

# Health and Retirement Study: 2001 Mail Survey



**Conducted by:**  
Survey Research Center  
The University of Michigan

**Sponsored by:**  
The National Institute on Aging

## ABOUT THIS QUESTIONNAIRE

This questionnaire is a part of the Health and Retirement Study. We greatly value your past participation in the HRS, and we hope that you will find this questionnaire interesting to complete. As always, your answers are extremely important to us. Please remember that your participation is *voluntary* and that you may skip over any questions that you would prefer not to answer.

A Department of Health and Human Services Certificate of Confidentiality covers this research in order to help ensure your privacy. This certificate can help protect the investigators from being forced to release any research information that identifies you. Please note that we must report credible evidence of serious harm or abuse to any person to the authorities, but this questionnaire does not ask any questions about such topics.

We have divided the questionnaire into three different topic sections. It is very important that the questions in Section A and C be answered by the person to whom the questionnaire is addressed (or by someone who knows this person well enough to answer the questions instead, if the addressee is unable to complete the questionnaire alone). For Section B, we suggest that the member(s) of the household most knowledgeable about the topics be involved in completing the questionnaire. At the end of each section, there is a place where you can tell us who actually answered the questions for that section.

Many questions can be answered by placing a check on the line in front of your response. Some questions may not apply to you, and you will be instructed to skip them. When this occurs, you will find an arrow (➔) from your answer to the next appropriate question number. When no special instruction is given for your response choice, please continue with the next question.

If you have any questions about the questionnaire, please feel free to call us at 1-800-759-7947.

**THANK YOU!**

## Section A:

In the first part of this questionnaire section, we ask you to estimate how much time you spent doing various activities during the last week. For each activity, please tell us the number of hours you spent doing that activity. If you haven't done that activity at all in the last week, then mark the "0 hours" box to the right. If you spent less than an hour doing an activity, tell us how much of an hour you did spend (such as  $\frac{3}{4}$  or  $\frac{1}{2}$ ).

### PLEASE NOTE:

- Sometimes people do more than one activity at a time -- for example, listening to music while preparing a meal. That is, one hour of listening to music while preparing a meal would count as one hour of *listening to music* and also one hour of *preparing meals*.
- Similarly, one behavior might represent more than one activity included in the list. For example, e-mailing friends is both *using the computer* and *communicating with friends*. Record that time for both of the activities.
- Please include the time you spent traveling to and from an activity when estimating the amount of time spent on that activity.
- We realize that last week might have been unusual, and that your answers may not reflect your typical activity patterns. It is important, however, to report the actual amount of time spent on each activity, rather than the usual amount.
- If you did not do an activity in the last week, please check the "0 hours" box.

How many hours did you actually spend last **WEEK**...

	Hours spent last week		No time spent last week
<b>A1.</b> Watching programs or movies/videos on TV	_____ hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A2.</b> Reading newspapers or magazines	_____ hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A3.</b> Reading books	_____ hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A4.</b> Listening to music	_____ hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A5.</b> Sleeping and napping (including at night)	_____ hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours

	Hours spent last week		No time spent last week
<b>A6. Walking</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A7. Participating in sports or other exercise activities</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A8. Visiting in person with friends, neighbors, or relatives</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A9. Communicating by telephone, letters or e-mail with friends, neighbors, or relatives</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A10. Working for pay</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A11. Using the computer</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A12. Praying or meditating</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A13. House cleaning</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A14. Washing, ironing, or mending clothes</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A15. Yard work or gardening</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A16. Shopping or running errands</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A17. Preparing meals and cleaning up afterwards</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A18. Personal grooming and hygiene, such as bathing and dressing</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A19. Caring for pets</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A20. Physically showing affection for others through hugging, kissing, etc.</b>	_____hours last week	<b>OR</b>	<input type="checkbox"/> 0 hours

Now think about the last **MONTH**. How many hours did you spend last month...

	Hours spent last month		No time spent last month
<b>A21.</b> Helping friends, neighbors, or relatives who did not live with you and did not pay you for the help	_____hours last month	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A22.</b> Doing volunteer work for religious, educational, health-related, or other charitable organizations	_____hours last month	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A23.</b> Attending religious services	_____hours last month	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A24.</b> Attending meetings of clubs or religious groups	_____hours last month	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A25.</b> Taking care of finances or investments, such as banking, paying bills, balancing the checkbook, doing taxes, etc.	_____hours last month	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A26.</b> Treating or managing an existing medical condition of your own	_____hours last month	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A27.</b> Playing cards or games, or solving puzzles	_____hours last month	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A28.</b> Attending concerts, movies, or lectures, or visiting museums	_____hours last month	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A29.</b> Singing or playing a musical instrument	_____hours last month	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A30.</b> Doing arts and crafts projects, including knitting, embroidery, or painting	_____hours last month	<b>OR</b>	<input type="checkbox"/> 0 hours
<b>A31.</b> Doing home improvements, including painting, redecorating, or making home repairs	_____hours last month	<b>OR</b>	<input type="checkbox"/> 0 hours

