



Logging ID:

R. First Name:

Health and Retirement Study: Participant Lifestyle Questionnaire

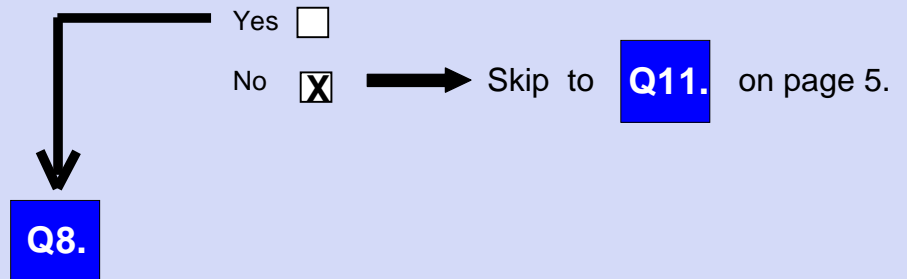
HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Marking a box like this:

Or writing a number in a box like this:

Sometimes you will find an instruction telling you which questions to answer next like this:



PLEASE START THE QUESTIONNAIRE AT QUESTION **Q1.** ON PAGE 1

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.

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

THANK YOU!

It is very important that the questions in this booklet be answered by the person whose first name is written on the front 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.

Q1.

**Which of these statements apply to you?
(Mark (X) one box for each line.)**

Yes No

I read a daily newspaper.

I have a hobby or a pastime.

I have taken a vacation within the US in the last 12 months.

I have taken a vacation outside the US in the last 12 months.

I have gone on a daytrip or outing in the last 12 months.

I use the internet and/or email.

I own a cell phone.

None of these statements apply to me.

Q2.

**Not including attendance at religious services, how often do you attend meetings or programs of groups, clubs, or organizations that you belong to?
(Mark (X) one.)**

More than once a week

Once a week

2 or 3 times a month

About once a month

Less than once a month

Never

Q3.

Please say how much you agree or disagree with the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
In most ways my life is close to ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So far, I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I could live my life again, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4.

Do you have a husband, wife, or partner with whom you live?

(Mark (X) one.)

Yes Continue to **Q5.**

No  Go to **Q7.** on page 4

Q5.

We would now like to ask you some questions about your partner or spouse. Please mark the answer which best shows how you feel about each statement. (Mark (X) one box for each line.)

A lot Some A little Not at all

How much do they really understand the way you feel about things?

How much can you rely on them if you have a serious problem?

How much can you open up to them if you need to talk about your worries?

How often do they make too many demands on you?

How much do they criticize you?

How much do they let you down when you are counting on them?

How much do they get on your nerves?

Q6.

How close is your relationship with your partner or spouse?

(Mark (X) one.)

Very close

Quite close

Not very close

Not at all close

Q7. Do you have any children?
(Mark (X) one.)

Yes Continue to **Q8.**

No  Skip to **Q11.** on page 5

Q8. Thinking about all of your living children, please check the answer which best shows how you feel about each statement.
(Mark (X) one box for each line.)

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they criticize you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9.

On average, how often do you do each of the following with any of your children, not counting any who live with you?
(Mark (X) one box for each line.)

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10.

How many of your children would you say you have a close relationship with? (Please write a number in the box.)

Number of children with close relationship

Q11.

Do you have any other immediate family, for example, any brothers or sisters, parents, cousins or grandchildren?

(Mark (X) one.)

Yes

Continue to **Q12.**

No



Go to **Q15.** on page 7

Q12.

We would now like to ask you some questions about these family members. Please check the answer which shows how you feel about each statement. (Mark (X) one box for each line.)

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they criticize you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13.

On average, how often do you do each of the following with any of these family members, not counting any who live with you? (Mark (X) one box for each line.)

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14.

How many of these family members would you say you have a close relationship with? (Please write a number in the box.)

Number of family members
with close relationship

Q15.

Do you have any friends?
(Mark (X) one.)

