

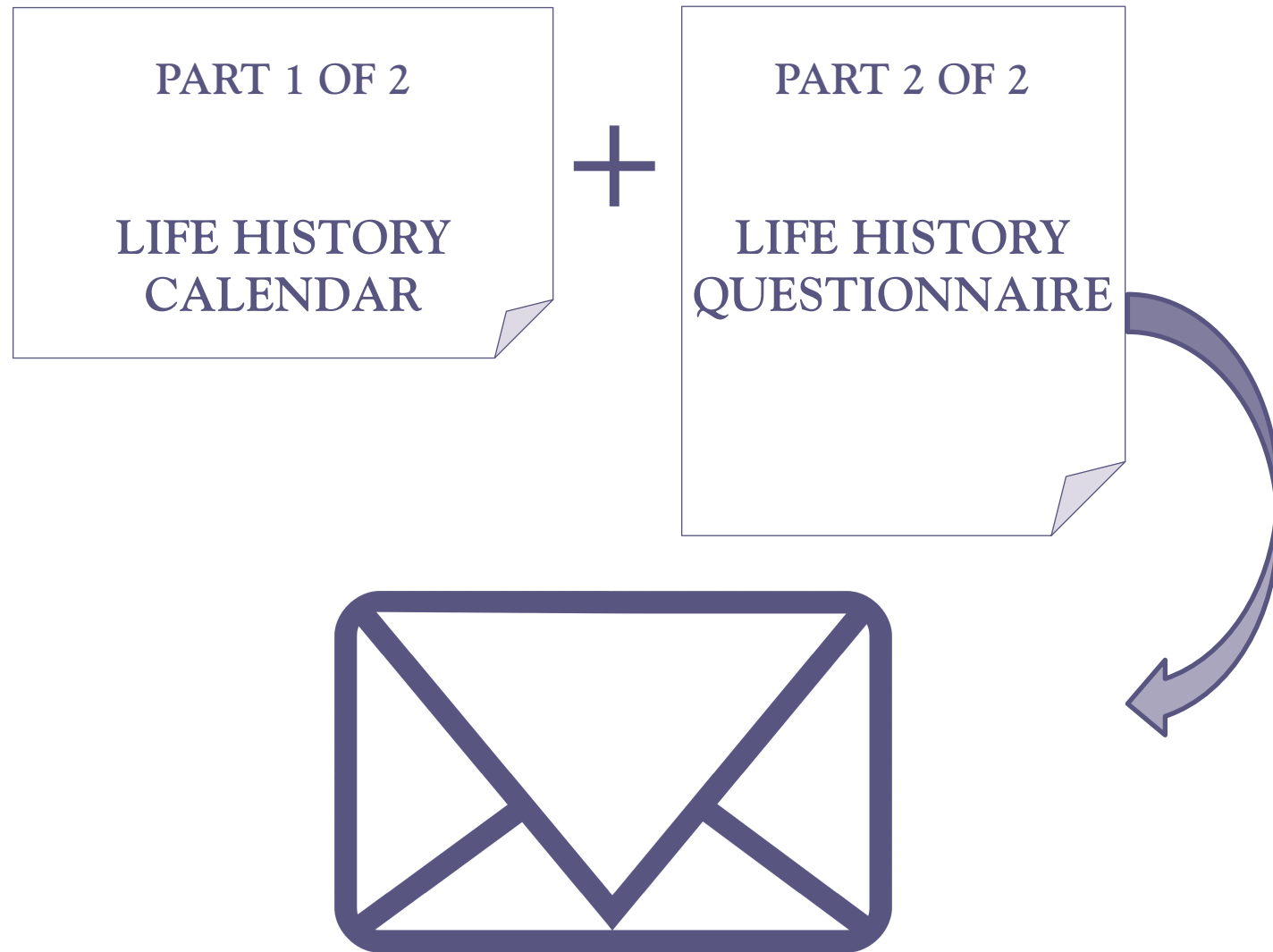


Thank you for taking the time to complete this survey!