**A32.** How many days in the last twelve months were you away from home on overnight trips or vacations? (**Check one.**)

- Zero
- 1-7
- 8-14
- 15-21
- 22 or more

Now think about everything you do during waking hours:

**A33.** How often do you use your mind in what you do? (**Check one.**)

- Rarely
- Sometimes
- Often
- Almost all the time
- Uncertain, can't say

**A34.** How often do you use your body in what you do? (**Check one.**)

- Rarely
- Sometimes
- Often
- Almost all the time
- Uncertain, can't say

Still thinking about everything you do during waking hours:

**A35.** How often are your activities done with other people? (**Check one.**)

- Rarely
- Sometimes
- Often
- Almost all the time
- Uncertain, can't say

**A36.** How often do your activities benefit other people? (**Check one.**)

- Rarely
- Sometimes
- Often
- Almost all the time
- Uncertain, can't say

**A37.** Were the questions in Section A answered by the person to whom this questionnaire was addressed, or did someone else answer for that person?

- \_\_\_\_\_ Yes, the questions were answered by the person to whom the questionnaire was addressed.
- \_\_\_\_\_ The questions were answered by that person's spouse or partner.
- \_\_\_\_\_ The questions were answered by that person's son or daughter.
- \_\_\_\_\_ The questions were answered by someone else: Please say if you are a relative, a friend, a care provider, or what:\_\_\_\_\_.

**A38.** Approximately, how long did it take you to complete Section A?

\_\_\_\_\_ Minutes

**End of Section A.**

## Section B:

We would like to know how families spend their income. Please indicate whether your household made any of these purchases in the past 12 months, and, to the best of your ability, provide the purchase price. If you can't remember the exact amount, please give us your best estimate.

If you bought more than one item in a category, please indicate the total amount you spent on all items in that category. Please include purchases by all members of your household, that is, by you or anyone living with you.

**B1.** In the past twelve months, has your household leased or purchased an automobile or truck? (If it was a lease, we are asking about new long-term leases).

\_\_\_\_\_ Yes                      \_\_\_\_\_ No → **Go to Question B2**

If so, what were the make, model, year and price of the vehicle(s) you purchased or leased?

(Car 1) : \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \$ \_\_\_\_\_  
          Make                      Model                      Year                      Price

(Car 2) : \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \$ \_\_\_\_\_  
          Make                      Model                      Year                      Price

(Car 3) : \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \$ \_\_\_\_\_  
          Make                      Model                      Year                      Price

**B2.** In the past twelve months, has your household purchased a refrigerator?

\_\_\_\_\_ Yes → About how much was the purchase price? \$ \_\_\_\_\_  
\_\_\_\_\_ No

**B3.** In the past twelve months, has your household purchased a washing machine and/or dryer?

\_\_\_\_\_ Yes → About how much was the purchase price? \$ \_\_\_\_\_  
\_\_\_\_\_ No

**B4.** In the past twelve months, has your household purchased a dishwasher?

\_\_\_\_\_ Yes → About how much was the purchase price? \$ \_\_\_\_\_  
\_\_\_\_\_ No



**B5.** In the past twelve months, has your household purchased a television?

\_\_\_\_\_ Yes → About how much was the purchase price? \$\_\_\_\_\_

\_\_\_\_\_ No

**B6.** In the past twelve months, has your household purchased a computer?

\_\_\_\_\_ Yes → About how much was the purchase price? \$\_\_\_\_\_

\_\_\_\_\_ No

We'd also like you to provide your best estimate of your household spending for the following categories. For the items on this page, please write either your monthly or your annual costs, whichever is easier for you to estimate. For example, if it is easiest for you to think about what you spend on electricity in monthly terms, then please report how much you spent each month. If you did not spend money on a specific item or service in the last 12 months, then check the "No money spent on this in last 12 months" box.