Yes Continue to **Q16.**

No  Skip to **Q19.** on page 8

Q16.

We would now like to ask you some questions about your friends. Please check the answer which best shows how you feel about each statement. (Mark (X) one box for each line.)

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you rely on them if you have a serious problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do they make too many demands on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they criticize you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they let you down when you are counting on them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do they get on your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17.

On average, how often do you do each of the following with any of your friends, not counting any who live with you?
(Mark (X) one box for each line.)

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18.

How many of your friends would you say you have a close relationship with? (Please write a number in the box.)

Number of friends
with close relationship

Q19.

Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
Most people inwardly dislike putting themselves out to help other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people will use somewhat unfair means to gain profit or an advantage rather than lose it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No one cares much what happens to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 19 continues on next page



Q19.

(Cont'd)

Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
I think most people would lie in order to get ahead.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I commonly wonder what hidden reasons another person may have for doing something nice for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel it is impossible for me to reach the goals that I would like to strive for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 19 continues on next page



Q19.

(Cont'd)

Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
The future seems hopeless to me and I can't believe that things are changing for the better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't expect to get what I really want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There's no use in really trying to get something I want because I probably won't get it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20.

The next questions are about how you feel about different aspects of your life. For each one, please say how often you feel that way. (Mark (X) one box for each line.)

	Often	Some of the time	Hardly ever or never
How often do you feel you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21.

These questions ask how you feel about your local area, that is everywhere within a 20 minute walk or about a mile of your home. Please mark one box on each line. The closer your mark is to a statement the more strongly you agree with it. (Mark (X) one box on each line.)

I really feel part of this area

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

I feel that I don't belong in this area

Vandalism and graffiti are a big problem in this area

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

There is no problem with vandalism and graffiti in this area

Most people in this area can be trusted

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

Most people in this area can't be trusted

People would be afraid to walk alone in this area after dark

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

People feel safe walking alone in this area after dark

Most people in this area are friendly

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

Most people in this area are unfriendly

This area is kept very clean

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

This area is always full of rubbish and litter

If you were in trouble, there are lots of people in this area who would help you

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

If you were in trouble, there is nobody in this area who would help you

There are many vacant or deserted houses or storefronts in this area

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	

There are no vacant houses or storefronts in this area

Q22.

Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
I often feel helpless in dealing with the problems of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people determine most of what I can and cannot do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What happens in my life is often beyond my control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have little control over the things that happen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is really no way I can solve the problems I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23.

Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
I can do just about anything I really set my mind to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I really want to do something, I usually find a way to succeed at it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether or not I am able to get what I want is in my own hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What happens to me in the future mostly depends on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can do the things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24.

Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your health these days? (Circle one number.)

None Very Much
00 01 02 03 04 05 06 07 08 09 10

Q25.

Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your work situation these days? (Circle one number.)

None Very Much
00 01 02 03 04 05 06 07 08 09 10

Q26.

Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your financial situation these days? (Circle one number.)

None Very Much
00 01 02 03 04 05 06 07 08 09 10

Q27.

**During the past 30 days, how much of the time did you feel...
(Mark (X) one box for each line.)**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
cheerful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in good spirits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
extremely happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
satisfied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
full of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you were happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you enjoyed life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
so depressed that nothing could cheer you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you could not get going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
your sleep was restless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q28.

Please say how much you agree or disagree with each of the following statements: (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
I believe in a God who watches over me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The events in my life unfold according to a divine or greater plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try hard to carry my religious beliefs over into all my other dealings in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find strength and comfort in my religion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q29.

How often do you pray privately in places other than at church or synagogue?

(Mark (X) one.)

- More than once a day
- Once a day
- A few times a week
- Once a week
- A few times a month
- Once a month
- Less than once a month
- Never

Q32.

The following statements are about people's expectations of each other. Please tell us how much you agree or disagree with each statement for you personally. (Mark (X) one box for each line.)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
I have always been satisfied with the balance between what I have given my partner and what I have received in return.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have always received adequate appreciation for providing help in my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my current major activity (job, looking after home, voluntary work) I have always been satisfied with the rewards I received for my efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33.

