	42
a90	B1PA90	43
a90a	B1PA90A	43
a91	B1PA91	43
a92	B1PA92	44
a92a	B1PA92A	44

Question Identifier	Short Variable Name	Page
a92b	B1PA92B	44
a92c	B1PA92C	44
a92d	B1PA92D	44
a92e	B1PA92E	45
a92f	B1PA92F	45
b1	B1PB1	46
b2	B1PB2	46
b3@a	B1PB3A	47
b3@b	B1PB3B	47
b3@c	B1PB3C	47
b3@d	B1PB3D	47
b3@e	B1PB3E	47
b3@f	B1PB3F	47
b3@g	B1PB3G	47
b3@h	B1PB3H	47
b3@i	B1PB3I	47
b3@j	B1PB3J	47
b3@k	B1PB3K	47
b3work	B1PBWORK	47
b4@n	B1PB4N	47
b4@m	B1PB4M	47
b5	B1PB5	48
b6	B1PB6	48
b7	B1PB7	48
b7a	B1PB7A	49
b8	B1PB8	49
b9	B1PIND	50
b10	B1POCC	50
b11	B1POCC	51
b12	B1PB12	51
b12a	B1PB12A	52
b13	B1PB13	52
b14	B1PB14	52
b14a	B1PB14A	53
b15	B1PB15	53
b16	B1PINDP	53
b17	B1POCCP	54
b18	B1POCCP	54
b19	B1PB19	55
b20	B1PB20	55
b21@m	B1PB21M	55
b21@y	B1PB21Y	55
b22	B1PB22	56
b23@m	B1PB23M	56

Question Identifier	Short Variable Name	Page
b23@y	B1PB23Y	56
b24@m	B1PB24M	56
b24@y	B1PB24Y	57
b25@m	B1PB25M	57
b25@y	B1PB25Y	57
b26@m	B1PB26M	58
b26@y	B1PB26Y	58
b27@m	B1PB27M	58
b27@y	B1PB27Y	59
b28@m	B1PB28M	59
b28@y	B1PB28Y	59
b29@m	B1PB29M	60
b29@y	B1PB29Y	60
b30	B1PB30	60
b31@n	B1PB31N	60
b31@m	B1PB31M	61
b32@y	B1PB32Y	61
b33	B1PB33	61
b34@a	B1PB34A	62
b34@b	B1PB34B	62
b34@c	B1PB34C	62
b34@d	B1PB34D	62
b34@e	B1PB34E	62
b34@f	B1PB34F	62
b34@g	B1PB34G	62
b34@h	B1PB34H	62
b34@i	B1PB34I	62
b34@j	B1PB34J	62
b34@k	B1PB34K	62
b34work	B1PB34WK	62
b35@n	B1PB35N	62
b35@m	B1PB35M	62
b36	B1PB36	63
b37	B1PB37	63
b38	B1PB38	63
b39	B1PB39	64
b40	B1PINDS	64
b41	B1POCCS	65
b42	B1POCCS	65
c110	B1PC1	67
children	B1PC2	67
dcsdchld	B1PC3	67
hhmember	B1PC4	67
ROSTER q's	begin on page	68

Question Identifier	Short Variable Name	Page
othrinhh	B1PC6	72
d1	B1PD1	76
d2	B1PD2	76
d3	B1PD3	76
d4	B1PD4	77
d5@m	B1PD5M	77
d5@y	B1PD5Y	77
d7	B1PD7	77
d8@a	B1PD8A	78
d8@b	B1PD8B	78
d9	B1PD9	78
d10	B1PD10	78
d11	B1PD11	78
d12	B1PD12	79
d13	B1PD13	79
d14	B1PD14	79
d15	B1PD15	79
d16	B1PD16	80
d17	B1PD17	80
d18	B1PD18	80
d19@n	B1PD19N	80
d19@m	B1PD19M	81
d20	B1PD20	81
d21	B1PD21	81
d22	B1PD22	81
e1	B1PE1	82
e1loc@a	B1PE1A1	82
e1loc@b	B1PE1A2	82
e1loc@c	B1PE1A3	82
e1loc@d	B1PE1A4	82
e1loc@e	B1PE1A5	82
e1loc@f	B1PE1A6	82
e1loc@g	B1PE1A7	82
e1time@n	B1PE1BN	82
e1time@m	B1PE1BM	83
e2	B1PE2	83
e2time@n	B1PE2AN	83

Question Identifier	Short Variable Name	Page
e2time@m	B1PE2AM	84
e3	B1PE3	84
e3time@n	B1PE3AN	84
e3time@m	B1PE3AM	85
f1	B1PF1	86
f2@a	B1PF2A	86
f2@b	B1PF2B	86
f2@c	B1PF2C	86
f3	B1PF3	87
f4	B1PF4	87
f5	B1PF5	87
f6	B1PF6	88
f7@a	B1PF7A	88
f7@b	B1PF7B	88
f7@c	B1PF7C	88
f7@d	B1PF7D	88
f8@a	B1PF8A	89
f8@b	B1PF8B	89
f9	B1PF9	89
f10	B1PF10	89
f11	B1PF11	89
f12	B1PF12	90
f12a	B1PF12A	90
f12b	B1PF12B	90
g1	B1PG1	91
g2	B1PG2	91
g3	B1PG3	91
g4	B1PG4	92
g5	B1PG5	92
g5a	B1PG5A	92
g6	B1PG6	93
g7	B1PG7	93
g8	B1PG8	93
g9	B1PG9	94

SECTION A: HEALTH

A1.

[B1PA1]

The first questions are about your health. In general, would you say your PHYSICAL HEALTH is excellent, very good, good, fair, or poor?

INTERVIEWER: IF R SAYS "I'm not a doctor...", PROBE: "What do YOU think?"

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW/NOT SURE
8. REFUSED

A2.

[B1PA2]

What about your MENTAL OR EMOTIONAL HEALTH?

(Would you say your MENTAL OR EMOTIONAL HEALTH is excellent, very good, good, fair, or poor?)

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW/NOT SURE
8. REFUSED

A3.

[B1PA3]

In general, compared to most (men/women) your age, would you say your health is much better, somewhat better, about the same, somewhat worse, or much worse?

1. MUCH BETTER
2. SOMEWHAT BETTER
3. ABOUT THE SAME
4. SOMEWHAT WORSE
5. MUCH WORSE
7. DON'T KNOW/NOT SURE
8. REFUSED

A4.

[B1PA4] In the past 30 days, how many days were you COMPLETELY UNABLE to go to work or carry out your normal household work activities because of your physical health or mental health?

INTERVIEWER: IF NECESSARY, PROBE: "What's your best estimate?"

- | | | |
|-----|---------------------|---|
| 0. | NONE | [GO TO A5] |
| ___ | NUMBER OF DAYS | [IF 1, GO TO A4a;
IF 2 OR MORE, GO TO A4b] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A5] |

A4a.

[B1PA4A] Was that due to your physical health, your mental health, or a combination of both?

- A. PHYSICAL
- B. MENTAL
- C. COMBINATION
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

[GO TO A5]

A4b.

[B1PA4B] How many of those [fill A4] days were due only to your physical health, how many were due only to your mental health, and how many were due to a combination of both?

- A. ___ # DAYS PHYSICAL
- B. ___ # DAYS MENTAL
- C. ___ # DAYS COMBINATION
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

[IF THE RESPONSES TO A4b DO NOT SUM TO A4, THE INTERVIEWER WILL PROBE TO GET THEM TO SUM]

[IF A4 = 30, GO TO A6]

A5.

[B1PA5] (Aside from (that day/those [fill A4] days) when you were totally unable to go to work or carry out your normal household work activities, how many of the other [fill A5pre] days out of the past 30)/In the past 30 days), did you have to CUT BACK on work, or how much you got done, because of your physical health or mental health?

INTERVIEWER: MUST NOT BE MORE THAN [fill A5pre] DAYS.

- | | | |
|-----|---------------------|---|
| 0. | NONE | [GO TO A6] |
| — | NUMBER OF DAYS | [IF A5=1, GO TO A5a;
IF A5 = 2 or MORE, GO TO A5b] |
| 97. | DON'T KNOW/NOT SURE | [GO TO A6] |
| 98. | REFUSED | [GO TO A6] |
| 99. | INAPP | |

[IF SUM OF THE RESPONSES TO A4 AND A5 EXCEEDS 30 DAYS, THE INTERVIEWER WILL PROBE TO GET THEM TO BE LESS THAN 30 DAYS]

A5a.

[B1PA5A] Was that due to your physical health, your mental health, or a combination of both?

1. PHYSICAL
2. MENTAL
3. COMBINATION
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[GO TO A6]

A5b.

[B1PA5B] How many of those [fill A5] days were due only to your physical health, how many were due only to your mental health, and how many were due to a combination of both?

A.____ # DAYS PHYSICAL

B.____ # DAYS MENTAL

C.____ # DAYS COMBINATION

97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

[IF THE RESPONSES TO A5b DO NOT SUM TO A5, THE INTERVIEWER WILL PROBE TO GET THEM TO SUM]

The next set of questions is about your physical health.

A6.

[B1PA6] Do you have history of any of the following medical conditions:

(Do you have a personal history of...)	YES	NO	DON'T KNOW/ NOT SURE	REFUSED
A6a. Stroke	1	2	7	8
A6b. Serious head injury	1	2	7	8
A6c. Parkinson's disease	1	2	7	8
A6d. Other neurological disorder	1	2	7	8

A7.

[B1PA7] Have you ever had heart trouble suspected or confirmed by a doctor?

- | | | |
|----|---------------------|-------------|
| 1. | YES | [GO TO A7a] |
| 2. | NO | [GO TO A8] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A8] |
| 8. | REFUSED | [GO TO A8] |

A7a.

[B1PA7A] How old were you when a doctor first told you that you might have heart trouble?

INTERVIEWER: IF R SAYS THEY KNEW IT BEFORE DOCTOR DID, OR THAT DOCTOR DIDN'T TELL THEM DIRECTLY, PROBE: "How old were you when a DOCTOR first told you (or your parents) that you might have heart trouble?"

INTERVIEWER: IF NECESSARY, PROBE: "What's your best estimate?"

- | | |
|-------|---------------------|
| _____ | YEARS OLD |
| 96. | CONGENITAL/AT BIRTH |
| 97. | DON'T KNOW/NOT SURE |
| 98. | REFUSED |
| 99. | INAPP |

A7b.

[B1PA7B] What was the diagnosis?

INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE: "Anything else?"

INTERVIEWER: IF R SAYS "Dr. wasn't sure but thought it might be...", ENTER VERBATIM.

INTERVIEWER: IF R GIVES A TREATMENT, PROBE: "What was the DIAGNOSIS?"

- A. HEART ATTACK
- B. ANGINA
- C. HIGH BLOOD PRESSURE
- D. VALVE DISEASE, MITROVALVE PROLAPSE, AORTIC INSUFFICIENCY, BICUSPID AORTIC VALVE
- E. HOLE IN HEART, ATRIAL SEPTAL DEFECT (ASD), VENTRICULAR SEPTAL DEFECT (VSD)
- F. BLOCKED/CLOSED ARTERY, CORONARY ARTERY DISEASE (CAD), CORONARY HEART DISEASE (CHD), ISCHEMIA
- G. IRREGULAR/FAST HEART BEAT, ARRHYTHMIA
- H. HEART MURMUR
- I. HEART FAILURE, CONGESTIVE HEART FAILURE (CHF), ENLARGED HEART
- J. OTHER _____ (SPECIFY)
- K. NONE
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

[IF A7a = CONGENITAL/AT BIRTH, GO TO A7d]

A7c.

[B1PA7C] Did you go to the hospital for treatment or more tests after this diagnosis was made?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A7d.

[B1PA7D] Are you still seeing a doctor, or still getting treatment, for heart trouble?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[IF A7b = HEART ATTACK, GO TO A8a]

A8.

[B1PA8] Have you ever had a heart attack?

- | | |
|------------------------|-------------|
| 1. YES | [GO TO A8a] |
| 2. NO | [GO TO A9] |
| 7. DON'T KNOW/NOT SURE | [GO TO A9] |
| 8. REFUSED | [GO TO A9] |
| 9. INAPP | |

A8a.

[B1PA8A] In what year did you have your first heart attack?

- | | |
|-------|----------------------|
| _____ | YEAR OF HEART ATTACK |
| 9997. | DON'T KNOW/NOT SURE |
| 9998. | REFUSED |
| 9999. | INAPP |

[GO TO A10]

A9.

[B1PA9] Do you think your risk of a heart attack is higher, lower, or about the same as other (men/women) your age?

INTERVIEWER: IF R SAYS DOESN'T KNOW RISKS, PROBE: "What do you think?"

- | | |
|------------------------|-------------|
| 1. HIGHER | |
| 2. LOWER | [GO TO A9b] |
| 3. ABOUT THE SAME | [GO TO A10] |
| 7. DON'T KNOW/NOT SURE | [GO TO A10] |
| 8. REFUSED | [GO TO A10] |
| 9. INAPP | [GO TO A10] |

A9a.

[B1PA9A] Would you say a lot higher, somewhat higher, or only a little higher?

1. A LOT
2. SOMEWHAT
3. A LITTLE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[GO TO A10]

A9b.

[B1PA9B] Would you say a lot lower, somewhat lower, or only a little lower?

1. A LOT
2. SOMEWHAT
3. A LITTLE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A10.

[B1PA10] Who in your immediate biological family -- that is, your biological parents, brothers, sisters, or children -- have ever had a heart attack?

INTERVIEWER: ENTER ALL THAT APPLY.

INTERVIEWER: COUNT BLOOD RELATIVES ONLY, NOT SPOUSE OR ADOPTIVE/STEP RELATIVES [THE SAME MEMBER CAN'T BE LISTED TWICE].

- A. NO ONE
- B. MOTHER
- C. FATHER
- D. BROTHER
- E. HALF BROTHER
- F. SISTER
- G. HALF SISTER
- H. CHILD
97. DON'T KNOW/NOT SURE
98. REFUSED

A11.

[B1PA11] How much do you worry about your heart: a lot, some, a little, or not at all?

1. A LOT
2. SOME
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

A12.

[B1PA12] Do you take aspirin regularly for PREVENTION of heart related conditions such as heart attack and stroke?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A13.

[B1PA13] Have you ever had a major heart procedure, such as catheterization (KATH-it-urr-ih-ZAY-shun), bypass surgery, or angioplasty (AN-gee-oh-plass-tea)?

INTERVIEWER: IF NECESSARY, CLARIFY: "Angioplasty (AN-gee-oh-plass-tea) is also called PTCA."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A14.

[B1PA14] Has anyone you know well -- such as your spouse, a family member, or a close friend -- ever had a major heart procedure?

INTERVIEWER: IF NECESSARY, CLARIFY: "By a major heart procedure I mean catheterization (KATH-it-urr-ih-ZAY-shun), bypass surgery, or angioplasty (AN-gee-oh-plass-tea)."

INTERVIEWER: IF NECESSARY, CLARIFY: "Angioplasty (AN-gee-oh-plass-tea) is also called PTCA."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A15.

[B1PD15] Assume for a moment that you had a heart condition and were told by your doctor that you had two choices -- either to have coronary bypass surgery or to take medication every day for the rest of your life. Which one do you think you would choose?

1. BYPASS
2. MEDICATION
7. DON'T KNOW/NOT SURE [GO TO A17]
8. REFUSED [GO TO A17]

A16.

[B1PA16] How sure are you that this is what you would choose: very, somewhat, or not very sure?

1. VERY
2. SOMEWHAT
3. NOT VERY SURE
7. DON'T KNOW/NOT SURE
8. REFUSED

A17.

