

## MIDUS 2 PHONE INTERVIEW

### INTRODUCTION

INTERVIEWER: READ, IF APPROPRIATE.

Hello, I'm calling from the University of Wisconsin Survey Center. We would like to speak with [Respondent Name], regarding the Midlife in the United States National Study of Health and Wellbeing. We will call you back at another time. You can also call us toll-free at 1-866-271-2378 to schedule an interview. Thanks.

Hello, my name is [Interviewer Name]. I'm calling from the University of Wisconsin Survey Center at the University of Wisconsin-Madison. May I please speak to [Respondent Name]?

(IF NECESSARY: We're not advertising or selling anything.)

(Hello. My name is [Interviewer Name]. I'm calling from the University of Wisconsin Survey Center.)

As you probably recall from our recent letter, we are conducting the second wave of the Midlife in the United States National Study of Midlife in the United States National Study of Health and Wellbeing, Health and Wellbeing, on behalf of the National Institute on Aging. We'd like to interview you now for this important study.

(This is a survey designed to help us learn more about how adults in the US are coping with the challenges of adult life and aging and the factors that contribute to a healthy adult life.)

During this interview, please keep in mind that your participation is completely voluntary. If you prefer not to answer any question, just tell me so, and I will go on to the next question. All of your answers will be kept completely confidential. They are saved in computer code, and at no time will your name or other identifying information be attached to the survey results. *[Also, we are applying for a certificate of confidentiality from the Federal Government.]* This certificate will protect your privacy: No one can require us to disclose any information about you without your written consent. Do you have any questions before we begin?

## SECTION A: HEALTH

A1.

**[B1PA1]**

The first questions are about your health. In general, would you say your **PHYSICAL HEALTH** is excellent, very good, good, fair, or poor?

**INTERVIEWER:** IF R SAYS "I'm not a doctor...", **PROBE:** "What do YOU think?"

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW/NOT SURE
8. REFUSED

A2.

**[B1PA2]**

What about your **MENTAL OR EMOTIONAL HEALTH**?

(Would you say your **MENTAL OR EMOTIONAL HEALTH** is excellent, very good, good, fair, or poor?)

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW/NOT SURE
8. REFUSED

A3.

**[B1PA3]**

In general, compared to most (men/women) your age, would you say your health is much better, somewhat better, about the same, somewhat worse, or much worse?

1. MUCH BETTER
2. SOMEWHAT BETTER
3. ABOUT THE SAME
4. SOMEWHAT WORSE
5. MUCH WORSE
7. DON'T KNOW/NOT SURE
8. REFUSED

A4.

**[B1PA4]** In the past 30 days, how many days were you COMPLETELY UNABLE to go to work or carry out your normal household work activities because of your physical health or mental health?

**INTERVIEWER:** IF NECESSARY, PROBE: "What's your best estimate?"

- |    |                     |   |
|----|---------------------|---|
| 0. | NONE                | [GO TO A5]                                    |
| —  | NUMBER OF DAYS      | [IF 1, GO TO A4a;<br>IF 2 OR MORE, GO TO A4b] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A5]                                    |

A4a.

**[B1PA4A]** Was that due to your physical health, your mental health, or a combination of both?

- A. PHYSICAL
- B. MENTAL
- C. COMBINATION
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

[GO TO A5]

A4b.

**[B1PA4B]** How many of those [fill A4] days were due only to your physical health, how many were due only to your mental health, and how many were due to a combination of both?

- A. \_\_\_ # DAYS PHYSICAL
- B. \_\_\_ # DAYS MENTAL
- C. \_\_\_ # DAYS COMBINATION
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

[IF THE RESPONSES TO A4b DO NOT SUM TO A4, THE INTERVIEWER WILL PROBE TO GET THEM TO SUM]

[IF A4 = 30, GO TO A6]

A5.

**[B1PA5]** (Aside from (that day/those [fill A4] days) when you were totally unable to go to work or carry out your normal household work activities, how many of the other [fill A5pre] days out of the past 30)/In the past 30 days), did you have to CUT BACK on work, or how much you got done, because of your physical health or mental health?

**INTERVIEWER:** MUST NOT BE MORE THAN [fill A5pre] DAYS.

- |     |                     |   |
|-----|---------------------|---|
| 0.  | NONE                | [GO TO A6]  |
| ___ | NUMBER OF DAYS      | [IF A5=1, GO TO A5a;<br>IF A5 = 2 or MORE, GO TO A5b] |
| 97. | DON'T KNOW/NOT SURE | [GO TO A6]  |
| 98. | REFUSED             | [GO TO A6]  |
| 99. | INAPP               |   |

[IF SUM OF THE RESPONSES TO A4 AND A5 EXCEEDS 30 DAYS, THE INTERVIEWER WILL PROBE TO GET THEM TO BE LESS THAN 30 DAYS]

A5a.

**[B1PA5A]** Was that due to your physical health, your mental health, or a combination of both?

1. PHYSICAL
2. MENTAL
3. COMBINATION
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[GO TO A6]

A5b.

**[B1PA5B]** How many of those [fill A5] days were due only to your physical health, how many were due only to your mental health, and how many were due to a combination of both?

A. \_\_\_ # DAYS PHYSICAL

B. \_\_\_ # DAYS MENTAL

C. \_\_\_ # DAYS COMBINATION

97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

[IF THE RESPONSES TO A5b DO NOT SUM TO A5, THE INTERVIEWER WILL PROBE TO GET THEM TO SUM]

The next set of questions is about your physical health.

A6.

**[B1PA6]** Do you have history of any of the following medical conditions:

(Do you have a personal history of...)	YES	NO	DON'T KNOW/ NOT SURE	REFUSED
A6a. Stroke	1	2	7	8
A6b. Serious head injury	1	2	7	8
A6c. Parkinson's disease	1	2	7	8
A6d. Other neurological disorder	1	2	7	8

A7.

**[B1PA7]** Have you ever had heart trouble suspected or confirmed by a doctor?

- |    |                     |             |
|----|---------------------|-------------|
| 1. | YES                 | [GO TO A7a] |
| 2. | NO                  | [GO TO A8]  |
| 7. | DON'T KNOW/NOT SURE | [GO TO A8]  |
| 8. | REFUSED             | [GO TO A8]  |

A7a.

**[B1PA7A]** How old were you when a doctor first told you that you might have heart trouble?

**INTERVIEWER:** IF R SAYS THEY KNEW IT BEFORE DOCTOR DID, OR THAT DOCTOR DIDN'T TELL THEM DIRECTLY, PROBE: "How old were you when a DOCTOR first told you (or your parents) that you might have heart trouble?"

**INTERVIEWER:** IF NECESSARY, PROBE: "What's your best estimate?"

- |       |                     |
|-------|---------------------|
| _____ | YEARS OLD           |
| 96.   | CONGENITAL/AT BIRTH |
| 97.   | DON'T KNOW/NOT SURE |
| 98.   | REFUSED             |
| 99.   | INAPP               |

A7b.

**[B1PA7B]** What was the diagnosis?**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE: "Anything else?"**INTERVIEWER:** IF R SAYS "Dr. wasn't sure but thought it might be...", ENTER VERBATIM.**INTERVIEWER:** IF R GIVES A TREATMENT, PROBE: "What was the DIAGNOSIS?"

- A. HEART ATTACK
- B. ANGINA
- C. HIGH BLOOD PRESSURE
- D. VALVE DISEASE, MITROVALVE PROLAPSE, AORTIC INSUFFICIENCY, BICUSPID AORTIC VALVE
- E. HOLE IN HEART, ATRIAL SEPTAL DEFECT (ASD), VENTRICULAR SEPTAL DEFECT (VSD)
- F. BLOCKED/CLOSED ARTERY, CORONARY ARTERY DISEASE (CAD), CORONARY HEART DISEASE (CHD), ISCHEMIA
- G. IRREGULAR/FAST HEART BEAT, ARRHYTHMIA
- H. HEART MURMUR
- I. HEART FAILURE, CONGESTIVE HEART FAILURE (CHF), ENLARGED HEART
- J. OTHER \_\_\_\_\_ (SPECIFY)
- K. NONE
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

[IF A7a = CONGENITAL/AT BIRTH, GO TO A7d]

A7c.

**[B1PA7C]** Did you go to the hospital for treatment or more tests after this diagnosis was made?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A7d.

**[B1PA7D]** Are you still seeing a doctor, or still getting treatment, for heart trouble?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[IF A7b = HEART ATTACK, GO TO A8a]

A8.

**[B1PA8]** Have you ever had a heart attack?

- |                        |             |
|------------------------|-------------|
| 1. YES                 | [GO TO A8a] |
| 2. NO                  | [GO TO A9]  |
| 7. DON'T KNOW/NOT SURE | [GO TO A9]  |
| 8. REFUSED             | [GO TO A9]  |
| 9. INAPP               |             |

A8a.

**[B1PA8A]** In what year did you have your first heart attack?

- |       |                      |
|-------|----------------------|
| _____ | YEAR OF HEART ATTACK |
| 9997. | DON'T KNOW/NOT SURE  |
| 9998. | REFUSED              |
| 9999. | INAPP                |

[GO TO A10]

A9.

**[B1PA9]** Do you think your risk of a heart attack is higher, lower, or about the same as other (men/women) your age?

**INTERVIEWER:** IF R SAYS DOESN'T KNOW RISKS, PROBE: "What do you think?"

- |                        |             |
|------------------------|-------------|
| 1. HIGHER              |             |
| 2. LOWER               | [GO TO A9b] |
| 3. ABOUT THE SAME      | [GO TO A10] |
| 7. DON'T KNOW/NOT SURE | [GO TO A10] |
| 8. REFUSED             | [GO TO A10] |
| 9. INAPP               | [GO TO A10] |

A9a.

**[B1PA9A]** Would you say a lot higher, somewhat higher, or only a little higher?

1. A LOT
2. SOMEWHAT
3. A LITTLE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[GO TO A10]

A9b.

**[B1PA9B]** Would you say a lot lower, somewhat lower, or only a little lower?

1. A LOT
2. SOMEWHAT
3. A LITTLE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A10.

**[B1PA10]** Who in your immediate biological family -- that is, your biological parents, brothers, sisters, or children -- have ever had a heart attack?

**INTERVIEWER:** ENTER ALL THAT APPLY.

**INTERVIEWER:** COUNT BLOOD RELATIVES ONLY, NOT SPOUSE OR ADOPTIVE/STEP RELATIVES [THE SAME MEMBER CAN'T BE LISTED TWICE].

- A. NO ONE
- B. MOTHER
- C. FATHER
- D. BROTHER
- E. HALF BROTHER
- F. SISTER
- G. HALF SISTER
- H. CHILD
97. DON'T KNOW/NOT SURE
98. REFUSED

A11.

**[B1PA11]** How much do you worry about your heart: a lot, some, a little, or not at all?

1. A LOT
2. SOME
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

A12.

**[B1PA12]** Do you take aspirin regularly for PREVENTION of heart related conditions such as heart attack and stroke?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A13.

**[B1PA13]** Have you ever had a major heart procedure, such as catheterization (KATH-it-urr-ih-ZAY-shun), bypass surgery, or angioplasty (AN-gee-oh-plass-tea)?**INTERVIEWER:** IF NECESSARY, CLARIFY: "Angioplasty (AN-gee-oh-plass-tea) is also called PTCA."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A14.

**[B1PA14]** Has anyone you know well -- such as your spouse, a family member, or a close friend -- ever had a major heart procedure?**INTERVIEWER:** IF NECESSARY, CLARIFY: "By a major heart procedure I mean catheterization (KATH-it-urr-ih-ZAY-shun), bypass surgery, or angioplasty (AN-gee-oh-plass-tea)."**INTERVIEWER:** IF NECESSARY, CLARIFY: "Angioplasty (AN-gee-oh-plass-tea) is also called PTCA."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A15.

**[B1PD15]** Assume for a moment that you had a heart condition and were told by your doctor that you had two choices -- either to have coronary bypass surgery or to take medication every day for the rest of your life. Which one do you think you would choose?

1. BYPASS
2. MEDICATION
7. DON'T KNOW/NOT SURE [GO TO A17]
8. REFUSED [GO TO A17]

A16.

**[B1PA16]** How sure are you that this is what you would choose: very, somewhat, or not very sure?

1. VERY
2. SOMEWHAT
3. NOT VERY SURE
7. DON'T KNOW/NOT SURE
8. REFUSED

A17.

**[B1PA17]** Do you ever get chest pain or discomfort when you walk uphill or hurry?

**INTERVIEWER:** IF R SAYS CAN'T WALK/CAN'T WALK UPHILL, PROBE: "What about when you are moving in a hurry?"

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A18.

**[B1PA18]** Do you ever get chest pain or discomfort when you walk at an ordinary pace on a level surface, not uphill?

**INTERVIEWER:** IF R SAYS THEY CANNOT WALK, PROBE: "Do you mean you cannot walk because of the chest pain, or for some other reason?"

1. YES
2. NO
3. CANNOT WALK BECAUSE OF CHEST PAIN
4. CANNOT WALK FOR OTHER REASONS
7. DON'T KNOW/NOT SURE
8. REFUSED

[IF A17 ≠ YES AND A18 ≠ YES AND A18 ≠ CANNOT WALK BECAUSE OF CHEST PAIN, GO TO A23]

[IF A17 = YES AND A18 = CANNOT WALK DUE OTHER REASONS, GO TO A22]

[IF A18 = CANNOT WALK BECAUSE OF CHEST PAIN, GO TO A22 ALL OTHERS CONTINUE]

A19.

**[B1PA19]** When you get pain or discomfort in your chest while you are walking, do you stop, slow down, or continue walking at the same pace?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "What do you USUALLY do?"

1. STOP
2. SLOW DOWN
3. CONTINUE AT THE SAME PACE [GO TO A22]
7. DON'T KNOW/NOT SURE [GO TO A22]
8. REFUSED [GO TO A22]
9. INAPP

A20.

**[B1PA20]** Does it go away when you stand still?

**INTERVIEWER:** IF R SAYS "sometimes", PROBE: "Does it USUALLY go away when you stand still?"

1. YES [GO TO A21]
2. NO [GO TO A22]
7. DON'T KNOW/NOT SURE [GO TO A22]
8. REFUSED [GO TO A22]
9. INAPP

A21.

**[B1PA21]** How soon does it go away: 10 minutes or less, or more than 10 minutes?

1. 10 MINUTES OR LESS
2. MORE THAN 10 MINUTES
7. DON'T KNOW/NOT SURE [GO TO A22]
8. REFUSED [GO TO A22]
9. INAPP

A22.

**[B1PA22]** Where do you get this pain or discomfort -- in the center of your chest, in the left side of your chest ONLY, in the left side of your chest AND your left arm, or somewhere else?

**INTERVIEWER:** SELECT ONE ONLY.

1. CENTER OF CHEST

2. LEFT SIDE OF CHEST ONLY
3. LEFT SIDE OF CHEST AND LEFT ARM
4. SOMEWHERE ELSE \_\_\_\_\_(SPECIFY LOCATION)
7. DON'T KNOW/NOT SURE
8. REFUSED

A23.

**[B1PA23]** Have you ever had a severe pain across the front of your chest lasting half an hour or more?

- |    |            |              |
|----|------------|--------------|
| 1. | YES        | [GO TO A23a] |
| 2. | NO         | [GO TO A24]  |
| 7. | DON'T KNOW | [GO TO A24]  |
| 8. | REFUSED    | [GO TO A24]  |

A23a.

**[B1PA23A]** How many times has this ever happened?

- |    |                     |
|----|---------------------|
| —  | NUMBER OF ATTACKS   |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED             |
| 9. | INAPP               |

A23b.

**[B1PA23B]** Did you talk to a doctor about it?

- |    |                     |              |
|----|---------------------|--------------|
| 1. | YES                 | [GO TO A23c] |
| 2. | NO                  | [GO TO A24]  |
| 7. | DON'T KNOW/NOT SURE | [GO TO A24]  |
| 8. | REFUSED             | [GO TO A24]  |
| 9. | INAPP               |              |

A23c.

