

**SECTION A: YOUR HEALTH**

A1. Using a scale from 0 to 10 where 0 means "the worst possible health" and 10 means "the best possible health," how would you rate your health these days?

WORST BEST  
 00 01 02 03 04 05 06 07 08 09 10

A2. Looking back ten years ago, how would you rate your health at that time using the same 0 to 10 scale?

WORST BEST  
 00 01 02 03 04 05 06 07 08 09 10

A3. Looking ahead ten years into the future, what do you expect your health will be like at that time?

WORST BEST  
 00 01 02 03 04 05 06 07 08 09 10

A4. 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?

NONE VERY MUCH  
 00 01 02 03 04 05 06 07 08 09 10

A5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your health these days?

NONE VERY MUCH  
 00 01 02 03 04 05 06 07 08 09 10

A6. How would you rate yourself today compared to five years ago on the following?

	BETTER NOW	NO CHANGE	WORSE NOW
a. Energy level.....	1	2	3
b. Physical fitness.....	1	2	3
c. Physique/figure.....	1	2	3
d. Weight.....	1	2	3

A7. Please indicate how much you agree or disagree with the following statements.

	AGREE				DISAGREE		
	STRONGLY	SOME WHAT	A LITTLE	DON'T KNOW	A LITTLE	SOME WHAT	STRONGLY
a. Keeping healthy depends on things that I can do. ....	1	2	3	4	5	6	7
b. There are certain things I can do for myself to reduce the risk of a heart attack. ....	1	2	3	4	5	6	7
c. There are certain things I can do for myself to reduce the risk of getting cancer. ....	1	2	3	4	5	6	7
d. I work hard at trying to stay healthy. ....	1	2	3	4	5	6	7
e. When I am sick, getting better is in the doctor's hands. ....	1	2	3	4	5	6	7
f. It is difficult for me to get good medical care. ....	1	2	3	4	5	6	7

A8. Please indicate the degree to which each of the following statements is true of you in general.

	NOT AT ALL TRUE	A LITTLE BIT TRUE	MODERATELY TRUE	EXTREMELY TRUE
a. I am often aware of various things happening within my body. ....	1	2	3	4
b. Sudden loud noises really bother me. ....	1	2	3	4
c. I hate to be too hot or too cold. ....	1	2	3	4
d. I am quick to sense hunger contractions in my stomach. ....	1	2	3	4
e. I have a low tolerance for pain. ....	1	2	3	4

A9. In the past 12 months, have you experienced or been treated for any of the following?

	YES	NO
a. Asthma, bronchitis, or emphysema.....	1	5
b. Tuberculosis.....	1	5
c. Other lung problems.....	1	5
d. Arthritis, rheumatism, or other bone or joint diseases.....	1	5
e. Sciatica, lumbago, or recurring backache.....	1	5
f. Persistent skin trouble (e.g., eczema).....	1	5
g. Thyroid disease.....	1	5
h. Hay fever.....	1	5
i. Recurring stomach trouble, indigestion, or diarrhea.....	1	5
j. Urinary or bladder problems.....	1	5
k. Being constipated all or most of the time.....	1	5
l. Gall bladder trouble.....	1	5
m. Persistent foot trouble (e.g., bunions, ingrown toenails).....	1	5
n. Trouble with varicose veins requiring medical treatment.....	1	5
o. AIDS or HIV infection.....	1	5
p. Lupus or other autoimmune disorders.....	1	5
q. Persistent trouble with your gums or mouth.....	1	5
r. Persistent trouble with your teeth.....	1	5
s. High blood pressure or hypertension.....	1	5
t. Anxiety, depression, or some other emotional disorder.....	1	5
u. Alcohol or drug problems.....	1	5
v. Migraine headaches.....	1	5
w. Chronic sleeping problems.....	1	5
x. Diabetes or high blood sugar.....	1	5
y. Multiple sclerosis, epilepsy, or other neurological disorders.....	1	5
z. Stroke.....	1	5
aa. Ulcer.....	1	5
bb. Hernia or rupture.....	1	5

cc.	Piles or hemorrhoids.....	1	5
A10.	During the past 30 days, have you taken <u>prescription medicine</u> for any of the following conditions?		
		YES	NO
a.	Hypertension.....	1	5
b.	Diabetes.....	1	5
c.	High cholesterol.....	1	5
d.	A heart condition.....	1	5
e.	Lung problems.....	1	5
f.	Ulcers.....	1	5
g.	Arthritis.....	1	5
h.	Hormone replacement, such as estrogen.....	1	5
i.	Birth control.....	1	5
j.	Headaches.....	1	5
k.	Nerves, anxiety, or depression.....	1	5

A11. Please indicate whether you take any of the following vitamin or mineral supplements regularly -- that is, at least a couple of times a week.

		YES	NO
a.	Multi-vitamins? .....	1	5
b.	Vitamin C? .....	1	5
c.	Iron? .....	1	5
d.	Calcium? .....	1	5
e.	Any others? (Please specify) .....	1	5
	_____		
	_____		
	_____		
	_____		

A12. During the past 30 days, how often have you experienced each of the following?

	ALMOST EVERY DAY	SEVERAL TIMES A WEEK	ONCE A WEEK	SEVERAL TIMES A MONTH	ONCE A MONTH	NOT AT ALL
a. Headaches.....	1	2	3	4	5	6
b. Lower back aches.....	1	2	3	4	5	6
c. Sweating a lot.....	1	2	3	4	5	6
d. Irritability.....	1	2	3	4	5	6
e. Hot flushes or flashes.....	1	2	3	4	5	6
f. Aches or stiffness in joints.....	1	2	3	4	5	6
g. Trouble getting to sleep or staying asleep. ....	1	2	3	4	5	6
h. Leaking urine.....	1	2	3	4	5	6
i. Pain or discomfort during intercourse. ....	1	2	3	4	5	6

A13. During the past 30 days, how much of the time did you feel...

	ALL THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
a. ...so sad nothing could cheer you up? ..	1	2	3	4	5
b. ...nervous? .....	1	2	3	4	5
c. ...restless or fidgety? .....	1	2	3	4	5
d. ...hopeless? .....	1	2	3	4	5
e. ...that everything was an effort? .....	1	2	3	4	5
f. ...worthless? .....	1	2	3	4	5

A14. Compared to a typical month for you, how much more often than usual or less often than usual did you have the feelings listed above in question A13 during the past 30 days? (If you never have any of these feelings, circle "4".)

1. A lot more often than usual
2. Somewhat more often than usual
3. A little more often than usual
4. About the same as usual
5. A little less often than usual
6. Somewhat less often than usual

7. A lot less often than usual

A15. During the past 30 days, how much of the time did you feel...

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
a. ...cheerful? .....	1	2	3	4	5
b. ...in good spirits? .....	1	2	3	4	5
c. ...extremely happy? .....	1	2	3	4	5
d. ...calm and peaceful? .....	1	2	3	4	5
e. ...satisfied? .....	1	2	3	4	5
f. ...full of life? .....	1	2	3	4	5

A16. Compared to a typical month for you, how much more often than usual or less often than usual did you have the feelings listed above in question A15 during the past 30 days? (If you never have any of these feelings, circle "4".)

1. A lot more often than usual
2. Somewhat more often than usual
3. A little more often than usual
4. About the same as usual
5. A little less often than usual
6. Somewhat less often than usual
7. A lot less often than usual

A17. How much does your health limit you in doing each of the following?

	A LOT	SOME	A LITTLE	NOT AT ALL
a. Lifting or carrying groceries.....	1	2	3	4
b. Bathing or dressing yourself.....	1	2	3	4
c. Climbing several flights of stairs.....	1	2	3	4
d. Bending, kneeling, or stooping.....	1	2	3	4
e. Walking more than a mile.....	1	2	3	4
f. Walking several blocks.....	1	2	3	4
g. Walking one block.....	1	2	3	4
h. Vigorous activity (e.g., running, lifting heavy objects)..	1	2	3	4

i. Moderate activity (e.g., bowling, vacuuming)..... 1 2 3 4

---

A18. During the summer, how often do you engage in vigorous physical activity (for example, running or lifting heavy objects) long enough to work up a sweat?

1. Several times a week or more
2. About once a week
3. Several times a month
4. About once a month
5. Less than once a month
6. Never

A19. What about during the winter -- how often do you engage in vigorous physical activity long enough to work up a sweat?

1. Several times a week or more
2. About once a week
3. Several times a month
4. About once a month
5. Less than once a month
6. Never

A20. During the summer, how often do you engage in moderate physical activity (for example, bowling or using a vacuum cleaner)?

1. Several times a week or more
2. About once a week
3. Several times a month
4. About once a month
5. Less than once a month
6. Never

A21. What about during the winter -- how often do you engage in moderate physical activity?

1. Several times a week or more
2. About once a week
3. Several times a month
4. About once a month
5. Less than once a month
6. Never

A22. Do you get short of breath in the following situations?

	YES	NO
a. When hurrying on ground level or walking up a slight hill.....	1	5
b. When walking with other people your age on level ground.....	1	5
c. When walking at your own pace on level ground.....	1	5
d. When washing or dressing.....	1	5

The next questions are about body measurements. We have enclosed a tape measure to help you. It is yours to keep. The information will be more accurate if you follow these suggestions:

- \* Make measurements while standing
- \* Avoid measuring over clothing (even thin clothing can add a 1/4 inch)
- \* Try to record answers to the nearest quarter (1/4) inch
- \* Use the diagram on the right as a guide

A23. What is your waist size -- that is, how many inches around is your waist? Please measure at the level of your navel.

\_\_\_\_\_ # INCHES

A24. What is your hip size -- that is, how many inches do your hips measure at the widest point? Measure at the widest point between your waist and your thighs.

\_\_\_\_\_ # INCHES

A25. How tall are you?

\_\_\_\_\_ # FEET \_\_\_\_\_ # INCHES

A26. Which of the following do you consider yourself?

1. Very overweight
2. Somewhat overweight
3. About the right weight
4. Somewhat underweight
5. Very underweight

A27. How much do you currently weigh?

\_\_\_\_\_ # OF POUNDS

A28. How much did you weigh one year ago? (Your best estimate is fine.)

\_\_\_\_\_ # OF POUNDS

A29. About how much did you weigh when you were 21 years old? (Your best estimate is fine.)

\_\_\_\_\_ # OF POUNDS

A30. During the past 12 months, did you ...

	YES	NO
a. ...lose 10 pounds or more because of illness or health problems? .....	1	5
b. ...lose 10 pounds or more by diet, exercise or change of lifestyle? .....	1	5
c. ...lose 10 pounds or more for other reasons? (Please specify) .....	1	5
_____		
—		
_____		
—		

A31. During your lifetime, about how many times have you lost 10 pounds or more (excluding women after childbirth)?

\_\_\_\_\_ # OF TIMES

A32. Have you ever in your life had an operation or major procedure that required any type of anesthesia (including local anesthesia, general anesthesia, dental anesthesia, etc.)?

- 1. Yes ---> *GO TO A32a*
- 5. No ---> *GO TO A33*

A32a. In what year did this happen (most recently)?

19\_\_\_\_\_ YEAR

A33. How many separate times in the past 12 months have you been hospitalized overnight?

\_\_\_\_\_ # TIMES

**IF ONE OR MORE TIMES IN A33:**

A33a. How many nights did you stay in a hospital -- altogether -- in the past 12 months?

\_\_\_\_\_ # NIGHTS

A34. Do you have one particular place where you usually get medical care?

- 1. Yes
- 5. No

A35. Do you have one particular doctor who you usually see?

- 1. Yes
- 5. No

A36. Please indicate how many times you saw each of the following doctors in the past 12 months about your physical health. Include only visits regarding your own physical health, not visits when you took someone else to be examined. (If none, please enter "0".)

	# TIMES
a. A doctor, hospital or clinic for a routine physical check-up or gynecological exam.....	—
b. A dentist or optician for a routine check-up or exam.....	—
c. A doctor, emergency room, or clinic for urgent care treatment (for example, because of new symptoms, an accident, or something else unexpected).....	—
d. A doctor, hospital, clinic, orthodontist or ophthalmologist for scheduled treatment or surgery.....	—

A37. Please indicate how many times you saw each of the following professionals in the past 12 months about a problem with your emotional or mental health or about personal problems, such as problems with your marriage, with alcohol or drugs, or with job stress. Include both individual visits and group sessions regarding your own problems, but not visits when you took someone else regarding their problems. (If none, please enter "0".)

	# TIMES
a. A psychiatrist? .....	—
b. A general practitioner or other medical doctor? .....	—
c. A psychologist, professional counselor, marriage therapist, or social worker? .....	—
d. A minister, priest, rabbi or other spiritual advisor? .....	—

A38. The next questions are about self-help groups, by which we mean groups organized and run by people who get together on the basis of a common experience or goal to mutually help or support one another. (Groups organized and led by doctors, psychologists, social workers, or other professionals do not qualify as self-help groups.) Please indicate in the first column whether you ever attended a meeting of one of these self-help groups at any time in your life. For each group you ever attended, record in the second column how old you were the first time you attended and record in the third column how many meetings you attended in the past 12 months. (If none in the past 12 months, enter "0".)

	EVER ATTENDED?		IF YES, AGE YOU FIRST ATTENDED	# OF TIMES ATTENDED IN THE PAST 12 MONTHS
	YES	NO		
a. Groups for people with substance problems (such as Alcoholics Anonymous or Rational Recovery) .....	1	5	—	—
b. Groups for people with emotional problems (such as GROW, the Manic Depressive and Depressive Association, or Emotions Anonymous) .....	1	5	—	—
c. Groups for people with eating problems .....	1	5	—	—
d. Groups for dealing with the death of a loved one (such as The Compassionate Friends or Widow to Widow) .....	1	5	—	—
e. Groups for people making other life transitions (such as Parents without Partners or The Empty Nesters) .....	1	5	—	—
f. Groups for survivors (such as Adult Children of Alcoholics or Survivors of Childhood Sexual Abuse) .....	1	5	—	—
g. Groups for people with physical disabilities or illnesses (such as Living With Cancer or Living With AIDS) .....	1	5	—	—
h. Parent support groups (such as Toughlove or Parents Anonymous) .....	1	5	—	—
i. Groups for the families of people with a physical illness (such as The Candlelighters or Families of Children with Cancer) .....	1	5	—	—
j. Groups for the families of people with emotional or substance problems (such as The National Alliance for the Mentally Ill or Al Anon) .....	1	5	—	—
k. Any other self-help group, mutual help group, or support	1	5	—	—

group (Please enter the name(s) of the group(s) below:)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A39. Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness?

