


HRS

HEALTH AND
RETIREMENT
STUDY

R First Name:

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Health and Retirement Study: Participant Lifestyle Questionnaire 2012

Draft





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!

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HOW TO FILL IN THIS QUESTIONNAIRE

If possible, please use a #2 pencil. Please do NOT use a felt tip pen.

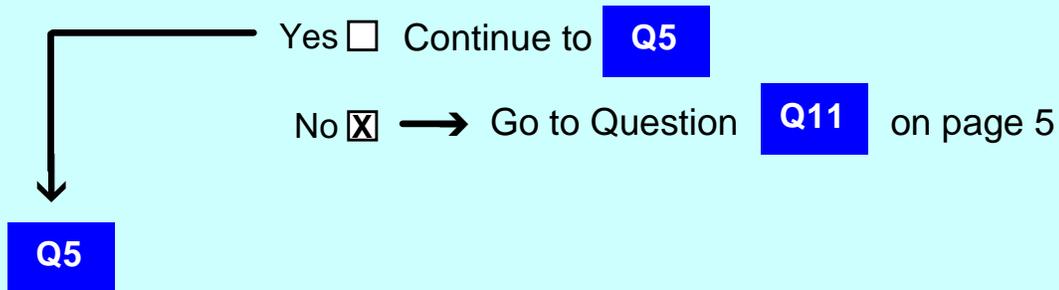
Please answer the questions by:

Marking inside a box like this:

Writing a number in a box like this:

		1	6
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Sometimes you will find an instruction telling you which question to answer next like this:



Erase or cross out unwanted marks completely.

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.

PLEASE START THE QUESTIONNAIRE AT QUESTION

Q1

ON PAGE 1

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	Never/ Not Relevant
Care for a sick or disabled adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do activities with grandchildren, nieces/ nephews, or neighborhood children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do volunteer work with children or young people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any other volunteer or charity work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend an educational or training course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a sport, social, or other club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend meetings of non-religious organizations, such as political, community, or other interest groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pray privately in places other than a church or synagogue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read books, magazines, or newspapers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do word games such as crossword puzzles or Scrabble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play cards or games such as chess?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do writing (such as letters, stories, or journal entries)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a computer for e-mail, Internet or other tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Question 1 continues on next page)



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	Never/ Not Relevant
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"/>						
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"/>

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Q4

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

Yes Continue to **Q5**

No → Go to Question **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?	<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"/>

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.)**

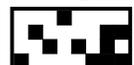
Yes Continue to **Q8**

No → Go to Question **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** on page 6

No → Go to Question **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 → Go to Question **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"/>					

(Question 19 continues on next page)



Q19

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	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"/>					
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"/>					

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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.

(Mark (X) ONE box.)
I really feel part of this area I feel that I don't belong in this area
1 2 3 4 5 6 7

(Mark (X) ONE box.)
There is no problem with vandalism and graffiti in this area Vandalism and graffiti are a big problem in this area
1 2 3 4 5 6 7

(Mark (X) ONE box.)
Most people in this area can be trusted Most people in this area can't be trusted
1 2 3 4 5 6 7

(Mark (X) ONE box.)
People feel safe walking alone in this area after dark People would be afraid to walk alone in this area after dark
1 2 3 4 5 6 7

(Mark (X) ONE box.)
Most people in this area are friendly Most people in this area are unfriendly
1 2 3 4 5 6 7

(Mark (X) ONE box.)
This area is kept very clean This area is always full of rubbish and litter
1 2 3 4 5 6 7

(Mark (X) ONE box.)
If you were in trouble, there are lots of people in this area who would help you If you were in trouble, there is nobody in this area who would help you
1 2 3 4 5 6 7

(Mark (X) ONE box.)
There are no vacant houses or storefronts in this area There are many vacant or deserted houses or storefronts in this area
1 2 3 4 5 6 7

Draft



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"/>					
Other people determine most of what I can and cannot do.	<input type="checkbox"/>					
What happens in my life is often beyond my control.	<input type="checkbox"/>					
I have little control over the things that happen to me.	<input type="checkbox"/>					
There is really no way I can solve the problems I have.	<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"/>					
When I really want to do something, I usually find a way to succeed at it.	<input type="checkbox"/>					
Whether or not I am able to get what I want is in my own hands.	<input type="checkbox"/>					
What happens to me in the future mostly depends on me.	<input type="checkbox"/>					
I can do the things that I want to do.	<input type="checkbox"/>					

Draft



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 (Mark (X) one number) Very much control

0 1 2 3 4 5 6 7 8 9 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 (Mark (X) one number) Very much control

0 1 2 3 4 5 6 7 8 9 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 (Mark (X) one number) Very much control

0 1 2 3 4 5 6 7 8 9 10

Q26a

Has the amount of control you have over your financial situation changed in the last year?

