



Please return your completed Life History Survey in the pre-addressed postage paid envelope to University of Michigan.

If you have any questions about the survey, please feel free to call us at 1-XXX-XXX-XXXX.

THANK YOU!

Conducted by:

The Survey Research Center
The University of Michigan

Sponsored by:

The National Institute on Aging:
R01-AG-051142

HRS

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

Life History Survey 2017

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

If the addressee is unable to complete the survey 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 survey:

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

{First Name} – FPO
123456A (barcode)

ABOUT THIS SURVEY

This Life History Survey is a new part of the Health and Retirement Study. It will give us some information about important things that happened earlier in your life so that we understand better how you are doing now.

This survey 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 questions.

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

HOW TO FILL IN THIS SURVEY

Please answer the questions by:

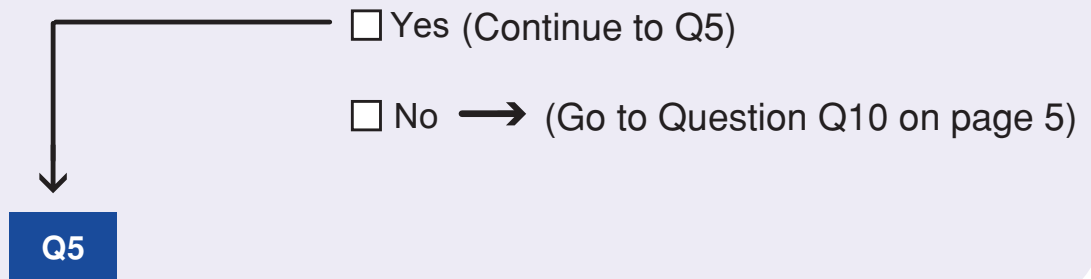
Marking a box like this:

Or writing a in a box like this:

		2	5	Answer
--	--	---	---	--------

Please use a #2 pencil or a blue/black ink ballpoint pen. 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 Year	Street (Number and Street)	City/Town	State (or Country)
1	1945	128 Apple Drive	Ann Arbor	MI
2	1965	456 N 17th	Chicago	IL
3				
4				

Zip	Did you or your family own or rent this residence? [Check one]
48104	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
60427	<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know

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



Before you begin, please take a few minutes to think back over your life.

Please write a few notes for yourself in the table below. They will be helpful in filling out the survey. Each row is for a different 10-year period of your life. You do not need to write something in each line for all of the questions. This table is meant to outline just a few things in your life. We will ask for more details later.

Age	Where did you live? (e.g., Ann Arbor, MI)	What were you doing? (e.g., in school, work)	What important things happened? (e.g., births, deaths, marriages)
0-9			
10-19			
20-29			
30-39			
40-49			
50-59			
60-69			
70-79			



Residential History

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

Q1

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

Yes (Continue to Q1a and Q1b)

No (Go to Q2)

Q1a

Besides the U.S., how many different countries did you live in for 6 months or more from birth to age 50?

countries

Q1b

Did you live outside the U.S. for 6 months or more...

before the age of 10? Yes No

between age 10 and 17? Yes No

between age 18 and 25? Yes No

between age 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 of your biological or adoptive parents die? Yes No

f. did one or more of your siblings die? Yes No

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

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

i. 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 on my own.**Q4**

Before you were age 50...

- | | | |
|---|------------------------------|-----------------------------|
| a. were you ever in a jail, prison, or a detention center for more than 3 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. were you ever a long-term inpatient in a hospital for 1 month or more? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. did you ever live in a combat zone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. did you ever live on a military base or in military housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. were you ever homeless for 1 month or more? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. were you ever a long-term patient for 1 month or more in a clinic for a mental, emotional, or substance abuse problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. were you ever displaced from your home for more than 3 days because of a natural disaster? (e.g., earthquake, tornado, flood) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Q5

In this table, please fill in as much information as you can about **all the places that you have lived for one year or more** from when you were born until **now**.

To begin, please enter the year of your birth and the place where you lived when you were born. Beginning in #2, write the **next** place where you lived for a year or more, and so on. If you can't remember the exact year(s), please estimate the year to the best of your ability. If you lived outside the U.S., write the country name instead of the state. **Use one line for each new place (see example p. 2).**

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►

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

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►



◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.

#	Zip Code	Did you or your family own or rent this residence? [Check one box]
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
10	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
11	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
12	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
13	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
14	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
15	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
16	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
17	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know
18	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Don't know

◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.