[B1PA17] Do you ever get chest pain or discomfort when you walk uphill or hurry?

INTERVIEWER: IF R SAYS CAN'T WALK/CAN'T WALK UPHILL, PROBE:
"What about when you are moving in a hurry?"

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A18.

[B1PA18] Do you ever get chest pain or discomfort when you walk at an ordinary pace on a level surface, not uphill?

INTERVIEWER: IF R SAYS THEY CANNOT WALK, PROBE: "Do you mean you cannot walk because of the chest pain, or for some other reason?"

1. YES
2. NO
3. CANNOT WALK BECAUSE OF CHEST PAIN
4. CANNOT WALK FOR OTHER REASONS
7. DON'T KNOW/NOT SURE
8. REFUSED

[IF A17 ≠ YES AND A18 ≠ YES AND A18 ≠ CANNOT WALK BECAUSE OF CHEST PAIN, GO TO A23]

[IF A17 = YES AND A18 = CANNOT WALK DUE OTHER REASONS, GO TO A22]

[IF A18 = CANNOT WALK BECAUSE OF CHEST PAIN, GO TO A22 ALL OTHERS CONTINUE]

A19.

[B1PA19] When you get pain or discomfort in your chest while you are walking, do you stop, slow down, or continue walking at the same pace?

INTERVIEWER: IF NECESSARY, CLARIFY: "What do you USUALLY do?"

1. STOP
2. SLOW DOWN
3. CONTINUE AT THE SAME PACE [GO TO A22]
7. DON'T KNOW/NOT SURE [GO TO A22]
8. REFUSED [GO TO A22]
9. INAPP

A20.

[B1PA20] Does it go away when you stand still?

INTERVIEWER: IF R SAYS "sometimes", PROBE: "Does it USUALLY go away when you stand still?"

1. YES [GO TO A21]
2. NO [GO TO A22]
7. DON'T KNOW/NOT SURE [GO TO A22]
8. REFUSED [GO TO A22]
9. INAPP

A21.

[B1PA21] How soon does it go away: 10 minutes or less, or more than 10 minutes?

1. 10 MINUTES OR LESS
2. MORE THAN 10 MINUTES
7. DON'T KNOW/NOT SURE [GO TO A22]
8. REFUSED [GO TO A22]
9. INAPP

A22.

[B1PA22] Where do you get this pain or discomfort -- in the center of your chest, in the left side of your chest ONLY, in the left side of your chest AND your left arm, or somewhere else?

INTERVIEWER: SELECT ONE ONLY.

1. CENTER OF CHEST
2. LEFT SIDE OF CHEST ONLY
3. LEFT SIDE OF CHEST AND LEFT ARM
4. SOMEWHERE ELSE _____ (SPECIFY LOCATION)

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED

A23.

[B1PA23] Have you ever had a severe pain across the front of your chest lasting half an hour or more?

- | | | |
|----|------------|--------------|
| 1. | YES | [GO TO A23a] |
| 2. | NO | [GO TO A24] |
| 7. | DON'T KNOW | [GO TO A24] |
| 8. | REFUSED | [GO TO A24] |

A23a.

[B1PA23A] How many times has this ever happened?

- | | |
|----|---------------------|
| — | NUMBER OF ATTACKS |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

A23b.

[B1PA23B] Did you talk to a doctor about it?

- | | | |
|----|---------------------|--------------|
| 1. | YES | [GO TO A23c] |
| 2. | NO | [GO TO A24] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A24] |
| 8. | REFUSED | [GO TO A24] |
| 9. | INAPP | |

A23c.

[B1PA23C] What did the doctor say it was?

INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE:
"Anything else?"

INTERVIEWER: IF R SAYS "Dr. wasn't sure but thought it might be...", ENTER
VERBATIM

- A. HEART ATTACK
- B. ANGINA
- C. HIGH BLOOD PRESSURE
- D. VALVE DISEASE, MITROVALVE PROLAPSE, AORTIC INSUFFICIENCY,
BICUSPID AORTIC VALVE
- E. HOLE IN HEART, ATRIAL SEPTAL DEFECT (ASD), VENTRICULAR
SEPTAL DEFECT (VSD)
- F. BLOCKED/CLOSED ARTERY, CORONARY ARTERY DISEASE (CAD),
CORONARY HEART DISEASE (CHD), ISCHEMIA
- G. IRREGULAR/FAST HEART BEAT, ARRHYTHMIA
- H. HEART MURMUR
- I. HEART FAILURE, CONGESTIVE HEART FAILURE (CHF), ENLARGED
HEART
- J. OTHER _____ (ENTER DIAGNOSIS)
- K. NONE
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

A23d. If A23c=High Blood Pressure, skip to A24a.

A24.

[B1PA24] Has a doctor ever told you that you have or had high blood pressure?

- 1. YES
- 2. NO [GO TO A25]
- 3. SUSPECTS
- 7. DON'T KNOW/NOT SURE [GO TO A25]
- 8. REFUSED [GO TO A25]

A24a.

[B1PA24A] How many years ago were you told you have or had high blood pressure?

- ___ # OF YEARS
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

A24b.

[B1PA24B] Have you ever taken medicine prescribed by a doctor for your high blood pressure?

- | | | |
|----|---------------------|--------------|
| 1. | YES | |
| 2. | NO | [GO TO A24d] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A24d] |
| 8. | REFUSED | [GO TO A24d] |
| 9. | INAPP | |

A24c.

[B1PA24C] Are you CURRENTLY taking any prescription medications for your high blood pressure?

- | | |
|----|---------------------|
| 1. | YES |
| 2. | NO |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

A24d.

[B1PA24D] (Not including prescription medications, are/Are) you using any other type of treatment or therapy for your high blood pressure?

- | | | |
|----|---------------------|--------------|
| 1. | YES | [GO TO A24e] |
| 2. | NO | [GO TO A25] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A25] |
| 8. | REFUSED | [GO TO A25] |
| 9. | INAPP | |

A24e.

[B1PA24E] What is that treatment or therapy?

INTERVIEWER: ENTER ALL THAT APPLY.
 [THE SAME TREATMENT CAN'T BE LISTED TWICE]

- | | | |
|----|-------------------------|-------|
| A. | DIET | |
| B. | VITAMINS/MINERALS | |
| C. | EXERCISE | |
| D. | HERBAL THERAPY | |
| E. | MEDITATION/ RELAXATION | |
| F. | OTHER (ENTER TREATMENT) | _____ |
| 7. | DON'T KNOW/NOT SURE | |
| 8. | REFUSED | |
| 9. | INAPP | |

A25.

[B1PA25] How long has it been since your last blood pressure test?

INTERVIEWER: IF R SAYS LESS THAN ONE MONTH ENTER '0 MONTHS'.

____. TIME SINCE LAST BP TEST (MO=MONTHS / YR=YEARS)

- 0. LESS THAN 1 MONTH
- 96. NEVER
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED

[IF A25 = NEVER, GO TO A26]

A25a.

[B1PA25A] At that time, was your blood pressure low, about normal, slightly raised, or high?

- 1. LOW
- 2. ABOUT NORMAL
- 3. SLIGHTLY RAISED
- 4. HIGH
- 7. DON'T KNOW/NOT SURE [GO TO A26]
- 8. REFUSED
- 9. INAPP

A25b.

[B1PA25B] What was the exact reading, if you remember?

____OVER____ [SYSTOLIC: <10-300> OVER DIASTOLIC: <10-200>]

- 997. DON'T KNOW/DON'T REMEMBER/WASN'T TOLD (DO NOT PROBE)
- 998. REFUSED
- 999. INAPP

A26.

[B1PA26] Have you ever had cancer?

- 1. YES [GO TO A28]
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED

A27.

[B1PA27] Do you think your risk of getting cancer is higher, lower, or about the same as other (men/women) your age?

- | | | |
|----|---------------------|--------------|
| 1. | HIGHER | [GO TO A27a] |
| 2. | LOWER | [GO TO A27b] |
| 3. | ABOUT THE SAME | [GO TO A30] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A30] |
| 8. | REFUSED | [GO TO A30] |
| 9. | INAPP | |

A27a.

[B1PA27A] Would you say a lot higher, somewhat higher, or only a little higher?

- | | |
|----|---------------------|
| 1. | A LOT |
| 2. | SOMEWHAT |
| 3. | A LITTLE |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

[GO TO A30]

A27b.

[B1PA27B] Would you say a lot lower, somewhat lower, or only a little lower?

- | | |
|----|---------------------|
| 1. | A LOT |
| 2. | SOMEWHAT |
| 3. | A LITTLE |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

[GO TO A30]

[ONLY MEN WILL GET PROSTATE CANCER AS A RESPONSE OPTION]

[ONLY WOMEN WILL GET CERVICAL, OVARIAN AND UTERINE CANCER RESPONSE OPTIONS]

A28.

[B1PA28] What type of cancer have you had?

INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE:
"Any Other?"

(IF R HAD A PARTICULAR TYPE OF CANCER, FOLLOW UP AT A28aa-jj)

What type of cancer have you had?			What was your age when you were first diagnosed with...
	YES	NO	
A. BREAST CANCER	1 → GO TO AA.	2	AA. Age=
B. CERVICAL CANCER	1 → GO TO BB.	2	BB. Age=
C. COLON OR RECTAL CANCER	1 → GO TO CC.	2	CC. Age=
D. LUNG CANCER	1 → GO TO DD.	2	DD. Age=
E. LYMPHOMA OR LEUKEMIA	1 → GO TO EE.	2	EE. Age=
F. OVARIAN CANCER	1 → GO TO FF.	2	FF. Age=
G. PROSTATE CANCER	1 → GO TO GG.	2	GG. Age=
H. SKIN CANCER, MELANOMA	1 → GO TO HH.	2	HH. Age=
I. UTERINE CANCER	1 → GO TO II.	2	II. Age=
J. OTHER _____ (SPECIFY)	1 → GO TO JJ.	2	JJ. Age=

7. DON'T KNOW/NOT SURE

8. REFUSED

9. INAPP

A29.

[B1PA29] Are you currently using any type of treatment or therapy for cancer?

1. YES [GO TO A29a]

2. NO [GO TO A30]

7. DON'T KNOW/NOT SURE [GO TO A30]

8. REFUSED [GO TO A30]

9. INAPP

A29a.

[B1PA29A] What type of treatment or therapy are you currently using?

INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE:
"Anything else?"

- A. SURGERY
- B. CHEMOTHERAPY
- C. RADIATION THERAPY
- D. DIET
- E. VITAMINS/MINERALS
- F. EXERCISE
- G. HERBAL THERAPY
- H. MEDITATION/ RELAXATION
- I. OTHER (SPECIFY TREATMENT) _____
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

A30.

[B1PA30] Who in your immediate biological family -- that is, your biological parents, brothers, sisters, or children-- have ever had cancer?

INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE:
"Any others?"

INTERVIEWER: COUNT BLOOD RELATIVES ONLY, NOT SPOUSE OR
ADOPTIVE/STEP RELATIVES.

- | | |
|------------------------|--------------|
| A. NO ONE | [GO TO A35a] |
| B. MOTHER | [GO TO A31] |
| C. FATHER | [GO TO A32] |
| D. BROTHER | [GO TO A33] |
| E. SISTER | [GO TO A34] |
| F. CHILD | [GO TO A35] |
| 7. DON'T KNOW/NOT SURE | [GO TO A35a] |
| 8. REFUSED | [GO TO A35a] |
| 9. INAPP | |

A31.		
[B1PA31] What type of cancer has your mother had?		
INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE: "Any Other?"		
	YES	NO
A. BREAST CANCER	1	2
B. CERVICAL CANCER	1	2
C. COLON OR RECTAL CANCER	1	2
D. LUNG CANCER	1	2
E. LYMPHOMA OR LEUKEMIA	1	2
F. OVARIAN CANCER	1	2
H. SKIN CANCER, MELANOMA	1	2
I. UTERINE CANCER	1	2
J. OTHER _____ (SPECIFY)	1	2

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

INTERVIEWER: FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

A32.		
[B1PA32A] What type of cancer has your father had?		
INTERVIEWER: DO NOT READ THE LIST. SELECT ALL THAT APPLY. PROBE: "Any other?"		
	YES	NO
A. BREAST CANCER	1	2
C. COLON OR RECTAL CANCER	1	2
D. LUNG CANCER	1	2
E. LYMPHOMA OR LEUKEMIA	1	2
F. OVARIAN CANCER	1	2
G. PROSTATE CANCER	1	2
H. SKIN CANCER, MELANOMA	1	2
I. UTERINE CANCER	1	2
J. OTHER _____ (SPECIFY)	1	2

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

INTERVIEWER: FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

A33.

[B1PA33] What type(s) of cancer has/have your brother(s) had?

INTERVIEWER: DO NOT READ THE LIST. SELECT ALL THAT APPLY. PROBE: "Any other?"

	YES	NO
A. BREAST CANCER	1	2
C. COLON OR RECTAL CANCER	1	2
D. LUNG CANCER	1	2
E. LYMPHOMA OR LEUKEMIA	1	2
F. OVARIAN CANCER	1	2
G. PROSTATE CANCER	1	2
H. SKIN CANCER, MELANOMA	1	2
I. UTERINE CANCER	1	2
J. OTHER _____ (SPECIFY)	1	2

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

INTERVIEWER: FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

A34.

[B1PA34] What type(s) of cancer has/have your sister(s) had?

INTERVIEWER: DO NOT READ THE LIST. SELECT ALL THAT APPLY. PROBE: "Any other?"

	YES	NO
A. BREAST CANCER	1	2
B. CERVICAL CANCER	1	2
C. COLON OR RECTAL CANCER	1	2
D. LUNG CANCER	1	2
E. LYMPHOMA OR LEUKEMIA	1	2
F. OVARIAN CANCER	1	2
H. SKIN CANCER, MELANOMA	1	2
I. UTERINE CANCER	1	2
J. OTHER _____ (SPECIFY)	1	2

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

INTERVIEWER: FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

A35.		
[B1PA35] What type(s) of cancer has/have your child(ren) had?		
INTERVIEWER: DO NOT READ THE LIST. SELECT ALL THAT APPLY. PROBE: "Any other?"		
	YES	NO
A. BREAST CANCER	1	2
B. CERVICAL CANCER	1	2
C. COLON OR RECTAL CANCER	1	2
D. LUNG CANCER	1	2
E. LYMPHOMA OR LEUKEMIA	1	2
F. OVARIAN CANCER	1	2
G. PROSTATE CANCER	1	2
H. SKIN CANCER, MELANOMA	1	2
I. UTERINE CANCER	1	2
J. OTHER _____ (SPECIFY)	1	2

7. DON'T KNOW/NOT SURE

8. REFUSED

9. INAPP

A35a. If R's sex=1 GO TO A36 [following questions are for women only].

A35b.

[B1PA36A] Have you had a hysterectomy?

1. YES [GO TO A35c_m]

2. NO [GO TO A35D]

7. DON'T KNOW [GO TO A35D]

8. REFUSED [GO TO A35D]

9. INAPP

A35c_m.

[B1PA36AM] What month and year did you have a hysterectomy?

(MONTH)

1. JANUARY

2. FEBRUARY

3. MARCH

4. APRIL

5. MAY

6. JUNE

7. JULY

8. AUGUST

9. SEPTEMBER

10. OCTOBER

11. NOVEMBER

12. DECEMBER

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP

A35c_y.

[B1PA36AY] (What month and year did you have a hysterectomy?)

(YEAR)

_____ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

A35d.

[B1PA36B] Have you had one or both of your ovaries removed?

INTERVIEWER: If R SAYS "yes", PROBE "Was that one or both ovaries?"