	YES	NO
a. Acupuncture .....	1	5
b. Biofeedback .....	1	5
c. Chiropractic .....	1	5
d. Energy healing .....	1	5
e. Exercise or movement therapy .....	1	5
f. Herbal therapy .....	1	5
g. High dose mega-vitamins .....	1	5
h. Homeopathy .....	1	5
i. Hypnosis .....	1	5
j. Imagery techniques .....	1	5
k. Massage therapy .....	1	5
l. Prayer or other spiritual practices .....	1	5
m. Relaxation or meditation techniques .....	1	5
n. Special diets .....	1	5
o. Spiritual healing by others .....	1	5
p. Any other non-traditional remedy or therapy (Please specify:) .....	1	5
_____		
_____		
_____		
_____		

A40. The next questions are about your use of drugs or medications on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use any of the following substances on your own during the past 12 months?

	YES	NO
a. Sedatives, including either barbiturates or sleeping pills on your own (e.g. Seconal, Halcion, Methaqualone).....	1	5
b. Tranquilizers or "nerve pills" on your own (e.g. Librium, Valium, Ativan, Xanax).	1	5
c. Amphetamines or other stimulants on your own (e.g. Methamphetamine, Preludin, Dexedrine, Ritalin, "Speed").....	1	5
d. Analgesics or other prescription painkillers on your own (NOTE: this does not include normal use of aspirin, tylenol without codeine, etc, but <u>does</u> include use of tylenol with codeine and other prescribed painkillers like Demerol, Darvon, and Percodan).....	1	5
e. Prozac or other similar prescription medications to treat depression on your own....	1	5
f. Inhalants that you sniff or breathe to get high or to feel good (e.g. Amylnitrate, Freon, Nitrous Oxide ("Whippets"), Gasoline, Spray paint).....	1	5
g. Marijuana or hashish.....	1	5
h. Cocaine or crack or free base.....	1	5
i. LSD or other hallucinogens (e.g. PCP, angel dust, peyote, ecstasy (MDMA), mescaline).....	1	5
j. Heroin.....	1	5

**DIRECTIONS:** If you marked "yes" for any of the substances listed above, please answer Questions A41 - A43. If you said "no" to all of them, go to page 15 and continue with Question A44.

A41. During the past 12 months, how many times did you use much larger amounts of any of these substances than you intended to when you began, or used them for a longer period of time than you intended to?

1. Never
2. Once or twice
3. 3 to 5 times
4. 6 to 10 times
5. 11 to 20 times
6. More than 20 times

A42. In the past 12 months, how many times have you been under the effects of any of these substances or suffering their after-effects while at work or school, or while taking care of children?

1. Never
2. Once or twice
3. 3 to 5 times
4. 6 to 10 times
5. 11 to 20 times
6. More than 20 times

A43. For the next set of questions, please keep in mind all of the substances listed in Question A40 that you have used in the past 12 months. For each question, if your answer is "yes" for one of the substances, even if it is not true for other substances you used, circle "1".

	YES	NO
a. Were you ever under, during the past 12 months, the effects of any of these substances or feeling their after-effects in a situation which increased your chances of getting hurt - like when driving a car or boat, using knives or guns or machinery, crossing against traffic, climbing or swimming? .....	1	5
b. Did you ever, during the past 12 months, have any emotional or psychological problems from using any of these substances -- such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?	1	5
c. Did you ever, during the past 12 months, have such a strong desire or urge to use any of these substances that you could not resist it or could not think of anything else? .....	1	5
d. Did you have a period of a month or more during the past 12 months when you spent a great deal of time using any of these substances or getting over any of their effects? .....	1	5
e. Did you ever, during the past 12 months, find that you had to use more of any of these substances than usual to get the same effect or that the same amount had less effect on you than before? .....	1	5

A44. During the past 12 months, did you have any of the following problems while drinking or because of drinking alcohol?

	YES	NO
a. Were you ever, during the past 12 months, under the effects of alcohol or feeling its after-effects in a situation which increased your chances of getting hurt - such as when driving a car or boat, or using knives or guns or machinery? .....	1	5
b. Did you ever, during the past 12 months, have any emotional or psychological problems from using alcohol -- such as feeling depressed, being suspicious of people, or having strange ideas? .....	1	5
c. Did you ever, during the past 12 months, have such a strong desire or urge to use alcohol that you could not resist it or could not think of anything else? .....	1	5
d. Did you have a period of a month or more during the past 12 months when you spent a great deal of time using alcohol or getting over its effects? .....	1	5
e. Did you ever, during the past 12 months, find that you had to use more alcohol than usual to get the same effect or that the same amount had less effect on you than before? .....	1	5

A45. During the past 12 months, how many times did you use much larger amounts of alcohol than you intended to when you began, or used them for a longer period of time than you intended to?

1. Never
2. Once or twice
3. 3 to 5 times
4. 6 to 10 times
5. 11 to 20 times
6. More than 20 times

A46. In the past 12 months, how many times have you been under the effects of alcohol or suffering their after-effects while at work or school, or while taking care of children?

1. Never
2. Once or twice
3. 3 to 5 times
4. 6 to 10 times
5. 11 to 20 times
6. More than 20 times

SECTION B: HEALTH QUESTIONS FOR WOMEN

DIRECTIONS: Section B is for women only. Male respondents, please turn to page 19 and continue with Section C.

B1. How old were you when you had your first menstrual period? (If you cannot remember your exact age, please answer with your best estimate.)

\_\_\_\_\_ YEARS OLD

B2. When you have a menstrual period (or when you had them in the past), how much discomfort do (or did) you usually experience during the few days before your period starts (or started)?

1. A lot
2. Some
3. A little
4. None at all

B3. How much discomfort do (or did) you usually experience during your periods?

1. A lot
2. Some
3. A little
4. None at all

B4. Women have different feelings about the time when their menstrual periods stop altogether. Which of the statements below best describes your feelings about this? Please answer, whether or not your periods have already stopped.

1. Great relief
2. Some relief
3. Mixed feelings -- both relief and regret
4. Some regret
5. Great regret
6. No particular feeling one way or the other

B5. Over the past month, have you taken any of the following medications?

	YES	NO
a. Aspirin, Tylenol, Advil or other pain relievers.....	1	5
b. Sleeping pills.....	1	5
c. Creams/jellies for vaginal dryness.....	1	5

B6. Did you ever take hormone replacement pills for menopausal symptoms -- for example, Premarin, DES, or estrace?

- 1. Yes ---> GO TO B6a
- 5. No ---> GO TO B7

B6a. How old were you when you started taking hormone replacement pills?

\_\_\_\_\_ YEARS OLD

B6b. Are you still taking them?

- 1. Yes ---> GO TO B7
- 5. No ---> GO TO B6c

B6c. How old were you when you stopped taking them?

\_\_\_\_\_ YEARS OLD

B7. Have you ever had any of the operations listed below? For the one(s) you have had, write in the age you were at the time of the operation.

	YES	NO	IF YES, AGE AT OPERATION
a. Removal of uterus only (hysterectomy).....	1	5	_____ YEARS OLD
b. Removal of uterus and <u>one</u> ovary.....	1	5	_____ YEARS OLD
c. Removal of uterus and <u>both</u> ovaries.....	1	5	_____ YEARS OLD
d. Removal of <u>one</u> ovary only, but not uterus.....	1	5	_____ YEARS OLD
e. Removal of <u>both</u> ovaries, but not uterus.....	1	5	_____ YEARS OLD
f. Tubal ligation (having your fallopian tubes tied).....	1	5	_____ YEARS OLD

B8. Women sometimes worry about the future and getting older. How much do you worry about each of the following?

	A LOT	SOME	A LITTLE	NOT AT ALL
a. Being too old to have children.....	1	2	3	4
b. Being less attractive as a woman.....	1	2	3	4
c. Having more illness as you get older.....	1	2	3	4

B9. Have your menstrual periods stopped permanently -- not counting a temporary stop because of such things as pregnancy, birth control, extreme dieting, or medications?

- 1. Yes ---> GO TO B9a
- 5. No ---> GO TO B10

B9a. How old were you when you had your last menstrual period? (If you cannot remember your exact age, please answer with your best estimate.)

\_\_\_\_\_ YEARS

GO TO NEXT PAGE, SECTION C

B10. Have you had a menstrual period in the last 3 months?

- 1. Yes ---> GO TO BOX A
- 5. No ---> GO TO BOX B

**BOX A** (If you have had a period in the last 3 months)

B10a. Compared to a year ago, have your recent menstrual periods been more regular, less regular, or has there been no change?

- 1. More regular
- 2. Less regular
- 3. No change

B10b. Compared to a year ago, has your menstrual flow recently been lighter, heavier, or about the same as usual?

- 1. Lighter
- 2. Heavier
- 3. About the same

GO TO NEXT PAGE, SECTION C

**BOX B (If you have not had a period in the last 3 months)**

B10c. Which of the following is the main reason that you have not had a period in 3 months?

1. Pregnancy
2. Extreme dieting
3. Side effect of, or caused by surgery
4. Side effect of, or caused by medication, treatment, or birth control
5. Possible beginning of menopause
8. Don't know

GO TO NEXT PAGE, SECTION C

**SECTION C: HEALTH INSURANCE**

C1. Are you currently covered by any of the following health insurance plans? Do not include those that pay only for accidents (such as through your car insurance) or disability (such as disability insurance). (If you have no spouse or partner, or no union, circle "5" for those questions.)

	YES	NO	DON'T KNOW
<i>Private health insurance</i>	1	5	8
a. Private insurance directly from the insurer.....			
b. Private insurance through your own current or former employer.....	1	5	8
c. Private insurance through your spouse or partner's current or former employer.....	1	5	8
d. Private insurance through your own current or former union.....	1	5	8
e. Private insurance through your spouse or partner's current or former union.....	1	5	8
<i>Government health insurance</i>	1	5	8
f. Medicare.....			
g. Medicaid, or other government health insurance based on financial need..	1	5	8
h. CHAMPUS, CHAMPVA, or other government health insurance for military personnel or veterans.....	1	5	8

C2. Do you have health insurance that covers the cost of any mental health visits -- that is, that would help to pay for visits such as psychological or emotional counseling, or alcohol or drug abuse treatment programs?

1. Yes
5. No
8. Don't know

C3. We are also interested in what sources of private health insurance are available to you, whether or not you are currently covered through them. Do not consider whether you could afford the insurance, only whether insurance would be available to you. Could you apply for health insurance from any of the following sources? (If you have no spouse or partner, or no union, circle "5".)

	YES	NO	DON'T KNOW
a. Through your own current or former employer.....	1	5	8
b. Through your spouse or partner's current or former employer.....	1	5	8
c. Through your own current or former union.....	1	5	8
d. Through your spouse or partner's current or former union.....	1	5	8

C4. Would you be eligible for any of the following government health insurance plans -- that is, could you get this kind of insurance if you applied?

	ELIGIBLE	NOT ELIGIBLE	DON'T KNOW
a. Medicare.....	1	2	8
b. Medicaid, or other government health insurance based on financial need.....	1	2	8
c. CHAMPUS, CHAMPVA, or other government health insurance for military personnel or veterans...	1	2	8

**DIRECTIONS:** If you are married, or living with a partner in a marriage-like relationship, please continue with Question C5 below. Otherwise, continue with Section D on the next page.

C5. Is your spouse or partner currently covered by any of the following health insurance plans? Again, do not include those which pay only for accidents (such as through your car insurance) or disability (such as disability insurance).

	YES	NO	DON'T KNOW
<i>Private health insurance</i>	1	5	8
a. Private insurance directly from the insurer.....			
b. Private insurance through your current or former employer.....	1	5	8
c. Private insurance through your spouse or partner's current or former employer.....	1	5	8
d. Private insurance through your current or former union.....	1	5	8
e. Private insurance through your spouse or partner's current or former union.....	1	5	8
<i>Government health insurance</i>	1	5	8
f. Medicare.....			
g. Medicaid, or other government health insurance based on financial need..	1	5	8

h. CHAMPUS, CHAMPVA, or other government health insurance for military personnel or veterans.....	1	5	8
---	---	---	---

---

- C6. Does your spouse or partner have health insurance that covers the cost of any mental health visits -- that is, that would help to pay for visits for him or her such as psychological or emotional counseling, or alcohol or drug abuse treatment programs?
1. Yes
  5. No
  8. Don't know

SECTION D: PARENTS' HEALTH

**DIRECTIONS:** This section is about your biological parents' health. If you were raised by someone else, such as step-parents or adoptive parents, please answer these questions about your biological parents as best you can.

D1. Looking back to when you were 16, how would you rate your biological mother's health at that time?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Deceased ---> *GO TO BOX B*
8. Don't know

D2. Is your biological mother still alive?

1. Yes ---> *GO TO BOX A*
5. No ---> *GO TO BOX B*
8. Don't know ---> *GO TO NEXT PAGE, D3*

**BOX A (If your biological mother is alive)**

D2a. How old is she? (Your best estimate is fine.)

\_\_\_\_\_ # YEARS OLD

D2b. How would you rate your biological mother's current physical health?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

GO TO NEXT PAGE, D3

**BOX B (If your biological mother is deceased)**

D2c. In what year did she die? (Your best estimate is fine.)

19\_\_\_\_\_ YEAR

D2d. How old was she when she died? (Your best estimate is fine.)

\_\_\_\_\_ # YEARS OLD

D3. Again, looking back to when you were 16, how would you rate your biological father's health at that time?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Deceased ---> *GO TO BOX D*
8. Don't know

D4. Is your biological father still alive?

1. Yes ---> *GO TO BOX C*
5. No ---> *GO TO BOX D*
8. Don't know ---> *GO TO NEXT PAGE, SECTION E*

**BOX C (If your biological father is alive)**

D4a. How old is he? (Your best estimate is fine.)

\_\_\_\_\_ # YEARS OLD

D4b. How would you rate your biological father's current physical health?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

GO TO NEXT PAGE, SECTION E

**BOX D (If your biological father is deceased)**

D4c. In what year did he die? (Your best estimate is fine.)

19\_\_\_\_\_ YEAR

D4d. How old was he when he died? (Your best estimate is fine.)

\_\_\_\_\_ # YEARS OLD

## SECTION E: CHILDHOOD FAMILY BACKGROUND

E1. What is the month, day, and year of your birth?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

E2. Were you born in the United States?

1. Yes
5. No

E3. Was your mother born in the United States?

1. Yes
5. No
8. Don't know

E4. Was your father born in the United States?

1. Yes
5. No
8. Don't know

E5. Which of the following best describes the language(s) spoken in your household when you were growing up? Count only the language(s) used on a regular basis.