- YES, I have **less** control now
- YES, I have **more** control now
- NO, the amount of control I have has stayed the same



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"/>				

(Question 27 continues on next page)

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"/>					

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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"/>					

Q30

In your day-to-day life, HOW OFTEN HAVE ANY OF THE FOLLOWING THINGS HAPPENED TO YOU? (Mark (X) one box for each line.)

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy or respect than other people.	<input type="checkbox"/>					
You receive poorer service than other people at restaurants or stores.	<input type="checkbox"/>					
People act as if they think you are not smart.	<input type="checkbox"/>					
People act as if they are afraid of you.	<input type="checkbox"/>					
You are threatened or harassed.	<input type="checkbox"/>					
You receive poorer service or treatment than other people from doctors or hospitals.	<input type="checkbox"/>					

Q31

If any of the above (in Q30.) have happened to you, what do you think were the reasons WHY these experiences happened to you? (Mark (X) all that apply.)

Your ancestry or national origin

Your weight

Your gender

A physical disability

Your race

An aspect of your physical appearance

Your age

Your sexual orientation

Your religion

Your financial status

Other

If Other, specify here:



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"/>					
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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"/>					
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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"/>					
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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reckless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring	<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"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softhearted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Careless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broad-minded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sympathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cautious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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
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"/>
Thrifty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34

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 keep close track of where my money goes.	<input type="checkbox"/>					
I often stop one thing before completing it and start another.	<input type="checkbox"/>					
I often act without thinking.	<input type="checkbox"/>					
Before I get into a new situation, I like to find out what to expect from it.	<input type="checkbox"/>					
I am often not as cautious as I should be.	<input type="checkbox"/>					
I often prefer to "play things by ear" rather than to plan ahead.	<input type="checkbox"/>					

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Q34a

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

	Not at all like me	Some what unlike me	Uncertain	Some what like me	Very much like me
I like to have the responsibility of handling a situation that requires a lot of thinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I really enjoy a task that involves coming up with new solutions to problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The notion of thinking abstractly is appealing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather do something that requires little thought than something that is sure to challenge my thinking abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to anticipate and avoid situations where there is likely a chance I will have to think in depth about something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I only think as hard as I have to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35

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 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"/>					

Draft



For each of the following events, please indicate whether the event occurred AT ANY POINT IN YOUR LIFE.

Q35a Have you ever been homeless or lived in a shelter? (Mark (X) one.)

Yes No

Q35b Have you ever been an inmate in a jail, prison, juvenile detention center, or other correctional facility? (Mark (X) one.)

Yes Continue to **Q35c**

No → Go to Question **Q36** below

Q35c In your entire life, how much time in total have you been detained in a jail, prison, juvenile detention center, or other correctional facility? (Mark (X) one.)

Less than one month Less than one year Between 1-5 years More than 5 years Don't know

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"/> <input type="text"/> <input type="text"/> <input type="text"/>
For unfair reasons, have you ever not been hired for a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you ever been unfairly denied a promotion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you ever been unfairly denied a bank loan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you ever been unfairly stopped, searched, questioned, physically threatened, or abused by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Have you ever been unfairly denied health care or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Draft



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. 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 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Have you moved to a worse residence or neighborhood in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Were you robbed or did you have your home burglarized in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Have you been the victim of fraud in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



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"/>				
The total income of your household?	<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"/>				



Q40a

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

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"/>

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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.)