**[B1PA23C]** What did the doctor say it was?**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE: "Anything else?"**INTERVIEWER:** IF R SAYS "Dr. wasn't sure but thought it might be...", ENTER VERBATIM

- A. HEART ATTACK
- B. ANGINA
- C. HIGH BLOOD PRESSURE
- D. VALVE DISEASE, MITROVALVE PROLAPSE, AORTIC INSUFFICIENCY, BICUSPID AORTIC VALVE
- E. HOLE IN HEART, ATRIAL SEPTAL DEFECT (ASD), VENTRICULAR SEPTAL DEFECT (VSD)
- F. BLOCKED/CLOSED ARTERY, CORONARY ARTERY DISEASE (CAD), CORONARY HEART DISEASE (CHD), ISCHEMIA
- G. IRREGULAR/FAST HEART BEAT, ARRHYTHMIA
- H. HEART MURMUR
- I. HEART FAILURE, CONGESTIVE HEART FAILURE (CHF), ENLARGED HEART
- J. OTHER \_\_\_\_\_ (ENTER DIAGNOSIS)
- K. NONE
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

A23d. If A23c=High Blood Pressure, skip to A24a.

A24.

**[B1PA24]** Has a doctor ever told you that you have or had high blood pressure?

- 1. YES
- 2. NO [GO TO A25]
- 3. SUSPECTS
- 7. DON'T KNOW/NOT SURE [GO TO A25]
- 8. REFUSED [GO TO A25]

A24a.

**[B1PA24A]** How many years ago were you told you have or had high blood pressure?

- \_\_\_ # OF YEARS
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP



A24b.

**[B1PA24B]** Have you ever taken medicine prescribed by a doctor for your high blood pressure?

1. YES
2. NO [GO TO A24d]
7. DON'T KNOW/NOT SURE [GO TO A24d]
8. REFUSED [GO TO A24d]
9. INAPP

A24c.

**[B1PA24C]** Are you CURRENTLY taking any prescription medications for your high blood pressure?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A24d.

**[B1PA24D]** (Not including prescription medications, are/Are) you using any other type of treatment or therapy for your high blood pressure?

1. YES [GO TO A24e]
2. NO [GO TO A25]
7. DON'T KNOW/NOT SURE [GO TO A25]
8. REFUSED [GO TO A25]
9. INAPP

A24e.

**[B1PA24E]** What is that treatment or therapy?

**INTERVIEWER: ENTER ALL THAT APPLY.**  
**[THE SAME TREATMENT CAN'T BE LISTED TWICE]**

- A. DIET
- B. VITAMINS/MINERALS
- C. EXERCISE
- D. HERBAL THERAPY
- E. MEDITATION/ RELAXATION
- F. OTHER (ENTER TREATMENT) \_\_\_\_\_
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A25.

**[B1PA25]** How long has it been since your last blood pressure test?**INTERVIEWER:** IF R SAYS LESS THAN ONE MONTH ENTER '0 MONTHS'.

- \_\_\_\_. TIME SINCE LAST BP TEST (MO=MONTHS / YR=YEARS)
- 0. LESS THAN 1 MONTH
  - 96. NEVER
  - 97. DON'T KNOW/NOT SURE
  - 98. REFUSED

[IF A25 = NEVER, GO TO A26]

A25a.

**[B1PA25A]** At that time, was your blood pressure low, about normal, slightly raised, or high?

- 1. LOW
- 2. ABOUT NORMAL
- 3. SLIGHTLY RAISED
- 4. HIGH
- 7. DON'T KNOW/NOT SURE [GO TO A26]
- 8. REFUSED
- 9. INAPP

A25b.

**[B1PA25B]** What was the exact reading, if you remember?

- \_\_\_\_OVER\_\_\_\_ [SYSTOLIC: <10-300> OVER DIASTOLIC: <10-200>]
- 997. DON'T KNOW/DON'T REMEMBER/WASN'T TOLD (DO NOT PROBE)
  - 998. REFUSED
  - 999. INAPP

A26.

**[B1PA26]** Have you ever had cancer?

- 1. YES [GO TO A28]
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED

A27.

**[B1PA27]** Do you think your risk of getting cancer is higher, lower, or about the same as other (men/women) your age?

- |    |                     |              |
|----|---------------------|--------------|
| 1. | HIGHER              | [GO TO A27a] |
| 2. | LOWER               | [GO TO A27b] |
| 3. | ABOUT THE SAME      | [GO TO A30]  |
| 7. | DON'T KNOW/NOT SURE | [GO TO A30]  |
| 8. | REFUSED             | [GO TO A30]  |
| 9. | INAPP               |              |

A27a.

**[B1PA27A]** Would you say a lot higher, somewhat higher, or only a little higher?

- |    |                     |
|----|---------------------|
| 1. | A LOT               |
| 2. | SOMEWHAT            |
| 3. | A LITTLE            |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED             |
| 9. | INAPP               |

[GO TO A30]

A27b.

**[B1PA27B]** Would you say a lot lower, somewhat lower, or only a little lower?

- |    |                     |
|----|---------------------|
| 1. | A LOT               |
| 2. | SOMEWHAT            |
| 3. | A LITTLE            |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED             |
| 9. | INAPP               |

[GO TO A30]

[ONLY MEN WILL GET PROSTATE CANCER AS A RESPONSE OPTION]

[ONLY WOMEN WILL GET CERVICAL, OVARIAN AND UTERINE CANCER RESPONSE OPTIONS]

A28.

**[B1PA28]** What type of cancer have you had?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE: "Any Other?"

(IF R HAD A PARTICULAR TYPE OF CANCER, FOLLOW UP AT A28aa-jj)

What type of cancer have you had?			What was your age when you were first diagnosed with...
	YES	NO	
A. BREAST CANCER	1 → GO TO AA.	2	AA. Age=
B. CERVICAL CANCER	1 → GO TO BB.	2	BB. Age=
C. COLON OR RECTAL CANCER	1 → GO TO CC.	2	CC. Age=
D. LUNG CANCER	1 → GO TO DD.	2	DD. Age=
E. LYMPHOMA OR LEUKEMIA	1 → GO TO EE.	2	EE. Age=
F. OVARIAN CANCER	1 → GO TO FF.	2	FF. Age=
G. PROSTATE CANCER	1 → GO TO GG.	2	GG. Age=
H. SKIN CANCER, MELANOMA	1 → GO TO HH.	2	HH. Age=
I. UTERINE CANCER	1 → GO TO II.	2	II. Age=
J. OTHER _____ (SPECIFY)	1 → GO TO JJ.	2	JJ. Age=

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A29.

**[B1PA29]** Are you currently using any type of treatment or therapy for cancer?

- 1. YES [GO TO A29a]
- 2. NO [GO TO A30]
- 7. DON'T KNOW/NOT SURE [GO TO A30]
- 8. REFUSED [GO TO A30]
- 9. INAPP

A29a.

**[B1PA29A]** What type of treatment or therapy are you currently using?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE:  
"Anything else?"

- A. SURGERY
- B. CHEMOTHERAPY
- C. RADIATION THERAPY
- D. DIET
- E. VITAMINS/MINERALS
- F. EXERCISE
- G. HERBAL THERAPY
- H. MEDITATION/ RELAXATION
- I. OTHER (SPECIFY TREATMENT) \_\_\_\_\_
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

A30.

**[B1PA30]** Who in your immediate biological family -- that is, your biological parents, brothers, sisters, or children-- have ever had cancer?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE:  
"Any others?"

**INTERVIEWER:** COUNT BLOOD RELATIVES ONLY, NOT SPOUSE OR  
ADOPTIVE/STEP RELATIVES.

- |                        |              |
|------------------------|--------------|
| A. NO ONE              | [GO TO A35a] |
| B. MOTHER              | [GO TO A31]  |
| C. FATHER              | [GO TO A32]  |
| D. BROTHER             | [GO TO A33]  |
| E. SISTER              | [GO TO A34]  |
| F. CHILD               | [GO TO A35]  |
| 7. DON'T KNOW/NOT SURE | [GO TO A35a] |
| 8. REFUSED             | [GO TO A35a] |

A31. <b>[B1PA31]</b> What type of cancer has your mother had? <b>INTERVIEWER:</b> DO NOT READ LIST. SELECT ALL THAT APPLY. PROBE: "Any Other?"		
	YES	NO
A. BREAST CANCER	1	2
B. CERVICAL CANCER	1	2
C. COLON OR RECTAL CANCER	1	2
D. LUNG CANCER	1	2
E. LYMPHOMA OR LEUKEMIA	1	2
F. OVARIAN CANCER	1	2
H. SKIN CANCER, MELANOMA	1	2
I. UTERINE CANCER	1	2
J. OTHER _____ (SPECIFY)	1	2

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

**INTERVIEWER:** FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

A32. <b>[B1PA32A]</b> What type of cancer has your father had? <b>ITNERVIEWER:</b> DO NOT READ THE LIST. SELECT ALL THAT APPLY. PROBE: "Any other?"		
	YES	NO
A. BREAST CANCER	1	2
C. COLON OR RECTAL CANCER	1	2
D. LUNG CANCER	1	2
E. LYMPHOMA OR LEUKEMIA	1	2
F. OVARIAN CANCER	1	2
G. PROSTATE CANCER	1	2
H. SKIN CANCER, MELANOMA	1	2
I. UTERINE CANCER	1	2
J. OTHER _____ (SPECIFY)	1	2

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

**INTERVIEWER:** FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

A33.  
**[B1PA33]** What type(s) of cancer has/have your brother(s) had?  
**INTERVIEWER:** DO NOT READ THE LIST. SELECT ALL THAT APPLY. PROBE: "Any other?"

	YES	NO
A. BREAST CANCER	1	2
C. COLON OR RECTAL CANCER	1	2
D. LUNG CANCER	1	2
E. LYMPHOMA OR LEUKEMIA	1	2
F. OVARIAN CANCER	1	2
G. PROSTATE CANCER	1	2
H. SKIN CANCER, MELANOMA	1	2
I. UTERINE CANCER	1	2
J. OTHER _____ (SPECIFY)	1	2

7. DON'T KNOW/NOT SURE  
8. REFUSED  
9. INAPP

**INTERVIEWER:** FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

A34.  
**[B1PA34]** What type(s) of cancer has/have your sister(s) had?  
**INTERVIEWER:** DO NOT READ THE LIST. SELECT ALL THAT APPLY. PROBE: "Any other?"

	YES	NO
A. BREAST CANCER	1	2
B. CERVICAL CANCER	1	2
C. COLON OR RECTAL CANCER	1	2
D. LUNG CANCER	1	2
E. LYMPHOMA OR LEUKEMIA	1	2
F. OVARIAN CANCER	1	2
H. SKIN CANCER, MELANOMA	1	2
I. UTERINE CANCER	1	2
J. OTHER _____ (SPECIFY)	1	2

7. DON'T KNOW/NOT SURE  
8. REFUSED  
9. INAPP

**INTERVIEWER:** FOLLOW UP ON NEXT FAMILY MEMBER WHO HAS HAD CANCER. IF NO ONE ELSE HAS HAD CANCER, GO TO A35a.

A35. [B1PA35] What type(s) of cancer has/have your child(ren) had? INTERVIEWER: DO NOT READ THE LIST. SELECT ALL THAT APPLY. PROBE: "Any other?"		
	YES	NO
A. BREAST CANCER	1	2
B. CERVICAL CANCER	1	2
C. COLON OR RECTAL CANCER	1	2
D. LUNG CANCER	1	2
E. LYMPHOMA OR LEUKEMIA	1	2
F. OVARIAN CANCER	1	2
G. PROSTATE CANCER	1	2
H. SKIN CANCER, MELANOMA	1	2
I. UTERINE CANCER	1	2
J. OTHER _____ (SPECIFY)	1	2

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A35a. If R's sex=1 GO TO A36 [following questions are for women only].

A35b.

[B1PA36A] Have you had a hysterectomy?

- 1. YES [GO TO A35c\_m]
- 2. NO [GO TO A35D]
- 7. DON'T KNOW [GO TO A35D]
- 8. REFUSED [GO TO A35D]
- 9. INAPP

A35c\_m.

[B1PA36AM] What month and year did you have a hysterectomy?

(MONTH)

- 1. JANUARY
- 2. FEBRUARY
- 3. MARCH
- 4. APRIL
- 5. MAY
- 6. JUNE
- 7. JULY
- 8. AUGUST
- 9. SEPTEMBER
- 10. OCTOBER
- 11. NOVEMBER
- 12. DECEMBER
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

A35c\_y.

**[B1PA36AY]** (What month and year did you have a hysterectomy?)**(YEAR)**

\_\_\_\_ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

A35d.

**[B1PA36B]** Have you had one or both of your ovaries removed?**INTERVIEWER:** If R SAYS "yes", PROBE "Was that one or both ovaries?"

- |    |                      |                |
|----|----------------------|----------------|
| 1. | ONE OVARY REMOVED    | [GO TO A35f_m] |
| 2. | BOTH OVARIES REMOVED | [GO TO A35e]   |
| 3. | NO                   | [GO TO A36]    |
| 7. | DON'T KNOW/NOT SURE  | [GO TO A36]    |
| 8. | REFUSED              | [GO TO A36]    |
| 9. | INAPP                |                |

A35e.

**[B1PA36C]** Did you have both ovaries removed at the same time?

- |    |                     |
|----|---------------------|
| 1. | YES                 |
| 2. | NO                  |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED             |
| 9. | INAPP               |

A35f\_m.

**[B1PA36DM]** What month and year did you have it/the first one/them removed?**(MONTH)**

- |    |          |     |                     |
|----|----------|-----|---------------------|
| 1. | JANUARY  | 9.  | SEPTEMBER           |
| 2. | FEBRUARY | 10. | OCTOBER             |
| 3. | MARCH    | 11. | NOVEMBER            |
| 4. | APRIL    | 12. | DECEMBER            |
| 5. | MAY      | 97. | DON'T KNOW/NOT SURE |
| 6. | JUNE     | 98. | REFUSED             |
| 7. | JULY     | 99. | INAPP               |
| 8. | AUGUST   |     |                     |

A35f\_y.

**[B1PA36DY]** (What month and year did you have it/the first one/them removed?)**(YEAR)**

\_\_\_\_ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

[IF A35e ≠ 2, SKIP to A36]

A35h\_m.

**[B1PA36EM]** What month and year did you have the second ovary removed?**(MONTH)**

- |    |          |     |                     |
|----|----------|-----|---------------------|
| 1. | JANUARY  | 9.  | SEPTEMBER           |
| 2. | FEBRUARY | 10. | OCTOBER             |
| 3. | MARCH    | 11. | NOVEMBER            |
| 4. | APRIL    | 12. | DECEMBER            |
| 5. | MAY      | 97. | DON'T KNOW/NOT SURE |
| 6. | JUNE     | 98. | REFUSED             |
| 7. | JULY     | 99. | INAPP               |
| 8. | AUGUST   |     |                     |

A35h\_y.

**[B1PA36EY]** (What month and year did you have the second ovary removed?)**(YEAR)**

\_\_\_\_ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

A36.

**[B1PA37]** The next questions are about smoking cigarettes. At what age did you have your very first cigarette?**INTERVIEWER:** IF R SAYS "I don't smoke", **PROBE:** "At what age did you have your very **FIRST** cigarette, **if EVER?**"

\_\_\_\_ YEARS OLD

96. NEVER HAD A CIGARETTE [GO TO A44]

97. DON'T KNOW/NOT SURE

98. REFUSED



A37.

**[B1PA38A]** Have you ever smoked cigarettes regularly -- that is, at least a few cigarettes every day?

- |    |                     |             |
|----|---------------------|-------------|
| 1. | YES                 | [GO TO A38] |
| 2. | NO                  | [GO TO A44] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A44] |
| 8. | REFUSED             | [GO TO A44] |
| 9. | INAPP               |             |

A38.

**[B1PA38B]** At what age did you begin to smoke REGULARLY?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "By regularly I mean at least a few cigarettes every day."

- |     |                     |
|-----|---------------------|
| ___ | YEARS OLD           |
| 97. | DON'T KNOW/NOT SURE |
| 98. | REFUSED             |
| 99. | INAPP               |

[IF THE RESPONSE TO A37 IS GREATER THAN A38b, INTERVIEWER WILL PROBE SO A37 IS LESS THAN A38b]

A39.

**[B1PA39]** Do you smoke cigarettes regularly NOW?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "By regularly I mean at least a few cigarettes every day."

- |    |                     |             |
|----|---------------------|-------------|
| 1. | YES                 | [GO TO A40] |
| 2. | NO                  | [GO TO A42] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A42] |
| 8. | REFUSED             | [GO TO A42] |
| 9. | INAPP               |             |

A40.