1. English was the only language spoken regularly
2. English was the main language spoken, but a second language was also spoken regularly
3. A language other than English was the main language spoken, but English was also spoken regularly
4. A language other than English was the only language spoken regularly

E6. How important was religion in your home when you were growing up?

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important

E7. Which of the following best describes the area where you were raised during most of your childhood?

1. Rural
2. Small town
3. Medium-sized town
4. Suburbs
5. City
6. Moved around

E8. How many times during your childhood did you move to a totally new neighborhood or town?  
(If none, enter "0".)

\_\_\_\_\_ # TIMES

E9. When you were growing up, was your family better off or worse off financially than the average family was at that time? (If your parents lived separately and had different financial situations, answer for the family you lived with for the longest time.)

1. A lot better off
2. Somewhat better off
3. A little better off
4. Same as average family
5. A little worse off
6. Somewhat worse off
7. A lot worse off

E10. When your parents were the age you are now, were they better off or worse off financially than you are now?

1. A lot better off than you
2. Somewhat better off than you
3. A little better off than you
4. Same as you
5. A little worse off than you
6. Somewhat worse off than you
7. A lot worse off than you
8. Don't know

E11. How many regular chores did you have during the time when you growing up?

1. A lot
2. Some
3. A little
4. None

E12. How many rules did you have about how to spend your time?

1. A lot
2. Some
3. A little
4. None

**DIRECTIONS:** The next few questions are about your mother, or the woman who raised you. If you were raised in a home with a male caregiver, but without a female caregiver, please go to Question E15 on the next page. If you were raised without caregivers -- for example, in an institutional setting -- please go to page 27, Question E17.

E13. How would you rate your relationship with your mother (or the woman who raised you) during the years you were growing up?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

E14. Please rate the following characteristics of your mother (or the woman who raised you) during the years you were growing up.

	A LOT	SOME	A LITTLE	NOT AT ALL
a. How much did she understand your problems and worries? .....	1	2	3	4
b. How much could you confide in her about things that were bothering you? .....	1	2	3	4
c. How much love and affection did she give you? .....	1	2	3	4
d. How much time and attention did she give you when you needed it? .....	1	2	3	4
e. How much effort did she put into watching over you and making sure you had a good upbringing? .....	1	2	3	4
f. How strict was she with her rules for you? .....	1	2	3	4
g. How consistent was she about the rules? .....	1	2	3	4
h. How harsh was she when she punished you? .....	1	2	3	4
i. How much did she stop you from doing things that other kids your age were allowed to do? .....	1	2	3	4
j. How much did she expect you to do your best in everything you did? .....	1	2	3	4
k. How much did she teach you about life? .....	1	2	3	4
l. How generous and helpful was she to people outside the family? .....	1	2	3	4
m. How sociable and friendly was she to people outside the	1	2	3	4

family? .....

**DIRECTIONS:** The next few questions are about your father, or the man who raised you. If you were raised in a home without a male caregiver, please go to Question E17 on the next page.

E15. How would you rate your relationship with your father (or the man who raised you) during the years you were growing up?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

E16. Please rate the following characteristics of your father (or the man who raised you) during the years you were growing up.

	A LOT	SOME	A LITTLE	NOT AT ALL
a. How much did he understand your problems and worries? .....	1	2	3	4
b. How much could you confide in him about things that were bothering you? .....	1	2	3	4
c. How much love and affection did he give you? .....	1	2	3	4
d. How much time and attention did he give you when you needed it? .....	1	2	3	4
e. How much effort did he put into watching over you and making sure you had a good upbringing? .....	1	2	3	4
f. How strict was he with his rules for you? .....	1	2	3	4
g. How consistent was he about the rules? .....	1	2	3	4
h. How harsh was he when he punished you? .....	1	2	3	4
i. How much did he stop you from doing things that other kids your age were allowed to do? .....	1	2	3	4
j. How much did he expect you to do your best in everything you did? .....	1	2	3	4
k. How much did he teach you about life? .....	1	2	3	4
l. How generous and helpful was he to people outside the family? .....	1	2	3	4
m. How sociable and friendly was he to people outside the	1	2	3	4

family? .....

---

E17. Below, and on the next page, are three lists of things that happen to some children. After each list, please indicate how often your parents, siblings, or anyone else did things like this to you. (If a question does not apply because there was no such person in your family when you were growing up, circle "8".)

LIST A	
Insulted you or swore at you Sulked or refused to talk to you Stomped out of the room	Did or said something to spite you Threatened to hit you Smashed or kicked something in anger

	OFTEN	SOME-TIMES	RARELY	NEVER	DOES NOT APPLY
	1	2	3	4	8
a. During your childhood, how often did your mother, or the woman who raised you, do any of the things on List A to you? .....					
b. During your childhood, how often did your father, or the man who raised you, do any of the things on List A to you? .....	1	2	3	4	8
c. During your childhood, how often did any of your brothers do any of the things on List A to you? ....	1	2	3	4	8
d. During your childhood, how often did any of your sisters do any of the things on List A to you? .....	1	2	3	4	8
e. During your childhood, how often did anybody else do any of the things on List A to you? .....	1	2	3	4	

LIST B
Pushed, grabbed, or shoved you Slapped you Threw something at you

	OFTEN	SOME-TIMES	RARELY	NEVER	DOES NOT APPLY
	1	2	3	4	8
f. During your childhood, how often did your mother, or the woman who raised you, do any of the things on List B to you? .....					
g. During your childhood, how often did your father, or the man who raised you, do any of the things on List B to you? .....	1	2	3	4	8
h. During your childhood, how often did any of your brothers do any of the things on List B to you? ....	1	2	3	4	8
i. During your childhood, how often did any of your sisters do any of the things on List B to you? .....	1	2	3	4	8
j. During your childhood, how often did anybody else do any of the things on List B to you? .....	1	2	3	4	

LIST C	
Kicked, bit, or hit you with a fist Hit or tried to hit you with something Beat you up	Choked you Burned or scalded you

	OFTEN	SOME-TIMES	RARELY	NEVER	DOES NOT APPLY
k. During your childhood, how often did your mother, or the woman who raised you, do any of the things on List C to you? .....	1	2	3	4	8
l. During your childhood, how often did your father, or the man who raised you, do any of the things on List C to you? .....	1	2	3	4	8
m. During your childhood, how often did any of your brothers do any of the things on List C to you? ....	1	2	3	4	8
n. During your childhood, how often did any of your sisters do any of the things on List C to you? .....	1	2	3	4	8
o. During your childhood, how often did anybody else do any of the things on List C to you? .....	1	2	3	4	

E18. How many brothers did you have while you were growing up, including both natural and step- or half-brothers, and how many were older than you? (If none, enter "0".)

\_\_\_\_\_ # OLDER BROTHERS

\_\_\_\_\_ # YOUNGER BROTHERS

\_\_\_\_\_ # BROTHERS SAME AGE (e.g., twins or triplets)

E19. How many sisters did you have while you were growing up, including both natural and step- or half-sisters, and how many were older than you? (If none, enter "0".)

\_\_\_\_\_ # OLDER SISTERS

\_\_\_\_\_ # YOUNGER SISTERS

\_\_\_\_\_ # SISTERS SAME AGE (e.g., twins or triplets)



## SECTION F: PERSONAL BELIEFS

F1. Please indicate how strongly you agree or disagree with each of the following statements.

	AGREE				DON'T KNOW	DISAGREE		
	STRONGLY	SOME WHAT	A LITTLE			A LITTLE	SOME WHAT	STRONGLY
a. I like most parts of my personality.	1	2	3	4	5	6	7	
b. When I look at the story of my life, I am pleased with how things have turned out so far. ....	1	2	3	4	5	6	7	
c. Some people wander aimlessly through life, but I am not one of them. ....	1	2	3	4	5	6	7	
d. The demands of everyday life often get me down. ....	1	2	3	4	5	6	7	
e. In many ways I feel disappointed about my achievements in life. ....	1	2	3	4	5	6	7	
<hr/>								
f. Maintaining close relationships has been difficult and frustrating for me. ....	1	2	3	4	5	6	7	
g. I live life one day at a time and don't really think about the future. .	1	2	3	4	5	6	7	
h. In general, I feel I am in charge of the situation in which I live. ....	1	2	3	4	5	6	7	
i. I am good at managing the responsibilities of daily life. ....	1	2	3	4	5	6	7	
j. I sometimes feel as if I've done all there is to do in life. ....	1	2	3	4	5	6	7	
<hr/>								
k. For me, life has been a continuous process of learning, changing, and growth. ....	1	2	3	4	5	6	7	
l. I think it is important to have new experiences that challenge how I think about myself and the world. ..	1	2	3	4	5	6	7	
m. People would describe me as a giving person, willing to share my time with others. ....	1	2	3	4	5	6	7	
n. I gave up trying to make big improvements or changes in my life a long time ago. ....	1	2	3	4	5	6	7	

*(continued)*

	AGREE			DON'T KNOW	DISAGREE		
	STRONGLY	SOME WHAT	A LITTLE		A LITTLE	SOME WHAT	STRONGLY
o. I tend to be influenced by people with strong opinions. ....	1	2	3	4	5	6	7
p. I have not experienced many warm and trusting relationships with others. ....	1	2	3	4	5	6	7
q. I have confidence in my own opinions, even if they are different from the way most other people think. ....	1	2	3	4	5	6	7
r. I judge myself by what I think is important, not by the values of what others think is important. ....	1	2	3	4	5	6	7
s. There is little I can do to change the important things in my life. ....	1	2	3	4	5	6	7
t. I often feel helpless in dealing with the problems of life. ....	1	2	3	4	5	6	7
u. I can do just about anything I really set my mind to. ....	1	2	3	4	5	6	7
v. Other people determine most of what I can and cannot do. ....	1	2	3	4	5	6	7
w. What happens in my life is often beyond my control. ....	1	2	3	4	5	6	7
x. When I really want to do something, I usually find a way to succeed at it. ....	1	2	3	4	5	6	7
y. There are many things that interfere with what I want to do. ....	1	2	3	4	5	6	7
z. Whether or not I am able to get what I want is in my own hands. ...	1	2	3	4	5	6	7
aa. I have little control over the things that happen to me. ....	1	2	3	4	5	6	7
bb. There is really no way I can solve the problems I have. ....	1	2	3	4	5	6	7
cc. I sometimes feel I am being pushed around in my life. ....	1	2	3	4	5	6	7
dd. What happens to me in the future mostly depends on me. ....	1	2	3	4	5	6	7

F2. Please indicate how strongly you agree or disagree with each of the following statements.

	AGREE				DISAGREE		
	STRONGLY	SOME WHAT	A LITTLE	DON'T KNOW	A LITTLE	SOME WHAT	STRONGLY
a. Women can have full and happy lives without marrying. ....	1	2	3	4	5	6	7
b. Employed mothers can have just as good a relationship with their children as mothers who are not employed. ....	1	2	3	4	5	6	7
c. To grow up emotionally healthy, children need to be raised in an intact family with <u>both</u> parents. ....	1	2	3	4	5	6	7
d. Men should share equally with their wives in the work around the house.	1	2	3	4	5	6	7
e. Men can have full and happy lives without marrying. ....	1	2	3	4	5	6	7
f. Women can have full and happy lives without having any children. ..	1	2	3	4	5	6	7
g. Men can have full and happy lives without having any children. ....	1	2	3	4	5	6	7
h. The partner in a marriage who puts in the <u>fewest</u> hours at work should do the <u>most</u> household chores. ....	1	2	3	4	5	6	7
i. The partner in a marriage who earns the <u>least</u> money should do the <u>most</u> household chores. ....	1	2	3	4	5	6	7
j. Single parents can rear children just as well as married adults. ....	1	2	3	4	5	6	7
k. Men should share equally with their wives in taking care of young children. ....	1	2	3	4	5	6	7

F3. Please indicate how well the following statements describe you.

	A LOT	SOME	A LITTLE	NOT AT ALL
a. When things don't go according to my plans, my motto is, "Where there's a will, there's a way." .....	1	2	3	4
b. When faced with a bad situation, I do what I can to change it for the better. ....	1	2	3	4
c. When my expectations are not being met, I lower my expectations. ....	1	2	3	4
d. To avoid disappointments, I don't set my goals too high.	1	2	3	4
e. I find I usually learn something meaningful from a difficult situation. ....	1	2	3	4
f. I feel relieved when I let go of some of my responsibilities. ....	1	2	3	4
g. Even when I feel I have too much to do, I find a way to get it all done. ....	1	2	3	4
h. When I am faced with a bad situation, it helps to find a different way of looking at things. ....	1	2	3	4
i. I often remind myself that I can't do everything. ....	1	2	3	4
j. When I encounter problems, I don't give up until I solve them. ....	1	2	3	4
k. I rarely give up on something I am doing, even when things get tough. ....	1	2	3	4
l. When I can't get what I want, I assume my goals must be unrealistic. ....	1	2	3	4
m. Even when everything seems to be going wrong, I can usually find a bright side to the situation. ....	1	2	3	4
n. I can find something positive even in the worst situations. ....	1	2	3	4
o. I like to make plans for the future. ....	1	2	3	4
p. I know what I want out of life. ....	1	2	3	4
q. I live one day at a time. ....	1	2	3	4
r. I can head off a bad situation before it happens. ....	1	2	3	4

(continued)

	A LOT	SOME	A LITTLE	NOT AT ALL
s. I can sense when an opportunity is coming my way. ....	1	2	3	4
t. I find it helpful to set goals for the near future. ....	1	2	3	4
u. I have too many things to think about today to think about tomorrow. ....	1	2	3	4
v. Making sense of my past helps me figure out what to do in the present. ....	1	2	3	4
w. There is no use in thinking about the past because there is nothing you can do about it. ....	1	2	3	4
x. After something bad happens, I think about how I could have prevented it. ....	1	2	3	4
<hr/>				
y. I have too many things to think about today to think about yesterday. ....	1	2	3	4
z. I am good at predicting what is going to happen to me.	1	2	3	4
aa. I am good at figuring out how things will turn out. ....	1	2	3	4
bb. I believe there is no sense planning too far ahead because so many things can change. ....	1	2	3	4
cc. I try to make sense of things that have happened to me.	1	2	3	4
dd. I have had new insights into the way things have turned out. ....	1	2	3	4
ee. I don't like to ask others for help unless I have to. ....	1	2	3	4
<hr/>				
ff. I would rather deal with my problems by myself. ....	1	2	3	4
gg. Asking others for help comes naturally to me. ....	1	2	3	4
hh. I don't let others know when things aren't going well for me. ....	1	2	3	4
ii. I like to get advice from others before making a decision. ....	1	2	3	4
jj. When I'm upset about something, I feel better after I talk it over with others. ....	1	2	3	4
kk. I prefer to make decisions without input from others. ....	1	2	3	4

F4. Please indicate how well each of the following describes you.