	Amount spent monthly		Amount spent yearly		No money spent on this in last 12 months
<b>B7. Mortgage</b>	\$ _____	<b>OR</b>	\$ _____	<b>OR</b>	<input type="checkbox"/>
<b>B8. Homeowner's or renter's insurance</b>	\$ _____	<b>OR</b>	\$ _____	<b>OR</b>	<input type="checkbox"/>
<b>B9. Property taxes</b>	\$ _____	<b>OR</b>	\$ _____	<b>OR</b>	<input type="checkbox"/>
<b>B10. Rent</b>	\$ _____	<b>OR</b>	\$ _____	<b>OR</b>	<input type="checkbox"/>
<b>B11. Electricity</b>	\$ _____	<b>OR</b>	\$ _____	<b>OR</b>	<input type="checkbox"/>
<b>B12. Water</b>	\$ _____	<b>OR</b>	\$ _____	<b>OR</b>	<input type="checkbox"/>
<b>B13. Heating fuel for the home</b>	\$ _____	<b>OR</b>	\$ _____	<b>OR</b>	<input type="checkbox"/>
<b>B14. Telephone, cable, internet</b>	\$ _____	<b>OR</b>	\$ _____	<b>OR</b>	<input type="checkbox"/>
<b>B15. Vehicle finance charges</b>	\$ _____	<b>OR</b>	\$ _____	<b>OR</b>	<input type="checkbox"/>
<b>B16. Vehicle insurance</b>	\$ _____	<b>OR</b>	\$ _____	<b>OR</b>	<input type="checkbox"/>
<b>B17. Health insurance: out-of-pocket, including Medicare supplemental insurance</b>	\$ _____	<b>OR</b>	\$ _____	<b>OR</b>	<input type="checkbox"/>

For the items on this page and the next two pages, we have included various time periods so that you can estimate your spending in a way that is easiest for you for each category: the amount you spent last week, or the amount you spent last month, or the amount you spent in the last twelve months. For example, if it is easiest for you to think about what you spend on groceries in monthly terms, then please report how much you spent last month.

Again, if you did not spend money on a specific item or service in the last 12 months, then check the “No money spent on this in last 12 months” box. If you bought an item only occasionally or on an as-needed basis, then please give your best estimate of what you spent in the last 12 months.

	Amount spent last week		Amount spent last month		Amount spent in last 12 months		No money spent on this in last 12 months
<b>B18.</b> Housekeeping and yard supplies: <i>cleaning supplies, lawn and garden products</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B19.</b> Home repairs and maintenance: <i>materials plus any costs for hiring a professional</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B20.</b> Food and beverages: <i>food and drinks, including alcoholic, that you buy in grocery or other stores</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B21.</b> Dining/ drinking out: <i>items in restaurants, cafes, and diners, including take-out food</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>

	Amount spent last week		Amount spent last month		Amount spent in last 12 months		No money spent on this in last 12 months
<b>B22.</b> Clothing and apparel: <i>including footwear, outerware, and products such as watches or jewelry</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B23.</b> Gasoline	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B24.</b> Vehicle maintenance: <i>parts, repairs, and servicing</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B25.</b> Prescription and nonprescription medications: <i>out-of-pocket cost, not including what's covered by insurance</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B26.</b> Health care services: <i>out-of-pocket cost of hospital care, doctor services, lab tests, eye, dental, and nursing home care</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B27.</b> Medical supplies: <i>out-of-pocket cost, not including what's covered by insurance</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>

	Amount spent last week		Amount spent last month		Amount spent in last 12 months		No money spent on this in last 12 months
<b>B28.</b> Trips and vacations: <i>including transportation, accommodations, and recreational expenses, on trips</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B29.</b> Tickets to movies, sporting events, and performing arts	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B30.</b> Hobbies: <i>including exercise, bicycles, trailers, camping, photography, reading materials</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B31.</b> Contributions to religious, educational, charitable, or political organizations	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>
<b>B32.</b> Cash or gifts to family and friends outside your household: <i>including alimony and child support payments</i>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	\$_____	<b>OR</b>	<input type="checkbox"/>

Now think of your household's TOTAL spending last year. Please do NOT include any money that you saved or that you invested, including real estate investments, like home purchases.

Compare this amount spent with your total household income. In your household income, include any earnings from work, any interest or dividends, any pension, annuity or Social Security income, and any other money that your household may have received.