Please indicate how well each of the following describes you.
(Mark (X) one box for each line.)

A lot Some A little Not at all

Outgoing

Helpful

Moody

Organized

Friendly

Warm

Worrying

Responsible

Lively

Caring

Nervous

Creative

Hardworking

Imaginative

Softhearted

Calm

Intelligent

Curious

Active

Careless

Broad-minded

Question 33 continues on next page



Q33.

Please indicate how well each of the following describes you.
(Mark (X) one box for each line.)

(Cont'd)

A lot Some A little Not at all

Sympathetic

Talkative

Sophisticated

Adventurous

Thorough

Q34.

Please indicate how accurate each of these descriptions is of you.
(Mark (X) one box for each line.)

Very accurate Moderately accurate Neither inaccurate or accurate Moderately inaccurate Very inaccurate

Get chores done right away

Have frequent mood swings

Often forget to put things back in their proper place

Am relaxed most of the time

Like order

Get upset easily

Make a mess of things

Seldom feel blue

Q35.

Please read the statements below and decide the extent to which each statement describes you. Mark the box that best describes your agreement or disagreement with each statement. (Mark (X) one box for each line.)

Strongly disagree Some what disagree Slightly disagree Slightly agree Some what agree Strongly agree

I enjoy making plans for the future and working to make them a reality.

My daily activities often seem trivial and unimportant to me.

I am an active person in carrying out the plans I set for myself.

I don't have a good sense of what it is I'm trying to accomplish in life.

I sometimes feel as if I've done all there is to do in life.

I live life one day at a time and don't really think about the future.

I have a sense of direction and purpose in my life.

I am not interested in activities that will expand my horizons.

I think it is important to have new experiences that challenge how I think about myself and the world.

When I think about it, I haven't really improved much as a person over the years.

Question 35 continues on next page



Q35.

(Cont'd)

Please read the statements below and decide the extent to which each statement describes you. Mark the box that best describes your agreement or disagreement with each statement. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
--	-------------------	--------------------	-------------------	----------------	-----------------	----------------

I have the sense that I have developed a lot as a person over time.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I do not enjoy being in new situations that require me to change my old familiar ways of doing things.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I gave up trying to make big improvements or changes in my life a long time ago.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

For me, life has been a continuous process of learning, changing, and growth.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I feel like many of the people I know have gotten more out of life than I have.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

In general, I feel confident and positive about myself.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

When I compare myself to friends and acquaintances, it makes me feel good about who I am.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

My attitude about myself is probably not as positive as most people feel about themselves.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Question 35 continues on next page



Q35.
(Cont'd)

Please read the statements below and decide the extent to which each statement describes you. Mark the box that best describes your agreement or disagreement with each statement. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
In many ways I feel disappointed about the achievements in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I look at the story of my life, I am pleased with how things have turned out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like most parts of my personality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q36.

For each of the following events, please indicate whether the event occurred AT ANY POINT IN YOUR LIFE. If the event did happen, please indicate the year in which it happened most recently. (Mark (X) one box for each line. If "Yes", indicate which year.)

	Yes	No	If Yes, what year?
At any time in your life, have you ever been unfairly dismissed from a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
For unfair reasons, have you ever not been hired for a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Have you ever been unfairly denied a promotion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Have you ever been unfairly denied a bank loan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Q37.

For each of the following events, please indicate whether the event occurred AT ANY POINT IN YOUR LIFE. If the event did happen, please indicate the year in which it happened most recently.

(Mark (X) one box for each line. If "Yes", indicate which year.)

Yes No If Yes, what year?

Has a child of yours ever died?

--	--	--	--	--

Have you ever been in a major fire, flood, earthquake, or other natural disaster?

--	--	--	--	--

Have you ever fired a weapon in combat or been fired upon in combat?