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**.

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]

- | | |
|--|--|
| <input type="checkbox"/> Single-family house | <input type="checkbox"/> Mobile home |
| <input type="checkbox"/> Apartment/Townhouse/Condo | <input type="checkbox"/> Other (please specify): _____ |

Q10 When you were 10, how much did you feel part of your local area? (That is, the area within a 20 minute walk or about a mile of your home.) [Check one box]
The closer your mark is to a statement, the more strongly you agree with it.

I felt that I didn't belong in this area —————— I really felt part of this area

1 2 3 4 5 6 7



Q11

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. [Check one box]

- 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)

Q12

Which of the following best describes the language(s) spoken in your household **when you were growing up, before you were age 18?** Count only the language(s) used on a regular basis. [Check one box]

- English was the only language spoken regularly
- English was the main language spoken, but a second language was also spoken regularly
- A language other than English was the main language spoken, but English was also spoken regularly
- A language other than English was the only language spoken regularly



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

Q13 How old were you when you started your first full-time job?

years old

Not relevant/Never worked full-time

↳ Go to Q18 on the next page

Q14 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): _____ |

Q15 **Including you**, how many people lived in your household when you started your first full-time job?

people **OR** I lived with many people in military or other group quarters

Q16 What type of residence did you live in when you started your first job?
[Check one box]

- | | |
|--|--|
| <input type="checkbox"/> Single-family house | <input type="checkbox"/> Mobile home |
| <input type="checkbox"/> Apartment/Townhouse/Condo | <input type="checkbox"/> Other (please specify): _____ |

Q17 When you started your first full-time job, how much did you feel part of your local area?
(That is, the area within a 20 minute walk or about a mile of your home.)
[Check one box] The closer your mark is to a statement, the more strongly you agree with it.

I felt that I didn't belong in this area —————— I really felt part of this area

1 2 3 4 5 6 7



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

Q18 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): _____ |

Q19 Including you, how many people lived in your household when you were 40?

--	--

 people

Q20 What type of residence was it? [Check one box]

- | | |
|--|--|
| <input type="checkbox"/> Single-family house | <input type="checkbox"/> Mobile home |
| <input type="checkbox"/> Apartment/Townhouse/Condo | <input type="checkbox"/> Other (please specify): _____ |

Q21 When you were 40 years old, how much did you feel part of your local area? (That is, the area within a 20 minute walk or about a mile of your home.) [Check one box]
The closer your mark is to a statement, the more strongly you agree with it.

I felt that I didn't belong in this area	<input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/>	I really felt part of this area
	1 2 3 4 5 6 7	



Your Educational History

The next section asks you for some details about your school and educational experiences before age 50.

Q22

In the table below, please list all of the names of the **PRIMARY, ELEMENTARY, MIDDLE, JUNIOR HIGH, AND HIGH SCHOOLS** that you attended. Write "0" as the Grade for Kindergarten. Use one line for each school. If you attended the same school from Kindergarten to Grade 12, complete only the top line (#1).

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►

#	Start Grade	End Grade	Name of School	City/Town	State (or Country)
1	□ □	□ □			
2	□ □	□ □			
3	□ □	□ □			
4	□ □	□ □			
5	□ □	□ □			
6	□ □	□ □			
7	□ □	□ □			
8	□ □	□ □			
9	□ □	□ □			
10	□ □	□ □			

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►



◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.

#	Start Age	End Age	Was this a public or private/ religious school? [Check one box]	Most children in the school were...? [Check one box]
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
7	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
8	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other
10	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Public <input type="checkbox"/> Private/religious	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other

◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.



The following questions are about specific educational experiences in Primary, Elementary, and High School.

Q23 Did you attend a pre-school, nursery school, or other program before primary/elementary school?

- Yes No

When you were 10 (i.e., Grade 4 or 5)...