- | | | |
|----|----------------------|----------------|
| 1. | ONE OVARY REMOVED | [GO TO A35f_m] |
| 2. | BOTH OVARIES REMOVED | [GO TO A35e] |
| 3. | NO | [GO TO A36] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A36] |
| 8. | REFUSED | [GO TO A36] |
| 9. | INAPP | |

A35e.

[B1PA36C] Did you have both ovaries removed at the same time?

- | | |
|----|---------------------|
| 1. | YES |
| 2. | NO |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

A35f_m.

[B1PA36DM] What month and year did you have it/the first one/them removed?

(MONTH)

- | | | | |
|----|----------|-----|---------------------|
| 1. | JANUARY | 9. | SEPTEMBER |
| 2. | FEBRUARY | 10. | OCTOBER |
| 3. | MARCH | 11. | NOVEMBER |
| 4. | APRIL | 12. | DECEMBER |
| 5. | MAY | 97. | DON'T KNOW/NOT SURE |
| 6. | JUNE | 98. | REFUSED |
| 7. | JULY | 99. | INAPP |
| 8. | AUGUST | | |

A35f_y.

[B1PA36DY] (What month and year did you have it/the first one/them removed?)

(YEAR)

____ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

[IF A35e ≠ 2, SKIP to A36]

A35h_m.

[B1PA36EM] What month and year did you have the second ovary removed?

(MONTH)

1. JANUARY

2. FEBRUARY

3. MARCH

4. APRIL

5. MAY

6. JUNE

7. JULY

8. AUGUST

9. SEPTEMBER

10. OCTOBER

11. NOVEMBER

12. DECEMBER

97. DON'T KNOW/NOT
SURE

98. REFUSED

99. INAPP

A35h_y.

[B1PA36EY] (What month and year did you have the second ovary removed?)

(YEAR)

____ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

A36.

[B1PA37] The next questions are about smoking cigarettes. At what age did you have your very first cigarette?

INTERVIEWER: IF R SAYS "I don't smoke", PROBE: "At what age did you have your very FIRST cigarette, **if EVER?**"

____ YEARS OLD

96. NEVER HAD A CIGARETTE [GO TO A44]

97. DON'T KNOW/NOT SURE

98. REFUSED

A37.

[B1PA38A] Have you ever smoked cigarettes regularly -- that is, at least a few cigarettes every day?

- | | | |
|----|---------------------|-------------|
| 1. | YES | [GO TO A38] |
| 2. | NO | [GO TO A44] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A44] |
| 8. | REFUSED | [GO TO A44] |
| 9. | INAPP | |

A38.

[B1PA38B] At what age did you begin to smoke REGULARLY?

INTERVIEWER: IF NECESSARY, CLARIFY: "By regularly I mean at least a few cigarettes every day."

- | | |
|-----|---------------------|
| — | YEARS OLD |
| 97. | DON'T KNOW/NOT SURE |
| 98. | REFUSED |
| 99. | INAPP |

[IF THE RESPONSE TO A37 IS GREATER THAN A38b, INTERVIEWER WILL PROBE SO A37 IS LESS THAN A38b]

A39.

[B1PA39] Do you smoke cigarettes regularly NOW?

INTERVIEWER: IF NECESSARY, CLARIFY: "By regularly I mean at least a few cigarettes every day."

- | | | |
|----|---------------------|-------------|
| 1. | YES | [GO TO A40] |
| 2. | NO | [GO TO A42] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A42] |
| 8. | REFUSED | [GO TO A42] |
| 9. | INAPP | |

A40.

[B1PA40] On average, about how many cigarettes did you smoke per day during the one year in your life when you smoked most heavily?

INTERVIEWER: IF R SAYS NUMBER OF CIGARETTES VARIED, REREAD STRESSING 'ON AVERAGE'.

INTERVIEWER: IF NECESSARY, CLARIFY: "1 pack = 20 cigarettes".

0.5 - 10

1 - 20

1.5 - 30

2 - 40

2.5 - 50

3 - 60

3.5 - 70

4 - 80

4.5 - 90

5+ - 99

___ # OF CIGARETTES PER DAY

96. 96 OR MORE CIGARETTES

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP

A41.

[B1PA41] Since we last interviewed you in [fill MIDUS1MO], [fill MIDUS1YR] have you tried to quit smoking? [IF BOSTON OVER SAMPLE, "Have you tried to quit smoking at any time since 1994?"]

1. YES

2. NO

7. DON'T KNOW/NOT SURE

8. REFUSED

9. INAPP

[GO TO A44]

A42.

[B1PA42] How old were you the last time you smoked regularly?

INTERVIEWER: IF NECESSARY, CLARIFY: "By regularly I mean at least a few cigarettes every day."

___ YEARS OLD

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP

A43.

[B1PA43]

On average, about how many cigarettes did you smoke per day during the one year in your life when you smoked most heavily?

INTERVIEWER: IF R SAYS NUMBER OF CIGARETTES VARIED, PROBE: 'ON AVERAGE'.

INTERVIEWER: IF NECESSARY CLARIFY: "1 pack = 20 cigarettes"

0.5 - 10

1 - 20

1.5 - 30

2 - 40

2.5 - 50

3 - 60

3.5 - 70

4 - 80

4.5 - 90

5+ - 99

— # OF CIGARETTES

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP

A44.

[B1PA44]

Have you ever smoked a pipe or cigars, or used snuff or chewing tobacco regularly during you life?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

8. REFUSED

A45.

[B1PA45]

When you were growing up, that is during your first 16 years, did you live with anyone in your household who smoked cigarettes or other tobacco products (other than yourself)?

INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY.

PROBE: "Anyone else?"

INTERVIEWER: IF R ANSWERS YES, PROBE: "And who was that?"

A. FATHER

B. MOTHER

C. OTHER

4. NO ONE

7. DON'T KNOW/NOT SURE

8. REFUSED

A46.

[B1PA46] At the current time, does anyone regularly smoke cigarettes or other tobacco products **INSIDE** your home (other than yourself)?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A47.

[B1PA47] While at your job **in the past**, did anyone regularly smoke cigarettes or other tobacco products in your immediate work area (other than yourself)?

INTERVIEWER: IF THEY QUESTION IF WE MEAN THE JOB THEY HAVE NOW OR A PREVIOUS JOB "in the past at either your current or previous jobs".

1. YES
2. NO
3. NEVER HAD A JOB [GO TO A49]
7. DON'T KNOW/NOT SURE
8. REFUSED

A48.

[B1PA48] At your **current job**, does anyone regularly smoke cigarettes or other tobacco products in your immediate work area (other than yourself)?

1. YES
2. NO
3. DON'T CURRENTLY HAVE A JOB
7. DON'T KNOW/NOT SURE
8. REFUSED

A49.

[B1PA49] The next questions are about alcoholic beverages. How old were you when you had your first drink, not counting a sip of someone else's drink?

INTERVIEWER: IF R SAYS "I don't drink", PROBE: "How old were you when you had your **FIRST** drink, **if EVER**, not counting a sip of someone else's drink?"

- ___ YEARS OLD
96. NEVER HAD A DRINK [GO TO A58]
 97. DON'T KNOW/NOT SURE
 98. REFUSED

A50.

[B1PA50] During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

- | | | |
|----|---------------------|-------------|
| 1. | YES | [GO TO A51] |
| 2. | NO | [GO TO A54] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A54] |
| 8. | REFUSED | [GO TO A54] |
| 9. | INAPP | |

A51.

[B1PA51] During the past month, how often did you drink any alcoholic beverages, on the average? Would you say every day, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, or less often than 1 day a week?

- | | | |
|----|---|--------------|
| 1. | EVERY DAY | [GO TO A52] |
| 2. | 5 OR 6 DAYS A WEEK | [GO TO A52] |
| 3. | 3 OR 4 DAYS A WEEK | [GO TO A52] |
| 4. | 1 OR 2 DAYS A WEEK | [GO TO A52] |
| 5. | LESS THAN ONE DAY A WEEK | [GO TO A51a] |
| 6. | NEVER DRINK (VOLUNTEERED) (DO NOT READ) | [GO TO A54] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A54] |
| 8. | REFUSED | [GO TO A54] |
| 9. | INAPP | |

A51a.

[B1PA51A] Would that be three or four days a month, one or two days a month, or less often than that?

- | | | |
|----|---------------------------------|-------------|
| 1. | 3 OR 4 DAYS A MONTH | |
| 2. | 1 OR 2 DAYS A MONTH | |
| 3. | LESS OFTEN THAN ONE DAY A MONTH | |
| 4. | NEVER DRINK (VOLUNTEERED) | [GO TO A54] |
| 7. | DON'T KNOW | [GO TO A54] |
| 8. | REFUSED | [GO TO A54] |
| 9. | INAPP | |

INTERVIEWER: PLEASE READ THIS INTRODUCTION SLOWLY. "By one 'drink', we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink."

A52.

[B1PA52] With these definitions in mind, on the days when you drank, about how many drinks did you drink on the average?

- | | |
|-----|---------------------|
| — | # OF DRINKS |
| 97. | DON'T KNOW/NOT SURE |
| 98. | REFUSED |
| 99. | INAPP |

A53.

[B1PA53] Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on the same occasion?

INTERVIEWER: OCCASION MEANS: DRINKS IN A ROW, OR IN A SHORT PERIOD OF TIME.

- ____ NUMBER OF TIMES
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

A54.

[B1PA54] Think about the period in your life, NOW OR IN THE PAST, when you **drank most**. During that time, how often did you TYPICALLY have at least one drink? Would you say every day, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, or less often than 1 day a week?

INTERVIEWER: IF NECESSARY, "By one 'drink', we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink."

- | | | |
|----|---|--------------|
| 1. | EVERY DAY | [GO TO A55] |
| 2. | 5 OR 6 DAYS A WEEK | [GO TO A55] |
| 3. | 3 OR 4 DAYS A WEEK | [GO TO A55] |
| 4. | 1 OR 2 DAYS A WEEK | [GO TO A55] |
| 5. | LESS THAN ONE DAY A WEEK | [GO TO A54a] |
| 6. | NEVER DRINK (VOLUNTEERED) (DO NOT READ) | [GO TO A58] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A58] |
| 8. | REFUSED | [GO TO A58] |
| 9. | INAPP | |

A54a.

[B1PA54A] Would that be three or four days a month, one or two days a month, or less often than that?

- | | | |
|----|---------------------------------|-------------|
| 1. | 3 OR 4 DAYS A MONTH | |
| 2. | 1 OR 2 DAYS A MONTH | |
| 3. | LESS OFTEN THAN ONE DAY A MONTH | |
| 4. | NEVER DRINK (VOLUNTEERED) | [GO TO A58] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A57] |
| 8. | REFUSED | |
| 9. | INAPP | |

A55.

[B1PA55] During the period you **drank most**, about how many drinks would you usually have on the days that you drank?

INTERVIEWER: IF NECESSARY, "By one 'drink', we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink."

INTERVIEWER: IF R SAYS IT VARIED, PROBE: "On AVERAGE, on the days you would drink, about how many drinks did you usually have?"

INTERVIEWER: ENTER WHOLE DRINKS TO THE LEFT OF THE DECIMAL POINT AND ENTER PARTIAL DRINKS TO THE RIGHT OF THE DECIMAL POINT: IF R SAYS "Less than one drink" OR "Half a drink" ENTER "00.5".

- ___ # DRINKS
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

A56.

[B1PA56] How old were you when you started to drink that much?

- ___ AGE IN YEARS
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

A57.

[B1PA57] For how many years did you drink that much?

- 0. LESS THAN 1 YEAR
- ___ NUMBER OF YEARS
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

A58.

[B1PA58] When you were growing up, that is during your first 16 years, did you live with anyone who was a problem drinker or alcoholic?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED

A59.

[B1PA59]

Have you ever been married to, or lived with a partner who was a problem drinker or alcoholic?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A60.

[B1PA60]

The next questions are about your mood. DURING THE PAST 12 MONTHS, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

- | | | |
|----|---|-------------|
| 1. | YES | [GO TO A61] |
| 2. | NO | [GO TO A72] |
| 6. | I DID NOT FEEL DEPRESSED BECAUSE I WAS ON ANTI- DEPRESSANT MEDICATION | [GO TO A72] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A72] |
| 8. | REFUSED | [GO TO A72] |

A61.

[B1PA61]

Please think of THE TWO-WEEK PERIOD during the past 12 months when these feelings were worst. During that time, did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

- | | | |
|----|------------------------|-------------|
| 1. | ALL DAY LONG | [GO TO A62] |
| 2. | MOST OF THE DAY | [GO TO A62] |
| 3. | ABOUT HALF THE DAY | [GO TO A72] |
| 4. | LESS THAN HALF THE DAY | [GO TO A72] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A72] |
| 8. | REFUSED | [GO TO A72] |
| 9. | INAPP | |

A62.

[B1PA62]

During the two weeks when these feelings were worst, how often did you feel this way, every day, almost every day, or less often than that?

- | | | |
|----|----------------------|-------------|
| 1. | EVERY DAY | |
| 2. | ALMOST EVERY DAY | |
| 3. | LESS OFTEN THAN THAT | [GO TO A72] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A72] |
| 8. | REFUSED | [GO TO A72] |
| 9. | INAPP | |

A63.

[B1PA63] During those two weeks, did you lose interest in most things?

INTERVIEWER: IF R SAYS "I'm usually not interested in things",
REREAD QUESTION ADDING "...MORE than is usual for you?"

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A64.

[B1PA64] Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A65.

[B1PA65] During those same two weeks, did you lose your appetite?

1. YES [GO TO A66]
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A65a.

[B1PA65A] Did your appetite INCREASE during those same two weeks?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A66.

[B1PA66] Did you have more trouble falling asleep than you usually do during those two weeks?

- 1. YES
- 2. NO [GO TO A67]
- 7. DON'T KNOW [GO TO A67]
- 8. REFUSED [GO TO A67]
- 9. INAPP

A66a.

[B1PA66A] Did that happen every night, nearly every night, or less often during those two weeks?

- 1. EVERY NIGHT
- 2. NEARLY EVERY NIGHT
- 3. LESS OFTEN THAN THAT
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A67.

[B1PA67] During that same two week period, did you have a lot more trouble concentrating than usual?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A68.

[B1PA68] People sometimes feel down on themselves, no good, or worthless. During that two-week period, did you feel this way?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A69.

[B1PA69]

Did you think a lot about death -- either your own, someone else's, or death in general -- during those two weeks?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

INTERVIEWER: IF ONE OR MORE "YES" RESPONSES IN A63, A64, A65, A65a, A67, A68, A69, OR A66a = NEARLY EVERY NIGHT OR EVERY NIGHT, CONTINUE, OTHERWISE GO TO A83.

A70.

[B1PA70]

To review, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other feelings or problems like you

[INTERVIEWER: READ UP TO THE FIRST 3 'YES' RESPONSES TO A63 - A69]. About how many weeks altogether did you feel this way during the PAST 12 MONTHS?

INTERVIEWER: IF R JUST SAYS A NUMBER, ASSUME WEEKS.

- ____ NUMBER OF WEEKS (1-51)
52. 52 WEEKS/THE ENTIRE YEAR [GO TO A83]
 97. DON'T KNOW/NOT SURE
 98. REFUSED
 99. INAPP

A71MO.

[B1PA71MO] Think about the MOST RECENT time when you had two weeks in a row when you felt this way. In what month was this?

INTERVIEWER: IF R SAYS IT HAPPENED OVER TWO OR MORE MONTHS, ENTER THE MOST RECENT MONTH.

INTERVIEWER: IF NECESSARY, CLARIFY: "During the past 12 months."