**[B1PA40]** On average, about how many cigarettes did you smoke per day during the one year in your life when you smoked most heavily?

**INTERVIEWER:** IF R SAYS NUMBER OF CIGARETTES VARIED, REREAD STRESSING 'ON AVERAGE'.

**INTERVIEWER:** IF NECESSARY, CLARIFY: "1 pack = 20 cigarettes".

0.5 - 10

1 - 20

1.5 - 30

2 - 40

2.5 - 50

3 - 60

3.5 - 70

4 - 80

4.5 - 90

5+ - 99

\_\_\_ # OF CIGARETTES PER DAY

96. 96 OR MORE CIGARETTES

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP

A41.

**[B1PA41]** Since we last interviewed you in [fill MIDUS1MO], [fill MIDUS1YR] have you tried to quit smoking? [IF BOSTON OVER SAMPLE, "Have you tried to quit smoking at any time since 1994?"]

1. YES

2. NO

7. DON'T KNOW/NOT SURE

8. REFUSED

9. INAPP

[GO TO A44]

A42.

**[B1PA42]** How old were you the last time you smoked regularly?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "By regularly I mean at least a few cigarettes every day."

\_\_\_ YEARS OLD

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP



A43.

**[B1PA43]** On average, about how many cigarettes did you smoke per day during the one year in your life when you smoked most heavily?

**INTERVIEWER:** IF R SAYS NUMBER OF CIGARETTES VARIED, PROBE: 'ON AVERAGE'.

**INTERVIEWER:** IF NECESSARY CLARIFY: "1 pack = 20 cigarettes"

0.5 - 10

1 - 20

1.5 - 30

2 - 40

2.5 - 50

3 - 60

3.5 - 70

4 - 80

4.5 - 90

5+ - 99

\_\_\_ # OF CIGARETTES

97. DON'T KNOW/NOT SURE

98. REFUSED

99. INAPP

A44.

**[B1PA44]** Have you ever smoked a pipe or cigars, or used snuff or chewing tobacco regularly during you life?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

8. REFUSED

A45.

**[B1PA45]** When you were growing up, that is during your first 16 years, did you live with anyone in your household who smoked cigarettes or other tobacco products (other than yourself)?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY.

PROBE: "Anyone else?"

**INTERVIEWER:** IF R ANSWERS YES, PROBE: "And who was that?"

A. FATHER

B. MOTHER

C. OTHER

4. NO ONE

7. DON'T KNOW/NOT SURE

8. REFUSED



A46.

**[B1PA46]** At the current time, does anyone regularly smoke cigarettes or other tobacco products **INSIDE** your home (other than yourself)?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A47.

**[B1PA47]** While at your job **in the past**, did anyone regularly smoke cigarettes or other tobacco products in your immediate work area (other than yourself)?

**INTERVIEWER:** IF THEY QUESTION IF WE MEAN THE JOB THEY HAVE NOW OR A PREVIOUS JOB "in the past at either your current or previous jobs".

1. YES
2. NO
3. NEVER HAD A JOB [GO TO A49]
7. DON'T KNOW/NOT SURE
8. REFUSED

A48.

**[B1PA48]** At your **current job**, does anyone regularly smoke cigarettes or other tobacco products in your immediate work area (other than yourself)?

1. YES
2. NO
3. DON'T CURRENTLY HAVE A JOB
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A49.

**[B1PA49]** The next questions are about alcoholic beverages. How old were you when you had your first drink, not counting a sip of someone else's drink?

**INTERVIEWER:** IF R SAYS "I don't drink", PROBE: "How old were you when you had your **FIRST** drink, **if EVER**, not counting a sip of someone else's drink?"

- \_\_\_ YEARS OLD
96. NEVER HAD A DRINK [GO TO A58]
  97. DON'T KNOW/NOT SURE
  98. REFUSED



A50.

**[B1PA50]** During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

- |    |                     |             |
|----|---------------------|-------------|
| 1. | YES                 | [GO TO A51] |
| 2. | NO                  | [GO TO A54] |
| 7. | DON'T KNOW/NOT SURE | [GO TO A54] |
| 8. | REFUSED             | [GO TO A54] |
| 9. | INAPP               |             |

A51.

**[B1PA51]** During the past month, how often did you drink any alcoholic beverages, on the average? Would you say every day, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, or less often than 1 day a week?

- |    |   |              |
|----|---|--------------|
| 1. | EVERY DAY                               | [GO TO A52]  |
| 2. | 5 OR 6 DAYS A WEEK                      | [GO TO A52]  |
| 3. | 3 OR 4 DAYS A WEEK                      | [GO TO A52]  |
| 4. | 1 OR 2 DAYS A WEEK                      | [GO TO A52]  |
| 5. | LESS THAN ONE DAY A WEEK                | [GO TO A51a] |
| 6. | NEVER DRINK (VOLUNTEERED) (DO NOT READ) | [GO TO A54]  |
| 7. | DON'T KNOW/NOT SURE                     | [GO TO A54]  |
| 8. | REFUSED                                 | [GO TO A54]  |
| 9. | INAPP                                   |              |

A51a.

**[B1PA51A]** Would that be three or four days a month, one or two days a month, or less often than that?

- |    |                                 |             |
|----|---------------------------------|-------------|
| 1. | 3 OR 4 DAYS A MONTH             |             |
| 2. | 1 OR 2 DAYS A MONTH             |             |
| 3. | LESS OFTEN THAN ONE DAY A MONTH |             |
| 4. | NEVER DRINK (VOLUNTEERED)       | [GO TO A54] |
| 7. | DON'T KNOW                      | [GO TO A54] |
| 8. | REFUSED                         | [GO TO A54] |
| 9. | INAPP                           |             |

**INTERVIEWER:** PLEASE READ THIS INTRODUCTION SLOWLY. "By one 'drink', we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink."

A52.

**[B1PA52]** With these definitions in mind, on the days when you drank, about how many drinks did you drink on the average?

- |       |                     |
|-------|---------------------|
| _____ | # OF DRINKS         |
| 97.   | DON'T KNOW/NOT SURE |
| 98.   | REFUSED             |

99. INAPP

A53.

**[B1PA53]** Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on the same occasion?

**INTERVIEWER:** OCCASION MEANS: DRINKS IN A ROW, OR IN A SHORT PERIOD OF TIME.

- \_\_\_\_ NUMBER OF TIMES  
 97. DON'T KNOW/NOT SURE  
 98. REFUSED  
 99. INAPP

A54.

**[B1PA54]** Think about the period in your life, NOW OR IN THE PAST, when you **drank most**. During that time, how often did you TYPICALLY have at least one drink? Would you say every day, 5 or 6 days a week, 3 or 4 days a week, 1 or 2 days a week, or less often than 1 day a week?

**INTERVIEWER:** IF NECESSARY, "By one 'drink', we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink."

- |    |   |              |
|----|---|--------------|
| 1. | EVERY DAY                               | [GO TO A55]  |
| 2. | 5 OR 6 DAYS A WEEK                      | [GO TO A55]  |
| 3. | 3 OR 4 DAYS A WEEK                      | [GO TO A55]  |
| 4. | 1 OR 2 DAYS A WEEK                      | [GO TO A55]  |
| 5. | LESS THAN ONE DAY A WEEK                | [GO TO A54a] |
| 6. | NEVER DRINK (VOLUNTEERED) (DO NOT READ) | [GO TO A58]  |
| 7. | DON'T KNOW/NOT SURE                     | [GO TO A58]  |
| 8. | REFUSED                                 | [GO TO A58]  |
| 9. | INAPP                                   |              |

A54a.

**[B1PA54A]** Would that be three or four days a month, one or two days a month, or less often than that?

- |    |                                 |             |
|----|---------------------------------|-------------|
| 1. | 3 OR 4 DAYS A MONTH             |             |
| 2. | 1 OR 2 DAYS A MONTH             |             |
| 3. | LESS OFTEN THAN ONE DAY A MONTH |             |
| 4. | NEVER DRINK (VOLUNTEERED)       | [GO TO A58] |
| 7. | DON'T KNOW/NOT SURE             | [GO TO A57] |
| 8. | REFUSED                         |             |
| 9. | INAPP                           |             |

A55.

**[B1PA55]** During the period you **drank most**, about how many drinks would you usually have on the days that you drank?

**INTERVIEWER:** IF NECESSARY, "By one 'drink', we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink."

**INTERVIEWER:** IF R SAYS IT VARIED, PROBE: "On AVERAGE, on the days you would drink, about how many drinks did you usually have?"

**INTERVIEWER:** ENTER WHOLE DRINKS TO THE LEFT OF THE DECIMAL POINT AND ENTER PARTIAL DRINKS TO THE RIGHT OF THE

DECIMAL POINT: IF R SAYS "Less than one drink" OR "Half a drink"

ENTER

"00.5".

- \_\_\_ # DRINKS  
 97. DON'T KNOW/NOT SURE  
 98. REFUSED  
 99. INAPP

A56.

**[B1PA56]** How old were you when you started to drink that much?

- \_\_\_ AGE IN YEARS  
 97. DON'T KNOW/NOT SURE  
 98. REFUSED  
 99. INAPP

A57.

**[B1PA57]** For how many years did you drink that much?

0. LESS THAN 1 YEAR  
 \_\_\_ NUMBER OF YEARS  
 97. DON'T KNOW/NOT SURE  
 98. REFUSED  
 99. INAPP

A58.

**[B1PA58]** When you were growing up, that is during your first 16 years, did you live with anyone who was a problem drinker or alcoholic?

1. YES  
 2. NO  
 7. DON'T KNOW/NOT SURE  
 8. REFUSED

A59.

**[B1PA59]** Have you ever been married to, or lived with a partner who was a problem drinker or alcoholic?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

A60.

**[B1PA60]** The next questions are about your mood. DURING THE PAST 12 MONTHS, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

- |  |             |
|--|-------------|
| 1. YES   | [GO TO A61] |
| 2. NO  | [GO TO A72] |
| 6. I DID NOT FEEL DEPRESSED BECAUSE I WAS ON ANTI- DEPRESSANT MEDICATION | [GO TO A72] |
| 7. DON'T KNOW/NOT SURE   | [GO TO A72] |
| 8. REFUSED   | [GO TO A72] |

A61.

**[B1PA61]** Please think of THE TWO-WEEK PERIOD during the past 12 months when these feelings were worst. During that time, did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

- |                           |             |
|---------------------------|-------------|
| 1. ALL DAY LONG           | [GO TO A62] |
| 2. MOST OF THE DAY        | [GO TO A62] |
| 3. ABOUT HALF THE DAY     | [GO TO A72] |
| 4. LESS THAN HALF THE DAY | [GO TO A72] |
| 7. DON'T KNOW/NOT SURE    | [GO TO A72] |
| 8. REFUSED                | [GO TO A72] |
| 9. INAPP                  |             |

A62.

**[B1PA62]** During the two weeks when these feelings were worst, how often did you feel this way, every day, almost every day, or less often than that?

- |                         |             |
|-------------------------|-------------|
| 1. EVERY DAY            |             |
| 2. ALMOST EVERY DAY     |             |
| 3. LESS OFTEN THAN THAT | [GO TO A72] |
| 7. DON'T KNOW/NOT SURE  | [GO TO A72] |
| 8. REFUSED              | [GO TO A72] |
| 9. INAPP                |             |



A63.

**[B1PA63]** During those two weeks, did you lose interest in most things?

**INTERVIEWER:** IF R SAYS "I'm usually not interested in things",  
REREAD QUESTION ADDING "...MORE than is usual for you?"

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A64.

**[B1PA64]** Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A65.

**[B1PA65]** During those same two weeks, did you lose your appetite?

1. YES [GO TO A66]
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A65a.

**[B1PA65A]** Did your appetite INCREASE during those same two weeks?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A66.

**[B1PA66]** Did you have more trouble falling asleep than you usually do during those two weeks?

- |    |            |             |
|----|------------|-------------|
| 1. | YES        |             |
| 2. | NO         | [GO TO A67] |
| 7. | DON'T KNOW | [GO TO A67] |
| 8. | REFUSED    | [GO TO A67] |
| 9. | INAPP      |             |

A66a.

**[B1PA66A]** Did that happen every night, nearly every night, or less often during those two weeks?

- |    |                      |
|----|----------------------|
| 1. | EVERY NIGHT          |
| 2. | NEARLY EVERY NIGHT   |
| 3. | LESS OFTEN THAN THAT |
| 7. | DON'T KNOW/NOT SURE  |
| 8. | REFUSED              |
| 9. | INAPP                |

A67.

**[B1PA67]** During that same two week period, did you have a lot more trouble concentrating than usual?

- |    |                     |
|----|---------------------|
| 1. | YES                 |
| 2. | NO                  |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED             |
| 9. | INAPP               |

A68.

**[B1PA68]** People sometimes feel down on themselves, no good, or worthless. During that two-week period, did you feel this way?

- |    |                     |
|----|---------------------|
| 1. | YES                 |
| 2. | NO                  |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED             |
| 9. | INAPP               |

A69.

**[B1PA69]** Did you think a lot about death -- either your own, someone else's, or death in general -- during those two weeks?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

**INTERVIEWER:** IF ONE OR MORE "YES" RESPONSES IN A63, A64, A65, A65a, A67, A68, A69, OR A66a = NEARLY EVERY NIGHT OR EVERY NIGHT, CONTINUE, OTHERWISE GO TO A83.

A70.

**[B1PA70]** To review, you had two weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other feelings or problems like you **[INTERVIEWER: READ UP TO THE FIRST 3 'YES' RESPONSES TO A63 - A69].** About how many weeks altogether did you feel this way during the PAST 12 MONTHS?

**INTERVIEWER:** IF R JUST SAYS A NUMBER, ASSUME WEEKS.

- \_\_\_ NUMBER OF WEEKS (1-51)
52. 52 WEEKS/THE ENTIRE YEAR [GO TO A83]
  97. DON'T KNOW/NOT SURE
  98. REFUSED
  99. INAPP

A71MO.

**[B1PA71MO]** Think about the MOST RECENT time when you had two weeks in a row when you felt this way. In what month was this?

**INTERVIEWER:** IF R SAYS IT HAPPENED OVER TWO OR MORE MONTHS, ENTER THE MOST RECENT MONTH.

**INTERVIEWER:** IF NECESSARY, CLARIFY: "During the past 12 months."

**(MONTH)**

- |              |  |
|--------------|--|
| 1. JANUARY   | 10. OCTOBER                                  |
| 2. FEBRUARY  | 11. NOVEMBER                                 |
| 3. MARCH     | 12. DECEMBER                                 |
| 4. APRIL     | 96. CURRENTLY FEEL THIS WAY/<br>HASN'T ENDED |
| 5. MAY       | 97. DON'T KNOW/NOT SURE                      |
| 6. JUNE      | 98. REFUSED                                  |
| 7. JULY      | 99. INAPP                                    |
| 8. AUGUST    |  |
| 9. SEPTEMBER |  |

[IF A71MO = CURRENT MONTH, ENTER YEAR. OTHERWISE GO TO A83]

**INTERVIEWER:** IF THE MONTH THEY FELT THIS WAY IS THE SAME AS THE CURRENT MONTH, WE NEED TO ASK YEAR TO CLARIFY IF THEY MEAN THIS MONTH OR THIS MONTH A YEAR AGO.

A71YR.

**[B1PA71YR]** (Think about the MOST RECENT time when you had two weeks in a row when you felt this way.)

(In what YEAR was this?)

- \_\_\_\_\_ YEAR
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

[GO TO A83]

A72.

**[B1PA72]** DURING THE PAST 12 MONTHS, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- |    |  |             |
|----|--|-------------|
| 1. | YES  | [GO TO A73] |
| 2. | NO   | [GO TO A83] |
| 6. | I DID NOT FEEL DEPRESSED BECAUSE I WAS ON ANTI-DEPRESSANT MEDICATION | [GO TO A83] |
| 7. | DON'T KNOW/NOT SURE  | [GO TO A83] |
| 8. | REFUSED  | [GO TO A83] |
| 9. | INAPP  |             |

A73.

**[B1PA73]** Please think of THE TWO-WEEK PERIOD during the past 12 months when you had the MOST COMPLETE loss of interest in things. During that time, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

- |    |                        |             |
|----|------------------------|-------------|
| 1. | ALL DAY LONG           | [GO TO A74] |
| 2. | MOST OF THE DAY        | [GO TO A74] |
| 3. | ABOUT HALF THE DAY     | [GO TO A83] |
| 4. | LESS THAN HALF THE DAY | [GO TO A83] |
| 7. | DON'T KNOW/NOT SURE    | [GO TO A83] |
| 8. | REFUSED                | [GO TO A83] |
| 9. | INAPP                  |             |

A74.