Q24 How well did you do in Math compared to other children in your class? [Check one box]

- | | |
|---|---|
| <input type="checkbox"/> Much better | <input type="checkbox"/> Worse |
| <input type="checkbox"/> Better | <input type="checkbox"/> Much worse |
| <input type="checkbox"/> About the same | <input type="checkbox"/> Don't know |
| | <input type="checkbox"/> 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? [Check one box]

- | | |
|---|---|
| <input type="checkbox"/> Much better | <input type="checkbox"/> Worse |
| <input type="checkbox"/> Better | <input type="checkbox"/> Much worse |
| <input type="checkbox"/> About the same | <input type="checkbox"/> Don't know |
| | <input type="checkbox"/> 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? [Check one box for each line]

- | | | | |
|-----------------------------|------------------------------|-----------------------------|-------------------------------------|
| a. Reading | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| b. Writing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| c. Mathematics / arithmetic | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| d. Speaking or language | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |



Q27

In Primary or Elementary School, did you ever have... [Check one box for each line]

- a. A hearing problem? Yes No
- b. A vision problem? Yes No
- c. A speech problem? Yes No
- d. A problem with balance or motor coordination? Yes No

Q28

In Primary or Elementary School, were you or your parents ever told by a professional that you had any of the following problems? [Check one box for each line]

- a. Mental or emotional problems Yes No Don't know
- b. Dyslexia Yes No Don't know
- c. Attention Deficit Hyperactivity Disorder (ADHD) Yes No Don't know
- d. Other learning disorder (please specify): Yes No Don't know



Q29 Did you go to high school?

Yes

No → Go to Q34 on page 19



Q29a 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 you often get into trouble at school for being absent more than usual, missing classes, or being truant? Yes No
- d. Did you often get into trouble for disrupting classes or not concentrating? Yes No

Q30 Did you study a foreign language in high school?

Yes (Continue to Q30a)

No → Go to Q31 on the next page

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

Spanish

French

German

Italian

Latin

Chinese

English (as a second language)

Other (please specify):



Q31

In high school, did you take classes or spend 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 |
| g. Participate in math or science club | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Learn drafting or technical drawing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Take vocational or trade classes (e.g., auto repair, HVAC) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Participate in theatre, drama, or debate club | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Q32

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

clubs or organizations

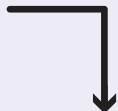


The next section asks about your physical activity when you were in school, including sports and exercise.

Q33

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

Yes



No

→ Go to Q34 on the next page

Q33a

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

years

Q33b

In what sports did you participate? [Check all that apply]

Baseball

Soccer

Basketball

Swimming

Football

Tennis

Gymnastics

Track and Field/Cross Country

Hockey

Volleyball

Rowing

Other (specify): _____

Q33c

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:



Q34

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

Yes → Continue to Q35 on page 20

No → Go to Q36 on page 22



Q35

Please list the names of all of the **COLLEGES/COMMUNITY COLLEGES and PROFESSIONAL or TECHNICAL SCHOOLS or PROGRAMS** that you attended after High School. Use one line for each different college, school, or program you attended. If you are currently attending a college or program, please write the current year in the END YEAR column.

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►

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

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►



◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.

#	Was this a public/state or private/religious school? [Check one box]	Did you attend full or part-time? [Check one box]	Major/Field(s) of Study	Degree(s) or Certificates Earned
1	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
2	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
3	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
4	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
5	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
6	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
7	<input type="checkbox"/> Public/state <input type="checkbox"/> Private/religious	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		

◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.



Partnership History

In this section, we would like to find out more about all of your long-term partners who were important to you (e.g., lasting for at least one year). This may include girlfriends/boyfriends, fiancés, life partners, or spouses.

Q36 Have you ever been married?

Yes

No → Go to Q37 on page 23



Q36a

In the table below, please fill out the information for each of your marriages. If you have been married more than five times, please list the first five, beginning with your first marriage.

#	Initials of Spouse	Gender of Spouse	Did you live together before marriage?	Year Married	Are you still together? If not, how did this marriage end?	Year Marriage Ended (If applies)
1		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Still together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Still together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Still together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Still together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Still together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Q37

Other than your spouse(s), have you ever lived together with someone else as a couple for at least a year or more?

 Yes

 No → Go to Q38 on page 24
**Q37a**

In the table below, please fill out the information for the partner(s), other than your spouse(s), with whom you lived together as a couple for at least a year or more. If you had more than five partners, please list the first five.

#	Initials of Partner	Gender of Partner	Year Began Living Together	Are you still together? If not, how did this relationship end?	Year Relationship Ended (If Applies)
1		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Split Up <input type="checkbox"/> Partner Died <input type="checkbox"/> Still together	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Split Up <input type="checkbox"/> Partner Died <input type="checkbox"/> Still together	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Split Up <input type="checkbox"/> Partner Died <input type="checkbox"/> Still together	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Split Up <input type="checkbox"/> Partner Died <input type="checkbox"/> Still together	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Split Up <input type="checkbox"/> Partner Died <input type="checkbox"/> Still together	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Your Work History

The next section asks about work you may have done during your life. This may include paid work for an employer or unpaid care for others.