(MONTH)

- | | |
|--------------|--|
| 1. JANUARY | 10. OCTOBER |
| 2. FEBRUARY | 11. NOVEMBER |
| 3. MARCH | 12. DECEMBER |
| 4. APRIL | 96. CURRENTLY FEEL THIS WAY/
HASN'T ENDED |
| 5. MAY | 97. DON'T KNOW/NOT SURE |
| 6. JUNE | 98. REFUSED |
| 7. JULY | 99. INAPP |
| 8. AUGUST | |
| 9. SEPTEMBER | |

[IF A71MO = CURRENT MONTH, ENTER YEAR. OTHERWISE GO TO A83]

INTERVIEWER: IF THE MONTH THEY FELT THIS WAY IS THE SAME AS THE CURRENT MONTH, WE NEED TO ASK YEAR TO CLARIFY IF THEY MEAN THIS MONTH OR THIS MONTH A YEAR AGO.

A71YR.

[B1PA71YR] (Think about the MOST RECENT time when you had two weeks in a row when you felt this way.)

(In what YEAR was this?)

- ____ YEAR
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

[GO TO A83]

A72.

[B1PA72]

DURING THE PAST 12 MONTHS, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- | | | |
|----|--|-------------|
| 1. | YES | [GO TO A73] |
| 2. | NO | [GO TO A83] |
| 6. | I DID NOT FEEL DEPRESSED BECAUSE I WAS ON ANTI-DEPRESSANT MEDICATION | [GO TO A83] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A83] |
| 8. | REFUSED | [GO TO A83] |
| 9. | INAPP | |

A73.

[B1PA73]

Please think of THE TWO-WEEK PERIOD during the past 12 months when you had the MOST COMPLETE loss of interest in things. During that time, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

- | | | |
|----|------------------------|-------------|
| 1. | ALL DAY LONG | [GO TO A74] |
| 2. | MOST OF THE DAY | [GO TO A74] |
| 3. | ABOUT HALF THE DAY | [GO TO A83] |
| 4. | LESS THAN HALF THE DAY | [GO TO A83] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A83] |
| 8. | REFUSED | [GO TO A83] |
| 9. | INAPP | |

A74.

[B1PA74]

During the two weeks when these feelings were worst, how often did you feel this way: every day, almost every day, or less often than that?

- | | | |
|----|----------------------|-------------|
| 1. | EVERY DAY | [GO TO A75] |
| 2. | ALMOST EVERY DAY | [GO TO A75] |
| 3. | LESS OFTEN THAN THAT | [GO TO A83] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A83] |
| 8. | REFUSED | [GO TO A83] |
| 9. | INAPP | |

A75.

[B1PA75]

Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

- | | |
|----|---------------------|
| 1. | YES |
| 2. | NO |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

A76.

[B1PA76] During those same two weeks, did you lose your appetite?

- | | | |
|----|---------------------|-------------|
| 1. | YES | [GO TO A77] |
| 2. | NO | |
| 7. | DON'T KNOW/NOT SURE | |
| 8. | REFUSED | |
| 9. | INAPP | |

A76a.

[B1PA76A] Did your appetite INCREASE during those same two weeks?

- | | |
|----|---------------------|
| 1. | YES |
| 2. | NO |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

A77.

[B1PA77] Did you have more trouble falling asleep than you usually do during those two weeks?

- | | | |
|----|---------------------|--------------|
| 1. | YES | [GO TO A77a] |
| 2. | NO | [GO TO A78] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A78] |
| 8. | REFUSED | [GO TO A78] |
| 9. | INAPP | |

A77a.

[B1PA77A] Did that happen every night, nearly every night, or less often than that during those two weeks?

- | | |
|----|----------------------|
| 1. | EVERY NIGHT |
| 2. | NEARLY EVERY NIGHT |
| 3. | LESS OFTEN THAN THAT |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

A78.

[B1PA78] During that same two-week period, did you have a lot more trouble concentrating than usual?

- | | |
|----|---------------------|
| 1. | YES |
| 2. | NO |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

A79.

[B1PA79] People sometimes feel down on themselves, no good, or worthless. During that two-week period, did you feel this way?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A80.

[B1PA80] Did you think a lot about death -- either your own, someone else's, or death in general -- during those two weeks?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[IF ONE OR MORE "YES" RESPONSES IN (A75, A76, A76a, A78, A79, A80),
OR A77a = NEARLY EVERY NIGHT OR EVERY NIGHT, CONTINUE, OTHERWISE GO
TO A83]

A81.

[B1PA81] To review, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other feelings or problems such as you
[INTERVIEWER: READ UP TO THE FIRST 3 'YES' RESPONSES TO A75 –
A80]. About how many weeks altogether did you feel this way during the past 12 months?

INTERVIEWER: IF R JUST SAYS A NUMBER, ASSUME WEEKS.

- | | | |
|-----|--------------------------|-------------|
| — | NUMBER OF WEEKS | |
| 52. | 52 WEEKS/THE ENTIRE YEAR | [GO TO A83] |
| 97. | DON'T KNOW/NOT SURE | |
| 98. | REFUSED | |
| 99. | INAPP | |

A82MO.

[B1PA82MO] Think about the MOST RECENT time when you had two weeks in a row when you felt this way. In what month was this?

INTERVIEWER: IF R SAYS IT HAPPENED OVER TWO OR MORE MONTHS, ENTER THE MOST RECENT MONTH.

INTERVIEWER: IF NECESSARY, CLARIFY: "During the past 12 months."

(MONTH)

- | | |
|--------------|--|
| 1. JANUARY | 10. OCTOBER |
| 2. FEBRUARY | 11. NOVEMBER |
| 3. MARCH | 12. DECEMBER |
| 4. APRIL | 96. CURRENTLY FEEL THIS WAY/
HASN'T ENDED |
| 5. MAY | 97. DON'T KNOW/NOT SURE |
| 6. JUNE | 98. REFUSED |
| 7. JULY | 99. INAPP |
| 8. AUGUST | |
| 9. SEPTEMBER | |

[IF A82MO = CURRENT MONTH, ENTER YEAR, OTHERWISE GO TO A83]

INTERVIEWER: IF THE MONTH THEY FELT THIS WAY IS THE SAME AS THE CURRENT MONTH, WE NEED TO ASK YEAR TO CLARIFY IF THEY MEAN THIS MONTH OR THIS MONTH A YEAR AGO.

A82YR.

[B1PA82YR] (Think about the MOST RECENT time when you had two weeks in a row when you felt this way.)

(In what YEAR was this?)

- ____ YEAR
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

A83.

[B1PA83] People differ a lot in how much they worry. Considering how things have been going in your life over the PAST 12 MONTHS, do you worry MORE than most people in the same situation, LESS than most people, or ABOUT THE SAME as most people in the same situation?

INTERVIEWER: IF R SAYS "I don't know anybody in the SAME situation",
PROBE: "Try to imagine how much most people would worry if they were in your situation."

- | | | |
|----|------------------------------------|--------------|
| 1. | MORE | [GO TO A83a] |
| 2. | LESS | [GO TO A84] |
| 3. | ABOUT THE SAME | [GO TO A84] |
| 4. | I DON'T WORRY AT ALL (VOLUNTEERED) | [GO TO A90] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A84] |
| 8. | REFUSED | [GO TO A84] |

A83a.

[B1PA83A] Would you say A LOT MORE than most people, SOMEWHAT, or only A LITTLE?

1. A LOT MORE
2. SOMEWHAT
3. A LITTLE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A84.

[B1PA84] Thinking about the PAST 12 MONTHS, did you worry: every day, just about every day, most days, about half the days, or less than half the days?

INTERVIEWER: IF R SAYS IT VARIES, **PROBE:** "On AVERAGE over the PAST 12 MONTHS, did you worry..." AND READ LIST.

- | | | |
|----|-------------------------|-------------|
| 1. | EVERY DAY | |
| 2. | JUST ABOUT EVERY DAY | |
| 3. | MOST DAYS | |
| 4. | ABOUT HALF THE DAYS | |
| 5. | LESS THAN HALF THE DAYS | [GO TO A90] |
| 7. | DON'T KNOW/NOT SURE | |
| 8. | REFUSED | |
| 9. | INAPP | |

A84a.

[B1PA84A] On days you worry, does the worry usually last all day long, most of the day, about half the day, or less than half the day?

INTERVIEWER: IF R SAYS IT VARIES, PROBE: "On AVERAGE on the days you worry, does the worry usually last..." AND READ LIST.

1. ALL DAY LONG
2. MOST OF THE DAY
3. ABOUT HALF
4. LESS THAN HALF THE DAY
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A85.

[B1PA85] Do you usually worry about ONE particular thing or MORE THAN ONE thing?

INTERVIEWER: IF R SAYS "What kind of things?", CLARIFY: "We mean one particular thing, such as your job security, your parents' health, or your child's problems at school."

1. ONE THING
2. MORE THAN ONE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A85a.

[B1PA85A] Do you ever have different worries on your mind AT THE SAME TIME?

1. YES
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

[IF A85 ≠ MORE THAN ONE THING AND A85a ≠ YES, GO TO A90]

A86.

[B1PA86] Do you worry about things that are not likely to happen?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A86a.

[B1PA86A] Do you worry about things that are not really serious?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A87.

[B1PA87] How often is your worry so strong that you can't put it out of your mind no matter how hard you try: often, sometimes, rarely, or never?

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A87a.

[B1PA87A] How often do you find it difficult to CONTROL your worry (often, sometimes, rarely, or never)?

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

Some people have physical reactions because of their worry. Thinking about the PAST 12 MONTHS, how often did you have each of the following reactions because of your worry? Include ONLY physical reactions that might have been caused by your worry, not those that were caused by something else.

A88.

[B1PA88A] First, how/How) often (**over the PAST 12 MONTHS**)

- A. "were you restless because of your worry?"
- B. "were you keyed up, on edge, or had a lot of nervous energy?"
- C. "were you irritable because of your worry?"
- D. "did you have trouble falling asleep?"
- E. "did you have trouble staying asleep because of your worry?"
- F. "did you have trouble keeping your mind on what you were doing?"
- G. "did you have trouble remembering things because of your worry?"
- H. "were you low on energy?"
- I. "did you tire easily because of your worry?"
- J. "did you have sore or aching muscles because of tension?"

(Would you say MOST DAYS, ABOUT HALF THE DAYS, LESS THAN HALF THE DAYS or NEVER?)

INTERVIEWER: IF R VOLUNTEERS SYMPTOM IS DUE TO ILLNESS, INJURY, MEDICATION, OR ANYTHING EXCEPT WORRY, ENTER '4'.

INTERVIEWER: IF R SAYS "I've always felt/been that way", ENTER '4'.

- 1. MOST DAYS
- 2. ABOUT HALF THE DAYS
- 3. LESS THAN HALF THE DAYS
- 4. NEVER
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A89.

[B1PA89] How much does the worry interfere with your life or activities:
a lot, some, a little, or not at all?

- 1. A LOT
- 2. SOME
- 3. A LITTLE
- 4. NOT AT ALL
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A90.

[B1PA90] **During the past 12 months**, did you ever have a spell or an attack when **all of a sudden** you felt frightened, anxious, or very uneasy, in a situation when most people would not be afraid or anxious?

INTERVIEWER: IF R IS NOT SURE WHETHER A SITUATION COUNTS,
PROBE: "In your opinion, was this a situation where most people would NOT be afraid or anxious?" AND REREAD QUESTION IF NECESSARY.

INTERVIEWER: IF NECESSARY, CLARIFY: "Please DO NOT include a situation that was due to any PHYSICAL CAUSE, like a heart problem."

- | | | |
|----|---------------------|-------------|
| 1. | YES | [GO TO A91] |
| 2. | NO | |
| 7. | DON'T KNOW/NOT SURE | |
| 8. | REFUSED | |
| 9. | INAPP | |

A90a.

[B1PA90A] **During the past 12 months**, did you ever have a spell or attack when for no reason your heart suddenly began to race, you felt faint, or you couldn't catch your breath? When we say, 'for no reason,' we mean that it was NOT due to any physical cause, like a heart problem.

- | | | |
|----|---------------------|-------------|
| 1. | YES | [GO TO A91] |
| 2. | NO | [GO TO B1] |
| 7. | DON'T KNOW/NOT SURE | [GO TO B1] |
| 8. | REFUSED | [GO TO B1] |
| 9. | INAPP | |

A91.

[B1PA91] About how many attacks did you have in the past 12 months?

INTERVIEWER: IF NECESSARY, CLARIFY: "Please DO NOT include a situation that was due to any PHYSICAL CAUSE, like a heart problem."

- | | |
|------|------------------------------------|
| ___ | # OF ATTACKS IN THE PAST 12 MONTHS |
| 997. | DON'T KNOW/NOT SURE |
| 998. | REFUSED |
| 999. | INAPP |

A92.

[B1PA92] Did (this attack happen in a situation/ALL of these attacks happen in situations) when you were in danger or were the center of attention?

INTERVIEWER: IF NECESSARY, CLARIFY: "Please DO NOT include a situation that was due to any PHYSICAL CAUSE, like a heart problem."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92a.

[B1PA92A] When you have attacks, does your heart pound?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92b.

[B1PA92B] (When you have attacks,) do you have tightness, pain, or discomfort in your chest or stomach?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92c.

[B1PA92C] (When you have attacks,) do you sweat?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92d.

[B1PA92D] (When you have attacks,) do you tremble or shake?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92e.

[B1PA92E] (When you have attacks,) do you have hot flashes or chills?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92f.

[B1PA92F] (When you have attacks,) do you, or things around you, seem unreal?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

SECTION B: EDUCATION, OCCUPATION, AND MARITAL STATUS

Now we have some questions about your education, work and family.

B1.

[B1PB1] What is the highest grade of school or year of college you completed?

INTERVIEWER: DO NOT READ LIST. IF R ANSWERS "(JR) HIGH SCHOOL",
PROBE: "Did you receive a degree?"

1. NO SCHOOL/SOME GRADE SCHOOL (1-6)
2. EIGHTH GRADE/JUNIOR HIGH SCHOOL (7-8)
3. SOME HIGH SCHOOL (9-12 NO DIPLOMA/NO GED)
4. GED
5. GRADUATED FROM HIGH SCHOOL
6. 1 TO 2 YEARS OF COLLEGE, NO DEGREE YET
7. 3 OR MORE YEARS OF COLLEGE, NO DEGREE YET
8. GRADUATED FROM A TWO-YEAR COLLEGE OR VOCATIONAL SCHOOL, OR ASSOCIATE'S DEGREE
9. GRADUATED FROM A FOUR- OR FIVE-YEAR COLLEGE, OR BACHELOR'S DEGREE
10. SOME GRADUATE SCHOOL
11. MASTER'S DEGREE
12. PH.D., ED.D., MD, DDS, LLB, LLD, JD, OR OTHER PROFESSIONAL DEGREE
97. DON'T KNOW/NOT SURE
98. REFUSED

B2.

[B1PB2] How old were you when you first worked for pay for six months or more, whether part-time or full-time?

INTERVIEWER: IF NECESSARY, CLARIFY "I mean work for pay only, volunteer work is not included."

INTERVIEWER: IF NECESSARY, CLARIFY "work for pay includes self-employment."

5. 5 YEARS OLD OR YOUNGER
- ____ YEARS OLD (6-96 YEARS OLD)
96. NEVER HAD PAID JOB [GO TO B19]
97. DON'T KNOW/NOT SURE
98. REFUSED

B3.

[B1PB3]

What about your current employment situation -- **are you working now for pay, self-employed, looking for work, temporarily laid off, retired, a homemaker, a full-time or part-time student, or something else?**

INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY. DO NOT PROBE FOR OTHERS.