	A LOT	SOME	A LITTLE	NOT AT ALL
a. Outgoing.....	1	2	3	4
b. Helpful.....	1	2	3	4
c. Moody.....	1	2	3	4
d. Organized.....	1	2	3	4
e. Self-confident.....	1	2	3	4
f. Friendly.....	1	2	3	4
g. Warm.....	1	2	3	4
h. Worrying.....	1	2	3	4
i. Responsible.....	1	2	3	4
j. Forceful.....	1	2	3	4
k. Lively.....	1	2	3	4
l. Caring.....	1	2	3	4
m. Nervous.....	1	2	3	4
n. Creative.....	1	2	3	4
o. Assertive.....	1	2	3	4
p. Hardworking.....	1	2	3	4
q. Imaginative.....	1	2	3	4
r. Softhearted.....	1	2	3	4
s. Calm.....	1	2	3	4
t. Outspoken.....	1	2	3	4
u. Intelligent.....	1	2	3	4
v. Curious.....	1	2	3	4
w. Active.....	1	2	3	4
x. Careless.....	1	2	3	4
y. Broad-minded.....	1	2	3	4
z. Sympathetic.....	1	2	3	4
aa. Talkative.....	1	2	3	4
bb. Sophisticated.....	1	2	3	4
cc. Adventurous.....	1	2	3	4
dd. Dominant.....	1	2	3	4

F5. Please rate on a scale from 0 to 10 how well these characteristics describe you now, how well they described you 10 years ago, and how well you think they will describe you 10 years from now.

	NOT AT ALL	VERY MUCH
a. How calm and even-tempered are you now? ...	00 01 02 03 04 05 06 07 08 09 10	
b. How calm and even-tempered were you 10 years ago? .....	00 01 02 03 04 05 06 07 08 09 10	
c. How calm and even-tempered do you think you will be 10 years from now? .....	00 01 02 03 04 05 06 07 08 09 10	
d. How willing to learn are you now? .....	00 01 02 03 04 05 06 07 08 09 10	
e. How willing to learn were you 10 years ago? .	00 01 02 03 04 05 06 07 08 09 10	
f. How willing to learn do you think you will be 10 years from now? .....	00 01 02 03 04 05 06 07 08 09 10	
g. How energetic are you now? .....	00 01 02 03 04 05 06 07 08 09 10	
h. How energetic were you 10 years ago? .....	00 01 02 03 04 05 06 07 08 09 10	
i. How energetic do you think you will be 10 years from now? .....	00 01 02 03 04 05 06 07 08 09 10	
j. How caring are you now? .....	00 01 02 03 04 05 06 07 08 09 10	
k. How caring were you 10 years ago? .....	00 01 02 03 04 05 06 07 08 09 10	
l. How caring do you think you will be 10 years from now? .....	00 01 02 03 04 05 06 07 08 09 10	
m. How wise are you now? .....	00 01 02 03 04 05 06 07 08 09 10	
n. How wise were you 10 years ago? .....	00 01 02 03 04 05 06 07 08 09 10	
o. How wise do you think you will be 10 years from now? .....	00 01 02 03 04 05 06 07 08 09 10	
p. How knowledgeable are you now? .....	00 01 02 03 04 05 06 07 08 09 10	
q. How knowledgeable were you 10 years ago? ..	00 01 02 03 04 05 06 07 08 09 10	
r. How knowledgeable do you think you will be 10 years from now? .....	00 01 02 03 04 05 06 07 08 09 10	

F6. The next few questions are about the way you decide what you want out of life and how you go about trying to achieve your goals. For each situation below, two different strategies are listed. Please indicate whether your own strategy is more like the one listed in column A or the one listed in column B. While the way you do things may be different depending on the particular goal, and may include parts of both strategies, please circle the answer that is true for you overall.

*My own strategy is...*

STRATEGY A	MORE LIKE A			MORE LIKE B			STRATEGY B
	A LOT	SOME	A LITTLE	A LITTLE	SOME	A LOT	
F6a. When choosing my goals...							
I prefer to choose one or two important goals and really focus on achieving them.	1	2	3	4	5	6	I prefer not to limit myself -- I keep my options open so I can take advantage of anything that comes up.
F6b. To reach my goals...							
I work hard at practicing and learning the necessary skills.	1	2	3	4	5	6	I do best by seizing on opportunities that I find.
F6c. If I don't seem to have a particular skill or resource that I need to reach my goal...							
I look for other things I could do to reach my goal -- to make up for what I don't have or can't do.	1	2	3	4	5	6	I keep trying my best, and if that doesn't work, I think again about whether that goal is right for me.

F7. Now, please think about the way you were 10 years ago -- think about how you decided what goals you wanted to pursue, and how you went about trying to achieve them. The next three questions are the same as the ones on the previous page, except we would like you to compare your own strategy 10 years ago with the ones listed in columns A and B.

*My own strategy ten years ago was...*

STRATEGY A	MORE LIKE A			MORE LIKE B			STRATEGY B
	A LOT	SOME	A LITTLE	A LITTLE	SOME	A LOT	
F7a. Ten years ago, when choosing my goals...							
I preferred to choose one or two important goals and really focus on achieving them.	1	2	3	4	5	6	I preferred not to limit myself -- I kept my options open so I could take advantage of anything that came up.
F7b. Ten years ago, to reach my goals...							
I worked hard at practicing and learning the necessary skills.	1	2	3	4	5	6	I did best by seizing on opportunities that I found.
F7c. Ten years ago, if I didn't seem to have a particular skill or resource that I needed to reach my goal...							
I looked for other things I could do to reach my goal -- to make up for what I didn't have or couldn't do.	1	2	3	4	5	6	I kept trying my best, and if that didn't work, I thought again about whether that goal was right for me.

F8. Now, imagine how you might deal with your goals 10 years from now. These three questions ask about the same situations as the ones on the previous pages, except now, we would like you to compare what you think your own strategy will be 10 years from now with the ones listed in columns A and B.

*My own strategy ten years from now will be..*

STRATEGY A	MORE LIKE A			MORE LIKE B			STRATEGY B
	A LOT	SOME	A LITTLE	A LITTLE	SOME	A LOT	
F8a. Ten years from now, when choosing my goals...							
I think I will prefer to choose one or two important goals and really focus on achieving them.	1	2	3	4	5	6	I think I will prefer not to limit myself -- to keep my options open so I can take advantage of anything that comes up.
F8b. Ten years from now, to reach my goals...							
I think I will work hard at practicing and learning the necessary skills.	1	2	3	4	5	6	I think I will do best by seizing on opportunities that I find.
F8c. Ten years from now, if I don't seem to have a particular skill or resource that I need to reach my goal...							
I think I will look for other things I could do to reach my goal -- to make up for what I don't have or can't do.	1	2	3	4	5	6	I think I will keep trying my best, and if that doesn't work, I will think again about whether that goal is right for me.

SECTION G: IMAGES OF LIFE CHANGE

G1. Please think about what people in general are like in their late twenties (25-30 years old), in their late forties (45-50 years old), and in their late sixties (65-70 years old). By people in general, we mean most people in the United States as you see them. Please rate how much you think each of the following characteristics describes most people in each age group, using a scale from 0 to 10, where 0 means it describes them not at all and 10 means it describes them very much. (Please circle a number on every line.)

NOT AT ALL

VERY MUCH

---

**Calm and even-tempered** -- how much does this describe...

- |   |    |    |    |    |    |    |    |    |    |    |    |
|---|----|----|----|----|----|----|----|----|----|----|----|
| a. people in their late twenties? ..... | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| b. people in their late forties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| c. people in their late sixties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |

---

**Willing to learn** -- how much does this describe...

- |   |    |    |    |    |    |    |    |    |    |    |    |
|---|----|----|----|----|----|----|----|----|----|----|----|
| d. people in their late twenties? ..... | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| e. people in their late forties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| f. people in their late sixties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |

---

**Energetic** -- how much does this describe...

- |   |    |    |    |    |    |    |    |    |    |    |    |
|---|----|----|----|----|----|----|----|----|----|----|----|
| g. people in their late twenties? ..... | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| h. people in their late forties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| i. people in their late sixties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |

---

**Caring** -- how much does this describe...

- |   |    |    |    |    |    |    |    |    |    |    |    |
|---|----|----|----|----|----|----|----|----|----|----|----|
| j. people in their late twenties? ..... | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| k. people in their late forties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| l. people in their late sixties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |

---

**Wise** -- how much does this describe...

- |   |    |    |    |    |    |    |    |    |    |    |    |
|---|----|----|----|----|----|----|----|----|----|----|----|
| m. people in their late twenties? ..... | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| n. people in their late forties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| o. people in their late sixties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |

---

**Knowledgeable** -- how much does this describe...

- |   |    |    |    |    |    |    |    |    |    |    |    |
|---|----|----|----|----|----|----|----|----|----|----|----|
| p. people in their late twenties? ..... | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| q. people in their late forties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
| r. people in their late sixties? .....  | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
-

G2. Using a scale from 0 to 10 where 0 means "the worst possible you can imagine" and 10 means "the best possible you can imagine," how would you rate most people in these age groups on the following?

	WORST	BEST
On their <b>physical health</b> -- how would you rate...	00	01 02 03 04 05 06 07 08 09 10
a. most people in their late twenties? .....		
b. most people in their late forties? .....	00	01 02 03 04 05 06 07 08 09 10
c. most people in their late sixties? .....	00	01 02 03 04 05 06 07 08 09 10
On their <b>contribution to the welfare and well-being of others</b> -- how would you rate...	00	01 02 03 04 05 06 07 08 09 10
d. most people in their late twenties? .....		
e. most people in their late forties? .....	00	01 02 03 04 05 06 07 08 09 10
f. most people in their late sixties? .....	00	01 02 03 04 05 06 07 08 09 10
On their <b>marriage or close relationship</b> -- how would you rate...	00	01 02 03 04 05 06 07 08 09 10
g. most people in their late twenties? .....		
h. most people in their late forties? .....	00	01 02 03 04 05 06 07 08 09 10
i. most people in their late sixties? .....	00	01 02 03 04 05 06 07 08 09 10
On their <b>relationship with their children</b> -- how would you rate...	00	01 02 03 04 05 06 07 08 09 10
j. most people in their late twenties? .....		
k. most people in their late forties? .....	00	01 02 03 04 05 06 07 08 09 10
l. most people in their late sixties? .....	00	01 02 03 04 05 06 07 08 09 10
On their <b>work situation (paid or unpaid)</b> -- how would you rate...	00	01 02 03 04 05 06 07 08 09 10
m. most people in their late twenties? .....		
n. most people in their late forties? .....	00	01 02 03 04 05 06 07 08 09 10
o. most people in their late sixties? .....	00	01 02 03 04 05 06 07 08 09 10
On their <b>financial situation</b> -- how would you rate...	00	01 02 03 04 05 06 07 08 09 10
p. most people in their late twenties? .....		
q. most people in their late forties? .....	00	01 02 03 04 05 06 07 08 09 10
r. most people in their late sixties? .....	00	01 02 03 04 05 06 07 08 09 10
On their <b>overall lives</b> -- how would you rate...	00	01 02 03 04 05 06 07 08 09 10
s. most people in their late twenties? .....		
t. most people in their late forties? .....	00	01 02 03 04 05 06 07 08 09 10

u. most people in their late sixties? .....

00 01 02 03 04 05 06 07 08 09 10

---

G3. Many people feel older or younger than they actually are. What age do you feel most of the time?

\_\_\_\_\_ YEARS OLD

G4. Now imagine you could be any age. What age would you like to be?

\_\_\_\_\_ YEARS OLD

G5. In your opinion, at what age do most men enter middle age?

\_\_\_\_\_ YEARS OLD

G6. And at what age are most men no longer middle aged?

\_\_\_\_\_ YEARS OLD

G7. In your opinion, at what age do most women enter middle age?

\_\_\_\_\_ YEARS OLD

G8. And at what age are most women no longer middle aged?

\_\_\_\_\_ YEARS OLD

## SECTION H: PSYCHOLOGICAL TURNING POINTS

The following questions are about what we call "psychological turning points." Psychological turning points are major changes in the ways people feel or think about an important part of their lives, such as work, family, and beliefs about themselves and about the world. Turning points involve people changing their feelings about how important or meaningful some aspect of life is or how much commitment they give it.

H1. With this definition in mind, in the past 12 months, did you have a psychological turning point that involved your job or career? This could be an experience like increasing the amount of effort you put into your job or career, cutting back on your job to spend more time with your family, deciding to change careers, now or in the future, or leaving your job to do something different.

1. Yes ---> *GO TO H1a*
5. No ---> *GO TO H2, NEXT PAGE*

H1a. Briefly, what happened?

---

---

---

---

---

---

---

---

---

---

H1b. What impact has this had on you?

---

---

---

---

---

---

---

---

---

---





H3. Second, what about the opposite situation: in the past 12 months, did you discover that a close friend or relative was a much better person than you thought they were?

- 1. Yes ---> GO TO H3a
- 5. No ---> GO TO H4, NEXT PAGE

H3a. Briefly, what happened?

---

---

---

---

---

---

---

---

---

---

H3b. What impact has this had on you?

---

---

---

---

---

---

---

---

---

---



H5. What about the opposite situation: discovering important good things about yourself that changed your view of who you are, what you stand for, or how you should lead your life? Did you have a major psychological turning point like this in the past 12 months?

- 1. Yes ---> *GO TO H5a*
- 5. No ---> *GO TO H6, NEXT PAGE*

H5a. Briefly, what did you learn?

---

---

---

---

---

---

---

---

---

---

H5b. What impact has learning this had on you?

---

---

---

---

---

---

---

---

---

---



**SECTION I: WORK**

11. We are interested in the different kinds of work situations you were in ten years ago, those you are in now, and those you think you will be in ten years from now. For each time frame, indicate whether or not each situation was, is, or will probably be true for you.