**[B1PA74]** During the two weeks when these feelings were worst, how often did you feel this way: every day, almost every day, or less often than that?

- |    |                      |             |
|----|----------------------|-------------|
| 1. | EVERY DAY            | [GO TO A75] |
| 2. | ALMOST EVERY DAY     | [GO TO A75] |
| 3. | LESS OFTEN THAN THAT | [GO TO A83] |
| 7. | DON'T KNOW/NOT SURE  | [GO TO A83] |
| 8. | REFUSED              | [GO TO A83] |
| 9. | INAPP                |             |

A75.

**[B1PA75]** Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

- |    |                     |
|----|---------------------|
| 1. | YES                 |
| 2. | NO                  |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED             |
| 9. | INAPP               |



A76.

**[B1PA76]** During those same two weeks, did you lose your appetite?

1. YES [GO TO A77]
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A76a.

**[B1PA76A]** Did your appetite INCREASE during those same two weeks?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A77.

**[B1PA77]** Did you have more trouble falling asleep than you usually do during those two weeks?

1. YES [GO TO A77a]
2. NO [GO TO A78]
7. DON'T KNOW/NOT SURE [GO TO A78]
8. REFUSED [GO TO A78]
9. INAPP

A77a.

**[B1PA77A]** Did that happen every night, nearly every night, or less often than that during those two weeks?

1. EVERY NIGHT
2. NEARLY EVERY NIGHT
3. LESS OFTEN THAN THAT
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A78.

**[B1PA78]** During that same two-week period, did you have a lot more trouble concentrating than usual?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

9. INAPP

A79.

**[B1PA79]** People sometimes feel down on themselves, no good, or worthless. During that two-week period, did you feel this way?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A80.

**[B1PA80]** Did you think a lot about death -- either your own, someone else's, or death in general -- during those two weeks?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[IF ONE OR MORE "YES" RESPONSES IN (A75, A76, A76a, A78, A79, A80),  
OR A77a = NEARLY EVERY NIGHT OR EVERY NIGHT, CONTINUE, OTHERWISE GO  
TO A83]

A81.

**[ B1PA81]** To review, you had two weeks in a row during the past 12 months when you lost interest in most things and also had some other feelings or problems such as you **[INTERVIEWER: READ UP TO THE FIRST 3 'YES' RESPONSES TO A75 – A80].** About how many weeks altogether did you feel this way during the past 12 months?

**INTERVIEWER: IF R JUST SAYS A NUMBER, ASSUME WEEKS.**

- NUMBER OF WEEKS
52. 52 WEEKS/THE ENTIRE YEAR [GO TO A83]
  97. DON'T KNOW/NOT SURE
  98. REFUSED
  99. INAPP

A82MO.

**[B1PA82MO]** Think about the MOST RECENT time when you had two weeks in a row when you felt this way. In what month was this?

**INTERVIEWER:** IF R SAYS IT HAPPENED OVER TWO OR MORE MONTHS, ENTER THE MOST RECENT MONTH.

**INTERVIEWER:** IF NECESSARY, CLARIFY: "During the past 12 months."

**(MONTH)**

- |              |  |
|--------------|--|
| 1. JANUARY   | 10. OCTOBER                                  |
| 2. FEBRUARY  | 11. NOVEMBER                                 |
| 3. MARCH     | 12. DECEMBER                                 |
| 4. APRIL     | 96. CURRENTLY FEEL THIS WAY/<br>HASN'T ENDED |
| 5. MAY       | 97. DON'T KNOW/NOT SURE                      |
| 6. JUNE      | 98. REFUSED                                  |
| 7. JULY      | 99. INAPP                                    |
| 8. AUGUST    |  |
| 9. SEPTEMBER |  |

*[IF A82MO = CURRENT MONTH, ENTER YEAR, OTHERWISE GO TO A83]*

**INTERVIEWER:** IF THE MONTH THEY FELT THIS WAY IS THE SAME AS THE CURRENT MONTH, WE NEED TO ASK YEAR TO CLARIFY IF THEY MEAN THIS MONTH OR THIS MONTH A YEAR AGO.

A82YR.

**[B1PA82YR]** (Think about the MOST RECENT time when you had two weeks in a row when you felt this way.)

(In what YEAR was this?)

- \_\_\_\_\_ YEAR
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

A83.

**[B1PA83]**

People differ a lot in how much they worry. Considering how things have been going in your life over the PAST 12 MONTHS, do you worry MORE than most people in the same situation, LESS than most people, or ABOUT THE SAME as most people in the same situation?

**INTERVIEWER:** IF R SAYS "I don't know anybody in the SAME situation",  
**PROBE:** "Try to imagine how much most people would worry if they were in your situation."

- |    |                                    |              |
|----|------------------------------------|--------------|
| 1. | MORE                               | [GO TO A83a] |
| 2. | LESS                               | [GO TO A84]  |
| 3. | ABOUT THE SAME                     | [GO TO A84]  |
| 4. | I DON'T WORRY AT ALL (VOLUNTEERED) | [GO TO A90]  |
| 7. | DON'T KNOW/NOT SURE                | [GO TO A84]  |
| 8. | REFUSED                            | [GO TO A84]  |

A83a.

**[B1PA83A]**

Would you say A LOT MORE than most people, SOMEWHAT, or only A LITTLE?

- |    |                     |
|----|---------------------|
| 1. | A LOT MORE          |
| 2. | SOMEWHAT            |
| 3. | A LITTLE            |
| 7. | DON'T KNOW/NOT SURE |
| 8. | REFUSED             |
| 9. | INAPP               |

A84.

**[B1PA84]**

day,

Thinking about the PAST 12 MONTHS, did you worry: every day, just about every most days, about half the days, or less than half the days?

**INTERVIEWER:** IF R SAYS IT VARIES, **PROBE:** "On AVERAGE over the PAST 12 MONTHS, did you worry..." AND READ LIST.

- |    |                         |             |
|----|-------------------------|-------------|
| 1. | EVERY DAY               |             |
| 2. | JUST ABOUT EVERY DAY    |             |
| 3. | MOST DAYS               |             |
| 4. | ABOUT HALF THE DAYS     |             |
| 5. | LESS THAN HALF THE DAYS | [GO TO A90] |
| 7. | DON'T KNOW/NOT SURE     |             |
| 8. | REFUSED                 |             |
| 9. | INAPP                   |             |

A84a.

**[B1PA84A]** On days you worry, does the worry usually last all day long, most of the day, about half the day, or less than half the day?

**INTERVIEWER:** IF R SAYS IT VARIES, PROBE: "On AVERAGE on the days you worry, does the worry usually last..." AND READ LIST.

1. ALL DAY LONG
2. MOST OF THE DAY
3. ABOUT HALF
4. LESS THAN HALF THE DAY
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A85.

**[B1PA85]** Do you usually worry about ONE particular thing or MORE THAN ONE thing?

**INTERVIEWER:** IF R SAYS "What kind of things?", CLARIFY: "We mean one particular thing, such as your job security, your parents' health, or your child's problems at school."

1. ONE THING
2. MORE THAN ONE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A85a.

**[B1PA85A]** Do you ever have different worries on your mind AT THE SAME TIME?

1. YES
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

[IF A85 ≠ MORE THAN ONE THING AND A85a ≠ YES, GO TO A90]

A86.

**[B1PA86]** Do you worry about things that are not likely to happen?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP



A86a.

**[B1PA86A]** Do you worry about things that are not really serious?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A87.

**[B1PA87]** How often is your worry so strong that you can't put it out of your mind no matter how hard you try: often, sometimes, rarely, or never?

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A87a.

**[B1PA87A]** How often do you find it difficult to CONTROL your worry (often, sometimes, rarely, or never)?

1. OFTEN
2. SOMETIMES
3. RARELY
4. NEVER
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

Some people have physical reactions because of their worry. Thinking about the PAST 12 MONTHS, how often did you have each of the following reactions because of your worry? Include ONLY physical reactions that might have been caused by your worry, not those that were caused by something else.

A88.

**[B1PA88A]** First, how/How) often (**over the PAST 12 MONTHS**)

- A. "were you restless because of your worry?"
- B. "were you keyed up, on edge, or had a lot of nervous energy?"
- C. "were you irritable because of your worry?"
- D. "did you have trouble falling asleep?"
- E. "did you have trouble staying asleep because of your worry?"
- F. "did you have trouble keeping your mind on what you were doing?"
- G. "did you have trouble remembering things because of your worry?"
- H. "were you low on energy?"
- I. "did you tire easily because of your worry?"
- J. "did you have sore or aching muscles because of tension?"

(Would you say MOST DAYS, ABOUT HALF THE DAYS, LESS THAN HALF THE DAYS or NEVER?)

**INTERVIEWER:** IF R VOLUNTEERS SYMPTOM IS DUE TO ILLNESS, INJURY, MEDICATION, OR ANYTHING EXCEPT WORRY, ENTER '4'.

**INTERVIEWER:** IF R SAYS "I've always felt/been that way", ENTER '4'.

- 1. MOST DAYS
- 2. ABOUT HALF THE DAYS
- 3. LESS THAN HALF THE DAYS
- 4. NEVER
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A89.

**[B1PA89]** How much does the worry interfere with your life or activities: a lot, some, a little, or not at all?

- 1. A LOT
- 2. SOME
- 3. A LITTLE
- 4. NOT AT ALL
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

A90.

**[B1PA90]** **During the past 12 months**, did you ever have a spell or an attack when **all of a sudden** you felt frightened, anxious, or very uneasy, in a situation when most people would not be afraid or anxious?

**INTERVIEWER:** IF R IS NOT SURE WHETHER A SITUATION COUNTS, PROBE: "In your opinion, was this a situation where most people would NOT be afraid or anxious?" AND REREAD QUESTION IF NECESSARY.

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Please DO NOT include a situation that was due to any PHYSICAL CAUSE, like a heart problem."

- |    |                     |             |
|----|---------------------|-------------|
| 1. | YES                 | [GO TO A91] |
| 2. | NO                  |             |
| 7. | DON'T KNOW/NOT SURE |             |
| 8. | REFUSED             |             |

A90a.

**[B1PA90A]** **During the past 12 months**, did you ever have a spell or attack when for no reason your heart suddenly began to race, you felt faint, or you couldn't catch your breath? When we say, 'for no reason,' we mean that it was NOT due to any physical cause, like a heart problem.

- |    |                     |             |
|----|---------------------|-------------|
| 1. | YES                 | [GO TO A91] |
| 2. | NO                  | [GO TO B1]  |
| 7. | DON'T KNOW/NOT SURE | [GO TO B1]  |
| 8. | REFUSED             | [GO TO B1]  |
| 9. | INAPP               |             |

A91.

**[B1PA91]** About how many attacks did you have in the past 12 months?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Please DO NOT include a situation that was due to any PHYSICAL CAUSE, like a heart problem."

- |      |                                    |
|------|------------------------------------|
| ___  | # OF ATTACKS IN THE PAST 12 MONTHS |
| 997. | DON'T KNOW/NOT SURE                |
| 998. | REFUSED                            |
| 999. | INAPP                              |

A92.

**[B1PA92]** Did (this attack happen in a situation/ALL of these attacks happen in situations) when you were in danger or were the center of attention?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Please DO NOT include a situation that was due to any PHYSICAL CAUSE, like a heart problem."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92a.

**[B1PA92A]** When you have attacks, does your heart pound?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92b.

**[B1PA92B]** (When you have attacks,) do you have tightness, pain, or discomfort in your chest or stomach?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92c.

**[B1PA92C]** (When you have attacks,) do you sweat?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92d.

**[B1PA92D]** (When you have attacks,) do you tremble or shake?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED

9. INAPP

A92e.

**[B1PA92E]** (When you have attacks,) do you have hot flashes or chills?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

A92f.

**[B1PA92F]** (When you have attacks,) do you, or things around you, seem unreal?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

## SECTION B: EDUCATION, OCCUPATION, AND MARITAL STATUS

Now we have some questions about your education, work and family.

B1.

**[B1PB1]** What is the highest grade of school or year of college you completed?

**INTERVIEWER:** DO NOT READ LIST. IF R ANSWERS "(JR) HIGH SCHOOL",  
**PROBE:** "Did you receive a degree?"

1. NO SCHOOL/SOME GRADE SCHOOL (1-6)
2. EIGHTH GRADE/JUNIOR HIGH SCHOOL (7-8)
3. SOME HIGH SCHOOL (9-12 NO DIPLOMA/NO GED)
4. GED
5. GRADUATED FROM HIGH SCHOOL
6. 1 TO 2 YEARS OF COLLEGE, NO DEGREE YET
7. 3 OR MORE YEARS OF COLLEGE, NO DEGREE YET
8. GRADUATED FROM A TWO-YEAR COLLEGE OR VOCATIONAL SCHOOL, OR ASSOCIATE'S DEGREE
9. GRADUATED FROM A FOUR- OR FIVE-YEAR COLLEGE, OR BACHELOR'S DEGREE
10. SOME GRADUATE SCHOOL
11. MASTER'S DEGREE
12. PH.D., ED.D., MD, DDS, LLB, LLD, JD, OR OTHER PROFESSIONAL DEGREE
97. DON'T KNOW/NOT SURE
98. REFUSED

B2.

**[B1PB2]** How old were you when you first worked for pay for six months or more, whether part-time or full-time?

**INTERVIEWER:** IF NECESSARY, CLARIFY "I mean work for pay only, volunteer work is not included."

**INTERVIEWER:** IF NECESSARY, CLARIFY "work for pay includes self-employment."

5. 5 YEARS OLD OR YOUNGER
- \_\_\_\_ YEARS OLD (6-96 YEARS OLD)
96. NEVER HAD PAID JOB [GO TO B19]
97. DON'T KNOW/NOT SURE
98. REFUSED

B3.

**[B1PB3]**

What about your current employment situation -- **are you working now for pay, self-employed, looking for work, temporarily laid off, retired, a homemaker, a full-time or part-time student, or something else?**

**INTERVIEWER: DO NOT READ LIST. SELECT ALL THAT APPLY. DO NOT PROBE FOR OTHERS.**

- A. WORKING NOW [GO TO B7]
- B. SELF-EMPLOYED [GO TO B7]
- C. LOOKING FOR WORK; UNEMPLOYED
- D. TEMPORARILY LAID OFF
- E. RETIRED
- F. HOMEMAKER
- G. FULL-TIME STUDENT
- H. PART-TIME STUDENT
- I. MATERNITY OR SICK LEAVE (VOLUNTEERED)
- J. PERMANENTLY DISABLED (VOLUNTEERED)
- K. OTHER \_\_\_\_\_ (SPECIFY)
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED

B4.

**[B1PB4N]**

How long (have you been [laid off/on leave/retired/unemployed]/has it been since the last time you had a paid job)?

**(MEASURE OF TIME)**

- \_\_\_\_\_ # OF DAYS/WEEKS/MONTHS/YEARS
- 996. NEVER WORKED [GO TO B19]
  - 997. DON'T KNOW/NOT SURE
  - 998. REFUSED
  - 999. INAPP

**[B1PB4M]**

How long (have you been [laid off/on leave/retired/unemployed]/has it been since the last time you had a paid job)?

**(UNITS OF TIME)**

\_\_\_\_\_ DAYS/WEEKS/MONTHS/YEARS

[IF B3 = TEMPORARILY LAID OFF ONLY, GO TO B7]

[IF B3 = MATERNITY OR SICK LEAVE ONLY, GO TO B7]

B5.

**[B1PB5]**

What happened -- were you fired or laid off, did the company close down, did you quit, choose to retire or did something else happen?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY. DO NOT PROBE FOR OTHERS.

1. FIRED
2. LAID OFF
3. PLANT/COMPANY CLOSED
4. QUIT
5. RETIRED
6. WORK FORCE REDUCTION (VOLUNTEERED)
7. OTHER\_\_\_\_\_ (SPECIFY)
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

B6.

**[B1PB6]**

Are you doing ANY work for pay at the present time?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Work for pay includes self-employment."