- A. WORKING NOW [GO TO B7]
- B. SELF-EMPLOYED [GO TO B7]
- C. LOOKING FOR WORK; UNEMPLOYED
- D. TEMPORARILY LAID OFF
- E. RETIRED
- F. HOMEMAKER
- G. FULL-TIME STUDENT
- H. PART-TIME STUDENT
- I. MATERNITY OR SICK LEAVE (VOLUNTEERED)
- J. PERMANENTLY DISABLED (VOLUNTEERED)
- K. OTHER_____ (SPECIFY)
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED

B4.

[B1PB4N]

How long (have you been [laid off/on leave/retired/unemployed]/has it been since the last time you had a paid job)?

(MEASURE OF TIME)

- _____ # OF DAYS/WEEKS/MONTHS/YEARS
- 996. NEVER WORKED [GO TO B19]
 - 997. DON'T KNOW/NOT SURE
 - 998. REFUSED
 - 999. INAPP

[B1PB4M]

How long (have you been [laid off/on leave/retired/unemployed]/has it been since the last time you had a paid job)?

(UNITS OF TIME)

_____ DAYS/WEEKS/MONTHS/YEARS

[IF B3 = TEMPORARILY LAID OFF ONLY, GO TO B7]

[IF B3 = MATERNITY OR SICK LEAVE ONLY, GO TO B7]

B5.

[B1PB5]

What happened -- were you fired or laid off, did the company close down, did you quit, choose to retire or did something else happen?

INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY. DO NOT PROBE FOR OTHERS.

1. FIRED
2. LAID OFF
3. PLANT/COMPANY CLOSED
4. QUIT
5. RETIRED
6. WORK FORCE REDUCTION (VOLUNTEERED)
7. OTHER_____ (SPECIFY)
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

B6.

[B1PB6]

Are you doing ANY work for pay at the present time?

INTERVIEWER: IF NECESSARY, CLARIFY: "Work for pay includes self-employment."

- | | |
|------------------------|-------------|
| 1. YES | [GO TO B7] |
| 2. NO | [GO TO B14] |
| 7. DON'T KNOW/NOT SURE | [GO TO B14] |
| 8. REFUSED | [GO TO B14] |
| 9. INAPP | |

B7.

[B1PB7]

Think about your main job (from which you are currently [on leave/laid off]). Do you supervise anyone on this job?

INTERVIEWER: IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

- | | |
|------------------------|---|
| 1. YES | [GO TO B7a] |
| 2. NO | [GO TO B8; IF B3=SELF EMPLOYED, GO TO B9] |
| 7. DON'T KNOW/NOT SURE | [GO TO B8; IF B3=SELF EMPLOYED, GO TO B9] |
| 8. REFUSED | [GO TO B8; IF B3=SELF EMPLOYED, GO TO B9] |
| 9. INAPP | |

B7a.

[B1PB7A] How many people do you supervise?

INTERVIEWER: THIS IS NOT LIMITED TO DIRECT SUPERVISION. ACCEPT ANY NUMBER R GIVES.

- _____ # OF PEOPLE
997. DON'T KNOW/NOT SURE
998. REFUSED
999. INAPP

[IF B3 = SELF EMPLOYED, GO TO B9.]

B8.

[B1PB8] Do you have an employer on this job, or are you self-employed?

INTERVIEWER: IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

1. HAS EMPLOYER
2. SELF-EMPLOYED
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

B9.

[B1PIND] What kind of business or company is this?

INTERVIEWER: USE PROBES AS NECESSARY. TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

A. (What do they make or do where you work?)

_____ (SPECIFIC PRODUCT/ACTIVITY)

B. (Is this government/public or private? Wholesale or retail?)

C. (Is this a company that only does_____, or do they make/sell/do other things as well?)

INTERVIEWER: FOR ALL OTHER PROBES YOU USE: SPECIFY.

INTERVIEWER: IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

- 7. DON'T KNOW
- 8. REFUSED
- 9. INAPP

B10.

[B1POCC] What is your job title?

INTERVIEWER: DO NOT PROBE FOR OTHERS. IF R SAYS 'I don't know because...!', TYPE IN EXACTLY WHAT THEY SAY. IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

(INDUSTRY: [B9])

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

B11.

[B1POCC] What are YOUR most important activities or duties?

INTERVIEWER: USE PROBES AS NECESSARY. TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

- A. (Could you tell me more?)
- B. (What do you make/do/teach/sell? -- (SPECIFIC PRODUCT/ MACHINE))
- C. (Exactly) (What kind of work do you do at this job?)

INTERVIEWER: FOR ALL OTHER PROBES YOU USE: SPECIFY.

INTERVIEWER: IF R OFFERS A TYPE OF BUSINESS OR INDUSTRY, PROBE: "What EXACTLY do you do, for example, TEACH HIGH SCHOOL MATH, OPERATE A TEXTILE WEAVING MACHINE, or SELL BOOKS AT A RETAIL STORE?"

INTERVIEWER: IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

(INDUSTRY: [B9])

(JOB TITLE: [B10])

-
- 7. DON'T KNOW/NOT SURE
 - 8. REFUSED
 - 9. INAPP

B12.

[B1PB12] (When you are working, about/About) how many hours do you work for pay in an **average week** on your **main job**?

INTERVIEWER: PROBE "Your **best** estimate is fine."

INTERVIEWER: IF NECESSARY CLARIFY: "Work for pay includes self-employment."

INTERVIEWER: IF R SAYS "Less than one hour a week", ENTER "0".

INTERVIEWER: IF NECESSARY: "Please tell me how many hours you **work**, if it is different from how many hours you are paid for."

-
- ____ # HOURS PER AVERAGE WEEK (0-168)
- 997. DON'T KNOW/NOT SURE
 - 998. REFUSED
 - 999. INAPP

B12a.

[B1PB12A] (When you are working) In an average week, how many hours do you work for pay at **any other jobs?**

INTERVIEWER: PROBE "Your **best** estimate is fine."

INTERVIEWER: IF NECESSARY CLARIFY: "Work for pay includes self-employment."

INTERVIEWER: IF R SAYS "Less than one hour a week", ENTER "0".

INTERVIEWER: IF R SAYS "I have only one job", ENTER "0".

INTERVIEWER: IF NECESSARY: "Please tell me how many hours you **work** if it is different from how many hours you are paid for."

____ # HOURS PER AVERAGE WEEK

997. DON'T KNOW/NOT SURE

998. REFUSED

999. INAPP

B13.

[B1PB13] About how many nights in the past 12 months did your work require you to be away from home overnight? Count any nights when you were away from home overnight because of your work, whether you were traveling or working a normal night shift.

INTERVIEWER: IF R WORKS NIGHT SHIFTS, ENTER THE NUMBER OF NIGHTS THEY WORKED IN THE PAST YEAR.

____ # NIGHTS (0-365)

997. DON'T KNOW/NOT SURE

998. REFUSED

999. INAPP

[GO TO B19]

B14.

[B1PB14] Thinking about the last job you had (from which you retired). Did you supervise anyone?

INTERVIEWER: IF R SAYS "I worked at more than one job," PROBE: "Tell me about your main job."

- | | | |
|----|---------------------|--------------|
| 1. | YES | [GO TO B14a] |
| 2. | NO | [GO TO B15] |
| 7. | DON'T KNOW/NOT SURE | [GO TO B15] |
| 8. | REFUSED | [GO TO B15] |
| 9. | INAPP | |

B14a.

[B1PB14A] How many people did you supervise?

INTERVIEWER: THIS IS NOT LIMITED TO DIRECT SUPERVISION, ACCEPT ANY NUMBER R GIVES.

_____ # of people

997. DON'T KNOW/NOT SURE

998. REFUSED

999. INAPP

B15.

[B1PB15] Did you have an employer on that job or were you self-employed?

INTERVIEWER: IF R SAYS "I worked at more than one job," PROBE: "Tell me about your main job."

1. HAD EMPLOYER

2. SELF-EMPLOYED

7. DON'T KNOW/NOT SURE

8. REFUSED

9. INAPP

B16.

[B1PINDP] **INTERVIEWER:** GET INDUSTRY DETAIL: What kind of business or company was this?

INTERVIEWER: USE PROBES AS NECESSARY. TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

A. (What did they make or do where you worked? (SPECIFY PRODUCT/ACTIVITY))

B. (Was this government/public or private? Wholesale or retail?)

C. (Was this a company that only did _____, or did they make/sell/do other things as well?)

INTERVIEWER: FOR ALL OTHER PROBES YOU USE: SPECIFY.

INTERVIEWER: IF R SAYS "I worked at more than one job," PROBE: "Tell me about your main job."

7. DON'T KNOW/NOT SURE

8. REFUSED

9. INAPP

B17.

[B1POCCP] What was your job title?

DO NOT PROBE FOR OTHERS.

INTERVIEWER: IF R SAYS "I don't know because..." TYPE IN EXACTLY WHAT THEY SAY.

INTERVIEWER: IF R SAYS "I worked at more than one job," PROBE: "Tell me about your main job."

(INDUSTRY: [Fill B16])

Specify: _____

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

B18.

[B1POCCP] What were YOUR most important activities or duties?

INTERVIEWER: USE PROBES AS NECESSARY. TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

- A. (Could you tell me more?)
- B. (What did you make/do/teach/sell? -- (SPECIFIC PRODUCT/ MACHINE))
- C. (Exactly) (What kind of work did you do at this job?)

INTERVIEWER: FOR ALL OTHER PROBES YOU USE: SPECIFY.

INTERVIEWER: IF R OFFERS A TYPE OF BUSINESS OR INDUSTRY, PROBE: "What EXACTLY did you do, for example, TAUGHT HIGH SCHOOL MATH, OPERATED A TEXTILE WEAVING MACHINE, or SOLD BOOKS AT A RETAIL STORE?"

INTERVIEWER: IF R SAYS "I worked at more than one job," PROBE: "Tell me about your main job."

(INDUSTRY: [B16])

(JOB TITLE: [B17])

-
- 7. DON'T KNOW
 - 8. REFUSED
 - 9. INAPP

B19.

[B1PB19] Are you married, separated, divorced, widowed, or never married?

1. MARRIED
2. SEPARATED
3. DIVORCED
4. WIDOWED
5. NEVER MARRIED [GO TO B30]
7. DON'T KNOW/NOT SURE [GO TO B30]
8. REFUSED [GO TO B30]
9. INAPP

B20.

[B1PB20] How many times have you been married altogether?

- # TIMES MARRIED
97. DON'T KNOW/NOT SURE
 98. REFUSED
 99. INAPP

B21MO.

[B1PB21M] In what month and year were you married (for the first time)?**(MONTH)**

- | | |
|--------------|-------------------------|
| 1. JANUARY | 10. OCTOBER |
| 2. FEBRUARY | 11. NOVEMBER |
| 3. MARCH | 12. DECEMBER |
| 4. APRIL | 97. DON'T KNOW/NOT SURE |
| 5. MAY | 97. REFUSED |
| 6. JUNE | 98. INAPP |
| 7. JULY | |
| 8. AUGUST | |
| 9. SEPTEMBER | |

B21YR.

[B1PB21Y] (In what month and year were you married (for the first time)?)**(YEAR)**

- YEAR
9997. DON'T KNOW/NOT SURE
 9998. REFUSED
 9999. INAPP

[IF B20 = 1 TIME AND B19 = MARRIED, GO TO B32]

[IF B20 = 1 TIME AND B19 = SEPARATED OR DIVORCED, GO TO B27MO]

[IF B20 = 1 TIME AND B19 = WIDOWED, GO TO B29MO]

B22.

[B1PB22] Did your first marriage end in widowhood or divorce?

- | | | |
|----|---------------------|---------------|
| 1. | WIDOWHOOD | [GO TO B23] |
| 2. | DIVORCE | [GO TO B24MO] |
| 7. | DON'T KNOW/NOT SURE | [GO TO B24MO] |
| 8. | REFUSED | [GO TO B24MO] |
| 9. | INAPP | |

B23MO.

[B1PB23M] In what month and year did your first (husband/wife) die?**(MONTH)**

- | | | | |
|----|----------|-----|---------------------|
| 1. | JANUARY | 9. | SEPTEMBER |
| 2. | FEBRUARY | 10. | OCTOBER |
| 3. | MARCH | 11. | NOVEMBER |
| 4. | APRIL | 12. | DECEMBER |
| 5. | MAY | 97. | DON'T KNOW/NOT SURE |
| 6. | JUNE | 98. | REFUSED |
| 7. | JULY | 99. | INAPP |
| 8. | AUGUST | | |

B23YR.

[B1PB23Y] (In what month and year did your first (husband/wife) die?)**(YEAR)**

- ____ YEAR
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

[GO TO B26MO]

B24MO.

[B1PB24M] In what month and year did you last live with your first (husband/wife)?**(MONTH)**

- | | | | |
|----|----------|-----|---------------------|
| 1. | JANUARY | 9. | SEPTEMBER |
| 2. | FEBRUARY | 10. | OCTOBER |
| 3. | MARCH | 11. | NOVEMBER |
| 4. | APRIL | 12. | DECEMBER |
| 5. | MAY | 97. | DON'T KNOW/NOT SURE |
| 6. | JUNE | 98. | REFUSED |
| 7. | JULY | 99. | INAPP |
| 8. | AUGUST | | |

B24YR.

[B1PB24Y] (In what month and year did you last live with your first (husband/wife)?)

(YEAR)

_____ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

B25MO.

[B1PB25M] In what month and year was your divorce final?

(MONTH)

1. JANUARY

2. FEBRUARY

3. MARCH

4. APRIL

5. MAY

6. JUNE

7. JULY

8. AUGUST

9. SEPTEMBER

10. OCTOBER

11. NOVEMBER

12. DECEMBER

97. DON'T KNOW/NOT
SURE

98. REFUSED

99. INAPP

B25YR.

[B1PB25Y] (And in what month and year was your divorce final?)

(YEAR)

_____ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

[IF B19=Separated, GO TO B27MO]

B26MO.

[B1PB26M] And in what month and year did your most recent marriage begin?**(MONTH)**

- | | |
|-------------|-------------------------|
| 1. JANUARY | 9. SEPTEMBER |
| 2. FEBRUARY | 10. OCTOBER |
| 3. MARCH | 11. NOVEMBER |
| 4. APRIL | 12. DECEMBER |
| 5. MAY | 97. DON'T KNOW/NOT SURE |
| 6. JUNE | 98. REFUSED |
| 7. JULY | 99. INAPP |
| 8. AUGUST | |

B26YR.

[B1PB26Y] (And in what month and year did your most recent marriage begin?)**(YEAR)**

- ____ YEAR
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

[IF B19 = MARRIED, GO TO B32]

[IF B19 = SEPARATED OR DIVORCED, GO TO B27@m]

[IF B19 = WIDOWED, GO TO B29@m]

B27MO.

[B1PB27M] In what month and year did you actually stop living with your (most recent) (husband/wife) for the last time?**(MONTH)**

- | | |
|-------------|-------------------------|
| 1. JANUARY | 9. SEPTEMBER |
| 2. FEBRUARY | 10. OCTOBER |
| 3. MARCH | 11. NOVEMBER |
| 4. APRIL | 12. DECEMBER |
| 5. MAY | 97. DON'T KNOW/NOT SURE |
| 6. JUNE | 98. REFUSED |
| 7. JULY | 99. INAPP |
| 8. AUGUST | |

B27YR.

[B1PB27Y] (In what month and year did you actually stop living with your (most recent)(husband/wife) for the last time?)

(YEAR)

_____ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

[IF B19=Separated, GO TO B30]

B28MO.

[B1PB28M] In what month and year was your most recent divorce final?