--	--	--	--	--

Has your spouse, partner, or child ever been addicted to drugs or alcohol?

--	--	--	--	--

Were you the victim of a serious physical attack or assault in your life?

--	--	--	--	--

Did you ever have a life-threatening illness or accident?

--	--	--	--	--

Did your spouse or a child of yours ever have a life-threatening illness or accident?

--	--	--	--	--

Before you were 18 years old, did you have to do a year of school over again?

Before you were 18 years old, did either of your parents drink or use drugs so often that it caused problems in the family?

Before you were 18 years old, were you ever physically abused by either of your parents?

Q38.

Now please think about the last 5 YEARS of your life and indicate whether each of the events below occurred in the last 5 years. (Mark (X) one box for each line. If "Yes", indicate year.)

	Yes	No	If Yes, what year?
Have you involuntarily lost a job for reasons other than retirement at any point in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you been unemployed and looking for work for longer than 3 months at some point in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Was anyone else in your household unemployed and looking for work for longer than 3 months in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you moved to a worse residence or neighborhood in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Were you robbed or did you have your home burglarized in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q39.

Please indicate which of the following choices best describes how you feel about your current financial situation. (Mark (X) one box for each line.)

	Not at all satisfied	Not very satisfied	Some what satisfied	Very satisfied	Completely satisfied
How satisfied are you with (your/your family's) present financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficult is it for (you/your family) to meet monthly payments on (your/your family's) bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q40.

Please read the list below and indicate whether or not any of these are current and ongoing problems that have lasted twelve months or longer. If the problem is happening to you, indicate how upsetting it has been. Check the answer that is most like your current situation.

(Mark (X) one box for each line.)

	No, didn't happen	Yes, but not upsetting	Yes, somewhat upsetting	Yes, very upsetting
Ongoing health problems (in yourself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing physical or emotional problems (in spouse or child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing problems with alcohol or drug use in family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing difficulties at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing financial strain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing housing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing problems in a close relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping at least one sick, limited, or frail family member or friend on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q41.

Now I am going to read some statements about how people sometimes feel. After each statement, please indicate how often you felt that way DURING THE PAST WEEK. Again, the best answer is usually the one that comes to your mind first, so do not spend too much time on any one statement.

(Mark (X) one box for each line.)

	Never	Hardly ever	Some of the time	Most of the time
I had fear of the worst happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt my hands trembling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a fear of dying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt faint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q42.

Here are some statements that describe how people react or behave when they are feeling angry or mad. Thinking of the times you feel angry, for each statement please indicate how often you react or behave this way. Respond quickly to these without thinking much, as your first impulse is usually the best answer. (Mark (X) one box for each line.)

Almost never Some times Often Almost always

When I am feeling angry or mad, I keep things in.

When I am feeling angry or mad, I withdraw from people.

When I am feeling angry or mad, I am irritated more than people are aware.

When I am feeling angry or mad, I am angrier than I am willing to admit.

When I am feeling angry or mad, I argue with others.

When I am feeling angry or mad, I strike out at whatever infuriates me.

When I am feeling angry or mad, I say nasty things.

When I am feeling angry or mad, I lose my temper.

I am quick tempered.

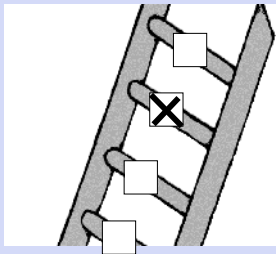
I have a fiery temper.

I fly off the handle.

