

«barcode»

First Name:

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

HRS

HEALTH AND RETIREMENT STUDY

A Longitudinal Study of Health, Retirement, and Aging

Sponsored by the National Institute on Aging

Health and Retirement Study

Questionnaire on Your Everyday Life and Well-being 2016

«barcode»

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. We may report to state or local officials evidence of harm or abuse to any vulnerable person, 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!

HOW TO FILL IN THIS QUESTIONNAIRE

Please use #2 pencil, dark blue or black ink. Please do NOT use highlighter or permanent marker.

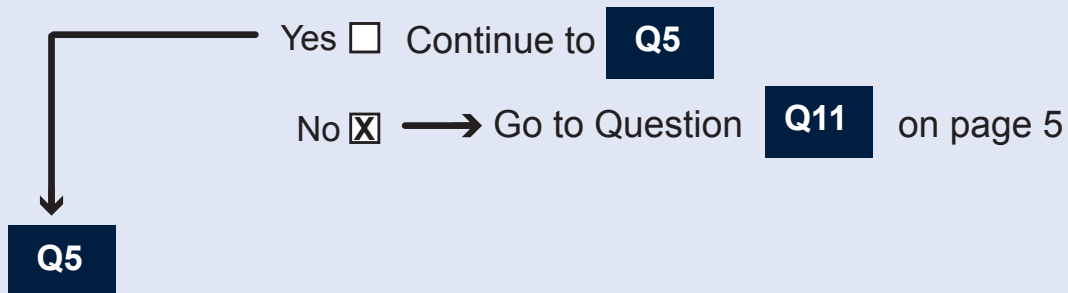
Please answer the questions by:

Marking inside a box like this:

Writing a number in a box like this:

		1	6
--	--	---	---

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"/>

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bake or cook something special?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make clothes, knit, embroider, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work on a hobby or project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play sports or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk for 20 minutes or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in a local community arts group such as a choir, dance, photography, theatre, or music group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2

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"/>

Q3

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

Yes Continue to **Q4**No → Go to Question **Q6** on page 5**Q4**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"/>

Q5

How close is your relationship with your partner or spouse?

(Mark (X) one.)

- Very close
- Quite close
- Not very close
- Not at all close

Q5a

Overall, how enjoyable is the time you spend together with your spouse/partner? (Mark (X) one.)

Extremely Enjoyable

Very Enjoyable

Somewhat Enjoyable

Not Too Enjoyable

Q5b

In your free time, do you and your spouse mostly do things together or separately? (Mark (X) one.)

Most or all together

Some together,
some separately

Most or all separately

The next questions are about how you and your spouse or partner make decisions.

Q5c

Who has the final say in important decisions in your household? (Mark (X) one box for each line.)

Who has the final say in decisions about...	I do Always	I do Mostly	We have equal say	My spouse/ partner does Mostly	My spouse/ partner does Always	Some- one else	Not relevant
Major family issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car purchases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major appliance purchases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much to save?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to invest our savings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What health insurance to buy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which doctors to go to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which TV shows to watch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where to go on vacation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5d

Who does these tasks for your household?
(Mark (X) one box for each line.)

In your household, who...	I do it Always	I do it Mostly	We do it equally	My spouse/partner does it Mostly	My spouse/partner does it Always	Some-one else	Not relevant
Manages bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Files taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fills out medical forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepares meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6

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

Yes Continue to **Q7**

No → Go to Question **Q10** on page 6

Q7

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"/>

Q7

Thinking about all of **YOUR LIVING CHILDREN**, please check the answer which best shows how you feel about each statement.

(Cont'd) (Mark (X) one box for each line.)

	A lot	Some	A little	Not at all
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"/>
--------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Q8

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"/>
Communicate by Skype, Facebook, or other social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9

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

Q10

Do you have any **OTHER IMMEDIATE FAMILY**, for example, any brothers or sisters, parents, cousins or grandchildren? (Mark (X) one.)

Yes Continue to **Q11** on page 7

No → Go to Question **Q14** on page 8

Q11

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"/>

Q12

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"/>
Communicate by Skype, Facebook, or other social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13

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

Q13a

Besides the people living with you, do you have any relatives living in your neighborhood? (Mark (X) one.)

Yes No

Q14

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

Yes Continue to **Q15**
No → Go to Question **Q18** on page 10

Q15

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"/>

Q16

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"/>
Communicate by Skype, Facebook, or other social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17

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

Q17a

Do you have any good friends living in your neighborhood? (Mark (X) one.)

Yes

No

Q18

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
If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel it is impossible for me to reach the goals that I would like to strive for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The future seems hopeless to me and I can't believe that things are changing for the better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't expect to get what I really want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There's no use in really trying to get something I want because I probably won't get it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19

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"/>

Q20

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

Q21

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

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

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

Q23

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

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 social life 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 financial situation these days?