(MONTH)

1. JANUARY

2. FEBRUARY

3. MARCH

4. APRIL

5. MAY

6. JUNE

7. JULY

8. AUGUST

9. SEPTEMBER

10. OCTOBER

11. NOVEMBER

12. DECEMBER

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP

B28YR.

[B1PB28Y] (And in what month and year was your recent divorce final?)

(YEAR)

_____ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

[GO TO B30]

B29MO.

[B1PB29M] In what month and year did your(most recent)(husband/wife) die?**(MONTH)**

- | | |
|-------------|-------------------------|
| 1. JANUARY | 9. SEPTEMBER |
| 2. FEBRUARY | 10. OCTOBER |
| 3. MARCH | 11. NOVEMBER |
| 4. APRIL | 12. DECEMBER |
| 5. MAY | 97. DON'T KNOW/NOT SURE |
| 6. JUNE | 98. REFUSED |
| 7. JULY | 99. INAPP |
| 8. AUGUST | |

B29YR.

[B1PB29Y] (In what month and year did your(most recent)(husband/wife) die?)**(YEAR)**

- ____ YEAR
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

B30.

[B1PB30] Are you currently living with someone in a steady, marriage-like relationship?

- | | |
|---------------|-------------|
| 1. YES | [GO TO B31] |
| 2. NO | [GO TO C1] |
| 7. DON'T KNOW | [GO TO C1] |
| 8. REFUSED | [GO TO C1] |

B31.

[B1PB31N] How long have you been living together?**(MEASURE OF TIME)**

- ____ # OF DAYS/WEEKS/MONTHS/YEARS
996. NEVER LIVED TOGETHER [GO TO B32]
997. DON'T KNOW/NOT SURE
998. REFUSED
999. INAPP

[B1PB31M] How long have you been living together?

(UNITS OF TIME)

_____ DAYS/WEEKS/MONTHS/YEARS

B32.

[B1PB32Y] In what year was your (spouse/partner) born?

_____ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

[IF YEAR MARRIED TO SPOUSE ([fill B26@y]) IS BEFORE SPOUSE WAS 12 YEARS OLD ([fill B32d@y]), INTERVIEWER WILL PROBE AND CORRECT THE DISCREPANCY.]

B33.

[B1PB33] What is the highest grade of school or year of college your (spouse/partner) completed?

INTERVIEWER: IF NECESSARY, PROBE: "What is your best estimate?"

[IF R SAYS 2, 3, 4, OR 5 YEARS OF COLLEGE PROBE: "Did (he/she) receive a degree?"]

1. NO SCHOOL/SOME GRADE SCHOOL (1-6)
2. EIGHTH GRADE/JUNIOR HIGH SCHOOL (7-8)
3. SOME HIGH SCHOOL (9-12 NO DIPLOMA/NO GED)
4. GED
5. GRADUATED FROM HIGH SCHOOL
6. 1 TO 2 YEARS OF COLLEGE, NO DEGREE YET
7. 3 OR MORE YEARS OF COLLEGE, NO DEGREE YET
8. GRADUATED FROM A TWO-YEAR COLLEGE OR VOCATIONAL SCHOOL, OR ASSOCIATE'S DEGREE
9. GRADUATED FROM A FOUR- OR FIVE-YEAR COLLEGE, OR BACHELOR'S DEGREE
10. SOME GRADUATE SCHOOL
11. MASTER'S DEGREE
12. PH.D., ED.D., MD, DDS, LLB, LLD, JD, OR OTHER PROFESSIONAL DEGREE
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

B34.

[B1PB34A] What is your (spouse/partner)'s current employment status? Is (he/she) working now for pay, self-employed, looking for work, temporarily laid off, retired, a homemaker, a full-time or part-time student, or something else?

INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY.
DO NOT PROBE FOR OTHERS.

- A. WORKING NOW [GO TO B38]
- B. SELF-EMPLOYED [GO TO B38]
- C. LOOKING FOR WORK; UNEMPLOYED
- D. TEMPORARILY LAID OFF
- E. RETIRED
- F. HOMEMAKER
- G. FULL-TIME STUDENT
- H. PART-TIME STUDENT
- I. MATERNITY OR SICK LEAVE (VOLUNTEERED)
- J. PERMANENTLY DISABLED (VOLUNTEERED)
- K. OTHER_____(SPECIFY)
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

B35.

[B1PB35N] How long has it been since (he/she) (was laid off/went leave/retired/been without a paid job)?

(MEASURE OF TIME)

- _____ # OF DAYS/WEEKS/MONTHS/YEARS
- 996. NEVER WORKED [GO TO C1]
- 997. DON'T KNOW/NOT SURE
- 998. REFUSED
- 999. INAPP

[B1PB35M] How long has it been since (he/she) (was laid off/went leave/retired/been without a paid job)?

(UNITS OF TIME)

_____ DAYS/WEEKS/MONTHS/YEARS

[IF B34 = TEMPORARILY LAID OFF ONLY, GO TO B38]

[IF B34 = MATERNITY OR SICK LEAVE ONLY, GO TO B38]

B36.

[B1PB36] What happened -- was (he/she) fired or laid off, did the company close down, did (he/she) quit, choose to retire or did something else happen?

INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY.
PROBE FOR OTHERS.

1. FIRED
2. LAID OFF
3. PLANT/COMPANY CLOSED
4. QUIT
5. RETIRED
6. WORK FORCE REDUCTION (VOLUNTEERED)
7. OTHER_____ (SPECIFY)
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

B37.

[B1PB37] Is (he/she) doing ANY work for pay at the present time?

INTERVIEWER: IF NECESSARY, CLARIFY: "Work for pay includes self-employment."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

B38.

[B1PB38] Please think about the main job your (spouse/partner) (has AT THE PRESENT time/had most recently.) (Does/Did) (he/she) supervise anyone on this job?

INTERVIEWER: IF R SAYS '(he/she) (works/worked) at more than one job',
PROBE: "Tell me about (his/her) main job."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[IF B34 = SELF-EMPLOYED, GO TO B40]

B39.

[B1PB39] (Does/Did) (he/she) have an employer on this job, or (is/was) (he/she) self-employed?

INTERVIEWER: IF R SAYS '(he/she) (works/worked) at more than one job',

PROBE: "Tell me about (his/her) main job."

1. HAS/HAD EMPLOYER
2. SELF-EMPLOYED
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

B40.

[B1PINDS] What kind of business or company (is/was) this?

INTERVIEWER: USE PROBES AS NECESSARY. TYPE NUMBER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

1. (What (do/did) they make or do where (he/she)(works/worked)? (PROBE FOR SPECIFIC PRODUCT/ ACTIVITY))
2. ((Is/Was) this government/public or private? Wholesale or retail?)
3. ((Is/Was) this a company that only (does/did) ____, or (do/did) they make/sell/do other things as well?)
4. Other probe. **INTERVIEWER:** SPECIFY PROBE USED IN PARENTHESES.

INTERVIEWER: IF R WORKS ON A FARM, PROBE IF FARM IS INCORPORATED OR NOT.

INTERVIEWER: FOR ALL OTHER PROBES YOU USE: SPECIFY.

INTERVIEWER: IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

INTERVIEWER: IF R SAYS '(he/she) (works/worked) at more than one job',
PROBE: "Tell me about (his/her) main job."

5. SPECIFY RESPONSE FROM RESPONDENT

-
7. DON'T KNOW/NOT SURE
 8. REFUSED
 9. INAPP

B41.

[B1POCCS] What (is/was) (his/her) job title?

INTERVIEWER: DO NOT PROBE FOR OTHERS.

INTERVIEWER: IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

INTERVIEWER: IF R SAYS '(he/she) (works/worked) at more than one job', PROBE: "Tell me about (his/her) main job."

(**INDUSTRY:** [fill B40])

Specify Title: _____

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

B42.

[B1POCCS] What (are/were) (HIS/HER) most important activities or duties?

INTERVIEWER: USE PROBES AS NECESSARY. TYPE NUMBER OF PROBE USED FIRST AND THEN TYPE RESPONSE. FOR ALL OTHER PROBES YOU USE: SPECIFY.

- 1. (Could you tell me more?)
- 2. (What (does/did) (he/she) make/do/teach/sell?-- (SPECIFIC PRODUCT/MACHINE))
- 3. Exactly what kind of work (does/did) (he/she) do at this job?)
- 4. Other probe. **INTERVIEWER:** SPECIFY PROBE USED IN PARENTHESES. [specify] .

INTERVIEWER: IF R WORKS ON A FARM, PROBE IF FARM IS INCORPORATED OR NOT.

INTERVIEWER: IF R OFFERS A TYPE OF BUSINESS OR INDUSTRY, PROBE: "What EXACTLY (does/did) (he/she) do, for example, TEACH HIGH SCHOOL MATH, OPERATE A TEXTILE WEAVING MACHINE, or SELL BOOKS AT A RETAIL STORE?"

INTERVIEWER: IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

INTERVIEWER: IF R SAYS '(he/she) (works/worked) at more than one job', PROBE: "Tell me about (his/her) main job."

5. SPECIFY JOB TITLE: _____

- 7. DON'T KNOW/NOT SURE

8. REFUSED
9. INAPP

SECTION C: HOUSEHOLD ROSTER & CHILDREN

Now we'd like to ask you some questions about children and members of your household.

[IF RSEX = FEMALE AND RAGE IS LESS THAN 60, AND A35d DOES NOT EQUAL BOTH OVARIES REMOVED, ASK C110]

[OTHERWISE GO TO CHIDLREN]

C110.

[B1PC1] Are you currently pregnant?

1. YES
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

CHILDREN.

[B1PC2] How many children do you have? Include biological, adopted, step and foster children living with you or elsewhere. Also included all living children you have (given birth to/fathered). (Please only include living children.)

0. NONE
- NUMBER OF CHILDREN

DEADKID.

[B1PC3] Do you have any children we have not talked about who are no longer living?

1. YES
2. NO
7. DON'T KNOW
8. REFUSED

HHMEMBER.

[B1PC4] Besides (your child/any of your children) who might be living with you, How/how many other people live in your household not including yourself? Include your spouse if (she/he) lives with you. Include everyone who stays here half the time or more. Also include members of this household who are temporarily in a hospital or other institution.

0. NONE
- NUMBER OF HOUSEHOLD MEMBERS

*****ROSTER QUESTIONS BEGIN HERE*****

[KHNAME IS REPEATED AS NECESSARY TO ACCOMMODATE THE NUMBER OF CHILDREN REPORTED IN QUESTION CHILDREN, THEN IT IS REPEATED FOR THE NUMBER OF ADDITIONAL HOUSEHOLD MEMBERS REPORTED IN QUESTION HHMEMBER]

KHNAME.

[B1PCHA]

Please tell me the (first) name of your (last/next/oldest) child.

ROSTER

Not including yourself (or your child/children), (Please/please) tell me the first name of the (member/last/next) member of your household.

INTERVIEWER: IF B19=1 (MARRIED), "Please start with your spouse."

INTERVIEWER: IF R IS MARRIED AND REPORTS "0" HH MEMBERS, PROBE TO CONFIRM THAT SPOUSE IS A MEMBER OF R'S HOUSEHOLD.

INTERVIEWER: IF R SAYS THEIR CHILD, SPOUSE OR HOUSEHOLD MEMBER IS DEAD, SAY: "(I'm sorry.) Please tell me the name of your next **living** child or household member."

_____ (CHILD/HOUSEHOLD MEMBER)'S NAME

8. REFUSED

9. INAPP

Now I would like to ask you some more details about each of the people you just mentioned.

[KHSEX THROUGH NONNORM ASKED OF EVERY CHILD/HOUSEHOLD MEMBER (IF APPROPRIATE)]

KHSEX.

[B1PCHX]

Is (KHNAME) a male or female?

ROSTER

1. MALE

2. FEMALE

7. DON'T KNOW/NOT SURE

8. REFUSED

9. INAPP

RELATION.

[B1PCHR]

ROSTER

How is (KHNAME) related to you?

INTERVIEWER: IF IT IS DETERMINED WE ARE ASKING ABOUT A CHILD: "Is [KHNAME] your biological, adopted, step or foster (son/daughter/child), or does (he/she) have some other relationship to you?"

INTERVIEWER: CLARIFY: APPLICABLE FOSTER OR OTHER CHILDREN MUST BE IN THEIR CARE FOR AT LEAST 5 YEARS.

INTERVIEWER: INCLUDE ONLY LIVING CHILDREN.

1. HUSBAND OR WIFE
2. LOVER/PARTNER
3. BIOLOGICAL CHILD [GO TO AGENEW_m]
4. ADOPTED CHILD [GO TO AGENEW_m]
5. STEP-CHILD [GO TO AGENEW_m]
6. FOSTER CHILD [GO TO AGENEW_m]
7. CHILD OF LOVER/PARTNER [GO TO AGENEW_m]
8. OTHER CHILD (SPECIFY) [GO TO AGENEW_m]
9. SON/DAUGHTER/CHILD-IN-LAW
10. FATHER/MOTHER/PARENT
11. STEP- FATHER/MOTHER/PARENT
12. FATHER/MOTHER/PARENT -IN-LAW OR
PARTNER'S FARTHER/MOTHER/PARENT
13. GRAND FATHER/MOTHER/PARENT
14. BROTHER/SISTER/SIBLING
15. STEP- BROTHER/SISTER/SIBLING
16. HALF- BROTHER/SISTER/SIBLING
17. BROTHER/SISTER/SIBLING -IN-LAW
18. GRAND SON/DAUGHTER/CHILD
19. OTHER RELATIVE
20. ROOMMATE
21. FRIEND
22. OTHER NON-RELATIVE
23. SAME-SEX LOVER/PARTNER
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

AGENEW_m.

[B1PCMB] In what month and year (did you adopt (KHNAME)/was(KHNAME)born)?

ROSTER

(MONTH)

- | | |
|-------------|----------------|
| 1. JANUARY | 9. SEPTEMBER |
| 2. FEBRUARY | 10. OCTOBER |
| 3. MARCH | 11. NOVEMBER |
| 4. APRIL | 12. DECEMBER |
| 5. MAY | 97. DON'T KNOW |
| 6. JUNE | 98. REFUSED |
| 7. JULY | 99. INAPP |
| 8. AUGUST | |

AGENEW_y.

[B1PCYB] In what month and year (did you adopt (KHNAME)/was(KHNAME)born)?

ROSTER

(YEAR)

- ____ YEAR
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

[IF RELATION = ADOPTED CHILD, GO TO AGEOLD]

[IF RELATION = FOSTER OR PARTNER'S CHILD, AND KHAGE IS 5 OR GREATER, GO TO CARE5YR]

[OTHERWISE, GO TO KIDINHH]

AGEOLD.

[B1PHHA] How old was (KHNAME) [when you adopted him/her)/(on his/her last birthday)]?

ROSTER

INTERVIEWER: ENTER ZERO "0" FOR CHILD UNDER 1 YEAR OLD.

- ____. 0 TO 120 YEARS OLD
997. DON'T KNOW
998. REFUSED
999. INAPP

CARE5YR.

[B1PCHC] Has (KHNAME) been in your care for at least 5 years?

ROSTER

1. YES
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

KIDINHH.

[B1PCHH] Does (KHAME) currently live in your household? (Answer “NO” if (child’s name is away attending college, in the armed forces, or temporarily home on vacation.)
ROSTER

INTERVIEWER: IF R SAYS THAT THEY HAVE CHILDREN THAT DON'T LIVE IN THE HOUSEHOLD ALL THE TIME, (FOR INSTANCE IF THEY ARE A NON-CUSTODIAL PARENT), AND WANT TO KNOW IF THEY SHOULD SAY "YES" OR "NO" TO THIS QUESTION, TELL THE R "It is up to you to decide; if you feel the child lives in your household, you should say yes."

