

Health and Retirement Study: Participant Questionnaire on Work and Health



Conducted by:
The Survey Research Center
The University of Michigan

Sponsored by:
The National Institute on Aging

Initials: _____

Logging ID: _____



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.

It is very important that the questions in this booklet be answered by the person whose initials are written on the cover. That person may receive assistance filling out the questionnaire, if needed, but the questions should be answered from his or her point of view. Questions can be answered by checking the appropriate answer in the table.

Please return your completed questionnaire in the pre-addressed postage paid Priority Mail Envelopes. If you have any questions about the questionnaire, please feel free to call us at **1-800-759-7947**.

THANK YOU!

During our interview with you we asked you whether you have any impairment or health problem that limits the kind or amount of paid work you can do. The purpose of the following questions is to explore the meaning of your answers. The first question is very similar to the one we asked before. In the interview, we asked you to respond with a simple yes or no. This time, we would like you to respond using a five-point scale from “not at all limited” to “cannot do any work.”

1a. To what extent are you limited in the kind or amount of work you can do because of an impairment or health problem?

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

We would now like to give you a number of examples of women with some health problems. We would like you to indicate the extent to which you think these women would be limited in the kind or amount of work they can do. In terms of their age, their education, and their work histories, you should imagine that these women are similar to yourself. Other than the conditions explicitly mentioned, you should imagine the individual is in reasonably good health.

Please give us your judgment on how limited these people are in the kind or amount of work they can do.

1. Mary generally enjoys her work. She gets depressed every three weeks for a day or two and loses interest in what she usually enjoys, but is able to carry on with her day-to-day activities on the job.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. Ann enjoys work very much. She feels that she is doing a very good job and is optimistic about the future.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

3. Nancy has mood swings on the job. When she gets depressed, everything she does at work is an effort for her and she no longer enjoys her usual activities at work. These mood swings are not predictable and occur two or three times during a month.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

4. Barb feels worried all the time. She gets depressed once a week at work for a couple of days in a row, thinking about what could go wrong and that her boss will disapprove of her condition. But she is able to come out of this mood if she concentrates on something else.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

5. Kathleen feels depressed most of the time. She weeps frequently at work and feels hopeless about the future. She feels that she has become a burden on her co-workers and that she would be better dead.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

6. Sue occasionally feels back pain at work, but this has not happened for the last several months now. If she feels back pain, it typically lasts only for a few days.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

7. Carol suffers from back pain that causes stiffness in her back, especially at work, but is relieved with low doses of medication. She does not have any pains other than this generalized discomfort.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

8. Ruth has almost constant pain in her back and this sometimes prevents her from doing her work.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

9. Linda has back pain that makes changes in body position while she is working very uncomfortable. She is unable to stand or sit for more than half an hour. Medicines decrease the pain a little, but it is there all the time and interferes with her ability to carry out even day-to-day tasks at work.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

10. Jane has pain in her back and legs, and the pain is present almost all the time. It gets worse while she is working. Although medication helps, she feels uncomfortable when moving around, holding and lifting things at work.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

11. Karen is very active and fit. She takes aerobic classes 3 times a week.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

12. Lori has had heart problems in the past and she has been told to watch her cholesterol level. Sometimes if she feels stressed at work she feels pain in her chest and occasionally in her arms.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

13. Beth's family has a history of heart problems. Her father died of a heart attack when Beth was still very young. The doctors have told Beth that she is at severe risk of having a serious heart attack herself and that she should avoid strenuous physical activity or stress. She sometimes feels severe pain in her chest and arms, and suffers from dizziness, fainting, sweating, nausea or shortness of breath.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

14. Diane has been diagnosed with high blood pressure. Her blood pressure goes up quickly if she feels under stress. Diane does not exercise much and is overweight. Life can sometimes be hectic for her. She does not get along with her boss very well.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

15. Judy has undergone triple bypass heart surgery. She is a heavy smoker and still experiences severe chest pain sometimes.

Not at all limited	Mildly limited	Moderately limited	Severely limited	Cannot do any work
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