	10 YEARS AGO		NOW		10 YEARS From NOW	
	YES	NO	YES	NO	YES	NO
a. Working full-time at a job? .....	1	5	1	5	1	5
b. Working part-time at a job? .....	1	5	1	5	1	5
c. Self-employed? .....	1	5	1	5	1	5
d. Doing volunteer work for 15 or more hours a week (for example, for a social club, political party, or religious group)? .....	1	5	1	5	1	5
e. Full-time student? .....	1	5	1	5	1	5
f. Part-time student? .....	1	5	1	5	1	5
g. Primary caregiver for your child(ren)? .....	1	5	1	5	1	5
h. Full-time homemaker? .....	1	5	1	5	1	5
i. Unemployed and looking for work? .....	1	5	1	5	1	5
j. On extended sick leave or disability? .....	1	5	1	5	1	5
k. Retired? .....	1	5	1	5	1	5

12. Please think of the work situation you are in now, whether part-time or full-time, paid or unpaid, at home or at a job. Using a scale from 0 to 10 where 0 means "the worst possible work situation" and 10 means "the best possible work situation," how would you rate your work situation these days?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

13. Looking back ten years ago, how would you rate your work situation at that time using the same 0 to 10 scale?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

14. Looking ahead ten years into the future, what do you expect your work situation will be like at that time?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

15. 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 work situation these days?

NONE VERY  
MUCH  
00 01 02 03 04 05 06 07 08 09 10

16. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your work situation these days?

NONE VERY  
MUCH  
00 01 02 03 04 05 06 07 08 09 10

**DIRECTIONS:** The next questions are about your work history. If you have never worked at a paid job for six months or more, whether full-time or part-time, please skip to page 10 and continue with Question I32. Otherwise, continue with Question I7.

17. Please think about the first year you worked for six months or more at a paid job, whether it was full-time or part-time. How old were you at that time? (Your best estimate is fine.)

\_\_\_\_\_ YEARS OLD

18. Starting from the year you first worked for six months or more, and continuing up to the present, how many years were you employed at least six months out of the year? Count all years when you worked part-time or full-time at least half the year and were not a full-time student. (Your best estimate is fine.)

\_\_\_\_\_ # YEARS

19. Of those years when you were employed for at least half the year, how many years was your employment full-time (that is, 35 hours or more per week) for six months or more? (Your best estimate is fine.)

\_\_\_\_\_ # YEARS

110. From the year you first worked at least six months, counting up to the present time, what was the single longest period of time you were not working for pay at all, excluding any time you were a full-time student or were retired? (If none, enter "0".)

\_\_\_\_\_ # WEEKS / MONTHS / YEARS  
 (circle one)

**IF ANYTHING EXCEPT "0" FOR I10:**

I11. What was the main reason you were not working during that longest period?

1. Wanted to work but could not find a job
2. Physical injury or illness kept you from working
3. Mental or emotional problems kept you from working
4. Alcohol or substance abuse problems kept you from working
5. Did not work because of family responsibilities; caring for children, spouse, or parents
6. Attending school part-time
7. Chose not to work to pursue personal interests

I12. The next question is about your job history over the past ten years. Please indicate which of these situations best describes your employment status from January to December of each year.

		WORKED FULL TIME (35+ HRS/WK FOR 6+ MOS.)	WORKED PART TIME (LESS THAN 35 HRS/WK FOR 6+ MOS.)	NO WORK OR WORKED LESS THAN 6 MONTHS	FULL-TIME STUDENT
a.	1994	1	2	3	4
b.	1993	1	2	3	4
c.	1992	1	2	3	4
d.	1991	1	2	3	4
e.	1990	1	2	3	4
<hr/>					
f.	1989	1	2	3	4
g.	1988	1	2	3	4
h.	1987	1	2	3	4
i.	1986	1	2	3	4
j.	1985	1	2	3	4

113. Now please think about your work experience over the past 12 months. In the spaces provided below, please write in the number of weeks you spent in each of the following work situations. The total should add up to 52 weeks. (Your best estimate is fine.)

*In the past 12 months, how many weeks...*

---

- a. ...did you work at a paid job, whether part-time or full-time, including time spent on paid vacation, paid sick time, or other paid leave? ..... \_\_\_\_\_ # WEEKS
  
  - b. ...were you unemployed -- that is, weeks that you were not working at all, but were looking for a job? ..... \_\_\_\_\_ # WEEKS
  
  - c. ...were you not working because you were on unpaid leave, such as unpaid sick leave, disability leave, maternity leave, or something else? ..... \_\_\_\_\_ # WEEKS
  
  - d. ...were you not working at a paid job and not actively looking for work (for example, you were retired, at home caring for children, or a student)? ..... \_\_\_\_\_ # WEEKS
-

I14. Are you currently doing any work for pay? This includes self-employment as well as being employed by someone else, and any job for pay from which you are temporarily on leave or laid off.

- 1. Yes
- 5. No

**DIRECTIONS:** The next questions are about the work you currently do for pay. If you said "no" to Question I14, please go to page 10 and continue with question I32. If you said "yes" to Question I14, please continue with Question I15. Unless otherwise specified, consider all the work you do for pay. If you are temporarily on leave or laid off from your main job, think (also) about that job when answering the questions.

I15. Now think about your current job(s). In an average week, how often do you work during the day, in the evening, at night (including being away overnight for work-related travel), or on the weekend?

<i>In an average week, how often do you work...</i>	4 OR MORE TIMES/ WEEK	2 TO 3 TIMES/ WEEK	ONCE A WEEK	1 TO 3 TIMES/ MONTH	LESS THAN ONCE A MONTH OR NEVER
a. days -- any time between 7:00am and 5:00pm?	1	2	3	4	5
b. evenings -- any time between 7:30pm and 9:30pm? .....	1	2	3	4	5
c. nights -- any time between 9:30pm and 4:30am, or overnight? .....	1	2	3	4	5
d. weekends -- any time Saturday or Sunday? (working both days counts as twice a week)....		2	3	4	5

I16. At what time of day do you usually begin work at your main job?

\_\_\_\_\_ A.M. / P.M. / MIDNIGHT / NOON  
 (time) (circle one)

I17. At what time do you usually end work at your main job?

\_\_\_\_\_ A.M. / P.M. / MIDNIGHT / NOON  
 (time) (circle one)

I18. How long does it usually take you, round-trip, to get to and from work? (If you work at home, enter "0".)

\_\_\_\_\_ # MINUTES / HOURS  
(circle one)

- I19. In the past 12 months, did you have any serious ongoing problems getting along with someone at work?
1. Yes
  5. No
- I20. Have you had any other serious ongoing stress at work things like consistently extreme work demands, major changes, or uncertainties that most people would consider highly stressful?
1. Yes
  5. No
- I21. If you wanted to stay in your present job, what are the chances that you could keep it for the next two years?
1. Excellent
  2. Very good
  3. Good
  4. Fair
  5. Poor
- I22. Overall, what kind of effect does your job have on your physical health? If you have more than one job, please give your best judgement of the combined effect of your jobs.
1. Very positive
  2. Somewhat positive
  3. Neither positive nor negative/balances out
  4. Somewhat negative
  5. Very negative
- I23. Overall, what kind of effect does your job have on your emotional or mental health? Again, if you have more than one job, please give your best judgement of the combined effect of your jobs.
1. Very positive
  2. Somewhat positive
  3. Neither positive nor negative/balances out
  4. Somewhat negative
  5. Very negative

I24. To what extent are you exposed to the risk of accidents or injuries on your job?

1. A lot
2. Some
3. A little
4. Not at all

I25. In the past five years, how many times did you suffer an accident or injury at a place you worked?  
(If none, enter "0".)

\_\_\_\_\_ # TIMES

**IF ONE OR MORE TIMES IN I25:**

I26. How serious was the injury? If there was more than one accident or injury, describe the most serious one.

1. Very serious
2. Moderately serious
3. Somewhat serious
4. A little serious
5. Not very serious at all

127. The next questions are about how your job may affect your family and personal life, and how your family and personal life may affect your job. How often have you experienced each of the following in the past year?

	ALL THE TIME	MOST OF THE TIME	SOME-TIMES	RARELY	NEVER
a. Your job reduces the effort you can give to activities at home. ....	1	2	3	4	5
b. Stress at work makes you irritable at home. ...	1	2	3	4	5
c. Your job makes you feel too tired to do the things that need attention at home. ....	1	2	3	4	5
d. Job worries or problems distract you when you are at home. ....	1	2	3	4	5
e. The things you do at work help you deal with personal and practical issues at home. ....	1	2	3	4	5
f. The things you do at work make you a more interesting person at home. ....	1	2	3	4	5
g. Having a good day on your job makes you a better companion when you get home. ....	1	2	3	4	5
h. The skills you use on your job are useful for things you have to do at home. ....	1	2	3	4	5
i. Responsibilities at home reduce the effort you can devote to your job. ....	1	2	3	4	5
j. Personal or family worries and problems distract you when you are at work. ....	1	2	3	4	5
k. Activities and chores at home prevent you from getting the amount of sleep you need to do your job well. ....	1	2	3	4	5
l. Stress at home makes you irritable at work. ...	1	2	3	4	5
m. Talking with someone at home helps you deal with problems at work. ....	1	2	3	4	5
n. Providing for what is needed at home makes you work harder at your job. ....	1	2	3	4	5
o. The love and respect you get at home makes you feel confident about yourself at work. ....	1	2	3	4	5
p. Your home life helps you relax and feel ready for the next day's work. ....	1	2	3	4	5

128. Please indicate how often each of the following is true of your job.

	ALL OF THE TIME	MOST OF THE TIME	SOME-TIMES	RARELY	NEVER
a. How often do you have to work very intensively -- that is, you are very busy trying to get things done? .....	1	2	3	4	5
b. How often do you learn new things at work? ....	1	2	3	4	5
c. How often does your work demand a high level of skill or expertise? .....	1	2	3	4	5
d. On your job, how often do you have to initiate things -- such as coming up with your own ideas, or figuring out on your own what needs to be done? .....	1	2	3	4	5
e. How often do you have a choice in deciding <u>how</u> you do your tasks at work? .....	1	2	3	4	5
f. How often do you have a choice in deciding <u>what</u> tasks you do at work? .....	1	2	3	4	5
g. How often do you have a say in decisions about your work? .....	1	2	3	4	5
h. How often do you have a say in planning your work environment -- that is, how your workplace is arranged or how things are organized? .....	1	2	3	4	5
i. How often does your job provide you with a variety of things that interest you? .....	1	2	3	4	5
j. How often do different people or groups at work demand things from you that you think are hard to combine? .....	1	2	3	4	5

129. In the past year, how often has each of the following occurred at your job?

	ALL THE TIME	MOST OF THE TIME	SOME-TIMES	RARELY	NEVER
a. You have too many demands made on you. ....	1	2	3	4	5
b. You control the amount of time you spend on tasks. ....	1	2	3	4	5
c. You have enough time to get everything done. ...	1	2	3	4	5
d. You have a lot of interruptions. ....	1	2	3	4	5

130. Please indicate how often each of the following is true of your job. (If you do not have a supervisor, or do not have any coworkers or colleagues, circle "8" for those questions.)

	ALL OF THE TIME	MOST OF THE TIME	SOME-TIMES	RARELY	NEVER	DOES NOT APPLY
	1	2	3	4	5	8
a. How often do you get help and support from your coworkers? .....						
b. How often are your coworkers willing to listen to your work-related problems? .....						
c. How often do you get the information you need from your supervisor or superiors? .....						
d. How often do you get help and support from your immediate supervisor? .....						
e. How often is your immediate supervisor willing to listen to your work-related problems? .....						

131. To what extent do the following statements describe the way you feel about your current job?

	A LOT	SOME	A LITTLE	NOT AT ALL
	1	2	3	4
a. I feel cheated about the chances I have had to work at good jobs. ....				
b. When I think about the work I do on my job, I feel a good deal of pride. ....				
c. I feel that others respect the work I do on my job. ....				
d. Most people have more rewarding jobs than I do. ....				
e. When it comes to my work life, I've had opportunities that are as good as most people's. ....				
f. It makes me discouraged that other people have much better jobs than I do. ....				

132. In the past year, how often has each of the following occurred at home?

	ALL THE TIME	MOST OF THE TIME	SOME- TIMES	RARELY	NEVER
a. You have too many demands made on you.	1	2	3	4	5
b. You control the amount of time you spend on tasks. ....	1	2	3	4	5
c. You have enough time to get everything done. ....	1	2	3	4	5
d. You have a lot of interruptions. ....	1	2	3	4	5

133. Please think about the unpaid work you do at home, separate from any job you may have. To what extent do the following statements describe the way you feel about your work situation at home?

	A LOT	SOME	A LITTLE	NOT AT ALL
a. When I think about the work I do at home, I feel a good deal of pride. ....	1	2	3	4
b. I feel that others respect the work I do at home. ....	1	2	3	4
c. Working for pay is more rewarding than the work I do at home. ....	1	2	3	4

134. Now think about the unpaid work you do in your community, still separate from any job you may have. To what extent do the following statements describe the way you feel about your volunteer work? (If you do no volunteer work in your community, circle "8".)

	A LOT	SOME	A LITTLE	NOT AT ALL	DOES NOT APPLY
a. When I think about the work I do in the community, I feel a good deal of pride. ...	1	2	3	4	8
b. I feel that others respect the work I do in the community. ....	1	2	3	4	8
c. Working for pay is more rewarding than the work I do as a volunteer. ....	1	2	3	4	8

## SECTION J: FINANCES

J1. Using a scale from 0 to 10 where 0 means "the worst possible financial situation" and 10 means "the best possible financial situation," how would you rate your financial situation these days?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

J2. Looking back ten years ago, how would you rate your financial situation at that time using the same 0 to 10 scale?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

J3. Looking ahead ten years into the future, what do you expect your financial situation will be like at that time?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

J4. 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?

NONE

VERY  
MUCH

00 01 02 03 04 05 06 07 08 09 10

J5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your financial situation these days?

NONE

VERY  
MUCH

00 01 02 03 04 05 06 07 08 09 10

J6. In general, would you say you (and your family living with you) have more money than you need, just enough for your needs, or not enough to meet your needs?

1. More money than you need
2. Just enough money
3. Not enough money

J7. How difficult is it for you (and your family) to pay your monthly bills?