- |                        |             |
|------------------------|-------------|
| 1. YES                 | [GO TO B7]  |
| 2. NO                  | [GO TO B14] |
| 7. DON'T KNOW/NOT SURE | [GO TO B14] |
| 8. REFUSED             | [GO TO B14] |
| 9. INAPP               |             |

B7.

**[B1PB7]**

Think about your main job (from which you are currently [on leave/laid off]). Do you supervise anyone on this job?

**INTERVIEWER:** IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

- |                        |   |
|------------------------|---|
| 1. YES                 | [GO TO B7a]                               |
| 2. NO                  | [GO TO B8; IF B3=SELF EMPLOYED, GO TO B9] |
| 7. DON'T KNOW/NOT SURE | [GO TO B8; IF B3=SELF EMPLOYED, GO TO B9] |
| 8. REFUSED             | [GO TO B8; IF B3=SELF EMPLOYED, GO TO B9] |
| 9. INAPP               |   |

B7a.

**[B1PB7A]** How many people do you supervise?

**INTERVIEWER:** THIS IS NOT LIMITED TO DIRECT SUPERVISION. ACCEPT ANY NUMBER R GIVES.

- \_\_\_\_\_ # OF PEOPLE  
 997. DON'T KNOW/NOT SURE  
 998. REFUSED  
 999. INAPP

[IF B3 = SELF EMPLOYED, GO TO B9.]

B8.

**[B1PB8]** Do you have an employer on this job, or are you self-employed?

**INTERVIEWER:** IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

1. HAS EMPLOYER
2. SELF-EMPLOYED
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

B9.

**[B1PIND]** What kind of business or company is this?**INTERVIEWER:** USE PROBES AS NECESSARY. TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

A. (What do they make or do where you work?)

\_\_\_\_\_(SPECIFIC PRODUCT/ACTIVITY)

B. (Is this government/public or private? Wholesale or retail?)

\_\_\_\_\_

C. (Is this a company that only does\_\_\_\_\_, or do they make/sell/do other things as well?)

\_\_\_\_\_

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.**INTERVIEWER:** IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

- 7. DON'T KNOW
- 8. REFUSED
- 9. INAPP

B10.

**[B1POCC]** What is your job title?**INTERVIEWER:** DO NOT PROBE FOR OTHERS. IF R SAYS 'I don't know because...!', TYPE IN EXACTLY WHAT THEY SAY. IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

(INDUSTRY: [B9])

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

B11.

**[B1POCC]** What are YOUR most important activities or duties?**INTERVIEWER:** USE PROBES AS NECESSARY. TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

- A. (Could you tell me more?)
- B. (What do you make/do/teach/sell? -- (SPECIFIC PRODUCT/ MACHINE))
- C. (Exactly) (What kind of work do you do at this job?)

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.**INTERVIEWER:** IF R OFFERS A TYPE OF BUSINESS OR INDUSTRY, PROBE: "What EXACTLY do you do, for example, TEACH HIGH SCHOOL MATH, OPERATE A TEXTILE WEAVING MACHINE, or SELL BOOKS AT A RETAIL STORE?"**INTERVIEWER:** IF R SAYS 'I work at more than one job', PROBE: "Tell me about your main job."

(INDUSTRY: [B9])

(JOB TITLE: [B10])

- 
- 7. DON'T KNOW/NOT SURE
  - 8. REFUSED
  - 9. INAPP

B12.

**[B1PB12]** (When you are working, about/About) how many hours do you work for pay in an **average week** on your **main job**?**INTERVIEWER:** PROBE "Your **best** estimate is fine."**INTERVIEWER:**IF NECESSARY CLARIFY: "Work for pay includes self-employment."**INTERVIEWER:**IF R SAYS "Less than one hour a week", ENTER "0".**INTERVIEWER:**IF NECESSARY: "Please tell me how many hours you **work**, if it is different from how many hours you are paid for."

- \_\_\_ # HOURS PER AVERAGE WEEK (0-168)
- 997. DON'T KNOW/NOT SURE
- 998. REFUSED
- 999. INAPP

B12a.

**[B1PB12A]** (When you are working) In an average week, how many hours do you work for pay at **any other jobs?**

**INTERVIEWER:** PROBE "Your **best** estimate is fine."

**INTERVIEWER:**IF NECESSARY CLARIFY: "Work for pay includes self-employment."

**INTERVIEWER:**IF R SAYS "Less than one hour a week", ENTER "0".

**INTERVIEWER:**IF R SAYS "I have only one job", ENTER "0".

**INTERVIEWER:**IF NECESSARY: "Please tell me how many hours you **work** if it is different from how many hours you are paid for."

\_\_\_ # HOURS PER AVERAGE WEEK

997. DON'T KNOW/NOT SURE

998. REFUSED

999. INAPP

B13.

**[B1PB13]** About how many nights in the past 12 months did your work require you to be away from home overnight? Count any nights when you were away from home overnight because of your work, whether you were traveling or working a normal night shift.

**INTERVIEWER:** IF R WORKS NIGHT SHIFTS, ENTER THE NUMBER OF NIGHTS THEY WORKED IN THE PAST YEAR.

\_\_\_ # NIGHTS (0-365)

997. DON'T KNOW/NOT SURE

998. REFUSED

999. INAPP

[GO TO B19]

B14.

**[B1PB14]** Thinking about the last job you had (from which you retired). Did you supervise anyone?

**INTERVIEWER:** IF R SAYS "I worked at more than one job," PROBE: "Tell me about your main job."

1. YES [GO TO B14a]

2. NO [GO TO B15]

7. DON'T KNOW/NOT SURE [GO TO B15]

8. REFUSED [GO TO B15]

9. INAPP



B14a.

**[B1PB14A]** How many people did you supervise?

**INTERVIEWER:** THIS IS NOT LIMITED TO DIRECT SUPERVISION, ACCEPT ANY NUMBER R GIVES.

- \_\_\_\_\_ # of people  
 997. DON'T KNOW/NOT SURE  
 998. REFUSED  
 999. INAPP

B15.

**[B1PB15]** Did you have an employer on that job or were you self-employed?

**INTERVIEWER:** IF R SAYS "I worked at more than one job," PROBE: "Tell me about your main job."

1. HAD EMPLOYER
2. SELF-EMPLOYED
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

B16.

**[B1PINDP]** **INTERVIEWER:** GET INDUSTRY DETAIL: What kind of business or company was this?

**INTERVIEWER:** USE PROBES AS NECESSARY. TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

- A. (What did they make or do where you worked? (SPECIFIPRODUCT/ACTIVITY))
- B. (Was this government/public or private? Wholesale or retail?)
- C. (Was this a company that only did \_\_\_\_\_, or did they make/sell/do other things as well?)

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.

**INTERVIEWER:** IF R SAYS "I worked at more than one job," PROBE: "Tell me about your main job."

- \_\_\_\_\_
7. DON'T KNOW/NOT SURE
  8. REFUSED
  9. INAPP

B17.

**[B1POCCP]** What was your job title?**DO NOT PROBE FOR OTHERS.****INTERVIEWER:** IF R SAYS "I don't know because..." TYPE IN EXACTLY WHAT THEY SAY.**INTERVIEWER:** IF R SAYS "I worked at more than one job," PROBE: "Tell me about your main job."

(INDUSTRY: [Fill B16])

Specify: \_\_\_\_\_

7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

B18.

**[B1POCCP]** What were YOUR most important activities or duties?**INTERVIEWER:** USE PROBES AS NECESSARY. TYPE LETTER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

- A. (Could you tell me more?)
- B. (What did you make/do/teach/sell? -- (SPECIFIC PRODUCT/ MACHINE))
- C. (Exactly) (What kind of work did you do at this job?)

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.**INTERVIEWER:** IF R OFFERS A TYPE OF BUSINESS OR INDUSTRY, PROBE: "What EXACTLY did you do, for example, TAUGHT HIGH SCHOOL MATH, OPERATED A TEXTILE WEAVING MACHINE, or SOLD BOOKS AT A RETAIL STORE?"**INTERVIEWER:** IF R SAYS "I worked at more than one job," PROBE: "Tell me about your main job."

(INDUSTRY: [B16])

(JOB TITLE: [B17])

- 
7. DON'T KNOW
  8. REFUSED
  9. INAPP

B19.

**[B1PB19]** Are you married, separated, divorced, widowed, or never married?

1. MARRIED
2. SEPARATED
3. DIVORCED
4. WIDOWED
5. NEVER MARRIED [GO TO B30]
7. DON'T KNOW/NOT SURE [GO TO B30]
8. REFUSED [GO TO B30]

B20.

**[B1PB20]** How many times have you been married altogether?

- # TIMES MARRIED
97. DON'T KNOW/NOT SURE
  98. REFUSED
  99. INAPP

B21MO.

**[B1PB21M]** In what month and year were you married (for the first time)?**(MONTH)**

- |              |                         |
|--------------|-------------------------|
| 1. JANUARY   | 10. OCTOBER             |
| 2. FEBRUARY  | 11. NOVEMBER            |
| 3. MARCH     | 12. DECEMBER            |
| 4. APRIL     | 97. DON'T KNOW/NOT SURE |
| 5. MAY       | 97. REFUSED             |
| 6. JUNE      | 98. INAPP               |
| 7. JULY      |                         |
| 8. AUGUST    |                         |
| 9. SEPTEMBER |                         |

B21YR.

**[B1PB21Y]** (In what month and year were you married (for the first time)?)**(YEAR)**

- YEAR
9997. DON'T KNOW/NOT SURE
  9998. REFUSED
  9999. INAPP

[IF B20 = 1 TIME AND B19 = MARRIED, GO TO B32]

[IF B20 = 1 TIME AND B19 = SEPARATED OR DIVORCED, GO TO B27MO]

[IF B20 = 1 TIME AND B19 = WIDOWED, GO TO B29MO]

B22.

**[B1PB22]** Did your first marriage end in widowhood or divorce?

- |    |                     |               |
|----|---------------------|---------------|
| 1. | WIDOWHOOD           | [GO TO B23]   |
| 2. | DIVORCE             | [GO TO B24MO] |
| 7. | DON'T KNOW/NOT SURE | [GO TO B24MO] |
| 8. | REFUSED             | [GO TO B24MO] |
| 9. | INAPP               |               |

B23MO.

**[B1PB23M]** In what month and year did your first (husband/wife) die?**(MONTH)**

- |    |          |     |                     |
|----|----------|-----|---------------------|
| 1. | JANUARY  | 9.  | SEPTEMBER           |
| 2. | FEBRUARY | 10. | OCTOBER             |
| 3. | MARCH    | 11. | NOVEMBER            |
| 4. | APRIL    | 12. | DECEMBER            |
| 5. | MAY      | 97. | DON'T KNOW/NOT SURE |
| 6. | JUNE     | 98. | REFUSED             |
| 7. | JULY     | 99. | INAPP               |
| 8. | AUGUST   |     |                     |

B23YR.

**[B1PB23Y]** (In what month and year did your first (husband/wife) die?)**(YEAR)**

- \_\_\_\_ YEAR  
 9997. DON'T KNOW/NOT SURE  
 9998. REFUSED  
 9999. INAPP

[GO TO B26MO]

B24MO.

**[B1PB24M]** In what month and year did you last live with your first (husband/wife)?**(MONTH)**

- |    |          |     |                     |
|----|----------|-----|---------------------|
| 1. | JANUARY  | 8.  | AUGUST              |
| 2. | FEBRUARY | 9.  | SEPTEMBER           |
| 3. | MARCH    | 10. | OCTOBER             |
| 4. | APRIL    | 11. | NOVEMBER            |
| 5. | MAY      | 12. | DECEMBER            |
| 6. | JUNE     | 97. | DON'T KNOW/NOT SURE |
| 7. | JULY     |     |                     |

98. REFUSED

99. INAPP

B24YR.

**[B1PB24Y]** (In what month and year did you last live with your first (husband/wife)?)**(YEAR)**

\_\_\_\_\_ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

B25MO.

**[B1PB25M]** In what month and year was your divorce final?**(MONTH)**

1. JANUARY

2. FEBRUARY

3. MARCH

4. APRIL

5. MAY

6. JUNE

7. JULY

8. AUGUST

9. SEPTEMBER

10. OCTOBER

11. NOVEMBER

12. DECEMBER

97. DON'T KNOW/NOT  
SURE

98. REFUSED

99. INAPP

B25YR.

**[B1PB25Y]** (And in what month and year was your divorce final?)**(YEAR)**

\_\_\_\_\_ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

[IF B19=Separated, GO TO B27MO]

B26MO.

**[B1PB26M]** And in what month and year did your most recent marriage begin?

**(MONTH)**

- |             |                         |
|-------------|-------------------------|
| 1. JANUARY  | 9. SEPTEMBER            |
| 2. FEBRUARY | 10. OCTOBER             |
| 3. MARCH    | 11. NOVEMBER            |
| 4. APRIL    | 12. DECEMBER            |
| 5. MAY      | 97. DON'T KNOW/NOT SURE |
| 6. JUNE     | 98. REFUSED             |
| 7. JULY     | 99. INAPP               |
| 8. AUGUST   |                         |

B26YR.

**[B1PB26Y]** (And in what month and year did your most recent marriage begin?)

**(YEAR)**

- \_\_\_\_ YEAR
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

[IF B19 = MARRIED, GO TO B32]

[IF B19 = SEPARATED OR DIVORCED, GO TO B27@m]

[IF B19 = WIDOWED, GO TO B29@m]

B27MO.

**[B1PB27M]** In what month and year did you actually stop living with your (most recent) (husband/wife) for the last time?

**(MONTH)**

- |             |                         |
|-------------|-------------------------|
| 1. JANUARY  | 9. SEPTEMBER            |
| 2. FEBRUARY | 10. OCTOBER             |
| 3. MARCH    | 11. NOVEMBER            |
| 4. APRIL    | 12. DECEMBER            |
| 5. MAY      | 97. DON'T KNOW/NOT SURE |
| 6. JUNE     | 98. REFUSED             |
| 7. JULY     | 99. INAPP               |
| 8. AUGUST   |                         |

B27YR.

**[B1PB27Y]** (In what month and year did you actually stop living with your (most recent)(husband/wife) for the last time?)

**(YEAR)**

\_\_\_\_ YEAR  
 9997. DON'T KNOW/NOT SURE  
 9998. REFUSED  
 9999. INAPP

[IF B19=Separated, GO TO B30]

B28MO.

**[B1PB28M]** In what month and year was your most recent divorce final?

**(MONTH)**

1. JANUARY	9. SEPTEMBER
2. FEBRUARY	10. OCTOBER
3. MARCH	11. NOVEMBER
4. APRIL	12. DECEMBER
5. MAY	97. DON'T KNOW/NOT SURE
6. JUNE	98. REFUSED
7. JULY	99. INAPP
8. AUGUST	

B28YR.

**[B1PB28Y]** (And in what month and year was your recent divorce final?)

**(YEAR)**

\_\_\_\_ YEAR  
 9997. DON'T KNOW/NOT SURE  
 9998. REFUSED  
 9999. INAPP

[GO TO B30]

B29MO.

**[B1PB29M]** In what month and year did your(most recent)(husband/wife) die?**(MONTH)**

- |             |                         |
|-------------|-------------------------|
| 1. JANUARY  | 9. SEPTEMBER            |
| 2. FEBRUARY | 10. OCTOBER             |
| 3. MARCH    | 11. NOVEMBER            |
| 4. APRIL    | 12. DECEMBER            |
| 5. MAY      | 97. DON'T KNOW/NOT SURE |
| 6. JUNE     | 98. REFUSED             |
| 7. JULY     | 99. INAPP               |
| 8. AUGUST   |                         |

B29YR.

**[B1PB29Y]** (In what month and year did your(most recent)(husband/wife) die?)**(YEAR)**

- \_\_\_\_ YEAR
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

B30.

**[B1PB30]** Are you currently living with someone in a steady, marriage-like relationship?

- |               |             |
|---------------|-------------|
| 1. YES        | [GO TO B31] |
| 2. NO         | [GO TO C1]  |
| 7. DON'T KNOW | [GO TO C1]  |
| 8. REFUSED    | [GO TO C1]  |

B31.

**[B1PB31N]** How long have you been living together?**(MEASURE OF TIME)**

- \_\_\_\_ # OF DAYS/WEEKS/MONTHS/YEARS
996. NEVER LIVED TOGETHER [GO TO B32]
997. DON'T KNOW/NOT SURE
998. REFUSED
999. INAPP

**[B1PB31M]** How long have you been living together?

**(UNITS OF TIME)**

\_\_\_\_\_ DAYS/WEEKS/MONTHS/YEARS

B32.