**B33.** Last year, my household spent: (**Check one.**)

- More than its income → About how much more? \$ \_\_\_\_\_
- Less than its income → About how much less \$ \_\_\_\_\_
- About the same as its income
- Uncertain, can't say

**B34.** Suppose next year you were to find your household with 20% more income than normal, what would you do with the extra income? (**Check one.**)

- Save or invest all of it → **Go to Question B36**
- Spend or donate all of it
- Spend and save some. → I would spend \_\_\_\_\_% & save \_\_\_\_\_% of it
- Uncertain, can't say → **Go to Question B36**

**B35.** If you chose to spend all or part of it, what would you spend the extra income on? (**Check all that apply.**)

- Trips, travel or vacations
- Clothing
- Eating out / food and beverages
- New home, home repairs or household items
- Entertainment, sports and hobbies
- Automobile expenses

**B36.** Now imagine that next year you were to find yourself with 20% less household income. What would you do? (**Check one.**)

- Not cut my spending at all → **Go to Question B38**
- Cut my spending by the whole 20%
- Cut my spending by some, but not the whole 20% → By what percent would you cut spending? \_\_\_\_\_%
- Uncertain, can't say → **Go to Question B38**

**B37.** If you chose to spend less, then on what items would you spend less? (**Check all that apply.**)

- Trips, travel or vacations
- Clothing
- Eating out / food and beverages
- New home, home repairs or household items
- Entertainment, sports and hobbies
- Automobile expenses

**B38.** We would like to understand more about spending in retirement. Are you retired?

Yes → **Complete BOX A**       No → **Complete BOX B**

<p><b>BOX A – Retired:</b></p> <p><b>a.</b> How did your TOTAL spending change with retirement?  <input type="checkbox"/> Stayed the same → <b>Go to c</b>  <input type="checkbox"/> Increased  <input type="checkbox"/> Decreased</p> <p><b>b.</b> By how much?  <input type="text"/> %</p> <p><b>c.</b> For the items below, check (✓) whether the spending increased, decreased or stayed the same in retirement:</p>	<p><b>BOX B – Not Retired:</b></p> <p><b>d.</b> How do you expect your TOTAL spending to change with retirement?  <input type="checkbox"/> Stay the same → <b>Go to f</b>  <input type="checkbox"/> Increase  <input type="checkbox"/> Decrease</p> <p><b>e.</b> By how much?  <input type="text"/> %</p> <p><b>f.</b> For the items below, check (✓) whether you expect spending to increase, decrease or stay the same in retirement:</p>
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<b>B39.</b>	Increase(d)	Decrease(d)	Stay(ed) the same
a. Trips, travel, or vacations			
b. Clothing			
c. Eating out / food and beverages			
d. New home, home repairs, or household items			
e. Entertainment, sports, and hobbies			
f. Automobile expenses			

**B40.** Were the questions in Section B answered by the person to whom this questionnaire was addressed, or did someone else answer for that person?

- \_\_\_\_\_ Yes, the questions were answered by the person to whom the questionnaire was addressed.
- \_\_\_\_\_ The questions were answered by that person's spouse or partner.
- \_\_\_\_\_ The questions were answered by that person's son or daughter.
- \_\_\_\_\_ The questions were answered by someone else: Please say if you are a relative, a friend, a care provider, or what:\_\_\_\_\_.

**B41.** Approximately, how long did it take you to complete Section B?

\_\_\_\_\_ Minutes

**End of Section B.**



**Section C:**

**C1.** Are you currently married, living with a partner, separated, divorced, widowed, or have you never been married? (**Check one.**)

- Married
- Living with a partner
- Separated
- Divorced
- Widowed
- Never married
- Other, specify: \_\_\_\_\_

**C2.** Are you working now, temporarily laid off, unemployed and looking for work, disabled and unable to work, retired, a homemaker, or what? (**Check all that apply.**)

- Working now
- Temporarily laid off
- Unemployed and looking for work
- Disabled
- Retired
- Homemaker
- Other, specify \_\_\_\_\_
- Uncertain, can't say

**C3.** Please list by name prescription medications (i.e., prescribed by a doctor) that you are currently taking regularly or use as needed. The names of prescription medications can be found on the container. Please include medications placed in the eye or on the skin.

- None
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_
- j. \_\_\_\_\_
- k. \_\_\_\_\_
- l. \_\_\_\_\_
- m. \_\_\_\_\_

**C4.** Please add any comments that you wish in the space below:

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**C5.** Were the questions in Section C answered by the person to whom this questionnaire was addressed, or did someone else answer for that person?

- \_\_\_\_\_ Yes, the questions were answered by the person to whom the questionnaire was addressed.
- \_\_\_\_\_ The questions were answered by that person's spouse or partner.
- \_\_\_\_\_ The questions were answered by that person's son or daughter.
- \_\_\_\_\_ The questions were answered by someone else: Please say if you are a relative, a friend, a care provider, or what:\_\_\_\_\_.

**C6.** Approximately, how long did it take you to complete Section C?

\_\_\_\_\_ Minutes

**Thank you for your participation in this important survey!**