1. Very difficult
2. Somewhat difficult
3. Not very difficult
4. Not at all difficult

A. Less than \$0 (Loss)	M. \$10,000 - \$10,999	AA. \$30,000 - \$34,999
B. \$0 (None)	N. \$11,000 - \$11,999	BB. \$35,000 - \$39,999
C. \$1 - \$1,000	P. \$12,000 - \$12,999	CC. \$40,000 - \$44,999
D. \$1,000 - \$1,999	R. \$13,000 - \$13,999	DD. \$45,000 - \$49,999
E. \$2,000 - \$2,999	S. \$14,000 - \$14,999	EE. \$50,000 - \$74,999
F. \$3,000 - \$3,999	T. \$15,000 - \$15,999	FF. \$75,000 - \$99,999
G. \$4,000 - \$4,999	U. \$16,000 - \$16,999	GG. \$100,000 - \$149,999
H. \$5,000 - \$5,999	V. \$17,000 - \$17,999	HH. \$150,000 - \$199,999
I. \$6,000 - \$6,999	W. \$18,000 - \$18,999	II. \$200,000 - \$299,999
J. \$7,000 - \$7,999	X. \$19,000 - \$19,999	JJ. \$300,000 - \$499,999
K. \$8,000 - \$8,999	Y. \$20,000 - \$24,999	KK. \$500,000 - \$999,999
L. \$9,000 - \$9,999	Z. \$25,000 - \$29,999	LL. \$1,000,000 or more

- J8. The next few questions ask about the different sources of income you may have. For each question, answer by writing down the correct letter from the list above. If your answer is "none," please enter "B" from the list above rather than leave the answer blank. First, what was your own personal earnings income in the past 12 months, before taxes? Count only wages and other stipends from your own employment, not pensions, investments, or any other financial assistance or income.

\_\_\_\_\_ YOUR OWN PERSONAL EARNINGS INCOME (LETTER FROM LIST)

- J9. What was your spouse's or partner's earnings income in the past 12 months, before taxes? Count only wages or other stipends from his or her employment, not pensions, investments, or other income. Again, please write down the correct letter from the list above. (Your best estimate is fine. If you have no spouse or partner, enter "B".)

\_\_\_\_\_ SPOUSE'S OR PARTNER'S PERSONAL EARNINGS INCOME (LETTER FROM LIST)

- J10. What was the combined personal earnings income of all other family members who lived with you in the past 12 months, before taxes? Count only wages and other stipends from their employment, not pensions, investments, or other income. (If none, enter "B".)

\_\_\_\_\_ OTHER FAMILY MEMBERS' EARNINGS INCOME (LETTER FROM LIST)

- J11. What was your combined family household income from Social Security Retirement benefits? (If none, enter "B".)

\_\_\_\_\_ HOUSEHOLD SOCIAL SECURITY RETIREMENT BENEFITS (LETTER FROM LIST)

J12. What was your combined family household income from government assistance programs? Include income such as unemployment benefits, Aid to Dependent Children, General Assistance, SSI or SSDI. (If none, enter "B".)

\_\_\_\_\_ HOUSEHOLD GOVERNMENT ASSISTANCE INCOME (LETTER FROM LIST)

J13. What was your combined family household income from all other sources in the past 12 months -- for example, pensions, investments, child support, or alimony? (If none, enter "B".)

\_\_\_\_\_ OTHER FAMILY HOUSEHOLD INCOME (LETTER FROM LIST)

J14. Suppose you (and your spouse or partner) cashed in all your checking and savings accounts, stocks and bonds, real estate, sold your home, your vehicles, and all your valuable possessions. Then suppose you put that money toward paying off your mortgage and all your other loans, debts, and credit cards. Would you have any money left over after paying your debts or would you still owe money?

1. Would have money left over
2. Would still owe money
3. Debts would just about equal assets

J15. How much would that be (that you had left over, or would owe)? Again, please write down the correct letter from the list on the previous page. (Your best estimate is fine. If your debts would just about equal your assets, enter "B".)

\_\_\_\_\_ MONEY LEFT OVER/MONEY OWED (LETTER FROM LIST)

J16. Next are some questions about pension and retirement plans. First, are you currently included in a pension plan or retirement plan offered by your current or former employer or union?

1. Yes
5. No
8. Don't know

J17. Aside from any employer plan, do you have your own individual IRA or Keogh Account?

1. Yes
5. No
8. Don't know

J18. Do you have any other pension or retirement plans not mentioned above, not including any your spouse or partner may have?

1. Yes
5. No
8. Don't know

J19. Does your spouse or partner have a pension or retirement plan from his or her current or former employer or union? (If you do not have a spouse or partner, or if he or she has never had a paid job, circle "8".)

1. Yes
5. No
7. Don't know
8. Does not apply

**SECTION K: COMMUNITY INVOLVEMENT**

K1. Using a scale from 0 to 10 where 0 means "the worst possible contribution to the welfare and well-being of other people" and 10 means "the best possible contribution to the welfare and well-being of other people," how would you rate your contribution to the welfare and well-being of other people these days? Take into account all that you do, in terms of time, money, or concern, on your job, and for your family, friends, and the community.

WORST BEST  
 00 01 02 03 04 05 06 07 08 09 10

K2. Looking back ten years ago, how would you rate your contribution to the welfare and well-being of other people at that time using the same 0 to 10 scale?

WORST BEST  
 00 01 02 03 04 05 06 07 08 09 10

K3. Looking ahead ten years into the future, what do you expect your contribution to the welfare and well-being of other people will be like at that time?

WORST BEST  
 00 01 02 03 04 05 06 07 08 09 10

K4. 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 contribution to the welfare and well-being of other people these days?

NONE VERY MUCH  
 00 01 02 03 04 05 06 07 08 09 10

K5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your contribution to the welfare and well-being of other people these days?

NONE VERY MUCH  
 00 01 02 03 04 05 06 07 08 09 10

K6. To what extent does each of the following statements describe you?

	A LOT	SOME	A LITTLE	NOT AT ALL
a. Others would say that you have made unique contributions to society. ....	1	2	3	4
b. You have important skills you can pass along to others.	1	2	3	4
c. Many people come to you for advice. ....	1	2	3	4
d. You feel that other people need you. ....	1	2	3	4
e. You have had a good influence on the lives of many people. ....	1	2	3	4
f. You like to teach things to people. ....	1	2	3	4

K7. Here is a list of hypothetical situations. Please rate how much obligation you would feel if they happened to you, using a 0 to 10 scale where 0 means "no obligation at all" and 10 means "a very great obligation." If the situation does not apply to you, please think about how much obligation you would feel if you were in this situation.

<i>How much obligation would you feel...</i>	NONE	VERY GREAT
a. To drop your plans when your children seem very troubled? .....	00 01 02 03 04 05 06 07 08 09 10	
b. To call, write, or visit your adult children on a regular basis? .....	00 01 02 03 04 05 06 07 08 09 10	
c. To raise the child of a close friend if the friend died? .....	00 01 02 03 04 05 06 07 08 09 10	
d. To drop your plans when your spouse seems very troubled? .....	00 01 02 03 04 05 06 07 08 09 10	
e. To take your divorced or unemployed adult child back into your home? .....	00 01 02 03 04 05 06 07 08 09 10	
f. To take a friend into your home who could not afford to live alone? .....	00 01 02 03 04 05 06 07 08 09 10	
g. To call your parents on a regular basis?	00 01 02 03 04 05 06 07 08 09 10	
h. To give money to a friend in need, even if this made it hard to meet your own needs? .....	00 01 02 03 04 05 06 07 08 09 10	
i. To serve on a jury if called? .....	00 01 02 03 04 05 06 07 08 09 10	
j. To keep fully informed about national news and public issues? .....	00 01 02 03 04 05 06 07 08 09 10	
k. To testify in court about an accident you witnessed? .....	00 01 02 03 04 05 06 07 08 09 10	
l. To vote in local and national elections?	00 01 02 03 04 05 06 07 08 09 10	
m. To do more than most people would do on your kind of job? .....	00 01 02 03 04 05 06 07 08 09 10	
n. To work hard even if you didn't like or respect your employer or supervisor? ...	00 01 02 03 04 05 06 07 08 09 10	
o. To cancel plans to visit friends if you were <u>asked</u> , but not <u>required</u> , to work overtime? .....	00 01 02 03 04 05 06 07 08 09 10	
p. To pay <u>more</u> for your health care so that <u>everyone</u> had access to health care? .....	00 01 02 03 04 05 06 07 08 09 10	
q. To volunteer time or money to social causes you support? .....	00 01 02 03 04 05 06 07 08 09 10	
r. To collect contributions for heart or cancer research if asked to do so? .....	00 01 02 03 04 05 06 07 08 09 10	
s. To vote <u>for</u> a law that would help others worse off than you but would increase your taxes? .....	00 01 02 03 04 05 06 07 08 09 10	

K8. On average, about how many hours per month do you spend doing formal volunteer work of any of the following types? (If none, enter "0".)

	# HOURS PER MONTH
a. Hospital, nursing home, or other health-care-oriented volunteer work.....	_____
b. School or other youth-related volunteer work.....	_____
c. Volunteer work for political organizations or causes.....	_____
d. Volunteer work for any other organization, cause or charity.....	_____

K9. In a typical month, about how many times do you attend the following? (If none, enter "0".)

	# TIMES PER MONTH
a. Religious services? .....	_____
b. Meetings of religious groups? .....	_____
c. Meetings of unions or other professional groups? .....	_____
d. Meetings of sports or social groups? .....	_____
e. Meetings of any other groups (not including any required by your job)? ....	_____

K10. On average, about how many hours per month do you spend giving informal emotional support (such as comforting, listening to problems, or giving advice) to each of the following people? (If none, or if the question does not apply because, for example, you have no spouse or partner, enter "0".)

	# HOURS PER MONTH
a. To your spouse or partner? .....	_____
b. To your parents or the people who raised you? .....	_____
c. To your in-laws? .....	_____
d. To your children or grandchildren? .....	_____
e. To any other family members or close friends? .....	_____
f. To anyone else (such as neighbors or people at church)? .....	_____

K11. On average, about how many hours per month do you receive informal emotional support (such as getting comfort, having someone listen to you, or getting advice) from each of the following people? (If none, enter "0".)

# HOURS PER MONTH

- 
- a. From your spouse or partner? .....
  - b. From your parents or the people who raised you? .....
  - c. From your in-laws? .....
  - d. From your children or grandchildren? .....
  - e. From any other family members or close friends? .....
  - f. From anyone else (such as neighbors or people at church)? .....
- 

K12. On average, about how many hours per month do you spend providing unpaid assistance (such as help around the house, transportation, or childcare) to each of the following people? (If none, enter "0".)

# HOURS PER MONTH

- 
- a. To your parents or the people who raised you? .....
  - b. To your in-laws? .....
  - c. To your grandchildren or grown children? .....
  - d. To any other family members or close friends? .....
  - e. To anyone else (such as neighbors or people at church)? .....
- 

K13. On average, about how many hours per month do you or any family member living with you receive any unpaid assistance (such as help around the house, transportation, or childcare) from each of the following sources? (If none, enter "0".)

# HOURS PER MONTH

- 
- a. From your parents or the people who raised you? .....
  - b. From your in-laws? .....
  - c. From your grandchildren or grown children? .....
  - d. From any other family members or close friends? .....
  - e. From community volunteers (such as scout leaders)? .....
  - f. From religious groups? .....
  - g. From any other non-governmental organization, cause, or charity? .....
  - h. From any government group or agency (Federal, state, or local)? .....
-

---

K14. On average, about how many dollars per month do you or your family living with you contribute to each of the following people or organizations? If you contribute food, clothing or other goods, include their dollar value. (If none, enter "0".)

\$ DOLLARS PER MONTH

- 
- |    |   |       |
|----|---|-------|
| a. | To your parents or the people who raised you? .....   | _____ |
| b. | To your in-laws? .....  | _____ |
| c. | To your grandchildren or grown children? .....  | _____ |
| d. | To any other family members or close friends? .....   | _____ |
| e. | To any other <u>individuals</u> (not organized groups), including people on the street asking for money? .....        | _____ |
| f. | To religious groups? .....  | _____ |
| g. | To political organizations or causes? .....   | _____ |
| h. | To any other organizations, causes, or charities (including donations made through monthly payroll deductions)? ..... | _____ |
-

K15. On average, about how many dollars per month do you or any family member living with you receive from each of the following sources? (If you receive food, clothing, or other goods, include their dollar value. If none, enter "0".)

		\$ DOLLARS PER MONTH
		_____
a.	From your parents or the people who raised you? .....	_____
b.	From your in-laws? .....	_____
c.	From your grandchildren or grown children? .....	_____
d.	From any other family members or close friends? .....	_____
e.	From religious groups? .....	_____
f.	From any other non-governmental organization, cause, or charity? .....	_____
g.	From any government group or agency (Federal, state, or local)? .....	_____

K16. During the past 12 months, have you had any of the following people live with you? (By "live with you" we mean living in your home as their place of residence. Visiting overnight, even for an extended period, does not count as living with you according to this definition. If a question does not apply, circle "5".)

		YES	NO
		1	5
a.	One or more of your aging parents? .....	1	5
b.	One or more of your adult children? .....	1	5
c.	One or more of your grandchildren? .....	1	5
d.	Any other friend or family member? .....	1	5

K17. Please indicate how strongly you agree or disagree with each of the following statements.

		AGREE				DISAGREE		
		STRONGLY	SOME WHAT	A LITTLE	DON'T KNOW	A LITTLE	SOME WHAT	STRONGLY
		1	2	3	4	5	6	7
a.	The world is too complex for me.	1	2	3	4	5	6	7
b.	I don't feel I belong to anything I'd call a community. ....	1	2	3	4	5	6	7
c.	People who do a favor expect nothing in return. ....	1	2	3	4	5	6	7
d.	I have something valuable to give to the world. ....	1	2	3	4	5	6	7
e.	The world is becoming a better place for everyone. ....	1	2	3	4	5	6	7
		1	2	3	4	5	6	7
f.	I feel close to other people in my	1	2	3	4	5	6	7

	community. ....							
g.	My daily activities do not create anything worthwhile for my community. ....	1	2	3	4	5	6	7
h.	I cannot make sense of what's going on in the world. ....	1	2	3	4	5	6	7
i.	Society has stopped making progress. ....	1	2	3	4	5	6	7
j.	People do not care about other people's problems. ....	1	2	3	4	5	6	7
<hr/>								
k.	My community is a source of comfort. ....	1	2	3	4	5	6	7
l.	I find it easy to predict what will happen next in society. ....	1	2	3	4	5	6	7
m.	Society isn't improving for people like me. ....	1	2	3	4	5	6	7
n.	I believe that people are kind. ....	1	2	3	4	5	6	7
o.	I have nothing important to contribute to society. ....	1	2	3	4	5	6	7
<hr/>								

## SECTION L: YOUR NEIGHBORHOOD

- L1. How often do you have any contact -- even something as simple as saying "hello" -- with any of your neighbors?
1. Almost every day
  2. Several times a week
  3. About once a week
  4. 1-3 times a month
  5. Less than once a month
  6. Never or hardly ever
- L2. How often do you have a real conversation or get together socially with any of your neighbors?
1. Almost every day
  2. Several times a week
  3. About once a week
  4. 1-3 times a month
  5. Less than once a month
  6. Never or hardly ever
- L3. How many years have you lived in your current neighborhood -- or, if you live in a rural area, in your current township?  
(If less than one year, enter "0".)
- \_\_\_\_\_ # OF YEARS
- L4. Do you own your home outright, are you paying on a mortgage, or do you rent? (If you have more than one home, answer for your primary residence.)
1. Own home outright
  2. Paying on a mortgage
  3. Rent
- L5. The next few questions are about your home and the neighborhood you live in. Please indicate how much each of the following statements describes your situation.