**[B1PB32Y]** In what year was your (spouse/partner) born?

\_\_\_\_\_ YEAR

9997. DON'T KNOW/NOT SURE

9998. REFUSED

9999. INAPP

[IF YEAR MARRIED TO SPOUSE ([fill B26@y]) IS BEFORE SPOUSE WAS 12 YEARS OLD ([fill B32d@y]), INTERVIEWER WILL PROBE AND CORRECT THE DISCREPANCY.]

B33.

**[B1PB33]** What is the highest grade of school or year of college your (spouse/partner) completed?

**INTERVIEWER:** IF NECESSARY, PROBE: "What is your best estimate?  
[IF R SAYS 2, 3, 4, OR 5 YEARS OF COLLEGE PROBE: "Did (he/she) receive a degree?"]

1. NO SCHOOL/SOME GRADE SCHOOL (1-6)
2. EIGHTH GRADE/JUNIOR HIGH SCHOOL (7-8)
3. SOME HIGH SCHOOL (9-12 NO DIPLOMA/NO GED)
4. GED
5. GRADUATED FROM HIGH SCHOOL
6. 1 TO 2 YEARS OF COLLEGE, NO DEGREE YET
7. 3 OR MORE YEARS OF COLLEGE, NO DEGREE YET
8. GRADUATED FROM A TWO-YEAR COLLEGE OR VOCATIONAL SCHOOL, OR ASSOCIATE'S DEGREE
9. GRADUATED FROM A FOUR- OR FIVE-YEAR COLLEGE, OR BACHELOR'S DEGREE
10. SOME GRADUATE SCHOOL
11. MASTER'S DEGREE
12. PH.D., ED.D., MD, DDS, LLB, LLD, JD, OR OTHER PROFESSIONAL DEGREE
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

B34.

**[B1PB34A]** What is your (spouse/partner)'s current employment status? Is (he/she) working now for pay, self-employed, looking for work, temporarily laid off, retired, a homemaker, a full-time or part-time student, or something else?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY.  
DO NOT PROBE FOR OTHERS.

- A. WORKING NOW [GO TO B38]
- B. SELF-EMPLOYED [GO TO B38]
- C. LOOKING FOR WORK; UNEMPLOYED
- D. TEMPORARILY LAID OFF
- E. RETIRED
- F. HOMEMAKER
- G. FULL-TIME STUDENT
- H. PART-TIME STUDENT
- I. MATERNITY OR SICK LEAVE (VOLUNTEERED)
- J. PERMANENTLY DISABLED (VOLUNTEERED)
- K. OTHER \_\_\_\_\_(SPECIFY)
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

B35.

**[B1PB35N]** How long has it been since (he/she) (was laid off/went leave/retired/been without a paid job)?

**(MEASURE OF TIME)**

- \_\_\_\_\_ # OF DAYS/WEEKS/MONTHS/YEARS
- 996. NEVER WORKED [GO TO C1]
  - 997. DON'T KNOW/NOT SURE
  - 998. REFUSED
  - 999. INAPP

**[B1PB35M]** How long has it been since (he/she) (was laid off/went leave/retired/been without a paid job)?

**(UNITS OF TIME)**

\_\_\_\_\_ DAYS/WEEKS/MONTHS/YEARS

[IF B34 = TEMPORARILY LAID OFF ONLY, GO TO B38]  
[IF B34 = MATERNITY OR SICK LEAVE ONLY, GO TO B38]

B36.

**[B1PB36]** What happened -- was (he/she) fired or laid off, did the company close down, did (he/she) quit, choose to retire or did something else happen?

**INTERVIEWER:** DO NOT READ LIST. SELECT ALL THAT APPLY.  
PROBE FOR OTHERS.

1. FIRED
2. LAID OFF
3. PLANT/COMPANY CLOSED
4. QUIT
5. RETIRED
6. WORK FORCE REDUCTION (VOLUNTEERED)
7. OTHER \_\_\_\_\_ (SPECIFY)
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

B37.

**[B1PB37]** Is (he/she) doing ANY work for pay at the present time?

**INTERVIEWER:** IF NECESSARY, CLARIFY: "Work for pay includes self-employment."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

B38.

**[B1PB38]** Please think about the main job your (spouse/partner) (has AT THE PRESENT time/had most recently.) (Does/Did) (he/she) supervise anyone on this job?

**INTERVIEWER:** IF R SAYS '(he/she) (works/worked) at more than one job',  
PROBE: "Tell me about (his/her) main job."

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[IF B34 = SELF-EMPLOYED, GO TO B40]

B39.

**[B1PB39]** (Does/Did) (he/she) have an employer on this job, or (is/was) (he/she) self-employed?

**INTERVIEWER:** IF R SAYS '(he/she) (works/worked) at more than one job',  
**PROBE:** "Tell me about (his/her) main job."

1. HAS/HAD EMPLOYER
2. SELF-EMPLOYED
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

B40.

**[B1PINDS]** What kind of business or company (is/was) this?

**INTERVIEWER:** USE PROBES AS NECESSARY. TYPE NUMBER OF PROBE USED FIRST AND THEN TYPE RESPONSE.

1. (What (do/did) they make or do where (he/she)(works/worked)? (PROBE FOR SPECIFIC PRODUCT/ ACTIVITY))
2. ((Is/Was) this government/public or private? Wholesale or retail?)
3. ((Is/Was) this a company that only (does/did) \_\_\_\_, or (do/did) they make/sell/do other things as well?)
4. Other probe. **INTERVIEWER:** SPECIFY PROBE USED IN PARENTHESES.

**INTERVIEWER:** IF R WORKS ON A FARM, PROBE IF FARM IS INCORPORATED OR NOT.

**INTERVIEWER:** FOR ALL OTHER PROBES YOU USE: SPECIFY.

**INTERVIEWER:** IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.

**INTERVIEWER:** IF R SAYS '(he/she) (works/worked) at more than one job',  
**PROBE:** "Tell me about (his/her) main job."

5. SPECIFY RESPONSE FROM RESPONDENT

- 
7. DON'T KNOW/NOT SURE
  8. REFUSED
  9. INAPP

B41.

**[B1POCCS]** What (is/was) (his/her) job title?**INTERVIEWER:** DO NOT PROBE FOR OTHERS.**INTERVIEWER:** IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.**INTERVIEWER:** IF R SAYS '(he/she) (works/worked) at more than one job', PROBE: "Tell me about (his/her) main job."

(INDUSTRY: [fill B40])

Specify Title: \_\_\_\_\_

7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

B42.

**[B1POCCS]** What (are/were) (HIS/HER) most important activities or duties?**INTERVIEWER:** USE PROBES AS NECESSARY. TYPE NUMBER OF PROBE USED FIRST AND THEN TYPE RESPONSE. FOR ALL OTHER PROBES YOU USE: SPECIFY.

1. (Could you tell me more?)
2. (What (does/did) (he/she) make/do/teach/sell?-- (SPECIFIC PRODUCT/MACHINE))
3. Exactly what kind of work (does/did) (he/she) do at this job?)
4. Other probe. **INTERVIEWER:** SPECIFY PROBE USED IN PARENTHESES. [specify] .

**INTERVIEWER:** IF R WORKS ON A FARM, PROBE IF FARM IS INCORPORATED OR NOT.**INTERVIEWER:** IF R OFFERS A TYPE OF BUSINESS OR INDUSTRY, PROBE: "What EXACTLY (does/did) (he/she) do, for example, TEACH HIGH SCHOOL MATH, OPERATE A TEXTILE WEAVING MACHINE, or SELL BOOKS AT A RETAIL STORE?"**INTERVIEWER:** IF R SAYS 'I don't know because...', TYPE IN EXACTLY WHAT THEY SAY.**INTERVIEWER:** IF R SAYS '(he/she) (works/worked) at more than one job', PROBE: "Tell me about (his/her) main job."

5. SPECIFY JOB TITLE: \_\_\_\_\_

7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

## SECTION C: HOUSEHOLD ROSTER & CHILDREN

Now we'd like to ask you some questions about children and members of your household.

[IF RSEX = FEMALE AND RAGE IS LESS THAN 60, AND A35d DOES NOT EQUAL BOTH OVARIES REMOVED, ASK C110]  
[OTHERWISE GO TO CHIDLREN]

C110.

**[B1PC1]** Are you currently pregnant?

1. YES
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

CHILDREN.

**[B1PC2]** How many children do you have? Include biological, adopted, step and foster children living with you or elsewhere. Also included all living children you have (given birth to/fathered). (Please only include living children.)

0. NONE
- NUMBER OF CHILDREN

DEADKID.

**[B1PC3]** Do you have any children we have not talked about who are no longer living?

1. YES
2. NO
7. DON'T KNOW
8. REFUSED

HHMEMBER.

**[B1PC4]** Besides (your child/any of your children) who might be living with you, How/how many other people live in your household not including yourself? Include your spouse if (she/he) lives with you. Include everyone who stays here half the time or more. Also include members of this household who are temporarily in a hospital or other institution.

0. NONE
- NUMBER OF HOUSEHOLD MEMBERS

**\*\*\*ROSTER QUESTIONS BEGIN HERE\*\*\***

[KHNAME IS REPEATED AS NECESSARY TO ACCOMMODATE THE NUMBER OF CHILDREN REPORTED IN QUESTION CHILDREN, THEN IT IS REPEATED FOR THE NUMBER OF ADDITIONAL HOUSEHOLD MEMBERS REPORTED IN QUESTION HHMEMBER]

KHNAME.

Please tell me the (first) name of your (last/next/oldest) child.

**ROSTER** Not including yourself (or your child/children), (Please/please) tell me the first name of the (member/last/next) member of your household.

**INTERVIEWER:** IF B19=1 (MARRIED), "Please start with your spouse."

**INTERVIEWER:** IF R IS MARRIED AND REPORTS "0" HH MEMBERS, PROBE TO CONFIRM THAT SPOUSE IS A MEMBER OF R'S HOUSEHOLD.

**INTERVIEWER:** IF R SAYS THEIR CHILD, SPOUSE OR HOUSEHOLD MEMBER IS DEAD, SAY: "(I'm sorry.) Please tell me the name of your next **living** child or household member."

\_\_\_\_\_ (CHILD/HOUSEHOLD MEMBER)'S NAME

- 8. REFUSED
- 9. INAPP

Now I would like to ask you some more details about each of the people you just mentioned.

[KHSEX THROUGH NONNORM ASKED OF EVERY CHILD/HOUSEHOLD MEMBER (IF APPROPRIATE)]

KHSEX.

**[B1PCHX]** Is (KHNAME) a male or female?

**ROSTER**

- 1. MALE
- 2. FEMALE
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

## RELATION.

**[B1PCHR]**

How is (KHNAME) related to you?

**ROSTER**

**INTERVIEWER:** IF IT IS DETERMINED WE ARE ASKING ABOUT A CHILD: "Is [KHNAME] your biological, adopted, step or foster (son/daughter/child), or does (he/she) have some other relationship to you?"

**INTERVIEWER:** CLARIFY: APPLICABLE FOSTER OR OTHER CHILDREN MUST BE IN THEIR CARE FOR AT LEAST 5 YEARS.

**INTERVIEWER:** INCLUDE ONLY LIVING CHILDREN.

1. HUSBAND OR WIFE
2. LOVER/PARTNER
3. BIOLOGICAL CHILD [GO TO AGENEW\_m]
4. ADOPTED CHILD [GO TO AGENEW\_m]
5. STEP-CHILD [GO TO AGENEW\_m]
6. FOSTER CHILD [GO TO AGENEW\_m]
7. CHILD OF LOVER/PARTNER [GO TO AGENEW\_m]
8. OTHER CHILD (SPECIFY) [GO TO AGENEW\_m]
9. SON/DAUGHTER/CHILD-IN-LAW
10. FATHER/MOTHER/PARENT
11. STEP- FATHER/MOTHER/PARENT
12. FATHER/MOTHER/PARENT -IN-LAW OR PARTNER'S FARTHER/MOTHER/PARENT
13. GRAND FATHER/MOTHER/PARENT
14. BROTHER/SISTER/SIBLING
15. STEP- BROTHER/SISTER/SIBLING
16. HALF- BROTHER/SISTER/SIBLING
17. BROTHER/SISTER/SIBLING -IN-LAW
18. GRAND SON/DAUGHTER/CHILD
19. OTHER RELATIVE
20. ROOMMATE
21. FRIEND
22. OTHER NON-RELATIVE
23. SAME-SEX LOVER/PARTNER
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

AGENEW\_m.

**[B1PCMB]** In what month and year (did you adopt (KHNAME)/was(KHNAME)born)?

**ROSTER**

**(MONTH)**

- |             |                |
|-------------|----------------|
| 1. JANUARY  | 9. SEPTEMBER   |
| 2. FEBRUARY | 10. OCTOBER    |
| 3. MARCH    | 11. NOVEMBER   |
| 4. APRIL    | 12. DECEMBER   |
| 5. MAY      | 97. DON'T KNOW |
| 6. JUNE     | 98. REFUSED    |
| 7. JULY     | 99. INAPP      |
| 8. AUGUST   |                |

AGENEW\_y.

**[B1PCYB]** In what month and year (did you adopt (KHNAME)/was(KHNAME)born)?

**ROSTER**

**(YEAR)**

- \_\_\_\_ YEAR
9997. DON'T KNOW/NOT SURE
9998. REFUSED
9999. INAPP

[IF RELATION = ADOPTED CHILD, GO TO AGEOLD]

[IF RELATION = FOSTER OR PARTNER'S CHILD, AND KHAGE IS 5 OR GREATER, GO TO CARE5YR]

[OTHERWISE, GO TO KIDINHH]

AGEOLD.

**[B1PHHA]** How old was (KHNAME) [when you adopted him/her)/(on his/her last birthday)]?

**ROSTER**

**INTERVIEWER:** ENTER ZERO "0" FOR CHILD UNDER 1 YEAR OLD.

- \_\_\_\_. 0 TO 120 YEARS OLD
997. DON'T KNOW
998. REFUSED
999. INAPP

CARE5YR.

**[B1PCHC]** Has (KHNAME) been in your care for at least 5 years?

**ROSTER**

1. YES
2. NO
7. DON'T KNOW
8. REFUSED

## 9. INAPP

KIDINHH.

**[B1PCHH]**

Does (KHAME) currently live in your household? (Answer "NO" if (child's name

**ROSTER**

is away attending college, in the armed forces, or temporarily home on vacation.)

**INTERVIEWER:** IF R SAYS THAT THEY HAVE CHILDREN THAT DON'T LIVE IN THE HOUSEHOLD ALL THE TIME, (FOR INSTANCE IF ARE A NON-CUSTODIAL PARENT), AND WANT TO KNOW IF SHOULD SAY "YES" OR "NO" TO THIS QUESTION, TELL THE R

THEY

THEY

"It is up

should say yes."

to you to decide; if you feel the child lives in your household, you

1. YES
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

[IF RELATION = BIOLOGICAL, STEP OR ADOPTED CHILD, GO TO NONNORM]

[OTHERWISE, GO TO OTHRINHH]

NONNORM.

**[B1PCDD]**

**[INTERVIEWER:** Only ask the first paragraph for the first nonnorm child.]

**ROSTER**

Parents face many challenges today raising their children. One goal of the study is to learn about the unique challenges faced by parents who have a son or a daughter with a long-term physical or mental health problem, or developmental disability.

Does (child's name) have a developmental disability, such as autism, cerebral palsy, epilepsy or mental retardation, or has (he/she) ever had a LONG TERM SERIOUS mental health problem?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

[IF THERE ARE ANY OTHER CHILDREN OR HOUSEHOLD MEMBERS IDENTIFIED IN QUESTIONS CHILDREN OR HHMEMBER, RETURN TO QUESTION KHSEX AND BEGIN ASKING ABOUT THE NEXT PERSON. OTHERWISE, CONTINUE TO OTHRINHH]

OTHRINHH.

**[B1PC6]** In the last 12 months, has anyone you haven't already mentioned lived in your household?

1. YES (SPECIFY)
2. NO
7. DON'T KNOW
8. REFUSED
9. INAPP

[IF NONNORM = YES, GO TO C420]

[OTHERWISE GO TO D1]

Earlier you told me that (KHNAME) has/had a developmental disability or LONG TERM SERIOUS mental health problem.

C420.