IMPORTANT NOTE: Please make sure to mail back to us both parts of the survey:

- Part 1: Life History Calendar and
- Part 2: Life History Questionnaire

Please use the pre-paid return envelope addressed to University of Michigan to mail at no cost to you.



HRS

HEALTH AND RETIREMENT STUDY
A Longitudinal Study of Health, Retirement, and Aging
Sponsored by the National Institute on Aging

Life History Survey 2015

PART 2 OF 2

LIFE HISTORY QUESTIONNAIRE

It is very important that the questions in this survey be answered by the person to whom the questionnaire is addressed.

If the addressee is unable to complete the questionnaire alone:

It can be filled out by someone who knows this person well enough to answer the questions.

If neither the addressee nor another person is able to complete the questionnaire:

Please return the questionnaire, with a short note of explanation, in the enclosed, prepaid envelope.

**{First Name} – FPO
123456A (barcode)**

ABOUT THIS SURVEY

This questionnaire is a new part of the Health and Retirement Study.

We would like to know more about some significant events in your life from the time you were born until age 50.

- Where have you lived?
- Where did you go to school?
- What was your childhood like?
- When did important family and other life events occur?

Please take some time to think about your answers to these questions before you begin. This questionnaire is not meant to be a test of your memory. However, we would like you to try to be as accurate as possible. You may find it useful to consult your spouse, another family member, or some personal files, photos, or notes as you go through the two booklets.

We hope that you will find this survey 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.

Please return your completed Life History Calendar and Life History Questionnaire in the pre-addressed postage paid envelope. If you have any questions, please feel free to call us at **1-855-647-6769**.

THANK YOU!



Conducted by: The Survey Research Center at the University of Michigan.

Sponsored by: The National Institute on Aging, with co-funding by the Social Security Administration.



HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Marking a box like this:

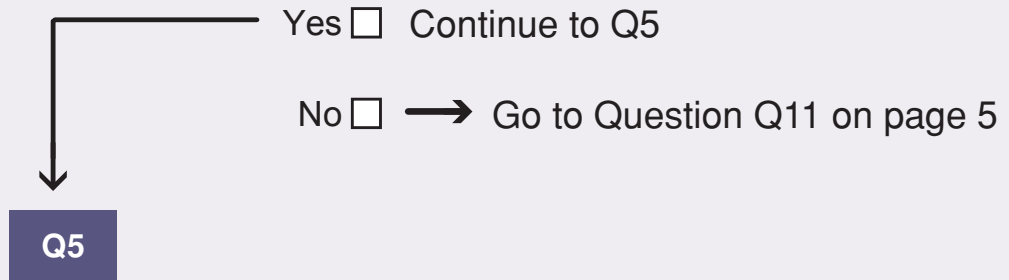
Or writing an answer in a box like this:

		2	5
--	--	---	---

Answer

Please use a #2 pencil. DO NOT use a felt tip pen.

Sometimes you may find instructions telling you which questions to answer like this:



Some of the questions spread across two facing pages like this:

#	Start Grade	Start Age	End Age	Name of Primary School	City/Town	State
1	K	05	11	Lawton Elementary	Ann Arbor	MI
2						
3						
4						
5						
6						
7						

Was this a public or private/religious school? [Check one box]	On average, how many children were in your class each year at this school? [Check one box]	Most children in the school were.....? [Check one box]
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input checked="" type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black <input checked="" type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other

Please complete one row across both pages before moving to the next row.



Residential History

This section asks you for some details about the different places you have lived from birth to age 50.

Q1

From when you were born (0) to age 50, did you ever live outside the United States for 6 months or more?

Yes (Continue to Q1a)

No (Go to Q2)

Q1a

How many different countries have you lived in besides the U.S. from birth to age 50?

Please write your answer in the box:

Q1b

When did you live outside the U.S. for 6 months or more?