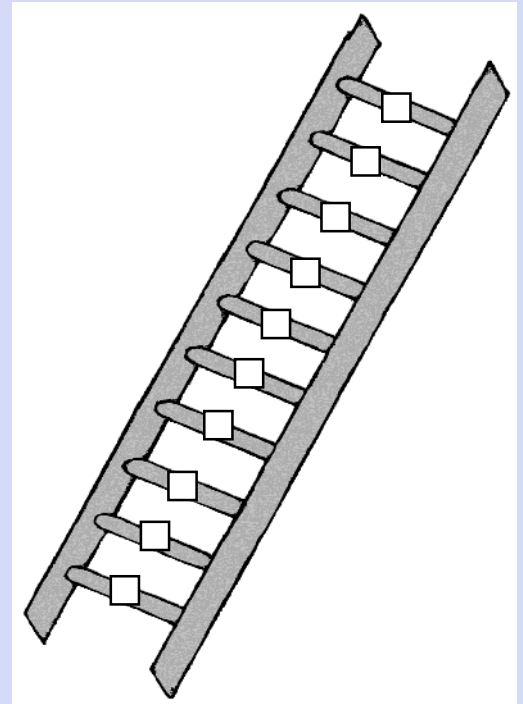
Q43.

Think of this ladder as representing where people stand in our society. At the top of the ladder are the people who are the best off - those who have the most money, most education, and best jobs. At the bottom are the people who are the worst off - who have the least money, least education, and the worst jobs or no jobs. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

Example



Please mark an X on the rung on the ladder where you would place yourself.



Q44.

Has your position on the ladder changed within the last two years?

(Mark (X) one.)

Yes, I have moved up

Yes, I have moved down

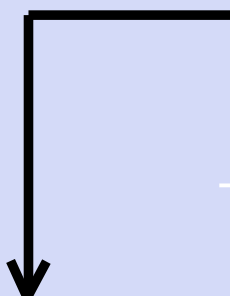
No, my position has not changed

Q45. Are you currently working?

(Mark (X) one.)

Yes Continue to **Q46.**

No  Skip to **Q51.** on page 32



Answer these questions ONLY if you are currently working

Q46. How often do you feel that you put your **JOB** before your **FAMILY** - very often, often, sometimes, rarely, or never?

(Mark (X) one.)

Very Often

Sometimes

Rarely

Never

Q47. How often do you feel that you put your **FAMILY** before Your **JOB** - very often, often, sometimes, rarely, or never?

(Mark (X) one.)

Very Often

Sometimes

Rarely

Never

Q48.

Please use the scale below to answer the next set of questions.
(Mark (X) one box for each line.)

	Rarely	Some times	Often	Most of the time
My work schedule makes it difficult to fulfill personal responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my job, I don't have the energy to do things with my family or other important people in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job worries or problems distract me when I am not at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My home life keeps me from getting work done on time on my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family or personal life drains me of the energy I need to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am preoccupied with personal responsibilities while I am at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work leaves me enough time to attend to my personal responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work gives me energy to do things with my family and other important people in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my job, I am in a better mood at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My personal responsibilities leave me enough time to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family or personal life gives me energy to do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am in a better mood at work because of my family or personal life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q49.

Here are some situations that can arise at work. Please tell me how often you have experienced them during the LAST 12 MONTHS.
(Mark (X) one box for each line.)

	Never	Less than once a year	A few times a year	A few times a month	At least once a week	Almost every day
How often are you UNFAIRLY given the tasks at work that no one else wants to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are you watched more closely than others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are you bothered by your supervisor or coworkers making slurs or jokes about women or racial or ethnic groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel that you have to work twice as hard as others at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel that you are ignored or not taken seriously by your boss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you been unfairly humiliated in front of others at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q50. Please say how much you agree or disagree with each of the following statements. (Mark (X) one box for each line.)

	Strongly disagree	Disagree	Agree	Strongly agree
All things considered, I am satisfied with my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job is physically demanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive the recognition I deserve for my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My salary is adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job promotion prospects are poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job security is poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am under constant time pressure due to a heavy workload.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have very little freedom to decide how I do my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the opportunity to develop new skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive adequate support in difficult situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work, I feel I have control over what happens in most situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considering the things I have to do at work, I have to work very fast.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel bothered or upset in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my work I am free from conflicting demands that others make.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The demands of my job interfere with my personal life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

THANK YOU!

Conducted by:
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