1. YES
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

[IF RELATION = BIOLOGICAL, STEP OR ADOPTED CHILD, GO TO NONNORM]
 [OTHERWISE, GO TO OTHRINHH]

NONNORM.

[B1PCDD] **[INTERVIEWER:** Only ask the first paragraph for the first nonnorm child.]
ROSTER

Parents face many challenges today raising their children. One goal of the study is to learn about the unique challenges faced by parents who have a son or a daughter with a long-term physical or mental health problem, or developmental disability.

Does (child’s name) have a developmental disability, such as autism, cerebral palsy, epilepsy or mental retardation, or has (he/she) ever had a LONG TERM SERIOUS mental health problem?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[IF THERE ARE ANY OTHER CHILDREN OR HOUSEHOLD MEMBERS IDENTIFIED IN QUESTIONS CHILDREN OR HHMEMBER, RETURN TO QUESTION KHSEX AND BEGIN ASKING ABOUT THE NEXT PERSON. OTHERWISE, CONTINUE TO OTHRINHH]

OTHRINHH.

[B1PC6] In the last 12 months, has anyone you haven't already mentioned lived in your household?

1. YES (SPECIFY)
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

[IF NONNORM = YES, GO TO C420]

[OTHERWISE GO TO D1]

Earlier you told me that (KHNAME) has/had a developmental disability or LONG TERM SERIOUS mental health problem.

C420.

[B1PCDT] What type of developmental disability or serious mental health
ROSTER problem does (KHNAME) have?

INTERVIEWER: LIST EACH DISABILITY OR CONDITION SEPARATELY.

INTERVIEWER: "What was the specific condition requiring group home/special education/etc...?"

- 644. AGORAPHOBIA
- 645. ALCOHOLISM
- 646. ALZHEIMER'S
- 647. ANOREXIA or ANOREXIA NERVOSA
- 650. ANXIETY or ANXIETY DISORDER
- 101. ASPERGER'S SYNDROME
- 222. ATTENTION DEFICIT DISORDER (ADD)
- 223. ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)
- 102. AUTISM
- 764. BREAKDOWN
- 762. BIOCHEMICAL PROBLEM
- 538. BIPOLAR DISORDER (MANIC DEPRESSIVE DISORDER)
- 651. BORDERLINE PERSONALITY DISORDER
- 433. BRAIN DAMAGE
- 763. BRAIN DISORDER
- 434. BRAIN INJURY/ BRAIN INJURED
- 648. BULIMIA
- 103. CEREBRAL PALSY (CP)
- 765. CHEMICAL IMBALANCE
- 586. CLINICAL DEPRESSION
- 435. CLOSED HEAD INJURY
- 104. COGNITIVE DISABILITY
- 539. CYCLOTHYMIA
- 540. DELUSIONAL DISORDER

- 652. DEMENTIA
- 875. DEPRESSION
- 662. DEPRESSION (IF VOLUNTEERED THAT THIS IS MILD DEPRESSION)
- 105. DEVELOPMENTAL DISABILITY (DD)
- 106. DOWN SYNDROME
- 653. DRUG ABUSE
- 663. DYSTHYMIA
- 649. EATING DISORDER
- 766. EMOTIONAL PROBLEM / DISORDER
- 331. EPILEPSY
- 107. FETAL ALCOHOL SYNDROME
- 108. FRAGILE X SYNDROME
- 654. GAMBLING PROBLEM or PATHOLOGICAL GAMBLING
- 224. HANDICAPPED
- 436. HEAD INJURY
- 109. HYDROCEPHALUS
- 225. HYPERACTIVITY
- 110. INTELLECTUAL DISABILITY
- 111. INTELLECTUAL IMPAIRMENT
- 226. LEARNING DISABILITY/PROBLEMS (LD)
- 587. MAJOR DEPRESSION
- 767. MANIC
- 538. MANIC DEPRESSIVE DISORDER (BIPOLAR DISORDER)
- 768. MENTAL BREAKDOWN
- 114. MENTAL DISABILITY
- 112. MENTAL HANDICAP
- 771. MENTAL HEALTH PROBLEMS
- 115. MENTAL IMPAIRMENT
- 227. MENTAL PROBLEMS
- 113. MENTAL RETARDATION (MR)
- 770. MENTALLY ILL
- 116. MICROCEPHALY
- 769. MOOD PROBLEM/DISORDER
- 117. MUSCULAR DYSTROPHY
- 772. NERVES / NERVOUS CONDITION
- 655. OBSESSIVE COMPULSIVE DISORDER (OCD)
- 656. PANIC ATTACKS/ DISORDER
- 773. PARANOID / PARANOIA
- 657. PERSONALITY DISORDER
- 118. PERVASIVE DEVELOPMENTAL DISORDER (PDD-NOS)
- 658. PHOBIA
- 659. POSTTRAUMATIC STRESS DISORDERS (PTSD)
- 119. PRADER-WILLI SYNDROME
- 774. PSYCHOLOGICAL PROBLEMS
- 543. PSYCHOTIC DISORDER / PSYCHOSIS
- 120. RETARDATION
- 178. RETTS DISORDER

- 542. SCHIZOPHRENIA / SCHIZOAFFECTIVE / SCHIZOPHRENIFORM DISORDER
- 332. SEIZURE DISORDER
- 588. SEVERE DEPRESSION
- 660. SLEEP DISORDER (INSOMNIA)
- 228. SLOW IN SCHOOL / SLOW LEARNER / SLOW
- 661. SOMATIZATION
- 229. SPECIAL EDUCATION / SPECIAL ED
- 230. SPEECH PROBLEMS
- 121. SPINA BIFIDA
- 779. SUICIDAL / SUICIDE ATTEMPT
- 437. TRAUMATIC BRAIN INJURY / BRAIN INJURY
- 976. OTHER UNFAMILIAR CONDITION (SPECIFY)
- 977. OTHER FAMILIAR CONDITION (SPECIFY)(PHYSICALLY DISABLED, DIABETES, OBESITY, HEART DISEASE, ULCERS)
- 997. DON'T KNOW [GO TO C445]
- 998. REFUSED [GO TO D1]
- 999. INAPP

[IF R LISTED ANY CONDITION IN THE 1-799 OR 900 SERIES, GO TO C445, THEN GO ON TO NEXT CHILD]

[IF R LISTED ANY CONDITION IN THE 800 SERIES, GO TO C440]

[IF C420 = NO CONDITIONS, QUIT LIST IMMEDIATELY AND GO TO D1]

C440.

[B1PCDP] Was this a long-term problem or a single episode of depression?

ROSTER

- 1. SINGLE EPISODE
- 2. LONG-TERM PROBLEM
- 7. DON'T KNOW
- 8. REFUSED [GO TO C475]
- 9. INAPP

C445.

[B1PCDA] How old was (KHNAME) when this condition began?

ROSTER

INTERVIEWER: MUST NOT BE MORE THAN [fill KHAGE] YEARS OLD.

- YEARS OLD
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

[IF C420 IS NOT EQUAL TO 227, OR NOT WITHIN 500-799, GO TO C475]

C465.

[B1PCDX]
ROSTER

Has a professional ever diagnosed (KHNAME) as having a major depression, schizophrenia, or bipolar disorder, which is also known as manic depression?

INTERVIEWER: MAJOR DEPRESSION (ALSO CALLED "SEVERE" OR "CLINICAL" DEPRESSION) IS A DISABLING ILLNESS THAT INTERFERES WITH ONE'S ABILITY TO FUNCTION NORMALLY - IT IS NOT THE SAME AS FEELING "BLUE" OR "DOWN".

- | | | |
|----|---------------------|--------------|
| 1. | YES | [GO TO C470] |
| 2. | NO | [GO TO C475] |
| 7. | DON'T KNOW/NOT SURE | [GO TO C475] |
| 8. | REFUSED | [GO TO C475] |
| 9. | INAPP | |

C470.

[B1PCXT]
ROSTER

Was (KHNAME) diagnosed with major depression, schizophrenia or bipolar disorder?

INTERVIEWER: MAJOR DEPRESSION (ALSO CALLED "SEVERE" OR "CLINICAL" DEPRESSION) IS A DISABLING ILLNESS THAT INTERFERES WITH ONE'S ABILITY TO FUNCTION NORMALLY - IT IS NOT THE SAME AS FEELING "BLUE" OR "DOWN".

- | | |
|----|-------------------------------------|
| 1. | MAJOR DEPRESSION |
| 2. | SCHIZOPHRENIA |
| 3. | BIPOLAR DISORDER (MANIC DEPRESSION) |
| 4. | OTHER (SPECIFY) |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

C475.

[B1PCDO]
ROSTER

Does (KHNAME) have any other developmental disabilities or serious long term mental health conditions?

- | | |
|----|--------------------------------|
| 1. | YES, ENTER CONDITION (SPECIFY) |
| 2. | NO |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

SECTION D: CAREGIVING

Sometimes because of a physical or mental condition, illness, or disability, people have trouble taking care of themselves and require the assistance of friends or relatives.

D1.

[B1PD1] During the last 12 months have you, yourself, GIVEN personal care for a period of **one month or more** to a family member or friend because of a physical or mental condition, illness, or disability?

- | | | |
|----|---------------------|-------------|
| 1. | YES | [GO TO D2] |
| 2. | NO | [GO TO D17] |
| 7. | DON'T KNOW/NOT SURE | [GO TO D17] |
| 8. | REFUSED | [GO TO D17] |

D2.

[B1PD2] To whom did you give the MOST personal care?

- | | | |
|-----|---------------------|------------|
| 1. | HUSBAND | [GO TO D4] |
| 2. | WIFE | [GO TO D4] |
| 3. | SON | [GO TO D4] |
| 4. | DAUGHTER | [GO TO D4] |
| 5. | FATHER | [GO TO D4] |
| 6. | MOTHER | [GO TO D4] |
| 7. | BROTHER | [GO TO D4] |
| 8. | SISTER | [GO TO D4] |
| 9. | GRANDFATHER | [GO TO D4] |
| 10. | GRANDMOTHER | [GO TO D4] |
| 11. | FATHER-IN-LAW | [GO TO D4] |
| 12. | MOTHER-IN-LAW | [GO TO D4] |
| 13. | OTHER (SPECIFY) | [GO TO D3] |
| 97. | DON'T KNOW/NOT SURE | [GO TO D4] |
| 98. | REFUSED | [GO TO D4] |
| 99. | INAPP | |

D3.

[B1PD3] Is this a male or a female?

- | | |
|----|---------------------|
| 1. | MALE |
| 2. | FEMALE |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

D4.

[B1PD4] What condition, illness, or disability caused (him/her) to need personal care?

1. CONDITION(S) GIVEN; (SPECIFY)
2. NO SPECIFIC CONDITION
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D5@m.

[B1PD5M] When did you start helping (him/her)?**(MONTH)**

- | | | |
|-------------|-----------|--------------|
| 1. JANUARY | 5. MAY | 9. SEPTEMBER |
| 2. FEBRUARY | 6. JUNE | 10. OCTOBER |
| 3. MARCH | 7. JULY | 11. NOVEMBER |
| 4. APRIL | 8. AUGUST | 12. DECEMBER |
97. DON'T KNOW/NOT SURE MONTH
 98. REFUSED [GO TO D7]
 99. INAPP

D5@y.

[B1PD5Y] (When did you start helping (him/her)?)**(YEAR)**

- ____ YEAR
9997. DON'T KNOW/NOT SURE
 9998. REFUSED
 9999. INAPP

D7.

[B1PD7] Are you still helping (him/her)?

- | | |
|------------------------|------------|
| 1. YES | [GO TO D9] |
| 2. NO | [GO TO D8] |
| 7. DON'T KNOW/NOT SURE | [GO TO D9] |
| 8. REFUSED | [GO TO D9] |
| 9. INAPP | |

D8.

[B1PD8] Why are you no longer helping? Is it because (he/she) no longer needs care, someone else is helping (him/her), (he/she) is deceased, or for some other reason?
[INTERVIEWER: allow 2]

1. HE/SHE NO LONGER NEEDS CARE
2. SOMEONE ELSE IS HELPING
3. THIS PERSON IS DECEASED
4. SOME OTHER REASON; (SPECIFY)
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D9.

[B1PD9] Does/ did (he/she) live with you in your household during this period of giving care?

1. YES
2. NO
3. SOME OF THE TIME
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D10.

[B1PD10] Because of (his/her) limitations do/did you provide (him/her) personal help with:

Bathing, dressing, eating or going to the bathroom?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D11.

[B1PD11] (Because of (his/her) limitations do/did you provide (him/her) personal help with:)

Getting around inside the house or going outside?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D12.

[B1PD12] (Because of (his/her) limitations do/did you provide (him/her) personal help with:)

Shopping, cooking, housework or laundry?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

D13.

[B1PD13] (Because of (his/her) limitations do/did you provide (him/her) personal help with:)

Managing money, making phone calls, or taking medications?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

D14.

[B1PD14] In how many different weeks during the past 12 months did you give personal care to (him/her)?**INTERVIEWER:** IF THEY SAY LESS THAN ONE WEEK, ENTER 0.

- 0-52 NUMBER OF WEEKS
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

D15.

[B1PD15] During those weeks, about how many hours per week, on the average, did you help (him/her)?

- 0-95. HOURS PER WEEK
- 96. 96 OR MORE HOURS PER WEEK
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

D16.

[B1PD16] Before beginning the period of providing personal care you have just described, had you EVER GIVEN personal care for a period of ONE MONTH OR MORE to a family member or friend who, because of a long-term, physical or mental condition, illness or disability was not able to take care of him- or herself?

- | | | |
|----|---------------------|-------------|
| 1. | YES | |
| 2. | NO | [GO TO D19] |
| 7. | DON'T KNOW/NOT SURE | [GO TO D18] |
| 8. | REFUSED | [GO TO D18] |
| 9. | INAPP | |

D17.

[B1PD17] Have you EVER given personal care for a period of ONE MONTH OR MORE to a family member or friend who, because of a long-term, physical or mental condition, illness or disability was not able to take care of him- or herself?

- | | | |
|----|---------------------|-------------|
| 1. | YES | |
| 2. | NO | [GO TO D20] |
| 7. | DON'T KNOW/NOT SURE | [GO TO D20] |
| 8. | REFUSED | [GO TO D20] |
| 9. | INAPP | |

D18.

[B1PD18] How many different times during your life has this type of personal caregiving for one month or more occurred?

- _____ NUMBER OF TIMES
997. DON'T KNOW/NOT SURE
998. REFUSED
999. INAPP

D19.

[B1PD19N] About how many months or years altogether during your life have you provided personal care for one month or more to a family member or friend because of a long-term physical or mental condition, illness, or disability?

MEASURE OF TIME

- _____ # OF YEARS/MONTHS
97. DON'T KNOW/NOT SUREV
98. REFUSED
99. INAPP

- [B1PD19M]** About how many months or years altogether during your life have you provided personal care for one month or more to a family member or friend because of a long-term physical or mental condition, illness, or disability?

UNIT OF TIME

_____ YEARS/MONTHS

D20.

- [B1PD20]** Are you a grandparent? That is, do any of your children have a biological, adopted, step, or foster child?

- | | | |
|----|------------|-------------|
| 0. | YES | [GO TO D21] |
| 1. | NO | [GO TO E1] |
| 7. | DON'T KNOW | [GO TO E1] |
| 8. | REFUSED | [GO TO E1] |
| 9. | INAPP | |

D21.

- [B1PD21]** For various reasons, grandparents sometimes take on a major responsibility for raising a grandchild. Have you ever had major responsibility for (your grandchild/any of your grandchildren) for six months or more?