Q38 Since you left full-time education, have you **ever** done any **paid work** which lasted for a **period of one year or more**? (Paid work includes both full-time and part-time work)

Yes → Q39 on the next page

No (Continue to Q38a) ↓

Q38a What was the reason(s) you **never** worked for pay for one year or more?
[Check all that apply]

- Stayed at home to raise children or care for family
- Physical disability or injury
- Mental or emotional disability
- Could not find work
- Was not interested in working
- Other (please specify):

→ Go to Q40 on page 25



Q39Did **you ever...**

[Check one box for each line]

- a. stop working at a job to stay home and care for your children? Yes No Does not apply
- b. cut back on the number of hours worked at a job to care for your children? Yes No Does not apply
- c. work longer hours to meet the added expenses of having children? Yes No Does not apply
- d. switch to a different job that was less demanding or more flexible to be more available to your children? Yes No Does not apply

Q40Did **your spouse or partner ever...**

[Check one box for each line]

- a. stop working at a job to stay home and care for your children? Yes No Does not apply
- b. cut back on the number of hours worked at a job to care for your children? Yes No Does not apply
- c. work longer hours to meet the added expenses of having children? Yes No Does not apply
- d. switch to a different job that was less demanding or more flexible to be more available to your children? Yes No Does not apply

Q41 through **Q50** ask about paid work.

If you **NEVER** worked for pay for one year or more, **go to Q51 on page 30.**



Q41

In the table below, please fill out the information for all the places you have **worked for one year or more after you finished full-time education**. If you worked at more than ten places, fill out the information for the first ten places you worked. If you are still working for an employer, write the current year in the END YEAR column. If you changed jobs (or job title) but stayed with the same employer, please list the first and last title you held with that employer in the same line.

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►

#	Type of employer or business	Job Title	Start Year	End Year
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"/>

TABLE COLUMNS SPAN ACROSS BOTH PAGES. ►



◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.

Did you work full-time or part-time?	What did you do after leaving this job? [Check all that apply]		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Started next job <input type="checkbox"/> Unemployed	<input type="checkbox"/> Worked short-term job(s) <input type="checkbox"/> Medical leave/disability	<input type="checkbox"/> Cared for/started a family <input type="checkbox"/> Other _____

◀ TABLE COLUMNS SPAN ACROSS BOTH PAGES.



Now we'd like to learn a little more about the job you held **between the ages of 30 and 40** that you consider to be **most important** (e.g., longest duration, best paying, most satisfying).

Q42 Which employer or business was that?

Not relevant/did not work for pay between the ages of 30 and 40

└─→ Go to Q51 on page 30

Q43 Did you work for someone else on that job, or were you self-employed or a partner in a business?

Someone else

Self-employed

Partner in business

Q44 In what city and state or country did you work for this employer or business?

City	State (or Country)
<input type="text"/>	<input type="text"/>

Q45 What was your job title? What were your most important activities or duties?

Q46 What kind of business or industry did you work in – that is, what did they make or do at the place where you worked?

Q47 How much did you earn before taxes and other deductions when you started that job?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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per hour

per month

per week

per year

Q48 Were you covered on that job by a union or employee-association contract?

Yes

No



Q49 Do you still work for this employer or business?

Yes → Go to Q50 below

No ↓

Q49a Why did you leave or stop working for this employer? [Check all that apply]

- | | |
|---|--|
| <input type="checkbox"/> Moved to a higher paying job | <input type="checkbox"/> I had poor health/a disability |
| <input type="checkbox"/> Moved to a job with a better future | <input type="checkbox"/> I was laid off, let go, or replaced |
| <input type="checkbox"/> Moved to a more satisfying job | <input type="checkbox"/> I retired |
| <input type="checkbox"/> Moved to a job that better matched my skills | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Moved or relocated | |
| <input type="checkbox"/> To take care of or start a family | |
| <input type="checkbox"/> To continue education | |

Q50 Please say how much you agree or disagree with each of the following statements regarding this job. [Check one box for each line]

	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply
a. The job was physically demanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had very little freedom to decide how I did my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At work, I felt I had control over what happened in most situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I had a lot to say about what happened on my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The people I worked with could be relied on when I needed help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I learned useful skills in this job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My skills were not a good match for this job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The job was interesting and enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q51

Have you ever provided **unpaid** care to a relative or friend with some sort of special need to help them take care of themselves for a **period of 6 months or more?**

NOTE: Raising children without special needs does not apply here.