No control (Mark (X) one number.) Very much control

0 1 2 3 4 5 6 7 8 9 10

Q25a

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

Q26

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilty?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Proud?	<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"/>
Scared?	<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"/>
Happy?	<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"/>
Hostile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jittery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashamed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentive?	<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"/>
Nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Question 26 continues on next page)

Q26

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopeful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distressed?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Excited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27

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

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

Q28a

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

I feel years old

Q28b

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

Q29

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service than other people at restaurants or stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are not smart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service or treatment than other people from doctors or hospitals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30

If any of the above (in Q29.) 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:

Q31

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"/>

Q31

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"/>

Q32

People behave differently in different situations. We'd like to know how willing you are to take risks in the following areas. Using a 0 to 10 scale where 0 means "unwilling to take any risks" and 10 means "fully prepared to take risks" please mark one box (X) in each row.

How willing are you to take risks...

Not at all willing

(Mark (X) one number.)

Very willing

While driving

0 1 2 3 4 5 6 7 8 9 10

In financial matters

Not at all willing

(Mark (X) one number.)

Very willing

0 1 2 3 4 5 6 7 8 9 10

During leisure and sport

Not at all willing

(Mark (X) one number.)

Very willing

0 1 2 3 4 5 6 7 8 9 10

In your occupation

Not at all willing

(Mark (X) one number.)

Very willing

0 1 2 3 4 5 6 7 8 9 10

With your health

Not at all willing

(Mark (X) one number.)

Very willing

0 1 2 3 4 5 6 7 8 9 10

Q32a

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"/>

Q33

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My daily activities often seem trivial and unimportant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am an active person in carrying out the plans I set for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have a good sense of what it is I'm trying to accomplish in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes feel as if I've done all there is to do in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I live life one day at a time and don't really think about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a sense of direction and purpose in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33a

The next items describe goals you may have in your relationships with other people. Please indicate how much each goal describes you. (Mark (X) one box for each line.)

How much do you want or try to...	Not at All	A little	Somewhat	A lot	Extremely
Have compassion for others' mistakes and weaknesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid appearing unattractive, unlovable, or undesirable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be supportive of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get others to see your positive qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid being selfish or self-centered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get others to respect or admire you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The city or town you live in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your daily life and leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your family life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your present financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The total income of your household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35

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

Q35a

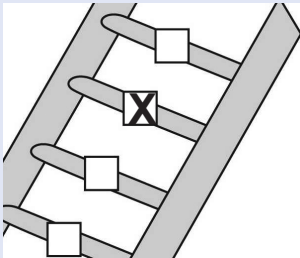
Please read the list below and indicate whether or not any of these are current and ongoing problems that have lasted twelve months or longer. If the problem is happening to you, indicate how upsetting it has been. Check the answer that is most like your current situation. (Mark (X) one box for each 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"/>

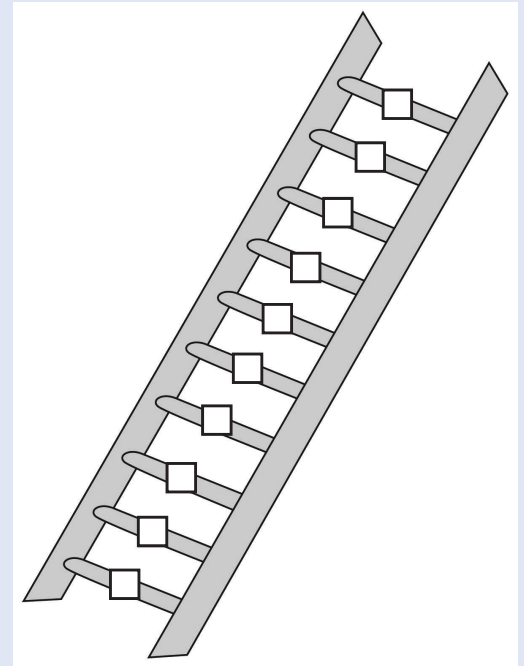
Q36

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.)



Q37

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.

Q38 What day of the week was it yesterday? (Mark (X) one box.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Q39 What was the date yesterday? (Please write a number in the boxes.)

Month Day

Q40 What time did you wake up yesterday? [For example, if you woke up at 4:00 AM, please write 04 in the hour boxes, 00 in the minute boxes, and AM in the last boxes.]

Hour Minute AM
PM

Q41 What time did you go to sleep at the end of the day yesterday? [For example, if you went to sleep at 11:30 PM, 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

Q42

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"/>	<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"/>
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried	<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"/>
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q43

Yesterday, did you feel any pain?

(Mark (X) one.)

None

A little

Some

Quite a bit

A lot

Q44

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

Yes

No

Q45

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

Was it...

Excellent

Very Good

Good

Fair

Poor

Q46

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?