- | | | |
|----|---------------------|------------|
| 1. | YES | |
| 2. | NO | [GO TO E1] |
| 7. | DON'T KNOW/NOT SURE | [GO TO E1] |
| 8. | REFUSED | [GO TO E1] |
| 9. | INAPP | |

D22.

- [B1PD22]** About how many years altogether have you had major responsibility for (any of your grandchild(ren))?

- | | |
|-------|------------------------------|
| _____ | NUMBER OF YEARS (0-70 YEARS) |
| 97. | DON'T KNOW/NOT SURE |
| 98. | REFUSED |
| 99. | INAPP |

SECTION E: LIVING ARRANGEMENTS

E1.

[B1PE1]

The next questions are about your living arrangements since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]. Was there ever a time since then when you lived in an institutional setting such as a boarding school or college dormitory, a prison, a hospital or nursing home, an armed forces barracks, or a rooming house?

- | | | |
|----|---------------------|---------------|
| 1. | YES | [GO TO E1loc] |
| 2. | NO | [GO TO E2] |
| 7. | DON'T KNOW/NOT SURE | [GO TO E2] |
| 8. | REFUSED | [GO TO E2] |

E1loc.

[B1PE1]

Which of these institutional settings have you lived in?

- A. BOARDING SCHOOL
- B. COLLEGE DORMITORY
- C. PRISON
- D. HOSPITAL OR NURSING HOME
- E. ARMED FORCES BARRACKS
- F. ROOMING HOUSE
- G. OTHER (SPECIFY)

- | | |
|----|---------------------|
| 1. | YES |
| 2. | NO |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |

[IF E1 = 1 AND E1loc.a-g. ≠ 1, INTERVIEWER WILL PROBE.]

E1time.

[B1PE1BN]

Altogether, how much time did you live in any of these institutional settings since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]?

INTERVIEWER: IF R SAYS THEY WERE IN INSTITUTIONS OFF AND ON SINCE THAT TIME, PROBE: "About how much time ALTOGETHER did you live in any of these institutional settings?"
(IF NECESSARY: What's your best estimate?)

[MEASURE OF TIME]

- _____ # OF DAYS/WEEKS/MONTHS/YEARS
- 997. DON'T KNOW/NOT SURE
 - 998. REFUSED
 - 999. INAPP

[B1PE1BM] Altogether, how much time did you live in any of these institutional settings since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY “since 1994”]?

INTERVIEWER: IF R SAYS THEY WERE IN INSTITUTIONS OFF AND ON SINCE THAT TIME, PROBE: “About how much time ALTOGETHER did you live in any of these institutional settings?”
(IF NECESSARY: What's your best estimate?)

[UNITS OF TIME]

_____DAYS/WEEKS/MONTHS/YEARS

E2.

[B1PE2] [Not counting this time in institutional settings, was/Was] there ever a time since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY “since 1994”] when you were homeless? By 'homeless' we mean not having a regular residence. Do not include any time you temporarily MOVED IN with friends or relatives.

- | | | |
|----|---------------------|----------------|
| 1. | YES | [GO TO E2time] |
| 2. | NO | [GO TO E3] |
| 7. | DON'T KNOW/NOT SURE | [GO TO E3] |
| 8. | REFUSED | [GO TO E3] |
| 9. | INAPP | |

E2time.

[B1PE2AN] How much time were you homeless since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY “since 1994”]?

INTERVIEWER: IF R SAYS THEY WERE HOMELESS OFF AND ON OVER PAST 10 YEARS, PROBE: "About how much time ALTOGETHER were you homeless?"
(IF NECESSARY PROBE: "What's your best estimate?")

[MEASURE OF TIME]

- _____ # OF DAYS/WEEKS/MONTHS/YEARS
997. DON'T KNOW/NOT SURE
998. REFUSED
999. INAPP

[B1PE2AM] How much time were you homeless since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]?

INTERVIEWER: IF R SAYS THEY WERE HOMELESS OFF AND ON OVER PAST 10 YEARS, PROBE: "About how much time ALTOGETHER were you homeless?"

(IF NECESSARY PROBE: "What's your best estimate?")

[UNITS OF TIME]

_____ DAYS/WEEKS/MONTHS/YEARS

E3.

[B1PE3] (Not counting the time you were [homeless/living in an institutional setting/homeless or living in an institutional setting], was/Was) there ever a time since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"] when you did not have a telephone in your home or apartment?

- | | | |
|----|---------------------|----------------|
| 1. | YES | [GO TO E3time] |
| 2. | NO | [GO TO F1] |
| 7. | DON'T KNOW/NOT SURE | [GO TO F1] |
| 8. | REFUSED | [GO TO F1] |
| 9. | INAPP | |

E3time.

[B1PE3AN] How much time were you without a phone in your home or apartment since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]?

INTERVIEWER: IF R SAYS HAD PHONE OFF AND ON since we last interviewed you in PRELOAD: Month/Year Interviewed PROBE: "About how much time ALTOGETHER were you without a phone?"

(IF NECESSARY PROBE: "What's your best estimate?")

[MEASURE OF TIME]

_____ # OF DAYS/WEEKS/MONTHS/YEARS

997. DON'T KNOW
 998. REFUSED
 999. INAPP

[B1PE3AM] How much time were you without a phone in your home or apartment since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]?

INTERVIEWER: IF R SAYS HAD PHONE OFF AND ON since we last interviewed you in PRELOAD: Month/Year Interviewed PROBE: "About how much time ALTOGETHER were you without a phone?"
(IF NECESSARY PROBE: "What's your best estimate?")

[UNIT OF TIME]

_____ DAYS/WEEKS/MONTHS/YEARS

SECTION F: RACE AND ETHNICITY

The next questions are about your ethnic background or origins. Most people in the United States have ancestors that come from other parts of the world.

F1.

[B1PF1] Are you of Spanish, or Hispanic or Latino descent, that is, Mexican, Mexican American, Chicano, Puerto Rican, Cuban or some other Spanish origin?

1. NOT SPANISH/ HISPANIC
2. MEXICAN
3. MEXICAN AMERICAN
4. CHICANO
5. PUERTO RICAN
6. CUBAN
7. OTHER SPANISH (Please specify:_____)
97. DON'T KNOW/NOT SURE
98. REFUSED

F2.

[B1PF2A] (In addition to being American) What is your main ethnic background or origins?

INTERVIEWER: YOU MAY ENTER UP TO 3 GROUPS.

- | | | | | |
|----------------|-------------------------|---------------|----------------|-----------------|
| 66. Africa | 6. DomRep | 69. Iraq | 14. Panama | 56. Taiwan |
| 1. AmInd/NA | 47. E.Europe | 36. Ireland | 26. Peru | 57. Thailand |
| 20. Argentina | 25. Ecuador | 70. Israel | 54. Philippine | 45. Netherland |
| 58. Asia | 60. Egypt | 37. Italy | 39. Poland | 17. Trinidad |
| 2. Bahamas | 7. ElSalvador | 11. Jamaica | 40. Portugal | 41. USSR/Russia |
| 21. Bolivia | 31. England | 52. Japan | 15. PuertoRico | 27. Venezuela |
| 22. Brazil | 32. France | 61. Kenya | 41. RussiaUSSR | 48. W.Europe |
| 3. Canada | 33. Germany | 53. Korea | 73. S.Arabia | 46. Yugoslav |
| 18. C.Am/Carib | 34. Greece | 71. Lebanon | 42. Scotland | 64. Zaire |
| 23. Chile | 8. Guatemala | 12. Mexico | 55. Singapore | 65. Zimbabwe |
| 50. China | 9. Haiti | 74. MidEast | 63. S.Africa | 96. OTHER |
| 24. Colombia | 10. Honduras | 13. Nicaragua | 28. S.America | (SPECIFY) |
| 4. CostaRica | 35. Hungary | 62. Nigeria | 43. Spain | |
| 5. Cuba | 51. India | 38. Norway | 16. St.Vincent | |
| 30. Czech | 68. Iran | 72. Pakistan | 44. Sweden | |
| | 97. DON'T KNOW/NOT SURE | | [GO TO F4] | |
| | 98. REFUSED | | [GO TO F4] | |
| | 99. INAPP | | | |

F3.

[B1PF3] Which group best describes your background or origins?

- | | | | | |
|----------------|---------------|---------------|----------------|-----------------|
| 66. Africa | 6. DomRep | 69. Iraq | 14. Panama | 56. Taiwan |
| 1. AmInd/NAm | 47. E.Europe | 36. Ireland | 26. Peru | 57. Thailand |
| 20. Argentina | 25. Ecuador | 70. Israel | 54. Philippine | 45. Netherland |
| 58. Asia | 60. Egypt | 37. Italy | 39. Poland | 17. Trinidad |
| 2. Bahamas | 7. ElSalvador | 11. Jamaica | 40. Portugal | 41. USSR/Russia |
| 21. Bolivia | 31. England | 52. Japan | 15. PuertoRico | 27. Venezuela |
| 22. Brazil | 32. France | 61. Kenya | 41. RussiaUSSR | 48. W.Europe |
| 3. Canada | 33. Germany | 53. Korea | 73. S.Arabia | 46. Yugoslav |
| 18. C.Am/Carib | 34. Greece | 71. Lebanon | 42. Scotland | 64. Zaire |
| 23. Chile | 8. Guatemala | 12. Mexico | 55. Singapore | 65. Zimbabwe |
| 50. China | 9. Haiti | 74. MidEast | 63. S.Africa | 96. OTHER |
| 24. Colombia | 10. Honduras | 13. Nicaragua | 28. S.America | (SPECIFY) |
| 4. CostaRica | 35. Hungary | 62. Nigeria | 43. Spain | |
| 5. Cuba | 51. India | 38. Norway | 16. St.Vincent | |
| 30. Czech | 68. Iran | 72. Pakistan | 44. Sweden | |
97. DON'T KNOW/NOT SURE [GO TO F4]
 98. REFUSED [GO TO F4]
 99. INAPP

F4.

[B1PF4] How closely do you identify with other people who are of the same ethnic descent as yourself? Would you say very closely, somewhat closely, not very closely, or not at all closely?

1. VERY CLOSELY
2. SOMEWHAT CLOSELY
3. NOT VERY CLOSELY
4. NOT AT ALL CLOSELY
7. DON'T KNOW/NOT SURE
8. REFUSED

F5.

[B1PF5] How much do you prefer to be with other people who are of this same ethnic group? Would you say a lot, some, a little, or not at all?

1. A LOT
2. SOME
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

F6.

[B1PF6] How important do you think it is for people who are from this ethnic group to marry other people who are also from this ethnic group? Would you say very important, somewhat important, not very important, or not at all important?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NOT AT ALL IMPORTANT
7. DON'T KNOW/NOT SURE
8. REFUSED

F7.

[B1PF7A] What are your main racial origins -- that is, what race or races are your parents, grandparents, and other ancestors?

INTERVIEWER: ENTER ALL THAT APPLY.

- A. WHITE
- B. BLACK AND/OR AFRICAN AMERICAN
- C. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
- D. ASIAN
- E. NATIVE HAWAIIAN OR PACIFIC ISLANDER
- F. OTHER (PLEASE SPECIFY: _____)
7. DON'T KNOW/NOT SURE
8. REFUSED [GO TO F9]

[IF MULTIPLE MENTIONS TO F7, ASK F8]

F8.

[B1PF8A] Which do you feel best describes your racial background? White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Pacific Islander?

INTERVIEWER: ENTER ALL THAT APPLY.

- A. WHITE
- B. BLACK AND/OR AFRICAN AMERICAN
- C. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
- D. ASIAN
- E. NATIVE HAWAIIAN OR PACIFIC ISLANDER
- F. OTHER (PLEASE SPECIFY: _____)
7. DON'T KNOW/NOT SURE
8. REFUSED

[IF MULTIPLE MENTIONS, GO TO F8a]

F8a.

[B1PF8A1] Which best describes your race?

1. WHITE
2. BLACK AND/OR AFRICAN AMERICAN
3. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
4. ASIAN
5. NATIVE HAWAIIAN OR PACIFIC ISLANDER
6. OTHER (PLEASE SPECIFY:_____)
7. DON'T KNOW/NOT SURE
8. REFUSED

F9.

[B1PF9] How closely do you identify with being a member of this your racial group?
(Would you say very closely, somewhat closely, not very closely, or not at all closely?)

1. VERY CLOSELY
2. SOMEWHAT CLOSELY
3. NOT VERY CLOSELY
4. NOT AT ALL CLOSELY
7. DON'T KNOW/NOT SURE
8. REFUSED

F10.

[B1PF10] How much do you prefer to be with other people who are the same race as yourself? (Would you say a lot, some, a little, or not at all?)

1. A LOT
2. SOME
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

F11.

[B1PF11] How important do you think it is for people who are in your racial group to marry other people who are the same race? (Would you say very important, somewhat important, not very important, or not at all important?)

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NOT AT ALL IMPORTANT
7. DON'T KNOW/NOT SURE
8. REFUSED

F12.

[B1PF12] Are you a citizen of the United States?

- | | | |
|----|---------------------|--------------|
| 1. | YES | [GO TO F12A] |
| 2. | NO | [GO TO F12B] |
| 7. | DON'T KNOW/NOT SURE | [GO TO F12B] |
| 8. | REFUSED | [GO TO F12B] |

F12a.

[B1PF12A] How closely do you identify with being an American, in the sense of being a U.S. citizen? (Would you say very closely, somewhat closely, not very closely, or not at all closely?)

- | | |
|----|---------------------|
| 1. | VERY CLOSELY |
| 2. | SOMEWHAT CLOSELY |
| 3. | NOT VERY CLOSELY |
| 4. | NOT AT ALL CLOSELY |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

F12b.

[B1PF12B] In what country do you have citizenship?

- | | |
|----|--------------------------|
| | _____Country ((SPECIFY)) |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED |
| 9. | INAPP |

SECTION G: LIFE SATISFACTION

And now a few questions about your life.

G1.

[B1PG1] At present, how satisfied are you with your LIFE?
Very, somewhat, a little, or not at all?

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G2.

[B1PG2] At present, how much control do you have over your LIFE IN GENERAL?
A lot, some, a little, or none at all?

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NONE AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G3.

[B1PG3] Overall, how satisfied are you with YOURSELF?
Very, somewhat, a little, or not at all?

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G4.

[B1PG4]

When you think about your life as a whole up to the present, how would you rate your contribution to the welfare and well-being of other people? Would you say it has been excellent, very good, good, fair or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW/NOT SURE
8. REFUSED

G5.

[B1PG5]

And would you AGREE or DISAGREE with the following statement: "In many ways, I feel disappointed about my achievements in life"?

(Do you agree or disagree with this statement?)

- | | |
|---------------|------------------|
| 1. AGREE | |
| 2. DISAGREE | |
| 7. DON'T KNOW | [GO TO INTRO G6] |
| 8. REFUSED | [GO TO INTRO G6] |

G5a.

[B1PG5A]

Do you (AGREE/DISAGREE) strongly, somewhat, or only a little?

1. STRONGLY
2. SOMEWHAT
3. ONLY A LITTLE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

G6.

[B1PG6]

For the final set of questions, please tell me how much each of the following describes you. First, OUTGOING?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

INTERVIEWER: IF NECESSARY, CLARIFY: by OUTGOING we mean sociable and interested in meeting people.

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G7.

[B1PG7]

What about WORRYING?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G8.

[B1PG8]

What about CURIOUS?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G9.

[B1PG9]

(What about) OPTIMISTIC?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

INTERVIEWER: IF NECESSARY CLARIFY: 'By OPTIMISTIC we mean hopeful about how things will turn out.'

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED