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Health and Retirement Study: Participant Lifestyle Questionnaire 2008

HOW TO FILL IN THIS QUESTIONNAIRE

If possible, please use a #2 pencil.

Please answer the questions by:

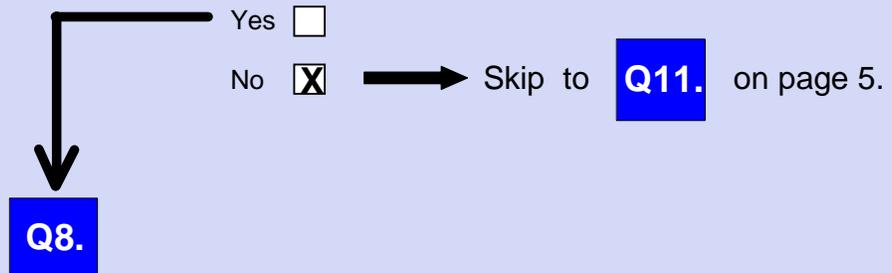
Marking a box like this:

Or writing a number in a box like this:

1	5
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Or circling a number like this: 01 02 (03) 04

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 1-866-611-6476.

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. These first questions are about the activities in your life now. Please tell us HOW OFTEN YOU DO EACH ACTIVITY. (Mark (X) one box for each line.)

	Daily	Several times a week	Once a week	Several times a month	At least once a month	Not in the last month
Care for a sick or disabled adult?	<input type="checkbox"/>					
Do volunteer work with children or young people?	<input type="checkbox"/>					
Do any other volunteer or charity work?	<input type="checkbox"/>					
Attend an educational or training course?	<input type="checkbox"/>					
Go to a sport, social, or other club?	<input type="checkbox"/>					
Attend meetings of non-religious organizations, such as political, community, or other interest groups?	<input type="checkbox"/>					
Pray privately in places other than a church or synagogue?	<input type="checkbox"/>					
Read books, magazines, or newspapers?	<input type="checkbox"/>					
Do word games such as crossword puzzles or Scrabble?	<input type="checkbox"/>					
Play cards or games such as chess?	<input type="checkbox"/>					
Do writing (such as letters, stories, or journal entries)?	<input type="checkbox"/>					
Use a computer for e-mail, Internet or other tasks?	<input type="checkbox"/>					
Do home or car maintenance or gardening?	<input type="checkbox"/>					
Bake or cook something special?	<input type="checkbox"/>					
Make clothes, knit, embroider, etc.?	<input type="checkbox"/>					



Q1. These first questions are about the activities in your life now. Please tell us **HOW OFTEN YOU DO EACH ACTIVITY.** (Mark (X) one box for each line.)

(Cont'd)

	Daily	Several times a week	Once a week	Several times a month	At least once a month	Not in the last month
Work on a hobby or project?	<input type="checkbox"/>					
Play sports or exercise?	<input type="checkbox"/>					
Walk for 20 minutes or more?	<input type="checkbox"/>					

Q2. Think back to the number of activities you did in your life when you were about 30. How does the number you do now compare to back then? (Mark (X) one box.)

Less now The same More now

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	Neither agree nor 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

Q4. Do you have a husband, wife, or partner with whom you live? (Mark (X) one.)

Yes → Continue to **Q5.**

No → Skip 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 living 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?

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?

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



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"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I commonly wonder what hidden reasons another person may have for doing something nice for me.	<input type="checkbox"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

If something can go wrong for me, it will.	<input type="checkbox"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I'm always optimistic about my future.	<input type="checkbox"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

In uncertain times, I usually expect the best.	<input type="checkbox"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I hardly ever expect things to go my way.	<input type="checkbox"/>					
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I rarely count on good things happening to me.	<input type="checkbox"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

I feel it is impossible for me to reach the goals that I would like to strive for.	<input type="checkbox"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

The future seems hopeless to me and I can't believe that things are changing for the better.	<input type="checkbox"/>					
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------



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 don't expect to get what I really want.	<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"/>					

Q20.

The next questions are about how you feel about different aspects of your life. (Mark (X) one box for each line.)

HOW MUCH OF THE TIME DO YOU FEEL...	Often	Some of the time	Hardly ever or never
You lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That you are "in tune" with the people around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That there are people you can talk to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That there are people you can turn to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That there are people who really understand you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That there are people you feel close to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of a group of friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That you have a lot in common with the people around you?	<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.

I really feel part of this area

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

(Mark (X) ONE box.)

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

1 2 3 4 5 6 7 I feel that I don't belong in this area

There is no problem with vandalism and graffiti in this area

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

(Mark (X) ONE box.)

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

1 2 3 4 5 6 7 Vandalism and graffiti are a big problem in this area

Most people in this area can be trusted

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

(Mark (X) ONE box.)

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

1 2 3 4 5 6 7 Most people in this area can't be trusted

People feel safe walking alone in this area after dark

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

(Mark (X) ONE box.)

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

1 2 3 4 5 6 7 People would be afraid to walk alone in this area after dark

Most people in this area are friendly

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

(Mark (X) ONE box.)

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

1 2 3 4 5 6 7 Most people in this area are unfriendly

This area is kept very clean

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

(Mark (X) ONE box.)

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

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

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

(Mark (X) ONE box.)

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

1 2 3 4 5 6 7 If you were in trouble, there is nobody in this area who would help you

There are no vacant houses or storefronts in this area

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

(Mark (X) ONE box.)

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

1 2 3 4 5 6 7 There are many vacant or deserted 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?

No control (Circle one number.) Very much control
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 social life these days?

No control (Circle one number.) Very much control
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?

No control (Circle one number.) Very much control
00 01 02 03 04 05 06 07 08 09 10

Q27.

**During the past 30 days, TO WHAT DEGREE DID YOU FEEL...
(Mark (X) one box for each line)**

	Very much	Quite a bit	Moderately	A little	Not at all
Afraid?	<input type="checkbox"/>				
Upset?	<input type="checkbox"/>				
Determined?	<input type="checkbox"/>				
Enthusiastic?	<input type="checkbox"/>				
Guilty?	<input type="checkbox"/>				
Active?	<input type="checkbox"/>				
Proud?	<input type="checkbox"/>				
Interested?	<input type="checkbox"/>				
Scared?	<input type="checkbox"/>				
Frustrated?	<input type="checkbox"/>				
Happy?	<input type="checkbox"/>				
Bored?	<input type="checkbox"/>				
Hostile?	<input type="checkbox"/>				
Jittery?	<input type="checkbox"/>				
Ashamed?	<input type="checkbox"/>				
Attentive?	<input type="checkbox"/>				
Content?	<input type="checkbox"/>				
Nervous?	<input type="checkbox"/>				



Q27.

**During the past 30 days, TO WHAT DEGREE DID YOU FEEL...
(Mark (X) one box for each line.)**

(Cont'd)

	Very much	Quite a bit	Moderately	A little	Not at all
Sad?	<input type="checkbox"/>				
Inspired?	<input type="checkbox"/>				
Hopeful?	<input type="checkbox"/>				
Alert?	<input type="checkbox"/>				
Distressed?	<input type="checkbox"/>				
Calm?	<input type="checkbox"/>				
Excited?	<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"/>					
The events in my life unfold according to a divine or greater plan.	<input type="checkbox"/>					
I try hard to carry my religious beliefs over into all my other dealings in life.	<input type="checkbox"/>					
I find strength and comfort in my religion.	<input type="checkbox"/>					

Q29a.

Many people feel older or younger than they actually are.
What age do you feel? (Write in a number.)

I feel years old

Q29b.

The next statements are about the way people feel about their age and about the things that happen as they get older. Please tell us how much you agree or disagree with each statement for you personally. (Mark (X) one box for each line.)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
Things keep getting worse as I get older.	<input type="checkbox"/>					
I have as much pep as I did last year.	<input type="checkbox"/>					
The older I get, the more useless I feel.	<input type="checkbox"/>					
I am as happy now as I was when I was younger.	<input type="checkbox"/>					
As I get older, things are better than I thought they would be.	<input type="checkbox"/>					
So far, I am satisfied with the way that I am aging.	<input type="checkbox"/>					
The older I get, the more I have had to stop doing things that I liked.	<input type="checkbox"/>					
Getting older has brought with it many things that I do not like.	<input type="checkbox"/>					

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"/>

Q32a. The next statements are about people's relationships with their parents early in life (before age 18). 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 had a good relationship with my mother before age 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a good relationship with my father before age 18.	<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



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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talkative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sophisticated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adventurous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34.

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
I am easily talked into doing silly things.	<input type="checkbox"/>					
I often rush into action without thinking about potential consequences.	<input type="checkbox"/>					
I rarely jump into something without first thinking about it.	<input type="checkbox"/>					
I am careful with what I say to others.	<input type="checkbox"/>					
I hardly ever lose or misplace things.	<input type="checkbox"/>					
Most of the time my home is a complete mess.	<input type="checkbox"/>					
Every item in my home has its own particular place.	<input type="checkbox"/>					
For me, being organized is unimportant.	<input type="checkbox"/>					
I do not work as hard as the majority of people around me.	<input type="checkbox"/>					



Q34.

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

(Cont'd)

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
I do what is required, but rarely anything more.	<input type="checkbox"/>					
I have high standards and work toward them.	<input type="checkbox"/>					
I make every effort to do more than what is expected of me.	<input type="checkbox"/>					
I do not intend to follow every little rule that others make up.	<input type="checkbox"/>					
When I was in school, I used to break rules quite regularly.	<input type="checkbox"/>					
I support long-established rules and traditions.	<input type="checkbox"/>					
Even if I knew how to get around the rules without breaking them, I would not do it.	<input type="checkbox"/>					
If I could get away with it, I would not pay taxes.	<input type="checkbox"/>					
I could be insincere and dishonest if the situation required me to do so.	<input type="checkbox"/>					
If the cashier forgot to charge me for an item, I would tell him/her.	<input type="checkbox"/>					
When I was in school, I would rather get a bad grade than copy someone else's homework.	<input type="checkbox"/>					
I carry out my obligations to the best of my ability.	<input type="checkbox"/>					
I go out of my way to keep my promises.	<input type="checkbox"/>					
Sometimes it is too much of a bother to do exactly what is promised.	<input type="checkbox"/>					
If I am running late for an appointment, I may decide not to go at all.	<input type="checkbox"/>					

Q35.

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

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

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

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

My daily activities often seem trivial and unimportant to me.

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

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

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

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

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

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

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

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

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

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

<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.)

At any time in your life, have you ever been unfairly dismissed from a job?

Yes	No	If Yes, what year?				
<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

For unfair reasons, have you ever not been hired for a job?

<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Have you ever been unfairly denied a promotion?

<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

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"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Have you ever been unfairly denied a bank loan?

<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Have you ever been unfairly stopped, searched, questioned, physically threatened, or abused by the police?

<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Have you ever been unfairly denied health care or treatment?

<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Q37a.

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you ever been in a major fire, flood, earthquake, or other natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you ever fired a weapon in combat or been fired upon in combat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Has your spouse, partner, or child ever been addicted to drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Were you the victim of a serious physical attack or assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Did you ever have a life-threatening illness or accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Did your spouse or a child of yours ever have a life-threatening illness or accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q37b.

For this next set of events, please think about your childhood growing up, **BEFORE YOU WERE 18 YEARS OLD**. (Mark (X) one box for each line.)

	A lot	Some	A little	Not at all
How much time and attention did your mother give you when you needed it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much effort did your mother put into watching over you and making sure you had a good upbringing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much did your mother teach you about life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q37c.

For this next set of events, please think about your childhood growing up, BEFORE YOU WERE 18 YEARS OLD. (Mark (X) one box for each line.)

	Yes	No
Before you were 18 years old, did you have to do a year of school over again?	<input type="checkbox"/>	<input type="checkbox"/>
Before you were 18 years old, were you ever in trouble with the police?	<input type="checkbox"/>	<input type="checkbox"/>
Before you were 18 years old, did either of your parents drink or use drugs so often that it caused problems in the family?	<input type="checkbox"/>	<input type="checkbox"/>
Before you were 18 years old, were you ever physically abused by either of your parents?	<input type="checkbox"/>	<input type="checkbox"/>

Q38.

Now please think about the LAST 5 YEARS and indicate whether each of the events below occurred. (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"/>
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"/>
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"/>
Have you moved to a worse residence or neighborhood in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Have you been the victim of fraud in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Q39.

**Please think about your life and situation RIGHT NOW.
HOW SATISFIED ARE YOU WITH... (Mark (X) one box for each line.)**

	Completely satisfied	Very satisfied	Some what satisfied	Not very satisfied	Not at all satisfied
The condition of the place where you live (house or apartment)?	<input type="checkbox"/>				
The city or town you live in?	<input type="checkbox"/>				
Your daily life and leisure activities?	<input type="checkbox"/>				
Your family life?	<input type="checkbox"/>				
Your present financial situation?	<input type="checkbox"/>				
Your health?	<input type="checkbox"/>				
Your life as a whole these days?	<input type="checkbox"/>				

Q40.

How difficult is it for (you/your family) to meet monthly payments on (your/your family's) bills?

	Not at all difficult	Not very difficult	Some what difficult	Very difficult	Completely difficult
(Mark (X) one box.)	<input type="checkbox"/>				

Q41.

Please read the statements below. How often did you feel that way DURING THE PAST WEEK. The best answer is usually the one that comes to your mind first. (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"/>

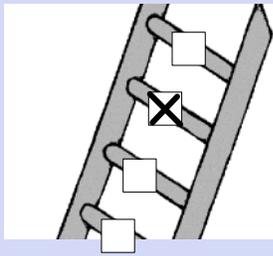
Q42.

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.)

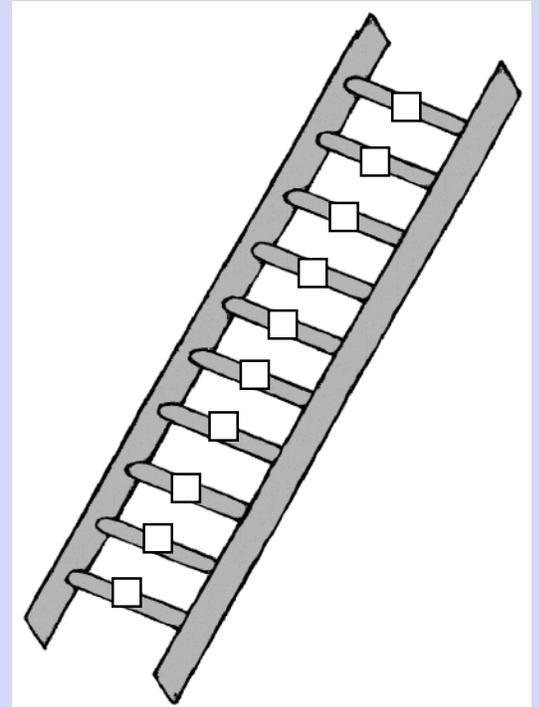
	Almost never	Some times	Often	Almost always
When I am feeling angry or mad, I keep things in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am feeling angry or mad, I withdraw from people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am feeling angry or mad, I am irritated more than people are aware.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am feeling angry or mad, I am angrier than I am willing to admit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am feeling angry or mad, I argue with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am feeling angry or mad, I strike out at whatever infuriates me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am feeling angry or mad, I say nasty things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am feeling angry or mad, I lose my temper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am quick tempered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a fiery temper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fly off the handle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 33

Q46.

Right now, would you like to leave work altogether, but plan to keep working because... (Mark (X) one box for each line.)

You need the money? Yes No

You need health insurance? Yes No

Q47.

For the following questions, please think about your work on YOUR CURRENT MAIN JOB. Assume that your work ability at its best has a value of 10 points. How many points would you give your CURRENT ABILITY TO WORK? (0 means that you cannot currently work at all; 10 means your work ability is currently at its lifetime best)

Unable to work (Circle one number.) Work ability at its best
00 01 02 03 04 05 06 07 08 09 10

Thinking about the physical demands of your job, how do you rate your current ability to meet those demands?

Unable to work (Circle one number.) Work ability at its best
00 01 02 03 04 05 06 07 08 09 10

Thinking about the mental demands of your job, how do you rate your current ability to meet those demands?

Unable to work (Circle one number.) Work ability at its best
00 01 02 03 04 05 06 07 08 09 10

Thinking about the interpersonal demands of your job, how do you rate your current ability to meet those demands?

Unable to work (Circle one number.) Work ability at its best
00 01 02 03 04 05 06 07 08 09 10

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"/>					
How often are you watched more closely than others?	<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"/>					
How often do you feel that you have to work twice as hard as others at work?	<input type="checkbox"/>					
How often do you feel that you are ignored or not taken seriously by your boss?	<input type="checkbox"/>					
How often have you been unfairly humiliated in front of others at work?	<input type="checkbox"/>					

Please answer these questions ONLY if you are currently working

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"/>



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

(Cont'd)

	Strongly disagree	Disagree	Agree	Strongly agree	Does not apply
The demands of my job interfere with my personal life.	<input type="checkbox"/>				
I have too much work to do everything well.	<input type="checkbox"/>				
I have a lot to say about what happens on my job.	<input type="checkbox"/>				
Promotions are handled fairly.	<input type="checkbox"/>				
I have the training opportunities I need to perform my job safely and competently.	<input type="checkbox"/>				
The people I work with can be relied on when I need help	<input type="checkbox"/>				
My coworkers listen to me when I need to talk about work-related problems.	<input type="checkbox"/>				
My coworkers help me with difficult tasks at work.	<input type="checkbox"/>				
My coworkers help me in crisis situations at work.	<input type="checkbox"/>				
My supervisor is helpful to me in getting the job done.	<input type="checkbox"/>				
My supervisor is willing to extend himself/herself to help me perform my job.	<input type="checkbox"/>				
My supervisor takes pride in my accomplishments at work.	<input type="checkbox"/>				
My supervisor tries to make my job as interesting as possible.	<input type="checkbox"/>				

Q51.

Were the questions in this booklet answered by the person whose first name is written on the front cover, or did someone else provide their own answers? (Mark (X) one.)

YES, the person whose name is on the front cover completed the questionnaire by him/herself.

YES, the person whose name is on the front cover answered the questions, but someone else assisted by writing in the answers for that person.

NO, the person whose name is on the front cover did not answer/complete the questionnaire.

Q52.

If there is anything else you would like to tell us, please write in the space below. We are very interested to read what you have to say.

Blank lined area for writing an answer to Q52.

Do NOT write in this space.

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 1-866-611-6476.

THANK YOU!

Conducted by:
The Survey Research Center
The University of Michigan

Sponsored by:
The National Institute on Aging