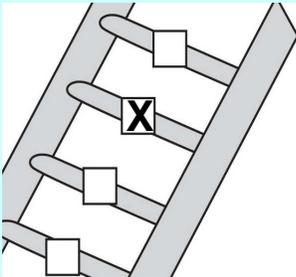
	Almost never	Some times	Often	Almost always
When I am feeling angry or mad, I keep things in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am feeling angry or mad, I withdraw from people.	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>



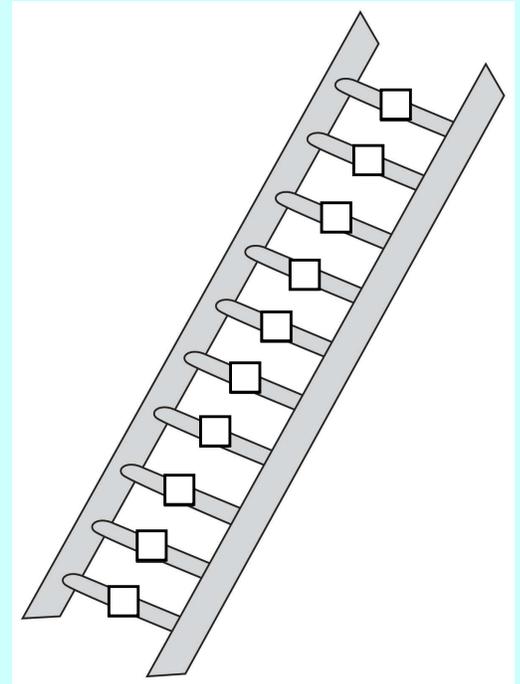
Q43

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. (Mark (X) one.)



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.



Now please pause briefly to think about **YESTERDAY**, from the morning until the end of the day. Think about where you were, what you were doing, who you were with, and how you felt.

Q45 What day of the week was it yesterday? (Mark (X) one box.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Q46 What was the date yesterday? (Please write a number in the boxes.)

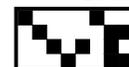
Month Day

Q47 What time did you wake up yesterday? [For example, if you woke up at 4:00AM, please write 04 in the hour boxes, 00 in the minute boxes, and AM in the last boxes.]

Hour Minute AM
PM

Q48 What time did you go to sleep at the end of the day yesterday? [For example, if you went to sleep at 11:30PM, please write 11 in the hour boxes, 30 in the minute boxes, and PM in the last boxes. Remember that midnight and later times are AM.]

Hour Minute AM
PM



Q49

The next questions are about your experiences yesterday. Mark (X) in one box for each line for the extent you felt the following.

Yesterday, did you feel.....	Not at all	A little	Somewhat	Quite a bit	Very
Frustrated	<input type="checkbox"/>				
Sad	<input type="checkbox"/>				
Enthusiastic	<input type="checkbox"/>				
Lonely	<input type="checkbox"/>				
Content	<input type="checkbox"/>				
Worried	<input type="checkbox"/>				
Bored	<input type="checkbox"/>				
Happy	<input type="checkbox"/>				
Angry	<input type="checkbox"/>				
Tired	<input type="checkbox"/>				
Stressed	<input type="checkbox"/>				

Q50

Yesterday, did you feel any pain?

(Mark (X) one.)

None

A little

Some

Quite a bit

A lot



Q51

Did you feel well-rested yesterday morning (that is you slept well the night before)? (Mark (X) one box.)

Yes

No

Q52

How was your health yesterday? (Mark (X) one box.)

Was it...

Excellent

Very Good

Good

Fair

Poor

Q53

Was yesterday a normal day for you or did something unusual happen? (Mark (X) one.)

- Yes, just a normal day
- No, my day included unusual bad (stressful) things
- No, my day included unusual good things

Please think now about **THINGS YOU DID YESTERDAY**. How did you spend your time and how did you feel?

Q54

Yesterday, did you watch TV? (Mark (X) one.)

Yes Continue to **Q55**

No → Go to Question **Q57** on page 32

Q55

How much time did you spend watching TV yesterday? [For example, if you spent 1 and a half hours, write 01 in the hours boxes, and 30 in the minutes boxes]

Hours

Minutes

Draft



Q56

How did you feel when you were watching TV yesterday?

Rate each experience on a scale from 0 - did not experience at all - to 6 - the feeling was extremely strong. (Mark (X) one box for each line.)

I felt.....	Did not experience the feeling at all						Feeling was extremely strong
	0	1	2	3	4	5	6
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q57

Yesterday, did you work or volunteer? (Mark (X) one.)

Yes Continue to **Q58**

No → Go to Question **Q61** on page 34

Q58

How much time did you spend working or volunteering yesterday?

[For example, if you spent 9 and a half hours, write 09 in the hours boxes and 30 in the minutes boxes.]