A special need could be an illness, disability, or mental health problem.

Helping them take care of themselves may include personal needs or household chores, managing a person's finances, arranging for outside services, or visiting regularly to see how they are doing. This person need not live with you.

Yes (Continue to Q51a) No **—————>** Go to Q52 on the next page

**Q51a**

In the table below, **please list the people for whom you have provided unpaid care.** If you have provided unpaid care for more than five people, please list the five that you consider to be the most important. If you are currently caring for someone, please write the current year in the END YEAR column.

#	Initial of Person	Relationship to the Person	Start Year	End Year
1		<input type="checkbox"/> Parent / Parent-in-law <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Biological, adopted, or step child <input type="checkbox"/> Other (please specify): _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
2		<input type="checkbox"/> Parent / Parent-in-law <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Biological, adopted, or step child <input type="checkbox"/> Other (please specify): _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
3		<input type="checkbox"/> Parent / Parent-in-law <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Biological, adopted, or step child <input type="checkbox"/> Other (please specify): _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
4		<input type="checkbox"/> Parent / Parent-in-law <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Biological, adopted, or step child <input type="checkbox"/> Other (please specify): _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
5		<input type="checkbox"/> Parent / Parent-in-law <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Biological, adopted, or step child <input type="checkbox"/> Other (please specify): _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>



Your Health History

The following questions ask about your health including medically diagnosed conditions, exercise, and health habits throughout your life.

Q52 Have you **ever** had any of the following serious conditions or diseases?

- | | | |
|--|------------------------------|-----------------------------|
| a. Chronic breathing problems/asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Chronic hepatitis or other liver disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. HIV or AIDS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Inflammatory bowel disease (e.g., Crohn's disease) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Kidney disease or failure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Meningitis or encephalitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Mononucleosis (commonly referred to as mono) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Multiple sclerosis (commonly referred to as MS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Neurological disorders (e.g., seizure, brain, or spinal cord disorders) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Thyroid disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Rheumatoid arthritis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Gynecological issues [Females only] (e.g., fibroids or other problems with uterus or ovaries) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Q53 Have you ever had a pregnancy (or experienced a partner's pregnancy) that ended in a miscarriage, an induced abortion, or a stillbirth?

- Yes
 No

Q54 Have you ever had a major surgery or operation? (e.g., Caesarian section, heart surgery, hysterectomy, joint replacement, organ transplant, tumor removal, etc.)

- Yes → If yes, please specify the surgery or surgeries:
 No



Q55

Have you ever received any professional counseling, treatment, or therapy because of your use of alcohol or drugs?

Yes

No

Q56

Have you ever been involved in a major car or vehicle crash or other accident that resulted in serious injury?

Yes



If yes, in what year did this accident occur?

--	--	--	--

No

Q57

After age 16, how many periods of ill health or disability (physical or mental) have you had that lasted for more than a year that kept you from doing usual activities?

None



Go to Q58 on the next page

One

Two

Three

More than three

Have been ill or had a disability for all or most of my life

Continue to Q57a



Q57a

For each of the periods of ill health or disability, write the year the period began, what year the period ended, and the condition which accounted for the period of ill health or disability. If you marked "More than three" in Q57, refer to the three worst periods of ill health or disability. If this period of ill health is still ongoing, please write the current year in the END YEAR column.

#	Start Year	End Year	Health condition(s)								
1	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					
2	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					
3	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					



This section asks about your physical activity after age 18.

Q58

During each of 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, basketball, football, snow sports, aerobics or gym workout, 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"/>

Q59

During each of 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"/>



We have asked about many things in your life from the time you were born up to now, but there may be something especially important that we have missed.

Q60

Please use the space below to tell us about your most important accomplishments or the things that you are most proud of.

We are very interested to read what you write.

THANK YOU!



Q61

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.

Q62

Approximately, how long did it take you to complete this questionnaire?

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number of minutes

Q63

If there is anything else you would like to tell us, please write in the space below.

We appreciate your feedback.