**[B1PCDT]** What type of developmental disability or serious mental health problem does (KHNAME) have?  
**ROSTER**

**INTERVIEWER:** LIST EACH DISABILITY OR CONDITION SEPARATELY.

**INTERVIEWER:** "What was the specific condition requiring group home/special education/etc...?"

644. AGORAPHOBIA
645. ALCOHOLISM
646. ALZHEIMER'S
647. ANOREXIA or ANOREXIA NERVOSA
650. ANXIETY or ANXIETY DISORDER
101. ASPERGER'S SYNDROME
222. ATTENTION DEFICIT DISORDER (ADD)
223. ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)
102. AUTISM
764. BREAKDOWN
762. BIOCHEMICAL PROBLEM
538. BIPOLAR DISORDER (MANIC DEPRESSIVE DISORDER)
651. BORDERLINE PERSONALITY DISORDER
433. BRAIN DAMAGE
763. BRAIN DISORDER
434. BRAIN INJURY/ BRAIN INJURED
648. BULIMIA
103. CEREBRAL PALSY (CP)
765. CHEMICAL IMBALANCE
586. CLINICAL DEPRESSION
435. CLOSED HEAD INJURY
104. COGNITIVE DISABILITY

- 539. CYCLOTHYMIA
- 540. DELUSIONAL DISORDER
- 652. DEMENTIA
- 875. DEPRESSION
- 662. DEPRESSION (IF VOLUNTEERED THAT THIS IS MILD DEPRESSION)
- 105. DEVELOPMENTAL DISABILITY (DD)
- 106. DOWN SYNDROME
- 653. DRUG ABUSE
- 663. DYSTHYMIA
- 649. EATING DISORDER
- 766. EMOTIONAL PROBLEM / DISORDER
- 331. EPILEPSY
- 107. FETAL ALCOHOL SYNDROME
- 108. FRAGILE X SYNDROME
- 654. GAMBLING PROBLEM or PATHOLOGICAL GAMBLING
- 224. HANDICAPPED
- 436. HEAD INJURY
- 109. HYDROCEPHALUS
- 225. HYPERACTIVITY
- 110. INTELLECTUAL DISABILITY
- 111. INTELLECTUAL IMPAIRMENT
- 226. LEARNING DISABILITY/PROBLEMS (LD)
- 587. MAJOR DEPRESSION
- 767. MANIC
- 538. MANIC DEPRESSIVE DISORDER (BIPOLAR DISORDER)
- 768. MENTAL BREAKDOWN
- 114. MENTAL DISABILITY
- 112. MENTAL HANDICAP
- 771. MENTAL HEALTH PROBLEMS
- 115. MENTAL IMPAIRMENT
- 227. MENTAL PROBLEMS
- 113. MENTAL RETARDATION (MR)
- 770. MENTALLY ILL
- 116. MICROCEPHALY
- 769. MOOD PROBLEM/DISORDER
- 117. MUSCULAR DYSTROPHY
- 772. NERVES / NERVOUS CONDITION
- 655. OBSESSIVE COMPULSIVE DISORDER (OCD)
- 656. PANIC ATTACKS/ DISORDER
- 773. PARANOID / PARANOIA
- 657. PERSONALITY DISORDER
- 118. PERVASIVE DEVELOPMENTAL DISORDER (PDD-NOS)
- 658. PHOBIA
- 659. POSTTRAUMATIC STRESS DISORDERS (PTSD)
- 119. PRADER-WILLI SYNDROME
- 774. PSYCHOLOGICAL PROBLEMS
- 543. PSYCHOTIC DISORDER / PSYCHOSIS

- 120. RETARDATION
- 178. RETTS DISORDER
- 542. SCHIZOPHRENIA / SCHIZOAFFECTIVE / SCHIZOPHRENIFORM DISORDER
- 332. SEIZURE DISORDER
- 588. SEVERE DEPRESSION
- 660. SLEEP DISORDER (INSOMNIA)
- 228. SLOW IN SCHOOL / SLOW LEARNER / SLOW
- 661. SOMATIZATION
- 229. SPECIAL EDUCATION / SPECIAL ED
- 230. SPEECH PROBLEMS
- 121. SPINA BIFIDA
- 779. SUICIDAL / SUICIDE ATTEMPT
- 437. TRAUMATIC BRAIN INJURY / BRAIN INJURY
- 976. OTHER UNFAMILIAR CONDITION (SPECIFY)
- 977. OTHER FAMILIAR CONDITION (SPECIFY)(PHYSICALLY DISABLED, DIABETES, OBESITY, HEART DISEASE, ULCERS)
- 997. DON'T KNOW [GO TO C445]
- 998. REFUSED [GO TO D1]
- 999. INAPP

[IF R LISTED ANY CONDITION IN THE 1-799 OR 900 SERIES, GO TO C445, THEN GO ON TO NEXT CHILD]

[IF R LISTED ANY CONDITION IN THE 800 SERIES, GO TO C440]

[IF C420 = NO CONDITIONS, QUIT LIST IMMEDIATELY AND GO TO D1]

C440.

**[B1PCDP]** Was this a long-term problem or a single episode of depression?

**ROSTER**

- 1. SINGLE EPISODE
- 2. LONG-TERM PROBLEM
- 7. DON'T KNOW
- 8. REFUSED [GO TO C475]
- 9. INAPP

C445.

**[B1PCDA]** How old was (KHNAME) when this condition began?

**ROSTER**

**INTERVIEWER:** MUST NOT BE MORE THAN [fill KHAGE] YEARS OLD.

- \_\_\_ YEARS OLD
- 97. DON'T KNOW/NOT SURE
- 98. REFUSED
- 99. INAPP

[IF C420 IS NOT EQUAL TO 227, OR NOT WITHIN 500-799, GO TO C475]

C465.

**[B1PCDX]** Has a professional ever diagnosed (KHNAME) as having a major depression, schizophrenia, or bipolar disorder, which is also known as manic depression?  
**ROSTER**

**INTERVIEWER:** MAJOR DEPRESSION (ALSO CALLED "SEVERE" OR "CLINICAL" DEPRESSION) IS A DISABLING ILLNESS THAT INTERFERES WITH ONE'S ABILITY TO FUNCTION NORMALLY - IT IS NOT THE SAME AS FEELING "BLUE" OR "DOWN".

- |    |                     |              |
|----|---------------------|--------------|
| 1. | YES                 | [GO TO C470] |
| 2. | NO                  | [GO TO C475] |
| 7. | DON'T KNOW/NOT SURE | [GO TO C475] |
| 8. | REFUSED             | [GO TO C475] |
| 9. | INAPP               |              |

C470.

**[B1PCXT]** Was (KHNAME) diagnosed with major depression, schizophrenia or bipolar disorder?  
**ROSTER**

**INTERVIEWER:** MAJOR DEPRESSION (ALSO CALLED "SEVERE" OR "CLINICAL" DEPRESSION) IS A DISABLING ILLNESS THAT INTERFERES WITH ONE'S ABILITY TO FUNCTION NORMALLY - IT IS NOT THE SAME AS FEELING "BLUE" OR "DOWN".

- |    |                                     |
|----|-------------------------------------|
| 1. | MAJOR DEPRESSION                    |
| 2. | SCHIZOPHRENIA                       |
| 3. | BIPOLAR DISORDER (MANIC DEPRESSION) |
| 4. | OTHER (SPECIFY)                     |
| 7. | DON'T KNOW/NOT SURE                 |
| 8. | REFUSED                             |
| 9. | INAPP                               |

C475.

**[B1PCDO]** Does (KHNAME) have any other developmental disabilities or serious long term mental health conditions?  
**ROSTER**

- |    |                                |
|----|--------------------------------|
| 1. | YES, ENTER CONDITION (SPECIFY) |
| 2. | NO                             |
| 7. | DON'T KNOW/NOT SURE            |
| 8. | REFUSED                        |
| 9. | INAPP                          |

## SECTION D: CAREGIVING

Sometimes because of a physical or mental condition, illness, or disability, people have trouble taking care of themselves and require the assistance of friends or relatives.

D1.

**[B1PD1]** During the last 12 months have you, yourself, GIVEN personal care for a period of **one month or more** to a family member or friend because of a physical or mental condition, illness, or disability?

- |    |                     |             |
|----|---------------------|-------------|
| 1. | YES                 | [GO TO D2]  |
| 2. | NO                  | [GO TO D17] |
| 7. | DON'T KNOW/NOT SURE | [GO TO D17] |
| 8. | REFUSED             | [GO TO D17] |

D2.

**[B1PD2]** To whom did you give the MOST personal care?

- |     |                     |            |
|-----|---------------------|------------|
| 1.  | HUSBAND             | [GO TO D4] |
| 2.  | WIFE                | [GO TO D4] |
| 3.  | SON                 | [GO TO D4] |
| 4.  | DAUGHTER            | [GO TO D4] |
| 5.  | FATHER              | [GO TO D4] |
| 6.  | MOTHER              | [GO TO D4] |
| 7.  | BROTHER             | [GO TO D4] |
| 8.  | SISTER              | [GO TO D4] |
| 9.  | GRANDFATHER         | [GO TO D4] |
| 10. | GRANDMOTHER         | [GO TO D4] |
| 11. | FATHER-IN-LAW       | [GO TO D4] |
| 12. | MOTHER-IN-LAW       | [GO TO D4] |
| 13. | OTHER (SPECIFY)     | [GO TO D3] |
| 97. | DON'T KNOW/NOT SURE | [GO TO D4] |
| 98. | REFUSED             | [GO TO D4] |
| 99. | INAPP               |            |

D3.

**[B1PD3]** Is this a male or a female?

- |    |                     |  |
|----|---------------------|--|
| 1. | MALE                |  |
| 2. | FEMALE              |  |
| 7. | DON'T KNOW/NOT SURE |  |
| 8. | REFUSED             |  |
| 9. | INAPP               |  |

D4.

**[B1PD4]** What condition, illness, or disability caused (him/her) to need personal care?

1. CONDITION(S) GIVEN; (SPECIFY)
2. NO SPECIFIC CONDITION
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D5@m.

**[B1PD5M]** When did you start helping (him/her)?**(MONTH)**

- |             |           |              |
|-------------|-----------|--------------|
| 1. JANUARY  | 5. MAY    | 9. SEPTEMBER |
| 2. FEBRUARY | 6. JUNE   | 10. OCTOBER  |
| 3. MARCH    | 7. JULY   | 11. NOVEMBER |
| 4. APRIL    | 8. AUGUST | 12. DECEMBER |
97. DON'T KNOW/NOT SURE MONTH
  98. REFUSED [GO TO D7]
  99. INAPP

D5@y.

**[B1PD5Y]** (When did you start helping (him/her)?)**(YEAR)**

- \_\_\_\_ YEAR
9997. DON'T KNOW/NOT SURE
  9998. REFUSED
  9999. INAPP

D7.

**[B1PD7]** Are you still helping (him/her)?

- |                        |            |
|------------------------|------------|
| 1. YES                 | [GO TO D9] |
| 2. NO                  | [GO TO D8] |
| 7. DON'T KNOW/NOT SURE | [GO TO D9] |
| 8. REFUSED             | [GO TO D9] |
| 9. INAPP               |            |

D8.

**[B1PD8]** Why are you no longer helping? Is it because (he/she) no longer needs care, someone else is helping (him/her), (he/she) is deceased, or for some other reason?  
**[INTERVIEWER: allow 2]**

1. HE/SHE NO LONGER NEEDS CARE
2. SOMEONE ELSE IS HELPING
3. THIS PERSON IS DECEASED
4. SOME OTHER REASON; (SPECIFY)
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D9.

**[B1PD9]** Does/ did (he/she) live with you in your household during this period of giving care?

1. YES
2. NO
3. SOME OF THE TIME
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D10.

**[B1PD10]** Because of (his/her) limitations do/did you provide (him/her) personal help with:  
  
Bathing, dressing, eating or going to the bathroom?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D11.

**[B1PD11]** (Because of (his/her) limitations do/did you provide (him/her) personal help with:)

Getting around inside the house or going outside?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D12.

**[B1PD12]** (Because of (his/her) limitations do/did you provide (him/her) personal help with:)

Shopping, cooking, housework or laundry?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D13.

**[B1PD13]** (Because of (his/her) limitations do/did you provide (him/her) personal help with:)

Managing money, making phone calls, or taking medications?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

D14.

**[B1PD14]** In how many different weeks during the past 12 months did you give personal care to (him/her)?

**INTERVIEWER:** IF THEY SAY LESS THAN ONE WEEK, ENTER 0.

- 0-52 NUMBER OF WEEKS
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

D15.

**[B1PD15]** During those weeks, about how many hours per week, on the average, did you help (him/her)?

- 0-95. HOURS PER WEEK
96. 96 OR MORE HOURS PER WEEK
97. DON'T KNOW/NOT SURE
98. REFUSED
99. INAPP

D16.

**[B1PD16]** Before beginning the period of providing personal care you have just described, had you EVER GIVEN personal care for a period of ONE MONTH OR MORE to a family member or friend who, because of a long-term, physical or mental condition, illness or disability was not able to take care of him- or herself?

- |    |                     |             |
|----|---------------------|-------------|
| 1. | YES                 |             |
| 2. | NO                  | [GO TO D19] |
| 7. | DON'T KNOW/NOT SURE | [GO TO D18] |
| 8. | REFUSED             | [GO TO D18] |
| 9. | INAPP               |             |

D17.

**[B1PD17]** Have you EVER given personal care for a period of ONE MONTH OR MORE to a family member or friend who, because of a long-term, physical or mental condition, illness or disability was not able to take care of him- or herself?

- |    |                     |             |
|----|---------------------|-------------|
| 1. | YES                 |             |
| 2. | NO                  | [GO TO D20] |
| 7. | DON'T KNOW/NOT SURE | [GO TO D20] |
| 8. | REFUSED             | [GO TO D20] |
| 9. | INAPP               |             |

D18.

**[B1PD18]** How many different times during your life has this type of personal caregiving for one month or more occurred?

- |       |                     |
|-------|---------------------|
| _____ | NUMBER OF TIMES     |
| 997.  | DON'T KNOW/NOT SURE |
| 998.  | REFUSED             |
| 999.  | INAPP               |

D19.

**[B1PD19N]** About how many months or years altogether during your life have you provided personal care for one month or more to a family member or friend because of a long-term physical or mental condition, illness, or disability?

#### MEASURE OF TIME

- |       |                      |
|-------|----------------------|
| _____ | # OF YEARS/MONTHS    |
| 97.   | DON'T KNOW/NOT SUREV |
| 98.   | REFUSED              |
| 99.   | INAPP                |

**[B1PD19M]** About how many months or years altogether during your life have you provided personal care for one month or more to a family member or friend because of a long-term physical or mental condition, illness, or disability?

**UNIT OF TIME**

\_\_\_\_\_ YEARS/MONTHS

D20.

**[B1PD20]** Are you a grandparent? That is, do any of your children have a biological, adopted, step, or foster child?

- |    |            |             |
|----|------------|-------------|
| 1. | YES        | [GO TO D21] |
| 2. | NO         | [GO TO E1]  |
| 7. | DON'T KNOW | [GO TO E1]  |
| 8. | REFUSED    | [GO TO E1]  |

D21.

**[B1PD21]** For various reasons, grandparents sometimes take on a major responsibility for raising a grandchild. Have you ever had major responsibility for (your grandchild/any of your grandchildren) for six months or more?

- |    |                     |            |
|----|---------------------|------------|
| 1. | YES                 |            |
| 2. | NO                  | [GO TO E1] |
| 7. | DON'T KNOW/NOT SURE | [GO TO E1] |
| 8. | REFUSED             | [GO TO E1] |
| 9. | INAPP               |            |

D22.

**[B1PD22]** About how many years altogether have you had major responsibility for (any of) your grandchild(ren)?

- |       |                              |
|-------|------------------------------|
| _____ | NUMBER OF YEARS (0-70 YEARS) |
| 97.   | DON'T KNOW/NOT SURE          |
| 98.   | REFUSED                      |
| 99.   | INAPP                        |

## SECTION E: LIVING ARRANGEMENTS

E1.

**[B1PE1]** The next questions are about your living arrangements since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]. Was there ever a time since then when you lived in an institutional setting such as a boarding school or college dormitory, a prison, a hospital or nursing home, an armed forces barracks, or a rooming house?