Hours Minutes

Q59

How did you feel when you were working or volunteering yesterday? Rate each experience on a scale from 0 - did not experience at all - to 6 - the feeling was extremely strong. (Mark (X) one box for each line.)

	Did not experience the feeling at all						Feeling was extremely strong
I felt.....	0	1	2	3	4	5	6
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q60

Where did you work or volunteer yesterday? (Mark (X) one.)

- Away from home
- At home
- Both at and away from home



Q61

Yesterday, did you walk or exercise? (Mark (X) one.)

Yes Continue to **Q62**

No → Go to Question **Q64** on page 35

Q62

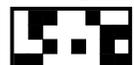
How much time did you spend walking or exercising yesterday?

Hours Minutes

Q63

How did you feel when you were walking or exercising yesterday?
Rate each experience on a scale from 0 - did not experience at all - to 6 - the feeling was extremely strong. (Mark (X) one box for each line.)

	Did not experience the feeling at all						Feeling was extremely strong
I felt.....	0	1	2	3	4	5	6
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q64

Yesterday, did you do health-related activities other than walking or exercising (e.g., visiting a doctor, taking medications, doing treatments)? (Mark (X) one.)

Yes Continue to **Q65**

No → Go to Question **Q67** on page 36

Q65

How much time did you spend doing health-related activities yesterday?

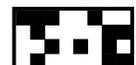
Hours Minutes

Q66

How did you feel when you were doing health-related activities yesterday? Rate each experience on a scale from 0 - did not experience at all - to 6 - the feeling was extremely strong. (Mark (X) one box for each line.)

I felt.....	Did not experience the feeling at all						Feeling was extremely strong
	0	1	2	3	4	5	6
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Q67

Yesterday, did you travel or commute (e.g., by car, train, bus)?
(Mark (X) one.)

Yes Continue to **Q68**

No → Go to Question **Q70** on page 37

Q68

How much time did you spend travelling or commuting yesterday?

Hours Minutes

Q69

How did you feel when you were travelling or commuting yesterday?
Rate each experience on a scale from 0 - did not experience at all - to 6 - the feeling was extremely strong. (Mark (X) one box for each line.)

I felt.....	0	1	2	3	4	5	6
Happy	<input type="checkbox"/>						
Interested	<input type="checkbox"/>						
Frustrated	<input type="checkbox"/>						
Sad	<input type="checkbox"/>						
Content	<input type="checkbox"/>						
Bored	<input type="checkbox"/>						
Pain	<input type="checkbox"/>						



Q70

Yesterday, did you socialize with friends, neighbors, or family (not counting your spouse or partner)? (Mark (X) one.)

Yes Continue to **Q71**

No → Go to Question **Q73** on page 38

Q71

How much time did you spend socializing with friends, neighbors, or family yesterday?

Hours Minutes

Q72

How did you feel when you were socializing with friends, neighbors, or family yesterday? Rate each experience on a scale from 0 - did not experience at all - to 6 - the feeling was extremely strong. (Mark (X) one box for each line.)

I felt.....	Did not experience the feeling at all						Feeling was extremely strong
	0	1	2	3	4	5	6
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q73

Yesterday, did you spend time at home by yourself (without your spouse, partner, or anyone else present)? (Mark (X) one.)

Yes Continue to **Q74**

No → Go to Question **Q76** on page 39

Q74

How much time did you spend at home by yourself yesterday?

Hours Minutes

Q75

How did you feel when you were at home by yourself yesterday?
Rate each experience on a scale from 0 - did not experience at all - to 6 - the feeling was extremely strong. (Mark (X) one box for each line.)

I felt.....	Did not experience the feeling at all						Feeling was extremely strong
	0	1	2	3	4	5	6
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q76

Yesterday, did you run errands (e.g., go shopping, get gas or supplies, pick up or deliver something)? (Mark (X) one.)

Yes Continue to **Q77**

No → Go to Question **Q79** below

Q77

How much time did you spend running errands yesterday?

Hours Minutes

Q78

How did you feel when you were running errands yesterday? Rate each experience on a scale from 0 - did not experience at all - to 6 - the feeling was extremely strong. (Mark (X) one box for each line.)

	Did not experience the feeling at all						Feeling was extremely strong
I felt.....	0	1	2	3	4	5	6
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q79

Are you currently working? (Mark (X) one.)