Before the age of 10? Yes No

Between ages 10 and 17? Yes No

Between ages 18 and 25? Yes No

Between ages 26 and 50? Yes No

Q2

Before you were age 16...

a. did you ever live in a children's home or orphanage? Yes No

b. did you ever live with a foster family or in a foster home? Yes No

c. did you ever live in a boarding school? Yes No

d. did your biological or adoptive parents separate or divorce? Yes No

e. did one or both parents die? Yes No

f. were you ever separated from your mother for 6 months or longer? Yes No

g. were you ever separated from your father for 6 months or longer? Yes No

h. were your grandparent(s) ever your primary caregivers? Yes No



Q3

How old were you when you first stopped living with your parent(s) or guardian(s) to live on your own or establish your own home?

Years old

Not relevant/Never left parents to live in my own home.

Q4

Before age 50, have you ever...

- | | | |
|---|------------------------------|-----------------------------|
| a. been in a jail, prison, or a detention center for more than 3 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. been a long-term inpatient in a hospital for 1 month or more? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. lived in a combat zone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. lived on a military base or in military housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. been homeless for 1 month or more? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Q5

On the next pages please fill in as much information as you can about **all the places that** **To begin, next to #1 please write your year of birth as the “start year” on the top row.** decade (e.g., late 1950s). If you lived outside the U.S., write the country name instead of the

#	Start Year	End Year	Street	City/Town	State
1	<input type="text"/>	<input type="text"/>			
2	<input type="text"/>	<input type="text"/>			
3	<input type="text"/>	<input type="text"/>			
4	<input type="text"/>	<input type="text"/>			
5	<input type="text"/>	<input type="text"/>			
6	<input type="text"/>	<input type="text"/>			
7	<input type="text"/>	<input type="text"/>			
8	<input type="text"/>	<input type="text"/>			
9	<input type="text"/>	<input type="text"/>			
10	<input type="text"/>	<input type="text"/>			
11	<input type="text"/>	<input type="text"/>			
12	<input type="text"/>	<input type="text"/>			
13	<input type="text"/>	<input type="text"/>			
14	<input type="text"/>	<input type="text"/>			
15	<input type="text"/>	<input type="text"/>			
16	<input type="text"/>	<input type="text"/>			
17	<input type="text"/>	<input type="text"/>			
18	<input type="text"/>	<input type="text"/>			

COLUMNS SPAN ACROSS PAGES ►



you have lived for one year or more from when you were born until age 50.

If you can't remember the exact year(s) for each time you moved, please write either your age or the state.

Zip	Did you or your family own or rent this residence? [Check one]
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
<input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know



We would like to find out more about where you lived at particular times in your life.

First, please think back to **when you were 10 years old.**

Q6

Who lived with you when you were 10?
[Check all that apply]

- | | |
|---|--|
| <input type="checkbox"/> Biological mother | <input type="checkbox"/> Adopted, step, foster, or half brother(s)
or sister(s) |
| <input type="checkbox"/> Biological father | <input type="checkbox"/> Grandparent(s) |
| <input type="checkbox"/> Adoptive, step, or foster mother | <input type="checkbox"/> Other relative(s) |
| <input type="checkbox"/> Adoptive, step, or foster father | <input type="checkbox"/> Other non-relative(s) |
| <input type="checkbox"/> Biological brother(s) or sister(s) | |

Q7

Including you, how many people lived in your household when you were 10?

people

Q8

How many bedrooms were there?

bedrooms

Q9

What type of residence was it? [Check one box]

- Single-family house
- Apartment / Townhouse / Condo
- Mobile home
- Other (please specify): _____



Now think back to where you lived **when you started your first full-time job** after leaving school or college.

Q10 How old were you when you started your first full-time job?

years old

Not relevant/Never worked full-time

↳ Go to Q14 on next page

Q11 Who lived with you when you started your first full-time job?
[Check all that apply]

- | | |
|--|--|
| <input type="checkbox"/> Spouse or partner | <input type="checkbox"/> Grandparent(s) |
| <input type="checkbox"/> Biological children | <input type="checkbox"/> Parent(s)-in-law |
| <input type="checkbox"/> Adopted, foster, or step children | <input type="checkbox"/> Other relative(s) |
| <input type="checkbox"/> Brother(s) / sister(s) | <input type="checkbox"/> Other non-relative(s) |
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> I lived alone |
| | <input type="checkbox"/> Other (please specify): _____ |