- |    |                     |               |
|----|---------------------|---------------|
| 1. | YES                 | [GO TO E1loc] |
| 2. | NO                  | [GO TO E2]    |
| 7. | DON'T KNOW/NOT SURE | [GO TO E2]    |
| 8. | REFUSED             | [GO TO E2]    |

E1loc.

**[B1PE1]** Which of these institutional settings have you lived in?

- |    |                          |
|----|--------------------------|
| A. | BOARDING SCHOOL          |
| B. | COLLEGE DORMITORY        |
| C. | PRISON                   |
| D. | HOSPITAL OR NURSING HOME |
| E. | ARMED FORCES BARRACKS    |
| F. | ROOMING HOUSE            |
| G. | OTHER (SPECIFY)          |
- 
- |    |                     |  |
|----|---------------------|--|
| 1. | YES                 |  |
| 2. | NO                  |  |
| 7. | DON'T KNOW/NOT SURE |  |
| 8. | REFUSED             |  |

[IF E1 = 1 AND E1loc.a-g. ≠ 1, INTERVIEWER WILL PROBE.]

E1time.

**[B1PE1BN]** Altogether, how much time did you live in any of these institutional settings since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]?

**INTERVIEWER:** IF R SAYS THEY WERE IN INSTITUTIONS OFF AND ON SINCE THAT TIME, PROBE: "About how much time ALTOGETHER did you live in any of these institutional settings?"  
(IF NECESSARY: What's your best estimate?)

**[MEASURE OF TIME]**

- \_\_\_\_\_ # OF DAYS/WEEKS/MONTHS/YEARS
- |      |                     |
|------|---------------------|
| 997. | DON'T KNOW/NOT SURE |
| 998. | REFUSED             |

999. INAPP

**[B1PE1BM]** Altogether, how much time did you live in any of these institutional settings since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]?

**INTERVIEWER:** IF R SAYS THEY WERE IN INSTITUTIONS OFF AND ON SINCE THAT TIME, PROBE: "About how much time ALTOGETHER did you live in any of these institutional settings?"  
(IF NECESSARY: What's your best estimate?)

**[UNITS OF TIME]**

\_\_\_\_\_ DAYS/WEEKS/MONTHS/YEARS

E2.

**[B1PE2]** [Not counting this time in institutional settings, was/Was] there ever a time since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"] when you were homeless? By 'homeless' we mean not having a regular residence. Do not include any time you temporarily MOVED IN with friends or relatives.

- |    |                     |                |
|----|---------------------|----------------|
| 1. | YES                 | [GO TO E2time] |
| 2. | NO                  | [GO TO E3]     |
| 7. | DON'T KNOW/NOT SURE | [GO TO E3]     |
| 8. | REFUSED             | [GO TO E3]     |

E2time.

**[B1PE2AN]** How much time were you homeless since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]?

**INTERVIEWER:** IF R SAYS THEY WERE HOMELESS OFF AND ON OVER PAST 10 YEARS, PROBE: "About how much time ALTOGETHER were you homeless?"  
(IF NECESSARY PROBE: "What's your best estimate?")

**[MEASURE OF TIME]**

- \_\_\_\_\_ # OF DAYS/WEEKS/MONTHS/YEARS
997. DON'T KNOW/NOT SURE
998. REFUSED
999. INAPP

**[B1PE2AM]** How much time were you homeless since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]?

**INTERVIEWER:** IF R SAYS THEY WERE HOMELESS OFF AND ON OVER PAST 10 YEARS, PROBE: "About how much time ALTOGETHER were you homeless?"  
(IF NECESSARY PROBE: "What's your best estimate?")

**[UNITS OF TIME]**

\_\_\_\_\_ DAYS/WEEKS/MONTHS/YEARS

E3.

**[B1PE3]** (Not counting the time you were [homeless/living in an institutional setting/homeless or living in an institutional setting], was/Was) there ever a time since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"] when you did not have a telephone in your home or apartment?

- |    |                     |                |
|----|---------------------|----------------|
| 1. | YES                 | [GO TO E3time] |
| 2. | NO                  | [GO TO F1]     |
| 7. | DON'T KNOW/NOT SURE | [GO TO F1]     |
| 8. | REFUSED             | [GO TO F1]     |

E3time.

**[B1PE3AN]** How much time were you without a phone in your home or apartment since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]?

**INTERVIEWER:** IF R SAYS HAD PHONE OFF AND ON since we last interviewed you in PRELOAD: Month/Year Interviewed PROBE: "About how much time ALTOGETHER were you without a phone?"  
(IF NECESSARY PROBE: "What's your best estimate?")

**[MEASURE OF TIME]**

- |       |                              |
|-------|------------------------------|
| _____ | # OF DAYS/WEEKS/MONTHS/YEARS |
| 997.  | DON'T KNOW                   |
| 998.  | REFUSED                      |
| 999.  | INAPP                        |

**[B1PE3AM]** How much time were you without a phone in your home or apartment since we last interviewed you in [PRELOAD: Month/Year Interviewed]/[IF BOSTON OVER SAMPLE, SAY "since 1994"]?

**INTERVIEWER:** IF R SAYS HAD PHONE OFF AND ON since we last interviewed you in PRELOAD: Month/Year Interviewed PROBE: "About how much time ALTOGETHER were you without a phone?"  
(IF NECESSARY PROBE: "What's your best estimate?")

**[UNIT OF TIME]**

\_\_\_\_\_ DAYS/WEEKS/MONTHS/YEARS

## SECTION F: RACE AND ETHNICITY

The next questions are about your ethnic background or origins. Most people in the United States have ancestors that come from other parts of the world.

F1.

**[B1PF1]** Are you of Spanish, or Hispanic or Latino descent, that is, Mexican, Mexican American, Chicano, Puerto Rican, Cuban or some other Spanish origin?

1. NOT SPANISH/ HISPANIC
2. MEXICAN
3. MEXICAN AMERICAN
4. CHICANO
5. PUERTO RICAN
6. CUBAN
7. OTHER SPANISH (Please specify: \_\_\_\_\_)
97. DON'T KNOW/NOT SURE
98. REFUSED

F2.

**[B1PF2A]** (In addition to being American) What is your main ethnic background or origins?

**INTERVIEWER: YOU MAY ENTER UP TO 3 GROUPS.**

- |                |                         |               |                |                 |
|----------------|-------------------------|---------------|----------------|-----------------|
| 66. Africa     | 6. DomRep               | 69. Iraq      | 14. Panama     | 56. Taiwan      |
| 1. AmInd/NA    | 47. E.Europe            | 36. Ireland   | 26. Peru       | 57. Thailand    |
| 20. Argentina  | 25. Ecuador             | 70. Israel    | 54. Philippine | 45. Netherland  |
| 58. Asia       | 60. Egypt               | 37. Italy     | 39. Poland     | 17. Trinidad    |
| 2. Bahamas     | 7. ElSalvador           | 11. Jamaica   | 40. Portugal   | 41. USSR/Russia |
| 21. Bolivia    | 31. England             | 52. Japan     | 15. PuertoRico | 27. Venezuela   |
| 22. Brazil     | 32. France              | 61. Kenya     | 41. RussiaUSSR | 48. W.Europe    |
| 3. Canada      | 33. Germany             | 53. Korea     | 73. S.Arabia   | 46. Yugoslav    |
| 18. C.Am/Carib | 34. Greece              | 71. Lebanon   | 42. Scotland   | 64. Zaire       |
| 23. Chile      | 8. Guatemala            | 12. Mexico    | 55. Singapore  | 65. Zimbabwe    |
| 50. China      | 9. Haiti                | 74. MidEast   | 63. S.Africa   | 96. OTHER       |
| 24. Colombia   | 10. Honduras            | 13. Nicaragua | 28. S.America  | (SPECIFY)       |
| 4. CostaRica   | 35. Hungary             | 62. Nigeria   | 43. Spain      |                 |
| 5. Cuba        | 51. India               | 38. Norway    | 16. St.Vincent |                 |
| 30. Czech      | 68. Iran                | 72. Pakistan  | 44. Sweden     |                 |
|                | 97. DON'T KNOW/NOT SURE |               | [GO TO F4]     |                 |
|                | 98. REFUSED             |               | [GO TO F4]     |                 |
|                | 99. INAPP               |               |                |                 |

F3.

**[B1PF3]** Which group best describes your background or origins?

- |                |               |               |                |                 |
|----------------|---------------|---------------|----------------|-----------------|
| 66. Africa     | 6. DomRep     | 69. Iraq      | 14. Panama     | 56. Taiwan      |
| 1. AmInd/NAme  | 47. E.Europe  | 36. Ireland   | 26. Peru       | 57. Thailand    |
| 20. Argentina  | 25. Ecuador   | 70. Israel    | 54. Philippine | 45. Netherland  |
| 58. Asia       | 60. Egypt     | 37. Italy     | 39. Poland     | 17. Trinidad    |
| 2. Bahamas     | 7. ElSalvador | 11. Jamaica   | 40. Portugal   | 41. USSR/Russia |
| 21. Bolivia    | 31. England   | 52. Japan     | 15. PuertoRico | 27. Venezuela   |
| 22. Brazil     | 32. France    | 61. Kenya     | 41. RussiaUSSR | 48. W.Europe    |
| 3. Canada      | 33. Germany   | 53. Korea     | 73. S.Arabia   | 46. Yugoslav    |
| 18. C.Am/Carib | 34. Greece    | 71. Lebanon   | 42. Scotland   | 64. Zaire       |
| 23. Chile      | 8. Guatemala  | 12. Mexico    | 55. Singapore  | 65. Zimbabwe    |
| 50. China      | 9. Haiti      | 74. MidEast   | 63. S.Africa   | 96. OTHER       |
| 24. Colombia   | 10. Honduras  | 13. Nicaragua | 28. S.America  | (SPECIFY)       |
| 4. CostaRica   | 35. Hungary   | 62. Nigeria   | 43. Spain      |                 |
| 5. Cuba        | 51. India     | 38. Norway    | 16. St.Vincent |                 |
| 30. Czech      | 68. Iran      | 72. Pakistan  | 44. Sweden     |                 |

97. DON'T KNOW/NOT SURE [GO TO F4]

98. REFUSED [GO TO F4]

99. INAPP

F4.

**[B1PF4]** How closely do you identify with other people who are of the same ethnic descent as yourself? Would you say very closely, somewhat closely, not very closely, or not at all closely?

1. VERY CLOSELY
2. SOMEWHAT CLOSELY
3. NOT VERY CLOSELY
4. NOT AT ALL CLOSELY
7. DON'T KNOW/NOT SURE
8. REFUSED

F5.

**[B1PF5]** How much do you prefer to be with other people who are of this same ethnic group? Would you say a lot, some, a little, or not at all?

1. A LOT
2. SOME
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

F6.

**[B1PF6]** 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? Would you say very important, somewhat important, not very important, or not at all important?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NOT AT ALL IMPORTANT
7. DON'T KNOW/NOT SURE
8. REFUSED

F7.

**[B1PF7A]** What are your main racial origins -- that is, what race or races are your parents, grandparents, and other ancestors?

**INTERVIEWER:** ENTER ALL THAT APPLY.

- A. WHITE
- B. BLACK AND/OR AFRICAN AMERICAN
- C. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
- D. ASIAN
- E. NATIVE HAWAIIAN OR PACIFIC ISLANDER
- F. OTHER (PLEASE SPECIFY: \_\_\_\_\_)
7. DON'T KNOW/NOT SURE
8. REFUSED [GO TO F9]

[IF MULTIPLE MENTIONS TO F7, ASK F8]

F8.

**[B1PF8A]** Which do you feel best describes your racial background? White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Pacific Islander?

**INTERVIEWER:** ENTER ALL THAT APPLY.

- A. WHITE
- B. BLACK AND/OR AFRICAN AMERICAN
- C. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
- D. ASIAN
- E. NATIVE HAWAIIAN OR PACIFIC ISLANDER
- F. OTHER (PLEASE SPECIFY: \_\_\_\_\_)
7. DON'T KNOW/NOT SURE
8. REFUSED

[IF MULTIPLE MENTIONS, GO TO F8a]

F8a.

**[B1PF8A1]** Which best describes your race?

1. WHITE
2. BLACK AND/OR AFRICAN AMERICAN
3. NATIVE AMERICAN OR ALASKA NATIVE ALEUTIAN ISLANDER/ESKIMO
4. ASIAN
5. NATIVE HAWAIIAN OR PACIFIC ISLANDER
6. OTHER (PLEASE SPECIFY: \_\_\_\_\_)
7. DON'T KNOW/NOT SURE
8. REFUSED

F9.

**[B1PF9]** How closely do you identify with being a member of this your racial group? (Would you say very closely, somewhat closely, not very closely, or not at all closely?)

1. VERY CLOSELY
2. SOMEWHAT CLOSELY
3. NOT VERY CLOSELY
4. NOT AT ALL CLOSELY
7. DON'T KNOW/NOT SURE
8. REFUSED

F10.

**[B1PF10]** How much do you prefer to be with other people who are the same race as yourself? (Would you say a lot, some, a little, or not at all?)

1. A LOT
2. SOME
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

F11.

**[B1PF11]** How important do you think it is for people who are in your racial group to marry other people who are the same race? (Would you say very important, somewhat important, not very important, or not at all important?)

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT

- 4. NOT AT ALL IMPORTANT
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED

F12.

**[B1PF12]** Are you a citizen of the United States?

- 1. YES [GO TO F12A]
- 2. NO [GO TO F12B]
- 7. DON'T KNOW/NOT SURE [GO TO F12B]
- 8. REFUSED [GO TO F12B]

F12a.

**[B1PF12A]** How closely do you identify with being an American, in the sense of being a U.S. citizen? (Would you say very closely, somewhat closely, not very closely, or not at all closely?)

- 1. VERY CLOSELY
- 2. SOMEWHAT CLOSELY
- 3. NOT VERY CLOSELY
- 4. NOT AT ALL CLOSELY
- 7. DON'T KNOW/NOT SURE
- 8. REFUSED
- 9. INAPP

F12b.

**[B1PF12B]** In what country do you have citizenship?

- \_\_\_\_\_Country ((SPECIFY))
- 7. DON'T KNOW/NOT SURE
  - 8. REFUSED
  - 9. INAPP

**SECTION G: LIFE SATISFACTION**

And now a few questions about your life.

G1.

**[B1PG1]** At present, how satisfied are you with your LIFE?  
Very, somewhat, a little, or not at all?

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G2.

**[B1PG2]** At present, how much control do you have over your LIFE IN GENERAL?  
A lot, some, a little, or none at all?

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NONE AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G3.

**[B1PG3]** Overall, how satisfied are you with YOURSELF?  
Very, somewhat, a little, or not at all?

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G4.

**[B1PG4]**

When you think about your life as a whole up to the present, how would you rate your contribution to the welfare and well-being of other people? Would you say it has been excellent, very good, good, fair or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
7. DON'T KNOW/NOT SURE
8. REFUSED

G5.

**[B1PG5]**

And would you AGREE or DISAGREE with the following statement: "In many ways, I feel disappointed about my achievements in life"?

(Do you agree or disagree with this statement?)

- |               |                  |
|---------------|------------------|
| 1. AGREE      |                  |
| 2. DISAGREE   |                  |
| 7. DON'T KNOW | [GO TO INTRO G6] |
| 8. REFUSED    | [GO TO INTRO G6] |

G5a.

**[B1PG5A]**

Do you (AGREE/DISAGREE) strongly, somewhat, or only a little?

1. STRONGLY
2. SOMEWHAT
3. ONLY A LITTLE
7. DON'T KNOW/NOT SURE
8. REFUSED
9. INAPP

G6.

**[B1PG6]**

For the final set of questions, please tell me how much each of the following describes you. First, OUTGOING?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

**INTERVIEWER:** IF NECESSARY, CLARIFY: by OUTGOING we mean sociable and interested in meeting people.

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G7.

**[B1PG7]**

What about WORRYING?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G8.

**[B1PG8]**

What about CURIOUS?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED

G9.

**[B1PG9]**

(What about) OPTIMISTIC?

(Does this describe you A LOT, SOMEWHAT, A LITTLE, or NOT AT ALL?)

**INTERVIEWER:** IF NECESSARY CLARIFY: 'By OPTIMISTIC we mean hopeful about how things will turn out.'

1. A LOT
2. SOMEWHAT
3. A LITTLE
4. NOT AT ALL
7. DON'T KNOW/NOT SURE
8. REFUSED