---

NOT AT ALL

		A LOT	SOME	A LITTLE	
a.	I feel safe being out alone in my neighborhood during the daytime. ....	1	2	3	4
b.	I feel safe being out alone in my neighborhood at night.	1	2	3	4
c.	I live in as nice a home as most people. ....	1	2	3	4
d.	I'm proud of my home. ....	1	2	3	4
e.	I could call on a neighbor for help if I needed it. ....	1	2	3	4
f.	Most people live in a better neighborhood than I do. ....	1	2	3	4
g.	People in my neighborhood trust each other. ....	1	2	3	4
h.	I don't like to invite people to my home because I do not live in a very nice place. ....	1	2	3	4
i.	Buildings and streets in my neighborhood are kept in very good repair. ....	1	2	3	4
j.	I feel very good about my home and neighborhood. ....	1	2	3	4
k.	My neighborhood is kept clean. ....	1	2	3	4
l.	It feels hopeless to try to improve my home and neighborhood situation. ....	1	2	3	4

SECTION M: SOCIAL NETWORKS

M1. How often are you in contact with any members of your family -- that is, any of your brothers, sisters, parents, or children who do not live with you -- including visits, phone calls, letters, or electronic mail messages?

1. Several times a day
2. About once a day
3. Several times a week
4. About once a week
5. 2 or 3 times a month
6. About once a month
7. Less than once a month
8. Never or hardly ever

	A LOT	SOME	A LITTLE	NOT AT ALL
M2. Not including your spouse or partner, how much do <u>members of your family</u> really care about you? .....	1	2	3	4
M3. How much do they understand the way you feel about things?	1	2	3	4
M4. How much can you rely on them for help if you have a serious problem? .....	1	2	3	4
M5. How much can you open up to them if you need to talk about your worries? .....	1	2	3	4

	OFTEN	SOME-TIMES	RARELY	NEVER
M6. Not including your spouse or partner, how often do <u>members of your family</u> make too many demands on you? .....	1	2	3	4
M7. How often do they criticize you? .....	1	2	3	4
M8. How often do they let you down when you are counting on them? .....	1	2	3	4
M9. How often do they get on your nerves? .....	1	2	3	4

M10. How often are you in contact with any of your friends -- including visits, phone calls, letters, or electronic mail messages?

1. Several times a day
2. About once a day
3. Several times a week

4. About once a week
5. 2 or 3 times a month
6. About once a month
7. Less than once a month
8. Never or hardly ever

	A LOT	SOME	A LITTLE	NOT AT ALL
M11. How much do your <u>friends</u> really care about you? .....	1	2	3	4
M12. How much do they understand the way you feel about things?	1	2	3	4
M13. How much can you rely on them for help if you have a serious problem? .....	1	2	3	4
M14. How much can you open up to them if you need to talk about your worries? .....	1	2	3	4

	OFTEN	SOME-TIMES	RARELY	NEVER
M15. How often do your <u>friends</u> make too many demands on you?	1	2	3	4
M16. How often do they criticize you? .....	1	2	3	4
M17. How often do they let you down when you are counting on them? .....	1	2	3	4
M18. How often do they get on your nerves? .....	1	2	3	4

M19. How often do any friends, relatives, or coworkers turn to you for advice or help with a personal or practical problem they have?

1. Never
2. Less than once a month
3. Once or twice a month
4. Three or four times a month
5. A couple of times a week
6. More often than a couple of times a week

- M20. How often do you turn to a friend, relative, or coworker for advice or help with a personal or practical problem you have?
1. Never
  2. Less than once a month
  3. Once or twice a month
  4. Three or four times a month
  5. A couple of times a week
  6. More often than a couple of times a week

M21. Please indicate whether the following problems have happened to anyone close to you in the past 12 months. (If a question does not apply because you have no spouse or partner, or no children, or your parents are deceased, circle "8").

	Spouse or partner			Either of your parents, or the people who raised you			Any of your children		
	YES	NO	DOES NOT APPLY	YES	NO	DOES NOT APPLY	YES	NO	DOES NOT APPLY
a. Chronic disease or disability.....	1	5	8	1	5	8	1	5	8
b. Frequent minor illnesses.....	1	5	8	1	5	8	1	5	8
c. Emotional problems (e.g., sadness, anxiety).....	1	5	8	1	5	8	1	5	8
d. Alcohol or substance problems....	1	5	8	1	5	8	1	5	8
e. Financial problems (e.g., low income or heavy debts).....	1	5	8	1	5	8	1	5	8
f. Problems at school or at work (e.g., failing grades, poor job performance).....	1	5	8	1	5	8	1	5	8
g. Difficulty finding or keeping a job	1	5	8	1	5	8	1	5	8
h. Marital or partner relationship problems.....	1	5	8	1	5	8	1	5	8
i. Legal problems (e.g., involved in law suits, police charges, traffic violations).....	1	5	8	1	5	8	1	5	8
j. Difficulty getting along with people.....	1	5	8	1	5	8	1	5	8

SECTION N: CHILDREN

**DIRECTIONS:** This section asks about your relationship with your children, whether they are biological, step, or adopted. If you do not have children, or if your children are deceased, please go to Section P on page 28.

N1. Using a scale from 0 to 10 where 0 means "the worst possible relationship" and 10 means "the best possible relationship," how would you rate your overall relationship with your children these days?

WORST BEST  
00 01 02 03 04 05 06 07 08 09 10

N2. Looking back ten years ago, how would you rate your overall relationship with your children at that time using the same 0 to 10 scale? (If you had no children ten years ago, circle "98".)

WORST BEST DOES NOT APPLY  
00 01 02 03 04 05 06 07 08 09 10 98

N3. Looking ahead ten years into the future, what do you expect your overall relationship with your children will be like at that time?

WORST BEST  
00 01 02 03 04 05 06 07 08 09 10

N4. 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 overall relationship with your children these days?

NONE VERY MUCH  
00 01 02 03 04 05 06 07 08 09 10

N5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your overall relationship with your children these days?

NONE VERY MUCH  
00 01 02 03 04 05 06 07 08 09 10

N6. Please indicate the degree to which each of the following statements is true of you in general.

		NOT AT ALL TRUE	A LITTLE BIT TRUE	MODERATELY TRUE	EXTREMELY TRUE
a.	I feel good about the opportunities I have been able to provide for my children. ....	1	2	3	4
b.	It seems to me that family life with my children has been more negative than most people's. ....	1	2	3	4
c.	Problems with my children have caused me shame and embarrassment at times. ....	1	2	3	4
d.	As a family, we have not had the resources to do many fun things together with the children. ....	1	2	3	4
e.	I believe I have been able to do as much for my children as most other people. ....	1	2	3	4
f.	I feel a lot of pride about what I have been able to do for my children. ....	1	2	3	4

N7. Next, we are interested in how having children may have changed your work situation. Which of the following changes did you and/or your spouse or partner make because you were living with children? (If you did not have a spouse or partner at any time during the years you raised (have been raising) children, circle "8" for those questions.)

<i>Did either of you...</i>	YOU		YOUR SPOUSE OR PARTNER		
	YES	NO	YES	NO	DOES NOT APPLY
a. ...stop working at a job to stay home and care for the children? .....	1	5	1	5	8
b. ...cut back on the number of hours worked at a job to care for the children? .....	1	5	1	5	8
c. ...work longer hours to meet the added expenses of having children? .....	1	5	1	5	8
d. ...switch to a different job that was less demanding or more flexible to be more available to the children? .....	1	5	1	5	8

**DIRECTIONS:** If you have children 13 or younger living in your household, continue with Question N8. Otherwise, turn to the next page and begin Section P.

N8. In the past three months, how many days did you change or drop your normal schedule to stay home or to make different arrangements for childcare when a child was ill, or the usual caregiver was not available, or a day care center or school was closed? (Your best estimate is fine. If this did not happen in the past three months, enter "0".)

\_\_\_\_\_ # DAYS IN THE PAST 3 MOS.

N9. In the past three months, how many days did your spouse or partner change or drop his or her normal schedule for the same reason? (If none, or if you have no spouse or partner, enter "0".)

\_\_\_\_\_ # DAYS IN THE PAST 3 MOS.

N10. To what extent has providing child care coverage been a serious or stressful problem for you during this current (or most recent) school year?

1. Very serious/stressful
2. Somewhat serious/stressful
3. A little serious/stressful
4. Not at all serious/stressful

N11. What about during last summer -- to what extent was providing child care coverage a serious or stressful problem for you when your children were not in school?

1. Very serious/stressful
2. Somewhat serious/stressful
3. A little serious/stressful
4. Not at all serious/stressful

SECTION P: MARRIAGE OR CLOSE RELATIONSHIP

**DIRECTIONS:** If you are married, or living with a partner in a marriage-like relationship, please answer the questions in this section. If you do not currently have a spouse or partner, please go to Section Q on page 34.

P1. Using a scale from 0 to 10 where 0 means "the worst possible marriage or close relationship" and 10 means "the best possible marriage or close relationship," how would you rate your marriage or close relationship these days?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

P2. Looking back ten years ago, how would you rate your marital or close relationship situation at that time using the same 0 to 10 scale?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

P3. Looking ahead ten years into the future, what do you expect your marriage or close relationship will be like at that time?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

P4. 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 marriage or close relationship these days?

NONE

VERY  
MUCH

00 01 02 03 04 05 06 07 08 09 10

P5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your marriage or close relationship these days?

NONE

VERY  
MUCH

00 01 02 03 04 05 06 07 08 09 10

P6. Would you describe your relationship as...?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

P7. During the past year, how often have you thought your relationship might be in trouble?

1. Never
2. Once
3. A few times
4. Most of the time
5. All of the time

P8. It is always difficult to predict what will happen in a relationship, but realistically, what do you think the chances are that you and your partner will eventually separate?

1. Very likely
2. Somewhat likely
3. Not very likely
4. Not likely at all

P9. Couples often disagree about a lot of issues in life. How much do you and your spouse or partner disagree on the following issues?

	A LOT	SOME	A LITTLE	NOT AT ALL
a. Money matters, such as how much to spend, save or invest. ....	1	2	3	4
b. Household tasks, such as what needs doing and who does it. ....	1	2	3	4
c. Leisure time activities, such as what to do and with whom. ....	1	2	3	4

P10. How often do you and your spouse or partner have a really good talk about something important to you?

1. At least once a day
2. A few times a week
3. Once a week
4. A few times a month
5. Less often than that

	A LOT	SOME	A LITTLE	NOT AT ALL
P11. How much does your spouse or partner really care about you?	1	2	3	4
P12. How much does he or she understand the way you feel about things? .....	1	2	3	4
P13. How much does he or she appreciate you? .....	1	2	3	4
P14. How much can you rely on him or her for help if you have a serious problem? .....	1	2	3	4
P15. How much can you open up to him or her if you need to talk about your worries? .....	1	2	3	4
P16. How much can you relax and be yourself around him or her?	1	2	3	4

	OFTEN	SOME-TIMES	RARELY	NEVER
P17. How often does your spouse or partner make too many demands on you? .....	1	2	3	4
P18. How often does he or she make you feel tense? .....	1	2	3	4
P19. How often does he or she argue with you? .....	1	2	3	4
P20. How often does he or she criticize you? .....	1	2	3	4
P21. How often does he or she let you down when you are counting on him or her? .....	1	2	3	4
P22. How often does he or she get on your nerves? .....	1	2	3	4

P23. Running a household involves a lot of chores, and couples vary in who does these things, like cooking, shopping, laundry, cleaning, yardwork, repairs, and paying bills. Overall, do you do more of such chores, does your spouse or partner do more of them, or do you split them equally? If you have children, do not count childrearing tasks such as bathing them, taking them places, or helping them with their homework, but do include chores like doing their laundry, washing their dishes, or cooking for them.

1. You do a lot more than your spouse
2. You do somewhat more than your spouse
3. You do a little more than your spouse
4. Chores are split equally
5. Your spouse does a little more than you
6. Your spouse does somewhat more than you
7. Your spouse does a lot more than you

P24. In a typical week, about how many hours do you generally spend doing household chores? (If none, enter "0".)

\_\_\_\_\_ # HOURS/WEEK

P25. In a typical week, about how many hours does your spouse or partner spend doing household chores? (If none, enter "0".)

\_\_\_\_\_ # HOURS/WEEK

P26. How fair do you think this arrangement of household chores is to you?

1. Very fair
2. Somewhat fair

- 3. Somewhat unfair
- 4. Very unfair

P27. How fair do you think this arrangement of household chores is to your spouse or partner?

- 1. Very fair
- 2. Somewhat fair
- 3. Somewhat unfair
- 4. Very unfair

P28. How much do you agree or disagree with the following statements?

		AGREE			DISAGREE			
		STRONGLY	SOME WHAT	A LITTLE	DON'T KNOW	A LITTLE	SOMEWH AT	STRONGLY
a.	My partner and I are a team when it comes to making decisions. .....	1	2	3	4	5	6	7
b.	Things turn out better when I talk things over with my partner. ....	1	2	3	4	5	6	7
c.	I don't make plans for the future without talking it over with my partner. ....	1	2	3	4	5	6	7
d.	When I have to make decisions about medical, financial, or family issues, I ask my partner for advice. .....	1	2	3	4	5	6	7

P29. How would you describe your spouse's or partner's overall physical health at the present time?

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

P30. How would you describe your spouse's or partner's overall mental or emotional health at the present time?

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

P31. Is your spouse or partner currently working for pay, whether full-time or part-time?

- 1. Yes ----> GO TO P32
- 5. No ----> GO TO PAGE 34, SECTION Q

P32. About how many hours does your spouse or partner work for pay in an average week on his or her main job?

\_\_\_\_\_ # HOURS

P33. In an average week, about how many hours does your spouse or partner work for pay at any other jobs?

\_\_\_\_\_ # HOURS

P34. In an average week, how often does your spouse or partner work during the day, in the evening, at night (including being away overnight for work-related travel), or on the weekend?