Q12 **Including you**, how many people lived in your household when you started your first full-time job?

people

Q13 What type of residence did you live in when you started your first job?
[Check one box]

- Single-family house
- Apartment / Townhouse / Condo
- Mobile home
- Other (please specify): _____



Think back to where you lived **when you were 40 years old.**

Q14 Who lived with you when you were 40?
[Check all that apply]

- | | |
|--|--|
| <input type="checkbox"/> Spouse or partner | <input type="checkbox"/> Grandparent(s) |
| <input type="checkbox"/> Biological children | <input type="checkbox"/> Parent(s)-in-law |
| <input type="checkbox"/> Adopted, foster, or step children | <input type="checkbox"/> Other relative(s) |
| <input type="checkbox"/> Brother(s) / sister(s) | <input type="checkbox"/> Other non-relative(s) |
| <input type="checkbox"/> Parent(s) | <input type="checkbox"/> I lived alone |
| | <input type="checkbox"/> Other (please specify): _____ |

Q15 **Including you,** how many people lived in your household when you were 40?

people

Q16 What type of residence was it? [Check one box]

- Single-family house
- Apartment / Townhouse / Condo
- Mobile home
- Other (please specify): _____



Your Educational History

Q17

When you were 10 years old, approximately how many books were **in the place you lived?** Do not count magazines, newspapers, or your school books.

- None or very few (0-10 books)
- Enough to fill one shelf (11-25 books)
- Enough to fill one book case (26-100 books)
- Enough to fill two bookcases (101-200 books)
- Enough to fill more than two bookcases (more than 200 books)

Q18

Was English the language that you usually spoke at home when you were growing up, before you were age 18?

- Yes No

The next section asks you for some details about your school and educational experiences before age 50. To begin, **Q20** asks details about early childhood schools from Kindergarten up to Grades 5 or 6. **Q21** continues with questions about the names of your middle / junior and senior high schools and **Q22** asks for information about any education after high school (e.g., college, professional and technical training).

If you never attended school, go to Q34 on page 23.

Q19

Did you attend any organized pre-school program?

- Yes No

Starting on the next pages, please list the names of all schools you have attended.

Fill in the age you started and ended and details about the school.

If the school(s) you attended were outside the U.S, please write the country name instead of the state.



Q20

In the grid below, please list the names of all of the **PRIMARY/ELEMENTARY SCHOOLS** that you attended that school. If you attended the same school from **Kindergarten to Grade 5 or 6** complete

Fill in the age you started and ended and details about the school. If the school(s) you attended were

#	Start Grade	Start Age	End Age	Name of Primary School	City/Town	State
1	<input type="text"/>	<input type="text"/>	<input type="text"/>			
2	<input type="text"/>	<input type="text"/>	<input type="text"/>			
3	<input type="text"/>	<input type="text"/>	<input type="text"/>			
4	<input type="text"/>	<input type="text"/>	<input type="text"/>			
5	<input type="text"/>	<input type="text"/>	<input type="text"/>			
6	<input type="text"/>	<input type="text"/>	<input type="text"/>			
7	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Q21

In the grid below, please list the names of all the **JUNIOR/MIDDLE AND HIGH SCHOOLS** and then add the information for the HIGH schools you attended. In the Start Grade column,

Fill in the age you started and ended and details about the school. If the school(s) you attended were

#	Start Grade	Start Age	End Age	Name of Junior/Middle or High School	City/Town	State
1	<input type="text"/>	<input type="text"/>	<input type="text"/>			
2	<input type="text"/>	<input type="text"/>	<input type="text"/>			
3	<input type="text"/>	<input type="text"/>	<input type="text"/>			
4	<input type="text"/>	<input type="text"/>	<input type="text"/>			
5	<input type="text"/>	<input type="text"/>	<input type="text"/>			
6	<input type="text"/>	<input type="text"/>	<input type="text"/>			
7	<input type="text"/>	<input type="text"/>	<input type="text"/>			



attended (i.e. **Kindergarten to Grade 5 or 6**). In the Start Grade column, write the grade you started at in only the top line (# 1).

outside the U.S., please write the country name instead of the state.