Yes Continue to **Q80** on page 40

No → Go to Question **Q86** on page 45



Please answer these questions **ONLY** if you are currently working.

Q80

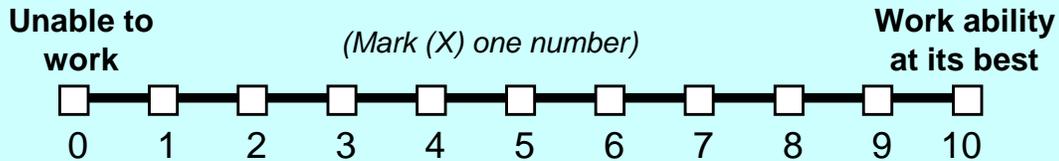
Right now, would you like to leave work altogether, but plan to keep working because... (Mark (X) one box for each line.)

You need the money? Yes No

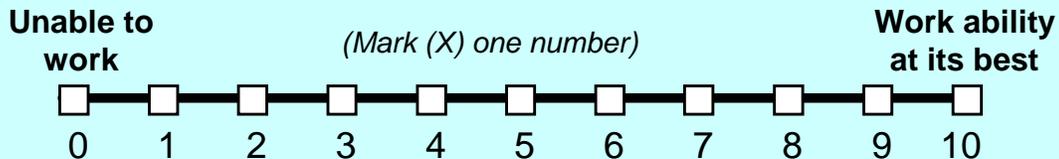
You need health insurance? Yes No

Q81

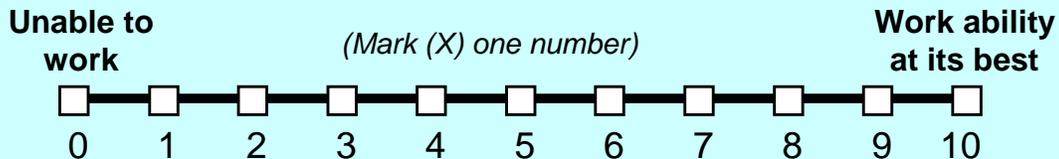
For the following questions, please think about your work on **YOUR CURRENT MAIN JOB**. Assume that your work ability at its best has a value of 10 points. How many points would you give your **CURRENT ABILITY TO WORK**? (0 means that you cannot currently work at all; 10 means your work ability is currently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



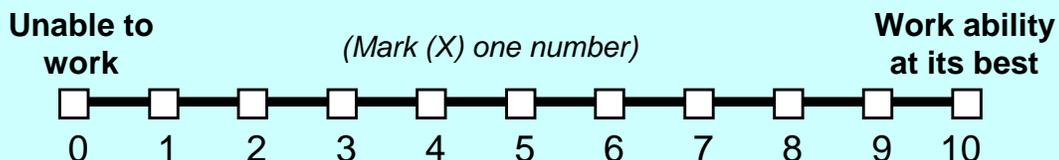
Thinking about the **PHYSICAL DEMANDS** of your job, how do you rate your current ability to meet those demands?



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



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



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Please answer these questions ONLY if you are currently working.

Q82

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"/>

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Please answer these questions ONLY if you are currently working.

Q83

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.

Q84

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	Does not apply
All things considered, I am satisfied with my job.	<input type="checkbox"/>				
My job is physically demanding.	<input type="checkbox"/>				
I receive the recognition I deserve for my work.	<input type="checkbox"/>				
My salary is adequate.	<input type="checkbox"/>				
My job promotion prospects are poor.	<input type="checkbox"/>				
My job security is poor.	<input type="checkbox"/>				
I am under constant time pressure due to a heavy workload.	<input type="checkbox"/>				
I have very little freedom to decide how I do my work.	<input type="checkbox"/>				
I have the opportunity to develop new skills.	<input type="checkbox"/>				
I receive adequate support in difficult situations.	<input type="checkbox"/>				
At work, I feel I have control over what happens in most situations.	<input type="checkbox"/>				
Considering the things I have to do at work, I have to work very fast.	<input type="checkbox"/>				
I often feel bothered or upset in my work.	<input type="checkbox"/>				
In my work I am free from conflicting demands that others make.	<input type="checkbox"/>				

(Question 50 continues on next page)



Please answer these questions ONLY if you are currently working.

Q84

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"/>				

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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!

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