Q47

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

Yes Continue to **Q48**

No → Go to Question **Q50** on page 28

Q48

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

Q49

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"/>

Q50

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

Yes Continue to **Q51**

No → Go to Question **Q54** on page 30

Q51

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

Q52

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"/>

Q53

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

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

Q54 Yesterday, did you walk or exercise? (Mark (X) one.)

Yes Continue to **Q55**

No → Go to Question **Q57** on page 31

Q55 How much time did you spend walking or exercising yesterday?

Hours Minutes

Q56 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.)

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"/>

Q57

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 **Q58**

No → Go to Question **Q60** on page 32

Q58

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

Hours Minutes

Q59

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"/>

Q60 Yesterday, did you travel or commute (e.g., by car, train, bus)?
(Mark (X) one.)

Yes Continue to **Q61**
 No → Go to Question **Q63** on page 33

Q61 How much time did you spend traveling or commuting yesterday?

Hours Minutes

Q62 How did you feel when you were traveling 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...	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"/>

Q63

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

Yes Continue to **Q64**

No → Go to Question **Q66** on page 34

Q64

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

Hours Minutes

Q65

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"/>

Q66

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

Yes Continue to **Q67**

No → Go to Question **Q69** on page 35

Q67

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

Hours Minutes

Q68

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	
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"/>

Q69

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

Yes Continue to **Q70**

No → Go to Question **Q72** below

Q70

How much time did you spend running errands yesterday?

Hours Minutes

Q71

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.)

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"/>

Q72

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

Yes Continue to **Q73** on page 36

No → Go to Question **Q77** on page 38

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

Q73

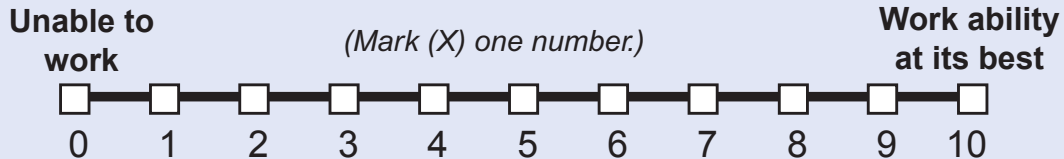
Right now, would you like to leave work altogether, but plan to keep working because... (Mark (X) one box for each line.)

You need the money? Yes No

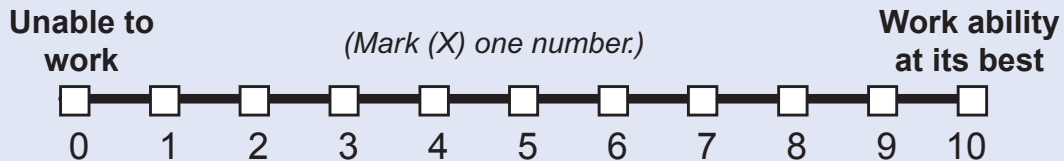
You need health insurance? Yes No

Q74

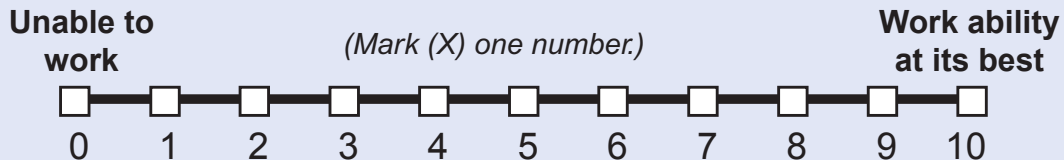
For the following questions, please think about your work on **YOUR CURRENT MAIN JOB**. Assume that your work ability at its best has a value of 10 points. How many points would you give your **CURRENT ABILITY TO WORK**? (0 means that you cannot currently work at all; 10 means your work ability is currently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



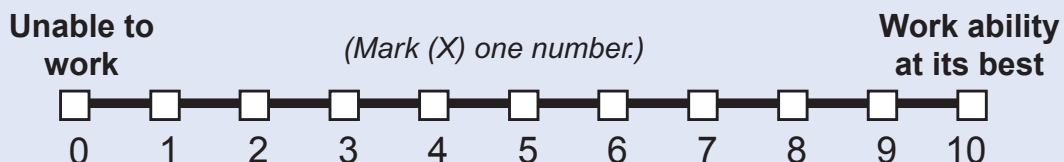
Thinking about the **PHYSICAL DEMANDS** of your job, how do you rate your current ability to meet those demands?



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?



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

Q75

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"/>

Q76

Please say how much you agree or disagree with the following statement.

	Strongly disagree	Disagree	Agree	Strongly agree	Does not apply
All things considered, I am satisfied with my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q77

Were the questions in this booklet answered by the person whose first name is written on the front cover? (Mark (X) one.)

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

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

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

Q78

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

Please return your completed questionnaire in the pre-addressed postage paid envelope. If you have any questions, please feel free to call us at 1-866-611-6476.

THANK YOU!

Conducted by:
Survey Research Center
University of Michigan

Sponsored by:
National Institute on Aging