Was this a public or private/religious school? [Check one box]	On average, how many children were in your class each year at this school? [Check one box]	Most children in the school were.....? [Check one box]	
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 30 <input type="checkbox"/> 30 or less	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other

that you attended. Begin with the name(s) of your **JUNIOR/MIDDLE** schools (e.g., **grades 6-8 or 7-9**), write the grade you started at in that school.

outside the U.S., please write the country name instead of the state.

Was this a public or private/religious school? [Check one box]	On average, how far from the school did you live? [Check one box]	How did you travel to school most days? [Check one box]	Most children in the school were.....? [Check one box]		
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 2 miles <input type="checkbox"/> 2 miles or less	<input type="checkbox"/> Walk / Bike <input type="checkbox"/> Bus / Train	<input type="checkbox"/> Drive <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 2 miles <input type="checkbox"/> 2 miles or less	<input type="checkbox"/> Walk / Bike <input type="checkbox"/> Bus / Train	<input type="checkbox"/> Drive <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 2 miles <input type="checkbox"/> 2 miles or less	<input type="checkbox"/> Walk / Bike <input type="checkbox"/> Bus / Train	<input type="checkbox"/> Drive <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 2 miles <input type="checkbox"/> 2 miles or less	<input type="checkbox"/> Walk / Bike <input type="checkbox"/> Bus / Train	<input type="checkbox"/> Drive <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 2 miles <input type="checkbox"/> 2 miles or less	<input type="checkbox"/> Walk / Bike <input type="checkbox"/> Bus / Train	<input type="checkbox"/> Drive <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> More than 2 miles <input type="checkbox"/> 2 miles or less	<input type="checkbox"/> Walk / Bike <input type="checkbox"/> Bus / Train	<input type="checkbox"/> Drive <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other



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Q22

After High School, did you do any further education at a college, professional, or technical school?

- Yes
- No

Continue with Q23 on the next page.

*On the next page, please list the names of all of the **COLLEGES/ COMMUNITY COLLEGES and PROFESSIONAL OR TECHNICAL SCHOOLS or PROGRAMS** that you attended after High School.*

If the school(s) you attended were outside the U.S., please write the country name instead of the state.

Go to Q24 on page 18.



Q23

Please list the names of all of the **COLLEGES/COMMUNITY COLLEGES** and **PROFESSIONAL**

If the school(s) you attended were outside the U.S, please write the country name instead of the state.

#	Start Year	End Year	Name of College, School, or Program	City / Town	State
1	<input type="text"/>	<input type="text"/>			
2	<input type="text"/>	<input type="text"/>			
3	<input type="text"/>	<input type="text"/>			
4	<input type="text"/>	<input type="text"/>			
5	<input type="text"/>	<input type="text"/>			
6	<input type="text"/>	<input type="text"/>			
7	<input type="text"/>	<input type="text"/>			



OR TECHNICAL SCHOOLS or PROGRAMS that you attended after High School.

Was this a public/state or private/religious school? [Check one box]	Did you attend full-time, part-time or other? [Check one box]	Major Field(s) of Study	Degree(s) or Certificates Earned If Any
<input type="checkbox"/> Public/state school <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
<input type="checkbox"/> Public/state school <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
<input type="checkbox"/> Public/state school <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
<input type="checkbox"/> Public/state school <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
<input type="checkbox"/> Public/state school <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
<input type="checkbox"/> Public/state school <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
<input type="checkbox"/> Public/state school <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		



The following questions are about specific educational experiences in different periods of your life.

When you were 10 (i.e. Grade 3 or 4).....

Q24 How well did you do in Math compared to other children in your class?

- Much better
- Better
- About the same
- Worse
- Much worse
- Did not go to school

Q25 How well did you do in Reading and Writing (i.e., spelling, grammar) compared to other children in your class?