<i>In an average week, how often does he or she work...</i>		4 OR MORE TIMES/ WEEK	2 TO 3 TIMES/ WEEK	ONCE A WEEK	1 TO 3 TIMES/ MONTH	LESS THAN ONCE A MONTH OR NEVER
a.	days -- any time between 7:00am and 5:00pm?	1	2	3	4	5
b.	evenings -- any time between 7:30pm and 9:30pm? .....	1	2	3	4	5
c.	nights -- any time between 9:30pm and 4:30am, or overnight? .....	1	2	3	4	5
d.	weekends -- any time Saturday or Sunday? (working both days counts as twice a week)....		2	3	4	5

P35. At what time of day does he or she usually begin work at his or her main job?

\_\_\_\_\_ A.M. / P.M. / MIDNIGHT / NOON  
 (time) (circle one)

P36. At what time does he or she usually end work at his or her main job?

\_\_\_\_\_ A.M. / P.M. / MIDNIGHT / NOON  
(time) (circle one)

P37. How long does it usually take your spouse or partner, round-trip, to get to and from work? (If he or she works at home, enter "0".)

\_\_\_\_\_ # MINUTES / HOURS  
(circle one)

P38. If your spouse or partner wanted to stay in his or her present job, what do you think the chances are that he or she could keep it for the next two years?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

SECTION Q: SEXUALITY

Q1. Using a scale from 0 to 10 where 0 means "the worst possible situation" and 10 means "the best possible situation," how would you rate the sexual aspect of your life these days?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

Q2. Looking back ten years ago, how would you rate the sexual aspect of your life at that time using the same 0 to 10 scale?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

Q3. Looking ahead ten years into the future, what do you expect the sexual aspect of your life will be like at that time?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

Q4. 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 the sexual aspect of your life these days?

NONE

VERY  
MUCH

00 01 02 03 04 05 06 07 08 09 10

Q5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into the sexual aspect of your life these days?

NONE

VERY  
MUCH

00 01 02 03 04 05 06 07 08 09 10

Q6. Over the past year, how many sex partners have you had?

1. None
2. One
3. Two
4. Three
5. Four
6. Five
7. Six or more

Q7. How would you describe your sexual orientation? Would you say you are heterosexual (sexually attracted only to the opposite sex), homosexual (sexually attracted only to your own sex), or bisexual (sexually attracted to both men and women)?

1. Heterosexual
2. Homosexual
3. Bisexual

Q8. Over the past six months, on average, how often have you had sex with someone?

1. Two or more times a week
2. Once a week
3. Two or three times a month
4. Once a month
5. Less often than once a month
6. Never or not at all

SECTION R: RELIGION AND SPIRITUALITY

R1. What is your religious preference? (Please circle only one.)

- 01. Protestant, interdenominational (if you go to two or more Protestant churches)
- 02. Protestant, no denomination
- 03. Apostolic
- 04. Assembly of God
- 05. Baptist (all types)
- 06. Born-Again Christian
- 07. Brethren
- 08. Disciples of Christ/Christian Church
- 09. Christian Reformed
- 10. Church of God
- 11. Congregational
- 12. Episcopalian or Anglican/Church of England
- 13. Evangelical
- 14. Holiness
- 15. Jehovah's Witness
- 16. Lutheran
- 17. Mennonite
- 18. Methodist (all types, including United Brethren)
- 19. Mormon, Latter Day Saints
- 20. Nazarene
- 21. Pentecostal
- 22. Presbyterian
- 23. Quaker, Society of Friends
- 24. Salvation Army
- 25. Sanctified
- 26. Seventh Day Adventist
- 27. Spiritual
- 28. Unitarian
- 29. United Church of Christ
- 30. Protestant, other (Please specify:)

\_\_\_\_\_

\_\_\_\_\_

- 31. Agnostic or Atheist
- 32. No religious preference
- 33. Catholic, Roman
- 34. Catholic, Ukrainian
- 35. Orthodox (Russian, Greek, Serbian)
- 36. Catholic (all others)
- 37. Jewish Orthodox
- 38. Jewish Conservative
- 39. Jewish Reform
- 40. Jewish Reconstructionist
- 41. Jewish (all others)
- 42. Buddhist (all types, including Zen)
- 43. Hindu
- 44. Muslim
- 45. Rastafarian

46. Other (Please specify:)

\_\_\_\_\_

\_\_\_\_\_

IF "OTHER":

R1a. Is this a Christian religion?

- 1. Yes
- 5. No

R2. The next questions are about being religious, being spiritual, and being superstitious. Please think about what these words mean to you and answer the questions with those meanings in mind.

	VERY	SOME WHAT	NOT VERY	NOT AT ALL
a. How religious are you? .....	1	2	3	4
b. How spiritual are you? .....	1	2	3	4
c. How superstitious are you? .....	1	2	3	4
d. How important is religion in your life? .....	1	2	3	4
e. How important is spirituality in your life? .....	1	2	3	4
f. How important is it for you -- or would it be if you had children now -- to send your children for religious or spiritual services or instruction? .....	1	2	3	4
g. How closely do you identify with being a member of your religious group? .....	1	2	3	4
h. How much do you prefer to be with other people who are the same religion as you? .....	1	2	3	4
i. How important do you think it is for people of your religion to marry other people who are the same religion? .....	1	2	3	4

R3. Which of the following do you believe: that it is good to explore many different religious or spiritual teachings, or that one should stick to a particular faith?

1. Explore different teachings
2. Stick to one faith
3. Neither

R4. How often do you usually attend religious or spiritual services?

1. More than once a week
2. About once a week
3. One to three times a month
4. Less than once a month
5. Never

R5. When you have problems or difficulties in your family, work, or personal life, how often do you seek comfort through religious or spiritual means, such as praying, meditating, attending a religious or spiritual service, or talking to a religious or spiritual advisor?

1. Often
2. Sometimes
3. Rarely
4. Never

R6. When you have decisions to make in your daily life, how often do you ask yourself what your religious or spiritual beliefs suggest you should do?

1. Often
2. Sometimes
3. Rarely
4. Never

**DIRECTIONS:** The next two questions are specifically for Christian respondents. If you marked a Christian religion in Question R1, please answer R7 and R8. If not, please go to the next page and continue with Section S.

R7. Have you been "born again," that is, had a turning point in your life when you committed yourself to Jesus Christ?

1. Yes
5. No

R8. Please tell me how much you agree or disagree with the following statement: "The Bible is the actual Word of God and is to be taken literally, word for word."

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

SECTION S: DEMOGRAPHICS

S1. Other than being American, what are your main ethnic origins? That is, what countries or continents are your ancestors from? (Circle the numbers of all that apply.)

---

**North and Central America**

- 01. American Indian/Native American
  - 02. Bahamas
  - 03. Canada
  - 04. Costa Rica
  - 05. Cuba
  - 06. Dominican Republic
  - 07. El Salvador
  - 08. Guatemala
  - 09. Haiti
  - 10. Honduras
  - 11. Jamaica
  - 12. Mexico
  - 13. Nicaragua
  - 14. Panama
  - 15. Puerto Rico
  - 16. St. Vincent
  - 17. Trinidad
  - 18. Central America/Caribbean - no specific country
  - 19. North/Central America, other (please specify:)
- 
- 

**South America**

- 20. Argentina
  - 21. Bolivia
  - 22. Brazil
  - 23. Chile
  - 24. Colombia
  - 25. Ecuador
  - 26. Peru
  - 27. Venezuela
  - 28. South America - no specific country
  - 29. South America, other (please specify:)
- 
- 

**Europe**

- 30. Czechoslovakia
  - 31. England
  - 32. France
  - 33. Germany
  - 34. Greece
  - 35. Hungary
  - 36. Ireland
  - 37. Italy
  - 38. Norway
  - 39. Poland
  - 40. Portugal
  - 41. Russia or Soviet Union
  - 42. Scotland
  - 43. Spain
  - 44. Sweden
  - 45. The Netherlands
  - 46. Yugoslavia
  - 47. Eastern Europe - no specific country
  - 48. Western Europe - no specific country
  - 49. Europe, other (please specify:)
- 
- 

**Asia**

- 50. China
  - 51. India
  - 52. Japan
  - 53. Korea
  - 54. Philippines
  - 55. Singapore
  - 56. Taiwan
  - 57. Thailand
  - 58. Asia - no specific country
  - 59. Asia, other (please specify:)
- 
- 

**Africa**

- 60. Egypt
  - 61. Kenya
  - 62. Nigeria
  - 63. South Africa
  - 64. Zaire
  - 65. Zimbabwe
  - 66. Africa - no specific country
  - 67. Africa, other (please specify:)
- 
- 

**Middle East**

- 68. Iran
  - 69. Iraq
  - 70. Israel
  - 71. Lebanon
  - 72. Pakistan
  - 73. Saudi Arabia
  - 74. Middle East - no specific country
  - 75. Middle East, other (please specify:)
- 
- 

**Other Countries**

- 76. Other country 1 (please specify:)
- 
- 
- 77. Other country 2 (please specify:)
- 
- 

98. Don't know

---

S2. Which one of the countries you marked do you feel best describes your ethnic origins? If you circled only one country, please write the number for that country. If you circled no countries, or if you feel none of them best describe your ethnic origins, write "none" and go to Question S6.

\_\_\_\_\_ (COUNTRY NUMBER FROM LIST)

S3. How closely do you identify with other people who are of the same ethnic descent as yourself?

1. Very closely
2. Somewhat closely
3. Not very closely
4. Not at all closely

S4. How much do you prefer to be with other people who are of this same ethnic group?

1. A lot
2. Some
3. A little
4. Not at all

S5. How important do you think it is for people who are from this ethnic group to marry other people who are also from this ethnic group?

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important

S6. What are your main racial origins -- that is, what race or races are your parents, grandparents, and other ancestors? (Circle all that apply.)

1. White
2. Black and/or African American
3. Native American or Aleutian Islander/Eskimo
4. Asian or Pacific Islander
5. Other (Please specify: \_\_\_\_\_)

S7. What race do you consider yourself to be? (Please circle only one response.)

1. White
2. Black and/or African American
3. Native American or Aleutian Islander/Eskimo
4. Asian or Pacific Islander

5. Other (Please specify: \_\_\_\_\_)

6. Multiracial (Please specify: \_\_\_\_\_)

S8. How closely do you identify with being a member of this racial group?

1. Very closely
2. Somewhat closely
3. Not very closely
4. Not at all closely

S9. How much do you prefer to be with other people who are the same race as yourself?

1. A lot
2. Some
3. A little
4. Not at all

S10. How important do you think it is for people who are in your racial group to marry other people who are the same race?

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important

S11. Are you a citizen of the United States?

1. Yes ---> *GO TO S12*
5. No ---> *GO TO S11a*

S11a. In what country do you have citizenship?

\_\_\_\_\_

\_\_\_\_\_

GO TO S13, NEXT PAGE

S12. How closely do you identify with being an American, in the sense of being a U.S. citizen?

1. Very closely
2. Somewhat closely
3. Not very closely

4. Not at all closely

S13. How many times in your life have you been discriminated against in each of the following ways because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics? (If the experience happened to you, but for some reason other than discrimination, enter "0".)

# OF TIMES IN YOUR LIFE

a.	You were discouraged by a teacher or advisor from seeking higher education? .....	_____
b.	You were denied a scholarship? .....	_____
c.	You were not hired for a job? .....	_____
d.	You were not given a job promotion? .....	_____
e.	You were fired? .....	_____
f.	You were prevented from renting or buying a home in the neighborhood you wanted? .....	_____
g.	You were prevented from remaining in a neighborhood because neighbors made life so uncomfortable? .....	_____
h.	You were hassled by the police? .....	_____
i.	You were denied a bank loan? .....	_____
j.	You were denied or provided inferior medical care? .....	_____
k.	You were denied or provided inferior service by a plumber, car mechanic, or other service provider? .....	_____

S14. How often on a day-to-day basis do you experience each of the following types of discrimination?

	OFTEN	SOME-TIMES	RARELY	NEVER
a.	1	2	3	4
b.	1	2	3	4
c.	1	2	3	4
d.	1	2	3	4
e.	1	2	3	4

f.	People act as if they think you are dishonest. ....	1	2	3	4
g.	People act as if they think you are not as good as they are.	1	2	3	4
h.	You are called names or insulted. ....	1	2	3	4
i.	You are threatened or harassed. ....	1	2	3	4

---

**DIRECTIONS:** If you never in your life had any of the discriminatory experiences described on the previous page, go to Section T on the next page. Otherwise, continue with Question S15.

S15. What was the main reason for the discrimination you experienced? (If more than one main reason, circle all that apply.)

1. Your age
2. Your gender
3. Your race
4. Your ethnicity or nationality
5. Your religion
6. Your height or weight
7. Some other aspect of your appearance
8. A physical disability
9. Your sexual orientation
10. Some other reason for discrimination (Please specify:)

---



---

S16. Overall, how much has discrimination interfered with you having a full and productive life?

1. A lot
2. Some
3. A little
4. Not at all

S17. Overall, how much harder has your life been because of discrimination?

1. A lot
2. Some
3. A little
4. Not at all

## SECTION T: LIFE OVERALL

T1. Using a scale from 0 to 10 where 0 means "the worst possible life overall" and 10 means "the best possible life overall," how would you rate your life overall these days?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

T2. Looking back ten years ago, how would you rate your life overall at that time using the same 0 to 10 scale?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

T3. Looking ahead ten years into the future, what do you expect your life overall will be like at that time?

WORST

BEST

00 01 02 03 04 05 06 07 08 09 10

T4. 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 life overall these days?

NONE

VERY  
MUCH

00 01 02 03 04 05 06 07 08 09 10

T5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your life overall these days?

NONE

VERY  
MUCH

00 01 02 03 04 05 06 07 08 09 10

SECTION U: RESPONDENT RECONTACT INFORMATION

The identifying information included on this page will be separated from your questionnaire as soon as it is received and maintained by Professor Cleary and his staff as part of their respondent recontact file.

U1. As your telephone interviewer told you, we will be mailing you reports about the study results as they become available. In addition, we may need to recontact you at some time in the future either to clarify some of your answers or to ask for additional information. In case we have difficulty locating you, we would greatly appreciate you giving us the names, addresses, and telephone numbers of two close friends or relatives who do not live with you and who will know how to get in touch with you if you move.

NAME:

\_\_\_\_\_  
RELATIONSHIP TO  
YOU:  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
TELEPHONE NUMBER:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

NAME:

\_\_\_\_\_  
RELATIONSHIP TO  
YOU:  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
TELEPHONE NUMBER:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

U2. In case we are unable to reach these friends or relatives, we will still be able to recontact you in most cases if we have your Social Security number. This number can be linked to public files such as motor vehicle registration records to obtain your most recent mailing address so we can send you study reports.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_