- Much better
- Better
- About the same
- Worse
- Much worse
- Did not go to school



Q26

In Primary or Elementary School, did any teachers, principals or psychologists tell you or your parents that you had a problem with learning any of the usual school subjects below?

a. Reading

Yes

No

Don't know

b. Writing

Yes

No

Don't know

c. Mathematics / arithmetic

Yes

No

Don't know

d. Speaking or language

Yes

No

Don't know

If you answered "Yes" to any question, please continue to Q27.

If you answered "No" or "Don't know" to **ALL** questions

Go to Q28 on next page.

Q27

Because of these problems, did you receive any of the following at any time?

a. Special education testing to help understand the problem

Yes

No

Don't know

b. Special or different classes provided by the school, because of the problem

Yes

No

Don't know

c. Individual tutoring or counseling arranged by the school

Yes

No

Don't know

d. Private tutoring arranged at home

Yes

No

Don't know

e. A referral to a different school

Yes

No

Don't know

→ If yes, did you actually change schools?

Yes

No

Don't know

f. A referral to see a medical doctor or psychologist about this problem

Yes

No

Don't know



Q28

Were you or your parents ever told by a professional that you had any of the following problems?

- a. Mental or emotional problems Yes No Don't know
- b. Dyslexia (a problem with stating words correctly or in order when reading) Yes No Don't know
- c. Attention Deficit Hyperactivity Disorder (ADHD) Yes No Don't know
- d. Other learning disorder Yes No Don't know

→ If yes, please specify the name:

Q29

When you were in high school...

- a. Did you take special courses or classes to better prepare you for college? Yes No
- b. Did you take courses or classes that were intended to prepare you for a job after high school (also called vocational training)? Yes No
- c. Did your school ever monitor your attendance more often than most students because they felt you were absent more than usual? Yes No
- d. Were you ever asked to participate in community service programs as punishment for some school-related problem? Yes No

Did not attend High School
(Go to Q34 on page 23.)



Q30 Did you study a foreign language in high school?

Yes (Continue to Q30a)

No (Go to Q31)

Q30a Which languages did you study in high school? [Check all that apply]

Spanish

French

German

Chinese

Arabic

Latin

Russian

Polish

Italian

Other [please specify]:

Q31 In high school, did you take extra classes or spend extra time to do the following:

- | | | |
|---|------------------------------|-----------------------------|
| a. Learn to play a musical instrument | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Take singing lessons or sing in a chorus or choir | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Learn woodwork or carpentry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Learn a craft (e.g., knitting, quilting, embroidery) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Learn ballet or dance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Learn to paint or draw or other art | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Q32 Approximately how many school clubs or organizations were you involved with during high school?

0-1

2-5

6-9

10-19

20+



The following questions ask about your participation in organized sports and other physical activities at different times in your life up to age 50.

Q33

During junior/middle and high school, did you regularly participate in organized sports (such as football, basketball, baseball, soccer, swimming, track and field, tennis, hockey, volleyball, gymnastics, rowing, snow sports, etc.)?

Yes (Continue to Q33a and Q33b)

No (Go to Q34)

Q33a

In how many of your junior/middle and high school years did you participate in organized sport(s)?

years

Q33b

Did you ever suffer any of the following serious injuries playing organized sports in junior/middle and high school?

1. Head injury such as concussion Yes No Don't remember

→ If yes, was this before age 16? Yes No

2. Leg, arm, shoulder or back injury Yes No Don't remember

3. Other Yes No

→ If yes, please specify the injury:

Go to Q34 on the next page.



Q34

Between the following ages, how often did you take part in or train for sports or activities that are **vigorous**, such as running or jogging, swimming, cycling, football, snow sports, aerobics or gym workouts, or tennis?

	Every day	More than once a week	Once a week	One to three times a month	Hardly ever or never
a. Between ages 18 and 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Between ages 30 and 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Between ages 40 and 49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35

Between the following ages, how often did you take part in other types of physical activities that are **moderately energetic** such as walking for more than 30 minutes at a moderate pace, dancing, floor or stretching exercises?

	Every day	More than once a week	Once a week	One to three times a month	Hardly ever or never
a. Between ages 18 and 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Between ages 30 and 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Between ages 40 and 49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q36

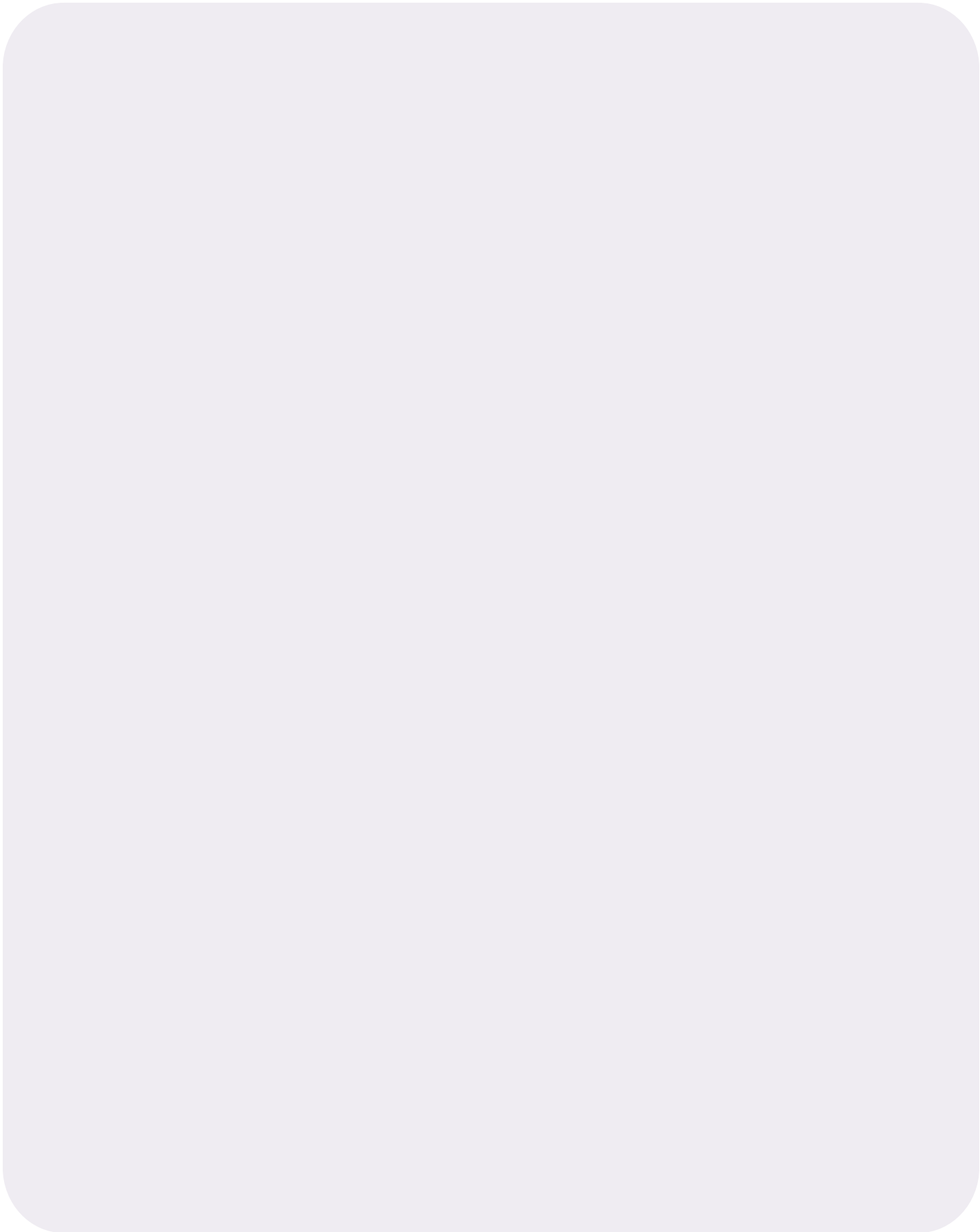
Were the questions in this booklet answered by the person whose first name is written on the front cover? [Check one box]

- 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.

Q37

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









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